US health care workers speak out as COVID-19 continues to fill ICUs and overwhelm hospitals

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The unprecedented explosion of COVID-19 cases throughout the country this winter is continuing to strain every sector of workers, including health care workers on the frontlines. Burdened by the cumulative toll of all previous surges, exhausted health care workers are speaking out about the conditions they are facing with the spread of the Omicron variant.

The total number of confirmed COVID-19 cases in the United States reached more than 75 million this week, with over 18.6 million new infections reported in the last 28 days. According to the John Hopkins University tally, by Tuesday afternoon the national death toll surpassed 888,000, while the Worldometer tracker shows that deaths have surpassed 920,000.

The number of patients currently hospitalized with COVID-19 is just over 133,000, down from the all-time peak of 159,400 on January 20, according to a seven-day average recorded by the Department of Health and Human Services (HHS)

HHS data also shows that 80.32 percent of all ICU beds in the US were in use as of February 1. Of these beds, 29.18 percent were being used for COVID-related patients. Oklahoma has the highest rate of ICU beds in use, with 94.27 percent, with 45.06 percent of beds being used for COVID-19. ICU capacity is above 75 percent in 43 states.

This is significant, especially considering a November Centers for Disease Control and Prevention (CDC) Morbidity and Mortality weekly report which used data from the Delta surge to reveal that ICU bed use at 75 percent capacity nationwide is associated with an estimated additional 12,000 excess deaths two weeks later (with additional deaths four and six weeks later). Additionally, hospitals with 100 percent ICU bed capacity were associated with 80,000 excess deaths in the subsequent two weeks.

While ICU capacity is not a direct cause of excess deaths, it is an important indicator of overstressed hospitals. When ICU beds are full it affects every aspect of the hospital system, causing ambulance diversion, supply limitations, staffing shortages, delays in care and overcrowding. For example, a lack of open ICU beds means an entire hospital's admitting process can slow to a point where Emergency Departments suffer day-long waiting periods.

Workers at Advocate Trinity Hospital in Chicago recently described conditions in their Emergency Department (ED) for reporters from the *Atlantic*. The hospital's ED medical director, Michael Anderson, explained, "We had patients waiting with bacterial infections, surgical problems, you name it … people who were sick to a degree that we'd never keep them waiting in normal conditions." He added that the hospital has never been so overwhelmed with COVID-19 patients at any other point in the pandemic.

In order to meet the needs of acutely ill patients, the hospital's ED has been forced to turn rooms into makeshift ICU beds, further stretching the department's staff and other resources. On one shift, Berenice Zavala, an emergency room nurse, told the *Atlantic* that they had a COVID patient go into cardiac arrest in the waiting room. She described how only four nurses were on duty that day, three of whom were travel nurses on their first day of work. They were unable to properly resuscitate the patient, who died. Berenice said, "It really affected us all. People blamed themselves. I've never worked under these conditions."

Studies have shown that high ICU occupancy, ambulance diversions and emergency room overcrowding all result in worse outcomes such as medical errors, treatment delays and increased mortality. ICU capacity is further impacted by nursing shortages, as capacity is a measurement of available staffed beds. It is commonplace for hospitals to block beds across the hospital because of staffing issues.

An ICU nurse at the Cleveland Clinic in Ohio spoke anonymously with WSWS reporters. She has worked in a COVID ICU since the beginning of the pandemic. "Right now, we have three or four ICUs completely full. It's really bad. Nurses are leaving, just pouring out. Everyone is super burnt out. We are completely out of staff. They bring in [travel nurses] and close down beds."

She added, "And now they're also bringing nurses back five days after testing positive so it's like we have a ton of sick

nurses on the floor too! It's becoming more and more clear that they don't care about us."

A nurse in Northern California told the WSWS how overcrowding has an effect on patients and workers in every area of the hospital. "I don't work on a COVID floor but you can still feel the surge everywhere. For one thing, we have nurses out sick. One of my co-workers is in the ICU. The other aspect is that we are forced to keep really sick patients for longer than we should because ICU beds are hard to come by."

She continued, "On my last shift I had a patient, an elderly man, who was crashing, needing more and more oxygen because he had likely aspirated. I called the crisis team and an ICU doctor came and approved my patient for the ICU. But when I called them for report, they said they were not ready. They had to discharge another patient first to make room for mine and then get the room clean. This meant I had to suddenly become an ICU nurse for my patient, something I am not trained for, neglecting all my other patients. It was just a 20-to-30-minute delay but it could have been the difference between life and death for this man."

Many hospitals, like ChristianCare health system in Wilmington, Delaware, are still operating at 99 percent capacity despite the number of patients declining by 33 percent in recent weeks.

As Dr. Ken Silverstein, chief physician executive of ChristianCare, which has three hospitals and more than 1,200 beds, told CNBC, "There's nothing mild about what's going on in our hospitals and in our ICUs, particularly if you are unvaccinated or unboosted." For the first time in the hospital's 130-year history, ChristianCare health system was forced to implement "crisis standards of care."

So-called "crisis standards of care" refers to an extreme set of measures for hospitals to ration staff and resources. These standards are essentially a legal protection for hospitals to deal with overflow situations, including suspending surgeries and preventive care. Before the pandemic their implementation was rare, now they are increasingly commonplace.

In hard-hit states like Texas, there are currently only 259 staffed ICU beds remaining, 11 fewer beds than the previous record set by the Delta variant, according to the Texas Department of State Health Services. With more than 13,330 Texans hospitalized with the virus, the state is approaching numbers not seen since the last surges of early 2021 and the fall and summer of 2020.

Bryan Alsip, chief medical officer for University Health in San Antonio, told the *Texas Tribune*, "Because of the high level of transmission and infectivity of the Omicron variant, so many of our staff are getting positive." He added, "We've been doing this a long time now—close to two years. We're now experiencing our fourth large surge of those patients. It can get tiring."

It is not only hospital workers who are affected by the Omicron surge. Louise, a pharmacy cashier in California's Central Valley, whose name has been changed to protect her identity, spoke to WSWS reporters about conditions at her Walgreens pharmacy. Pharmacy workers across the United States held a nationwide walkout in December to protest chronic understaffing, low pay, and working conditions that endanger the safety of both employees and patients.

"We only have one technician right now," Louise said. "We still have pharmacists because they float from store to store. Workers come in on their day off because there is work piling up and they cannot get to it."

Illustrating the added burden of providing vaccinations while already short-staffed, Louise continued, "The shots that we have to give on a consistent basis are overwhelming. We cannot always do shots. We used to be a 24-hour store, but now we sometimes have to close at 5 p.m. or 9 p.m. because of staffing. Many workers have already started looking for other jobs and are thinking of retiring early. As soon as you walk in the door and you see this whole line of people you just feel drained. People are burnt out, people are tired. Technicians are quitting. We had three quit in the same day in one store."

At the same time, the Biden administration continues to downplay the danger of COVID-19, in an effort to disarm any public resistance against the escalating campaign to lift any remaining restrictions and declare the deadly virus "endemic," a lie refuted by scientists.

In line with this strategy, new guidelines from the HHS have "retired" its requirement that hospitals report to it daily COVID-19 deaths. The new policy was issued on January 6 and has gone into effect as of February 2. Many states across the country are also halting their contact-tracing efforts.

New CDC guidelines from December cut the recommended isolation period for people infected with COVID-19 in half, from 10 days to 5 days or even less for health facilities with severe staffing shortages—a description that applies to virtually every hospital, clinic and nursing home. Following these national guidelines, the California department of health released emergency guidelines last month which allow COVID-19-positive health care workers to return to work without any amount of quarantine.