

UK: Intensive care nurse who treated Prime Minister Johnson quits, citing “cesspool of COVID” conditions

Julie Hyland
24 May 2021

The intensive care nurse who looked after Prime Minister Boris Johnson when he was treated for COVID-19 has quit the National Health Service (NHS), denouncing conditions at her hospital as “a cesspool of COVID” and “an absolute shitshow”.

Jenny McGee was one of the nurses praised by Johnson for “keeping vigil” over him when he was admitted gravely ill to St Thomas' hospital, London in April 2020.

The New Zealand-born nurse worked in intensive care at the large teaching hospital and major trauma centre, which is part of an academic health science centre. Johnson spent two nights in Intensive Care from April 5. On recovering, he said of McGee and another nurse, Luis Pitarma, “The reason in the end my body did start to get enough oxygen was because for every second of the night, they were watching.”

McGee said she had quit over the government's “lack of respect” for NHS and healthcare workers. “Lots of nurses felt that the government hadn't led very effectively—the indecisiveness, so many mixed messages. It was just very upsetting.”

Her damning condemnation of conditions at a top London hospital prove that the BMJ (formerly, *British Medical Journal*) was on point with its description of the government's policy in the pandemic as “social murder”.

Even though the deadly virus had been identified in January 2020, the Johnson government—like others internationally—refused to take any action and publicly advocated a policy of “herd immunity”. It was only after having secured a massive bailout for the banks and major corporations in March, and facing rising public opposition, that a lockdown was implemented. Johnson—who had made a point of shaking hands and refusing to wear a mask—was rushed to hospital on April 6, 2020, in the midst of the first wave of COVID-19 infections and deaths between March and May 2020.

McGee revealed that Johnson's staff had attempted to co-opt her into a “clap for the NHS” photo-op in July, during

what she had believed would be a private “thank you” visit to Downing Street. By that time, the first lockdown had been lifted and the Conservative government and the Labour Party were insistent that the economy had to be fully reopened. Demands to reopen schools were central to this effort, as the ruling elite sought to force parents into unsafe workplaces, with Labour's Sir Keir Starmer emphasising there could be “No ifs, no buts” about reopening educational settings.

This homicidal indifference to workers' lives fuelled an even more deadly wave of the pandemic between December 2020 and February 2021. It is now known that Johnson was so bitterly opposed to a further lockdown that he thundered in October he would rather see “bodies pile high in their thousands”.

The bodies did indeed pile high. McGee's description of a COVID “cesspool” and “shitstorm” at her hospital refers to this time. “I don't know how to describe the horrendousness of what we were going through. We were desperate,” she told Channel 4.

Conditions at St Thomas' were replicated across the country. Official statistics presented by Julian Russell, on the NHS Providers blog, show that in England, at the peak of the first wave, daily infections were at 5,107, albeit significantly underreported due to lack of testing. In the second they reached 61,757 daily. Hospital admissions rose from a daily average of 1,500 in the first wave, to 2,500 in the second.

In the month of January 2021, “there were an average of 30,500 COVID-19 patients in hospital every day”. On January 26 that year, “the UK passed the tragic milestone of 100,000 deaths from the virus when looking at the government daily deaths data. In January 2021 alone, England recorded almost 30,000 COVID-19 deaths, approximately one-third of the country's total to date.”

The scale of suffering is criminal. But what the figures do not show is the numbers who *caught* COVID-19 in hospital,

having been admitted for other illnesses. Public Health England estimated that more than 15 percent of COVID cases among patients had been acquired after admission. Former health secretary Jeremy Hunt has said, “We think between 20 and 40 percent of the people who died from COVID across the country picked up the infection in their hospital.” A *Health Service Journal* analysis of NHS England data in December found that the rate of hospital-acquired infection was over one in three in some areas.

On Monday, the *Guardian* reported that “Up to 8,700 patients died after catching Covid-19 while in hospital being treated for another medical problem.” The report was based on freedom of information requests from 81 of England’s 126 acute hospital trusts, which found that “almost three in 10 (27.1%) of those infected that way lost their lives within 28 days.” A staggering “32,307 people have probably or definitely contracted the disease while in hospital since March 2020—and 8,747 of them died,” the newspaper reports.

It is already known that elderly care homes have been a centre for the spread of the virus, with more than 50,000 residents estimated to have died. Together with the number of infections and deaths from hospital-acquired COVID, it means that tens of thousands of people were placed in mortal danger in settings where they should have been guaranteed safety and protection.

In both areas, the underlying causes are the same—lack of adequate personal protective equipment (PPE), the failure to track and trace infections, poor or non-existent sick pay, and staff overwhelmed by shortages and working under terrible pressure. More than a decade of austerity has seen the number of hospital beds in the UK collapse from 240,000 in 2000 to 163,900 in 2018, making it more difficult to implement social distancing measures.

Healthcare workers and their families have suffered some of the highest rates of mortality. A recent BMJ study showed that patient-facing healthcare staff and their immediate families “were three times as likely as the general population to be admitted to hospital with COVID.” Between March and December 2020 alone, more than 850 healthcare workers are estimated to have died of COVID. The actual, up-to-date figure will be much higher.

Still the government insists that NHS staff should receive just a 1 percent pay rise—an effective pay cut—and, in England, has rejected even a one-off “COVID bonus” of £500 for healthcare workers.

McGee’s comments have subsequently been largely buried. Neither the government, nor the Labour and trade union bureaucracy want an examination of the policy of placing profits over lives that is responsible for the situation she describes. Especially when their combined efforts are geared

towards the dismantling of even the limited restrictions still in place as they fully reopen the economy in the face of the spread of new and more infectious variants.

The trade unions have used the pandemic to consolidate their corporatist relations with government and management, joining numerous “taskforces” while their members’ health and lives are daily jeopardised. Unison General Secretary Christina McAnea (then Assistant General Secretary) was part of the government’s Social Care Support COVID-19 Taskforce, established in June 2020. Royal College of Nursing (RCN) Chair Professor Jane Cummings also attended.

Such bodies were not created to give voice to the concerns of workers or users of these services, but to stifle them. Subsequently, in Scotland, Unison, the GMB and the Royal College of Midwives endorsed a single-year 4 percent pay deal, hailing it as an important advance on the miserly 1 percent on offer in England. Members of the RCN and GMB in Scotland overwhelmingly rejected the still derisory and divisive deal. But across the UK, the RCN has confined opposition to petitions and appeals to the government to see sense.

Healthcare workers in the UK must look to their international class brothers and sisters for a way forward. Fierce opposition is growing across the globe among healthcare workers who are standing up for their rights, and those of patients and society at large. Strikes and protests have erupted from India, Israel and Japan to Bolivia, France and the US.

Mass discontent must find a united political and industrial expression through the building of democratic workplace and hospital committees as part of the International Workers Alliance of Rank-and-File Committees (IWA-RFC). Contact the WWSWS today for assistance in building a rank-and-file committee in your area.



To contact the WWSWS and the Socialist Equality Party visit:

wsws.org/contact