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Alabama ICU nurse describes his front-line pandemic experience to the Global Workers' Inquest

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The World Socialist Web Site *spoke to a critical care nurse in rural Alabama, David, about his experience throughout the COVID-19 pandemic, during which he has worked in multiple states.*

In this testimony to the Global Workers' Inquest into the COVID-19 Pandemic, David describes the inadequate response to the pandemic from the hospital level to the federal government, the consequences of which are felt by both patients and healthcare workers. He discusses conditions in the hospitals, for-profit health care and the psychological impact of the pandemic upon front-line workers.

Alabama, with a population of 4.9 million, has recorded 1.3 million official COVID-19 cases and 19,502 deaths and has the third-highest per capita death rate from COVID-19 in the US.

Emma: Can you describe your position as a critical care nurse and what your job entailed both before and during the pandemic?

David: Critical care and intensive care units are synonymous. We deal with a broad range of patients – heart arrhythmia patients, ventilated patients, and post-op surgical patients. We work with patients who have had brain, heart and vascular surgery. We handle a variety of different medicines and drips, usually involving hemodynamics and supporting blood pressure.

During COVID, we got the worst of the worst. Early in the pandemic, a COVID patient regardless of status came to the ICU. Later it changed, and the stable patients were put onto the floor, while ICU would get patients with respiratory problems that looked like they would or had already progressed.

Normally, the ICU standard across the US is a 2:1 patient ratio where every nurse has two patients. But with COVID, this quickly went to three or four patients per nurse, and that was a lot to deal with. The little hospital here tried to keep ratios down, but staff started getting sick and we started running short.

Eventually we reached a point where the administration was telling staff that if they tested positive for COVID, it's OK for them to continue working if they're working with COVID patients. They encouraged them to keep working while infected. It was ludicrous.

Even when I was working in a larger hospital which had more staff available, they encouraged staff who were infected with COVID to work. Or, if they had to be out, they would call them back in after a couple of days or tell them to come back as soon as they were "symptom free." At one point, over 130 staff were out with COVID.

You stated that turnover is very high among nurses. Can you explain why and elaborate on what conditions are like for nurses?

To me, nurses are viewed as dispensable by the administration. Turnover is extremely high. Nursing school and actually working on the job are two totally different things. School doesn't prepare you for the reality of what you're getting into. I've talked to a lot of young nurses, even before COVID, who realize that this wasn't what they signed up for.

There is a wide chasm between the staff and hospital administration. The hospitals are basically economically driven, and the administration is hammered to save money every which way they can in order to make money for the hospital. They want to keep wages low, and if they can get away with not adequately staffing the units, they'll do that. Whatever it takes.

Every hospital advertises that "our patients come first" but it's not true. The bottom dollar is number one. I figured out long ago that the healthcare system in the US is a sham. It's all about money for the pharmaceutical and insurance companies to the detriment of staff and patients.

There is widespread dissatisfaction among nurses, especially in the cities. In larger cities with multiple hospitals, nurses will just rotate from hospital to hospital. They'll work in one hospital for a year or two, then get fed up and leave for another hospital. But then they just walk into the same problem, just in a different environment.

If patients realized what went on behind the scenes, it would shock and frighten them. It leaves them in a precarious situation, especially when the hospital is short-staffed. The patients don't know how many patients are in the unit or how many we're taking care of. There is also a very dangerous trend I see that when nurses are in orientation, the administration is pushing to get them off orientation and on to a full patient load as soon as possible. This is especially dangerous in an ICU.

How have conditions changed since you have been a nurse?

The work environment has deteriorated, I would say. The gap between administration and nurses on the floor has widened. Maybe I wasn't aware when I first started, but I think that's always been the case.

Health care is even more economically driven today than 16 years ago. The insurance companies are telling hospitals how to treat patients. They'll say, "we won't pay for this" or "you can only keep them here for so many days." The hospitals are pushing to get patients out because the insurance companies are pushing the hospitals to get them out. It's a mess top to bottom.

How would you say the hospitals have handled the COVID-19 pandemic? Are they more or less prepared than they were two years ago to handle another surge?

I would say for the next wave, things are status quo, as compared to the very beginning when all the rules and protocols kept changing very rapidly. I don't see that they're ramping up capacity or any more prepared than they were before. My opinion is if a really serious wave came, and we were flooded with sick patients again, we would be in the same boat with staff shortages across the US.

I've said it many times. From hospital administration all the way to the White House, the response has been a farce from day one. We could have done more, it's that simple. In Alabama, when it first started in the spring of 2020, there was a brief shutdown of restaurants, schools, elective surges, etc. It lasted maybe two weeks, and during that time the cases dropped dramatically.

I still can't get over the stupidity of the reasoning, but as soon as the cases dropped, the politicians and media said, "Well, we're out of the woods," and reopened everything. They turned it loose again. Immediately within two weeks, we were flooded in the hospitals.

You said that it seems like every worker in the hospital contracted COVID at some point. How has the pandemic affected health care staff overall?

From what I pick up and hear, I would say it is startling the number of nurses who need antidepressant medication or who have needed to go to therapy.

I've never been in combat, but I felt like I was in a war zone surrounded by disease and death. At first, I was hesitant about the vaccine. But when you have 5 people in a small town ICU dying within 24 hours, I decided I needed to get vaccinated.

We're working more than what we're supposed to. Thirty-six hours is normal, now we work 48 or more hours per week. At the worst of the pandemic, it felt like we went into a strange place that we'd never get out of. One day dragged into the next.

We are overwhelmed, sleep-deprived, and you can't get away from it. I would come home, undress in the carport, wash the dirty clothes, head straight to the shower, try to sleep, wake up and go back and do it again. Even when you lie down to sleep, you hear the hospital noises and alarms going off. You're thinking about so-and-so patient, and that they will probably be dead the next day.

A nurse I work with said, "We didn't go through this for administration. We went through it for each other." That sums it up. I stuck in there because of the people I work with. We were not supported by the hospitals, but we supported each other. Psychologically and mentally, it has been very difficult. Some talk about wanting to leave the profession, while some have moved on to other nursing jobs that are not in the front line (ICU), in case of another wave.

You've worked closely on the front lines with COVID patients. What are your experiences with the disease itself?

Before COVID, you'd monitor blood oxygen saturation, and the doctors wanted it greater than 90 percent. Even the low 90s was something to keep an eye on. During COVID that changed. I never thought I would see a day when doctors were happy if O2 was greater than 80 or greater than 75.

The BiPap* patients would run for days and days with stats in the low 80s, 70s, essentially hypoxic. I called them "COVID-crazy" because they were not getting enough oxygen to the brain and would act out of control. We would have to heavily sedate and restrain them. The disease was literally torturing them. They would develop pneumonia, and the lungs would fill with fluid. It's a horrible disease.

*BiPap is a noninvasive ventilation machine used to assist breathing.

I have also seen Long COVID. I know a nurse in her early 40s who got COVID early in the pandemic and ended up being ventilated. She lived, but when she came back to work, I could tell for months afterwards that from a mental standpoint everything was kind of slow, like she was in a fog. It's been almost two years. She's back to functioning and seems normal now, but it took a really long time.

Another guy, he was younger too, in his 30s, I thought he would die but he pushed through. He still has lung problems, though, and gets breathless real easily. His lungs aren't what they were before, and he was someone who was in normal health and a nonsmoker.

I know you have followed the developments with RaDondaVaught. What are your thoughts?

I'm not really surprised that the hospital tried to cover it up in order to avoid a lawsuit. I guarantee her superiors, including the charge nurse, up to the unit manager, all the way up the line, were scared for their own skin, so everybody was trying to hush it up. She seemed to do the right thing by reporting it, but they wanted to keep it quiet. When it was brought to light, they threw her under the bus.

I'm disillusioned with the extreme lengths they went to to prosecute this woman. It is very disturbing. The whole thing was a tragedy. It's tragic that this lady lost her life, and tragic this woman is going to jail on top of the turmoil she's going through because of the mistake she made. The District Attorney has ties to the hospital; that's a conflict. The whole thing is a cover-up.