“I’ve had to pack too many dead people in plastic bags”

Two years of Germany’s “profits before life” pandemic policy: nurses and doctors take stock

Gregor Link
15 December 2021

> *“I am broken, morally, emotionally and physically - I can’t go on. Many thousands of nurses and doctors feel the same way. They burnt us out, sacrificed us and are now trying to destroy our last spark of morale. Tens of thousands of ICU beds can no longer be operated because the staff is completely exhausted. Those who could go have gone. [Those who remain] now have to endure a fourth wave that will internally break many more colleagues.”*

With this viral post on Twitter an anonymous nurse summed up the situation in the German health care system. After two years of the COVID 19 pandemic, doctors and nurses who fight every day around the world to protect human lives have been pushed to their limit. The situation is more dire than ever. In Germany alone, more than 370 people die and around 50,000 become infected every day despite vaccinations.

In the midst of this mass death, which will escalate further due to the spread of the highly contagious Omicron variant, employers and unions have hatched a new collective agreement that means a real wage cut of five percent for nurses and other public employees. At the opposite pole of society, the wealth of the hundred richest Germans in the pandemic has grown by €116 billion to €722 billion.

The government’s profit-oriented response to the pandemic has placed the burden of all existing crises in the health care system on the backs of workers and patients in need of care. The number of available intensive care beds is now at its lowest level since the beginning of the pandemic because nurses have been burnt out for years.

As part of the Global Workers’ Inquest into the COVID-19 Pandemic, the *World Socialist Web Site* spoke with doctors and nurses from various health care sectors, who painted a terrifying and stark picture of the disaster.

“God knows, I’ve had to pack far too many dead people in a plastic bag,” reported **Marion**, who has been working as a nurse for 25 years and has been on a COVID-19 ward since spring 2020.

“We’re full and it’s really exhausting. It is crazy how we have to work and how we have to deal with patients. Very often the patients are old and in need of care anyway. They are completely isolated from their families and extremely dependent on our facial expressions - but we can’t use them because we are completely suited up.

“Then we have the children who become infected in schools and kindergartens and bring the virus home with them and infect their parents and grandparents, who then end up in the hospital—and probably die from it lonely and horribly. We experience all of this and take it home with us.”

The fact that many nurses have “run away screaming” out of frustration in the last few months, says Marion, “can no longer be made good with money either.” She continued, “The conditions must be created under which patient-oriented and patient-friendly care can take place—but we didn’t even have that before COVID-19.

“At the latest with the introduction of the DRGs [diagnosis-related case groups, case lump sum payments,] the hospitals have become commercial enterprises. If my grandmother bruised her hip, she would be an extreme ‚cost factor.‘ If she breaks her hip, however, you can earn a lot of money with her because she then has to be operated on—and the health insurance company pays for that.”

In the interest of profit, idle times are minimized and the “throughput” of the wards maximized, reports Marion:

“It’s a coming and going, often with bloody discharges. The pandemic has made the situation on the wards even worse. Some of my colleagues have not been able to come to work this year because of Long COVID - we miss these people too.

“I love my job and have been working on the ward for 25 years, but under these conditions I probably won’t hold out until I retire. I am forced to choose whether to take care of this sick person or that dying person—this is also a kind of triage. I would already have supported a lockdown last year. The constant back and forth wears people down. Now a lockdown is almost too late. Tomorrow it’s back to the front ...”

Laura, 26, has been working as a nurse in the accident and emergency unit of a hospital near Bielefeld for almost three years.

She reported, “I either keep the patients stable or take the first steps in therapy until they are discharged, admitted or transferred. At the moment, my colleagues and I work in three shifts of two people, but depending on the number of patients, there should actually be four of us on two of these shifts. Until recently, we were alone on night, holiday, and weekend shifts.

“This is simply no longer feasible given the number of patients. This is expressed in the great responsibility that one has with different patients and specialties. I am the contact person, the person carrying out the work and the organizer for three different doctors. That is why I have a total of 22 patients at the same time, whom I have to register, care for, transport from ward to ward or hand over.

“When there is a lot going on, we often only manage most of it because we have students or interns that we have to rely on a lot. There are days when you run around without a break and without going to the toilet. A colleague once presented in a table how much our numbers have risen in the last three years. It has become much more difficult.”

Tina, who is taking the registration course at a nursing school in North Rhine-Westphalia, confirmed this account, saying, “Without us students, the hospitals could shut down. You help out up to 100 percent of the time and often cannot achieve your own learning goals. I recently had a conflict with the nursing staff because I said that I felt burnt out and the way the patients are handled is inhuman. Of course they don’t want to hear that there.

“It was bad for those in need of care even before COVID-19 because the whole system has been overloaded for a long time. For us students, COVID-19 meant that we were in homeschooling. That means: No appropriate lessons and corresponding learning gaps, which we then had to make up again at some point. Unfortunately, we didn’t have an adequate contact person on site.”

Robert is an intensive care physician and senior physician at a university clinic in North Rhine-Westphalia. “COVID-19 is the catalyst that brought to a head all the pent-up problems resulting from cost-cutting,” he said. “Medical care in Germany has changed a lot since the introduction of the DRG system due to the extreme pressure of money over the past few years. Much has been cut back. We have never been able to use all of our twelve or 18 intensive care bed ventilation stations at the same time because there was a lack of nursing staff from the start. The pressure in the system—which is generated by the workload and the inadequate wages—was once again pushed to the limit by COVID-19.

“In my opinion, the main burden does not even lie with the doctors. I have been on six ECMO operations in the last few days—but the people in the care department are the ones who really suffer from it all.

“Anyone dealing with coronavirus patients spends four to six hours in special protective clothing—gown, hood, FFP2 (N95) mask, gloves—suited up in the COVID-19 wards. The patients, the majority of whom are obese, are extremely demanding in terms of nursing care. They need to be turned from back to stomach and washed regularly, IV sets need to be changed, and so on.

“In one intensive care unit, we have five workers per shift—if we’re lucky—we have to look after ten intensive care patients. The devices are loud, everything beeps and many of our nurses are not getting any younger. The death rate among ECMO patients with COVID-19 is around 50 percent.

“The job is destructive both physically and mentally. Checking, drawing on and administering medication, washing patients, turning them, adjusting ventilation parameters, drawing blood etc., all of course in shift work with many night and weekend shifts. All of this means that many colleagues say: I don’t want to and I can’t go on any more.

“In addition, the roster is stretched to the limit. If someone is absent at short notice, for example due to illness, there are only three or four people at the start of the shift at a time. However, you can’t simply relocate patients in order to adjust the nurse-to-patient ratio; instead of two seriously ill patients, the nursing staff then has to look after three—which affects the quality of the care and the nursing staff is stressed to the maximum. Our experienced employees know this and take a lot of things very stoically, but whoever joins us now feels like being run over by a truck.

“I know that many employees from other clinics have had to wear their protective equipment for days. As a result of COVID-19, we ourselves have much fewer blood donations, so that some of our blood reserves are becoming scarce. At one point we were unable to perform operations for five days, except for emergencies, because there were no more blood reserves available. The pandemic has these and many other side effects.

“A low-incidence strategy would have made sense so that all patients can be well cared for. Those who end up with us are not necessarily members of the ‘lateral thinker milieu‘ (anti-vaxxers and far-right opponents of public health measures). What we are much more likely to see are people with a immigrant background who speak little German and have no connection to the health care system. That is 60 to 80 percent of our seriously ill patients.”

The WSWS will publish further reports and interviews with those impacted by the catastrophic effects of the pandemic and the consequences of the official “profit before life” policy in the coming days. Register for the Global Workers’ Inquest to inform us about your experiences and to take up the fight for the global elimination of COVID-19.