

“The profit system is responsible for the death toll”

Michigan health care worker shares experiences with the Global Workers’ Inquest into the COVID-19 Pandemic

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The WSWs recently spoke with an imaging technician at a hospital in Metro Detroit, to give testimony for the Global Workers’ Inquest into the COVID-19 Pandemic. The description he provides highlights the ever-increasing strain on health care workers as the pandemic enters its third year. The technician requested anonymity to prevent retaliation by his workplace.

James Brookfield (JB): Thank you for talking with us today. Please tell us about your workplace.

Imaging Technician (IT): I work at a small facility which is part of a much larger hospital chain. There are a few hundred employees here with more than 200 beds and more than a dozen operating rooms.

JB: How long have you worked at the hospital?

IT: I’ve been there several years now; I started just before the outbreak of the pandemic.

JB: What do you remember about the early days of COVID-19 in, say, late winter or early spring of 2020?

IT: It was chaotic and confused from the start. Initially, precautions were very limited. Outside the operating room, no one wore masks. Perhaps once or twice I had seen someone in the imaging area with a mask. Then rules and policies began to change almost daily to cope with the pandemic.

Previously we had adopted protective measures to deal with C. diff (*Clostridioides difficile*, a bacterial infection that is particularly dangerous to those over 65), but these were largely contact precautions, like wearing gowns and gloves.

Before March of 2020, ignorance of COVID-19 predominated and there was actually very little discussion about the illness or the coronavirus that causes it among the staff. Then it changed suddenly. We were required to wear N95 masks. It wasn’t clear to us that this was sufficient to protect us from contracting COVID. More effective filtration options were limited then.

At the time, we had all of eight PAP (positive air pressure) respirators and they were not all in working order. I saw them used for two shifts and then they were gone. For the next six months, we were so short on N95 masks that we would use them until they fell apart.

JB: Were you caring for COVID patients before you had appropriate personal protective equipment (PPE) and guidance on how to don and doff it?

IT: That did not happen to me; I did get the PPE and training in time. But I know of one case at the hospital where that did take place. The employee quit at the end of the shift. In this case, the patient was not given a mask despite testing positive for COVID. It was before everyone was on high alert. It was particularly striking because the employee had been there for many years.

JB: Did any of your co-workers become seriously ill or die from COVID-19?

IT: One employee did require a ventilator after contracting COVID and that employee’s spouse was also hospitalized from COVID. Several technicians obtained medical exemptions to work in non-clinical settings. They faced ostracism and hostility when they returned to work at my location. I didn’t agree with how they were treated. Four others retired early. There were also several leaves of absence.

JB: Do you recall the first patient death from COVID at your hospital?

IT: Not exactly. I can’t say that it was hidden but it was quickly handled. Management does not want COVID deaths in a spotlight. Even now there is nowhere to ask, “How many patients have died of COVID?”

JB: How has the workweek changed?

IT: Most noticeable was the number of people working. It had seemed thin when I started even before COVID, but it became thinner once COVID struck. There was more stress. Keep in mind that donning and doffing PPE multiple times during a shift takes time, so there is more to do, and with fewer people.

Still, PPE is very necessary. It was frustrating to me that there was little coaching and no enforcement of proper donning and doffing. I suggested mirrors to help see where it was not on correctly, so that we could check ourselves.

As concern mounted, workers did monitor each other. I recall observing a nurse at one point confronting a technician who was not wearing a mask and was in proximity to an intubated patient.

There was some mandatory overtime. Lead technicians and some others

had to work double shifts. We did get some relief from the cancellation of certain surgeries that could be postponed. Many of those would have come to my area for imaging.

JB: In the 2020 presidential election campaign, Biden claimed that his administration's COVID-19 policy would be guided by science, unlike how Trump had handled the pandemic. He argued that an individual who had presided over hundreds of thousands of deaths from the disease had no right to be president.

He fostered illusions that matters would be very different under his administration. This argument was also made by his supporters among the pseudo-left and found popular reflection to a certain degree. Did workers at your hospital share these expectations? What was their response when COVID restrictions were increasingly removed in the late spring of 2021 under Biden?

IT: In 2021, there were not really sharp changes among the workers, though I have to say that some of this period is a bit of a blur at work as we soldiered on. I don't know that there were many expectations of the Biden administration among my co-workers. I don't recall anyone celebrating his election. There was not even very much a sense of relief as though an end were in sight. Biden's claims about basing his policies on science did not hold much water.

JB: What was the response to the vaccine being released?

IT: People at work felt better that it was available, though this was not unanimous. Initially somewhere around half of the workforce did not want the vaccine.

JB: What were the reasons for that?

IT: There was a general distrust of the government and of the hospital management. There was even confused hostility to profit-based medicine. There were fortunes that would be made after all. Some were concerned about how fast it was developed in comparison with previous vaccines.

But sentiment changed when those of us who got it right away did not have problems. Others took that as indicating that the vaccine was safe, but not everyone did. Some applied for medical or religious exemptions, but the vast majority have now received it.

JB: What about bourgeois politicians in Michigan who initially diverged from the policies of the Trump administration? Michigan governor, Democrat Gretchen Whitmer, closed schools, restaurants, gyms, and other public gathering places, leading to her becoming a target of far-right protests in April 2020. Six of these would be arrested for plotting to kidnap her.

IT: There was a wide variety of reactions, some very confused and even reactionary. Those who had lost compassion, blamed COVID victims, and downplayed the entire pandemic were a loud minority that was very hostile to Whitmer on a right-wing basis, particularly angry about the lockdowns.

There were others who were in agreement with the initial restrictions. They tended to agree with hospital management and support changed work practices to reduce the spread of the virus. Of course, I gathered all of this in rather brief discussions at work.

JB: What was discussed about the Omicron wave?

IT: Some realized that it was the biggest wave. There were many stories about friends and family getting COVID. Even several surgeons have had

it. It was very hard to keep up with the workload as more people were quarantined themselves or caring for loved ones who are.

We were told to just expect that everyone we saw had COVID, whether or not they had symptoms. That was new. It was also frightening, because you may be treating someone for chest pain and have to remember to assume they have COVID. And that was true for every patient you saw, all day, every day. The hospital kept becoming fuller. The emergency room filled up and patients waited in hallways.

Elective surgeries have now resumed, so we are very busy again. My wife has underlying conditions that make her more vulnerable to COVID. I am very concerned about bringing it home to her.

JB: Would you comment on the Omicron BA.2 wave?

IT: I have heard about it, but only by reading about it in the news. I have seen the growth of infections in Europe, though I haven't seen an increase in the hospital here, and I have had a few shifts in ER recently where new cases tend to come in. Here in the US, it does not seem as pronounced as previous waves, at least not yet. I can't really speak with a great deal of expertise on this new wave. It is not being discussed in the hospital, at least among those that I interact with.

JB: Did you see the article, "China mounts all-out effort to stop the spread of Omicron BA.2 subvariant"? What do you think of these developments in China as compared with the rest of the world?

IT: Their government control definitely works in keeping deaths very low, far less than the tragic outcome that you see in the US, Europe, and elsewhere in the world. When it comes to measures that they implemented, it looks like they took it very seriously. I don't live there of course, so I don't know how greatly their personal freedoms were restricted.

At work, compassion for the many victims seems to be lacking. I have tended to keep quiet in the most recent period so as not to alienate my co-workers.

JB: Do they ever talk about China?

IT: Only minimally; I don't remember talking at length with any of them about the COVID situation in China. Generally, I can have longer conversations only with workers in my unit, with whom I work closely. But we have not talked about China when discussing COVID.

JB: You mention personal freedoms in China. I am wondering if you saw the comment of a scientist on the WSWS. About quarantines, the author wrote:

China has seen several small outbreaks, which are typically isolated to one or a few cities, and which are typically controlled within a few weeks... Since April 2020, the peak number of new infections detected on a single day was just under 200, and the peak number of people ever in quarantine at any given time was just over 50,000. For comparison, the cumulative number of people quarantined in China during the entire pandemic is slightly larger than the number of people who have died of COVID-19 in the United States.

IT: That does sound believable. I am not surprised that the reality is much less frightening than the propaganda here has presented. If the US population came to understand this and if it trusted the authorities here, they would embrace similar measures to save lives.

JB: The death toll from COVID-19 in the US has now surpassed 1 million. Globally, the official death toll is 6.1 million, and these are only the reported figures, not estimates of excess deaths. Who or what is responsible for this enormous loss of life?

IT: It is a system that is profit-driven that determines whether people are provided the resources to stay at home for quarantining. They [the capitalist class] did not see it as serving their interests to close production and schools, at least not for long. The profit system is responsible for the death toll. There is also the role of the media, talking heads, pundits who justified the policy of refusing to cease non-essential production.



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