US health staff forced to work while infected with COVID-19

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The US health care system is on the brink of collapse as waves of patients infected with the Omicron variant meet a rapidly shrinking health care workforce as they seek treatment. Doctors, nurses and other workers are exhausted by their unsafe working conditions. Many are becoming infected themselves, retiring early or leaving their professions altogether.

In the last week of December, COVID-19 cases across the country exceeded 2.5 million, up 50 percent from the preceding week. This means there were approximately 361,000 cases per day, far exceeding any previous peak during the entirety of the pandemic. On January 3, the moving average of daily cases surpassed 400,000. In line with the rise in infections, hospitalizations for COVID-19 are now accelerating, having exceeded 100,000 as of January 5.

Pediatric hospitalization rates nationwide have increased 48 percent in the last week. Since March 2020, 1,035 children 17 and younger have died from COVID-19, the majority over the past four months amid the bipartisan, union-backed campaign to fully reopen schools this fall.

Each case and each hospitalization has a direct effect on the working conditions of health care workers, who have braved surge after surge of the coronavirus and continue to fight the pandemic with dwindling resources and unsafe staffing ratios. The stress of working throughout the pandemic or the effects of long-term illness from COVID-19 have caused many to leave the profession altogether. According to a *Becker's Hospital Review* report from November, the US health care sector has lost almost half a million workers since February 2020, accounting for one in five.

As a result of short staffing, health care workers are experiencing untenable levels of stress as they take on assignments once meant for multiple workers. This affects the entire workforce—from dietary workers to janitorial staff, secretaries, nurses, doctors and students.

Health care workers across the country report that they are becoming infected at high levels, are being forced to work while infected with COVID-19 and are watching beds or entire units in their hospitals closed for lack of staff. They are also frustrated with the lack of safety measures in place, including mandatory, frequent testing of patients and staff and the requirement for higher PPE, such as N95 masks.

An oncology nurse in Northern California told the *World Socialist Web Site* that she worries about the patients on her unit who are very vulnerable to COVID-19. "We act as if nothing is happening. The only change since Omicron has been to make the visitation policy slightly more strict," she said.

She continued, "One of my patients with stage IV lung cancer tested positive for COVID the other day, and we only found out because she was having a procedure the next day, so we had to test her. There is no protocol to test every certain amount of days. You get tested when you arrive, and that's all unless there's a procedure or you have new symptoms. And staff is never tested on a routine basis. This patient had a roommate who was receiving chemotherapy, and so she was immunocompromised. One of the other patients I had that day was a bone marrow transplant patient, who essentially had a zero immune system as part of her treatment. Did I then give COVID to this patient accidentally?

"Nurses aren't required to wear N95s unless it's a confirmed COVID case. Every single patient has fragile immune systems, and we are walking around with loose surgical masks. Our managers tell us to try eating lunch outside. Our union reps haven't been by or even sent an email. I cannot stress enough how unsafe hospitals are right now."

With the advent of the new CDC guidelines shortening quarantine times to 5 days, more and more health care workers have reported being forced to work while sick, putting themselves, their coworkers and their patients at risk.

In one TikTok video, viewed over 7.2 million times, ICU nurse April Lynn filmed herself talking about how her hospital is making her work with moderate symptoms. After her allotted quarantine time, she says she was called by her hospital's occupational health department. "I tell her. I'm sneezing constantly, I'm coughing, I'm short of breath, I'm having extreme fatigue. I just don't feel like myself."

April then describes how the occupational health employee asked how she feels out of 100 percent and if she has any fevers. She stated she feels about 60 percent of her normal, and she has not had any fevers. April continues, "Then the lady says, 'Perfect, you are cleared to go back to work!' Then she says, 'Make sure not to take another COVID test before you proceed to return to work because it will almost certainly be positive. But that's ok, as long as you're not having fevers you're good to go.'" April pauses and stares at the camera with an incredulous look, saying, "And that, my friends, is where health care is right now. I don't even know what to say."

In a recent article in *Business Insider*, nurses spoke anonymously about working while infected with COVID-19. An

emergency department nurse in Florida was forced to return to work 10 days after her symptoms began. She still struggles with fatigue and shortness of breath. She told *Insider*, "The ER is very physically exhausting and demanding. I can barely make it through putting towels in the dryer [at home] without having to take my inhaler. I pray that I don't have to work a code or do chest compressions because I don't want to fail my patient in delivering poor CPR because I'm barely able to breathe myself."

Another nurse who works on a postpartum unit told *Insider* that she is terrified that she will infect her patients. "I can't afford to have a day off and not get paid for it, but I don't want to get someone sick. I'd never forgive myself. We've had a lot of tragedies happen because of COVID in our ward with moms and babies. It's not something I want to risk for a patient at any time."

While employees are forced to work while infected, many are still off the job for quarantine as they are recently infected or qualify for extended time off due to their symptoms. The following examples describe just a few recent outbreaks at hospital systems. In reality, many more workers are COVID-19 positive, asymptomatic or unable to get a test.

At the Cleveland Clinic Florida in Weston, Florida, about 250, or 7 percent, of the hospital's nearly 3,600 employees are out sick with COVID-19. Dr. Carla McWilliams, the hospital's infectious disease chief, said the Weston facility is just one of the medical centers in the state experiencing mass levels of infection among employees. At Jackson Health System, a hospital network in Miami, Florida, about 435 employees, or roughly 3 percent of employees, have tested positive in the past 10 days. At Scripps Health, a hospital network in Southern California, nearly 15 percent of employees, or 700 staff members, are out of work with COVID-19.

These staff shortages affect the entire workflow of the hospital. In just one example, the Scripps Health CEO told Fox News, "We are waiting on an oxygen delivery, and we were told that the driver tested positive for COVID, so they didn't have the drivers to bring the oxygen."

International ambulance operator Falck reported that 5 percent of its Los Angeles-area EMTs are out sick with COVID-19. Jeff Lucia, Falck communications director, also described the effect of hospital short staffing on ambulances. In an interview with the *Los Angeles Times*, Lucia said, "We've had ambulances tied up at hospitals up to eight hours over the weekend while patients wait for open beds. To free up ambulances to respond to emergency calls, we've brought in camping cots and placed them at some hospitals, but clearly more needs to be done." He also described how this, in combination with EMT shortages, has resulted in increased response times of 12–30 minutes, double and quadruple pre-pandemic averages.

Temporary or permanent closures of beds, units or entire hospital departments have become commonplace as a last-ditch effort to deploy existing staff to areas of higher need. In some cases, closures are required as there is no staff to run the unit or hospital. These closures leave the surrounding community at risk, especially in rural areas where access to care is already limited, and the further loss of facilities like dialysis centers and emergency departments could result in unnecessary deaths.

As of January 5, Holy Cross Health in Fort Lauderdale, Florida, closed down its labor and delivery unit as they were unable to keep it adequately staffed. The hospital's NICU and postpartum unit will remain open for now. Three Aurora Health urgent care facilities in Milwaukee, Wisconsin, were closed last week until at least the end of January in order to deploy staff to other Aurora Health facilities with staffing shortages. Pulaski Memorial Hospital in Indiana, announced it will close its OB/Maternity department next week due to staffing shortages.

In addition to formal closures, hospitals across the country are forced to close beds on a daily basis depending on staffing levels, greatly increasing wait times in emergency departments or turning patients away altogether.

COVID-19 has also drastically increased the rate of rural hospital closures. A new survey of rural hospitals from the Chartis Group, which provided its preliminary results to Vox, revealed how deep the problem runs. The survey showed that 99 percent of rural hospitals surveyed said they were experiencing a staffing shortage; 96 percent of them said they were having the most difficulty finding nurses. Rural hospitals were already operating on razor-thin margins, with record numbers of hospitals closing in 2020 and now an additional 216 rural hospitals at high risk of closure as of September 2021.

The concept that Omicron is "mild," repeated ad nauseam by the White House and corporate media, is being used to justify the mass infection of the population. The mass infections and deaths produced by the herd immunity offensive of the ruling class must be opposed from every angle with a strategy guided not by what is good for business and the economy, but what is necessary to save lives. Health care workers must fight for a rational, scientifically based approach to the elimination of COVID-19.

To save the lives of their patients, their coworkers and the wider public, health care workers must take matters into their own hands. No number of travel nurses, closed beds or lackluster hospital policy changes will stop the spread of COVID-19 or the breakdown of the entire health care system. The problem must be attacked at the root. Workers at every hospital must establish independent rank-and-file committees—such as the one built at Kaiser Permanente—and link up with our sister committees in other industries across the globe.