"I feel like I'm living through the apocalypse"

Nurses speak on burnout and PTSD as COVID-19 hospitalizations in US reach new highs

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As the Democrats and Republicans and news media hail the release of new vaccines, the reality facing health care workers battling the current surge of COVID-19 cases is one of death, exhaustion, burnout and fear.

While a vaccine should be celebrated, data from the Institute for Health Metrics and Evaluation (IHME) shows that the rolling out of the vaccine will lower the projected deaths by April 1 by only 10,000. Considering the US is projected to see another 215,000 people die from the virus by the beginning of March, it is clear that immediate emergency measures must be implemented to stop the explosive spread of the pandemic and save hundreds of thousands of lives. This includes the shutdown of nonessential production and schools and providing compensation for all those affected by an emergency lockdown.

The voices of nurses and other health care workers paint a vivid picture of the consequences of the bipartisan policy of "herd immunity," which they are experiencing firsthand through the rapid increase in hospitalizations and breakdown of the nation's health care infrastructure.

In a recent thread on a national Facebook group "Nurses Talk Corona," nurses discussed their experiences amidst the latest and worst surge of the coronavirus.

Tara, a nurse from Indiana, wrote, "Our ICUs are maxed out. Our [cardiovascular] ICU and [medical surgical] ICU is now having to fill with COVID patients instead of surgical because of need. They filled our [pediatric] ICU with adults, so that's four full ICUs with RNs having to work four and five shifts trying to make staffing better. They had to intubate and hold a patient on a regular floor until our ICU could make room."

Tara is describing a phenomenon experienced across the world where ICUs have run out of the beds as hospitalization rates reach all-time highs. COVID-19 hospitalizations in the US have now exceeded 110,000, an increase from 60,000 in July. If projections hold, hospitalizations will peak at 180,000 by January 15. According to data released from the CDC last week, within the past month all age groups have reached their highest weekly hospitalization rate since the start of the pandemic.

As hospitalizations rise, already exhausted health care workers are spread increasingly thin. In many cases, nurses are pushed to take on patient loads far above pre-pandemic limits, an unsafe if not deadly state of affairs for patients and nurses alike. Some hospital units are forced to come up with strategies to cope with the onslaught of patients such as putting new, inexperienced nurses into settings that far exceed their skill level or requiring high levels of overtime hours.

"Team Nursing" is also being implemented in some hospitals as critical care units are pushed beyond their staff's capacity. Team nursing is a strategy where critical care nurses can take on far greater patient loads by placing them in charge of teams of nurses who are not trained in critical care nursing, assigning them to specific patient care tasks, and leaving the team leader free for skills requiring their expertise.

Hospitals across the country are near or at capacity, an even more concerning fact considering COVID-19 patients in the ICU tend to stay three times the usual length and require twice the attention.

In Mississippi, ICU capacity is completely full while many more are expected to require ICU care. By some reports, there has been no bed availability for ICU patients in the Jackson metro area for several weeks. At University of Mississipi Medical Center, hospital administrators have confirmed that thirteen people are on the waiting list for an ICU bed in their hospital network.

As of yesterday, Los Angeles County—the nation's most populous county—is reporting fewer than 100 ICU beds available as the county's case and hospitalization rates continue to climb to alarming levels. Neighboring counties like Riverside and Ventura are also reporting their current ICU bed availability at 0 or 1 percent.

The stress of COVID-19 surges is felt throughout an entire hospital, not just on the COVID-19 ICUs. Patients fighting COVID-19 on regular nursing floors also require more staff and time than the average patient. In addition, there is the extra time required to properly don and doff personal protective equipment.

Even on non-COVID units, staffing dips to low levels as many nurses are out sick or pulled from their units to assist on COVID units. In addition, as patients develop symptoms or COVID-19

tests result as positive, nurses struggle to implement poorly designed protocols or ever-changing policies, taking precious time in their shift to search for proper PPE, move newly COVID-positive patients to other units, quarantine those patients' previous roommates and ensure the rooms are cleaned properly.

In this context, results from a recent survey of health care workers by Mental Health America should not come as a surprise. The survey was based on the experience of health care workers from June to September. Results today amidst the greatest surge in hospitalizations would no doubt be far worse.

Out of 1,119 surveyed health care workers, 93 percent reported experiencing stress with 75 percent reporting feeling exhausted, burned out and overwhelmed. Most common manifestations of this stress included feeling emotionally exhausted (82 percent), having difficulty sleeping (70 percent), physical exhaustion (70 percent), and experiencing work-related dread (63 percent). Over half of the respondents also experienced physical feelings of stress such as stomach aches and headaches. Fifty-five percent of those surveyed found themselves questioning their career path.

At home, health care workers struggle with the fear that they are exposing their loved ones. More than 75 percent of those surveyed stated they were worried about exposing their children to COVID-19 and more than 50 percent were concerned they could expose spouses and older adult family members.

In line with the survey's results, nurses on the "Nurses Talk Corona" Facebook page discussed the difficult reality of working in health care amidst the greatest surge in the pandemic.

Isaac, a psych nurse, wrote, "The Psych facility I work on has their first outbreak. [The unit] has diverted all new admissions to other hospitals. We have a full unit of COVID patients. The staff are sick. I feel like I'm living through the apocalypse. The unit normally has capacity for 39 ... we've downsized to one-quarter of the unit. The rest is closed off waiting for cleaning."

Several nurses also discussed how their hospitals are forced to transfer patients across state lines for available beds. Nurses also described how their hospitals have created makeshift COVID units or placed extremely ill patients on lower acuity units where they will be unable to receive the care they require.

Candi, a nurse in Huntsville, Alabama, stated, "As of today we are cancelling all elective and urgent procedures and converting inpatient holding and [post anesthesia care units] to ICU's. We have a makeshift ER pod in the ambulance bay, holding patients on stretchers because we have nowhere to put them."

Nurses on the same thread also expressed condolences to a nurse who just lost her friend, a veteran pediatric nurse of 30 years, to COVID-19.

Nurses in another Facebook group, Mississippi Nurse Life, described feeling "completely exhausted" and suffering PTSD symptoms. One nurse, Leann, described feeling emotionally overwhelmed after witnessing her patients die without any family nearby due to the pandemic's visiting restrictions. "I know I have PTSD. I cannot discuss what I saw in the early days of [the pandemic] yet. I can't right now because I have to survive. No one deserves to die alone!"

Dr. Vishnu Chundi, chairman of the COVID-19 Task Force for the Chicago Medical Society, recently told the *Chicago Sun-Times*, "I've never seen so many people die. It's just a number until you see it happen in front of you. Then it's, 'Oh my God—this is carnage.'"

He added, "There's no letup. Now we're seeing more of the staff getting it. They're not having enough time to recover from COVID—the fatigue, the cough. They're coming in ragged around the edges."

The required emergency measures to lower hospitalization rates are incompatible with the corporate interests of the ruling class around the world. Amid this latest wave of the pandemic, where deaths and infections are reaching unprecedented levels, President-elect Biden has made it clear he will not accept any emergency lockdowns.

As the statement issued Socialist Equality Party explained, "This is why the necessary emergency action to save lives requires the full industrial and political mobilization of the working class. It is not a matter of making appeals to the Democratic and Republican parties, which will do nothing. The task is to organize the working class as an independent force to enforce shutdowns and prepare a nationwide political general strike.

"The Socialist Equality Party calls on workers in key industries—Amazon and logistics workers, auto and manufacturing workers, educators and teachers, transportation workers, telecommunications and technology workers and other sections of the working class—to begin forming an interconnected network of workplace and neighborhood committees to organize coordinated opposition."

At the same time, the incomes of workers and small businesses must be secured, and vast resources made available to hire and train new nurses, provide full access to the best protective equipment and ensure safe working conditions, enforced by rank-and-file committees of health care workers.

To pay for this, the vast resources handed over to Wall Street and the major corporations by the bipartisan CARES Act must be reallocated to meet these vital needs. Some of the wealthiest hospital groups in the United States—bailed out to the tune of $175 billion by the CARES act in March—have slashed life-saving services and furloughed staff at a time of such desperate need.

Billionaires in the global health care industry saw their wealth increase nearly $150 billion or 36.3 percent between April 7 and July 31, from a total of $402.3 billion to $548 billion, according to a new report by wealth managers UBS and professional services firm PricewaterhouseCoopers.

This further highlights the opposing class interests revealed between the fight of health care workers and the corporate interests that control hospitals and the for-profit health care system.

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