

State governors mobilize National Guard amidst growing health care crisis in the US

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New York's Democratic Governor Kathy Hochul said last week she is prepared to deploy the National Guard to hospitals facing critical staffing shortages. On top of existing labor shortfalls, an estimated 8 percent of hospital staff are facing dismissal for refusal to receive the COVID-19 vaccine by the state deadline.

The deployment comes as over 2,000 nurses and other health care workers in Buffalo, New York, are on strike. In addition to protests and strike action by health care workers across the country to demand safe staffing ratios, many are leaving the profession due to stress and overwork caused by the massive surge in the pandemic. National Guard members are paid by the state and cannot refuse deployment without risking arrest, fines or even prison.

In addition to being deployed to shore up vacant medical staff positions, the National Guard has been activated to drive school buses and function as nursing home caretakers, construction workers, school cafeteria workers and meat processors. The widespread mobilization of the National Guard to fill positions underscores the state policy of maintaining production and reopening schools despite the catastrophic spread of the pandemic throughout the country.

Deployments have become more common in the health care industry. In the past month alone, thousands of National Guard have been called up to fill in vacant staffing at hospitals in Vermont, Kentucky, Indiana, Tennessee, Oregon, California and Georgia. They are also fulfilling roles in logistics, triage, administration and in some cases working as medics performing vaccinations. As Megan Wade-Taxter of the Indiana Health Department put it, the National Guard are being utilized to "support hospitals that have exhausted all other staffing options."

Tristar Regional, the recipient of National Guard

deployment in Kentucky, is a subsidiary of the largest health care organization in the United States. The company, which reported \$1.45 billion in second quarter profits in 2021, is relying on state-funded labor to maintain operations. In fact, the three largest hospital companies in the United States, recipients of over \$1.1 billion in federal stimulus as well as National Guard deployments, have posted over \$2 billion in profits last quarter alone.

Guard deployments are not only a financial windfall for for-profit medical but also help spin a narrative that a shortage of doctors and nurses is due to vaccine hesitancy and not exhaustion and poor working conditions.

A study by the American Nursing Association and a coalition of universities independently found that while peripheral health care workers may show higher rates of vaccine hesitancy that correlate to a number of factors, vaccination rates of doctors and nurses trend well above 90 percent.

Dr. Sanjay Gupta told CNN a week ago, "If you dig into the data in New York, 95 percent of nurses [are] vaccinated and 98 to 99 percent of doctors are vaccinated, but there are a lot of people who make up health care workers."

The Republican Party is seeking to blame short staffing on vaccine mandates, while the Democrats are blaming it on the very small percent of nurses who remain unvaccinated. In fact, the crisis in health care is the product of the decades-long attack on the health care infrastructure, the subordination of the entire industry to private profit and the catastrophic impact of the reopening of schools and the economy, supported by both big business parties.

Many nurses have expressed concerns about the capability of field medics working in unfamiliar

hospital situations. One pediatric nurse observed in a Reddit post that the deployments meant “the state is going to subsidize hospitals at the expense of nurses.” Another asked, “Isn’t this kind of a six of one, half dozen of the other solution? Most National Guard people I know who have medical Military Occupational Specialty also work in health care as their full-time jobs. Activating them helps out whoever they get sent to help, but it short-hands wherever it is that they usually work.”

These Guard personnel may also not have sufficient expertise to support civilian hospitals. One Guard member stated in a Reddit discussion on the deployments, “I was a medic with EMT-B certification. In a military hospital or clinic, I could do IVs, catheters, suture removals or placements, etc. But in a civilian hospital, our training would not be good enough.”

Staffing shortages have led to the relaxation of standards all over the country. In New York, executive orders have loosened medical practice requirements to allow the employment of retired professionals and former medics whose certifications have lapsed. One Florida nurse shared, “They have podiatry residents now working in the ER here.”

Short staffing will only continue to increase as COVID-19 hospitalization rates peak and medical professionals continue to quit. Surveys of doctors and nurses leaving their jobs cite overwork, disorganization, lack of agency in the workplace and, most tellingly, the trauma of witnessing so much death as their main reasons for leaving the profession, not vaccine mandates.

California and Maine also enacted vaccination mandates for health care workers on September 30 and October 1. The vaccination of health care workers is medically necessary to protect staff and patients from COVID-19, and mandates are proven to work to raise vaccination levels significantly where in place. In the week leading up to the mandate in New York, vaccination rates jumped from between 82-84 percent of all 650,000 hospital and nursing home workers to a total 92 percent by the deadline.

Mass vaccination must be accompanied by a scientifically driven comprehensive response to the pandemic, utilizing all public health measures to bring cases down to zero. What is needed is a clear, science-

based plan for the eradication of COVID-19 combined with expansion of medical resources to treat those affected by illness.

Leading global scientists and epidemiologists insist that eradication is possible even now. Through vaccination, masking, robust contact tracing and social distancing measures, such as school closures and restrictions on public gatherings, experts predict that COVID-19 could be eradicated in as little as 60 days.

Instead of pursuing an end to the pandemic, the ruling classes have implemented the “herd immunity” policy which has morphed into insistence that workers must “learn to live with the virus.” They have called for the lifting of essentially all COVID-19 mitigations, relying solely on the vaccines. Meanwhile they are attempting to supplement the skeleton staffing at for-profit hospitals with military labor.



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