

Global Workers' Inquest into the COVID-19 Pandemic

UK nurse testifies about life on a COVID ward: "There was a general feeling that we were expendable"

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The following testimony to the Global Workers Inquest into the COVID-19 Pandemic has been submitted by a Senior Health Care Assistant in a busy hospital in the north of England. Nurse A, whose name is being withheld to protect against victimisation, normally works on a gerontology ward caring for the old and infirm and those suffering from dementia.

At the beginning of the pandemic in the spring of 2020, hospitals began to fill with patients suffering from COVID and the virus spread from patient to patient. Nurse A's gerontology ward was transformed into a COVID ward as all the patients had contracted the virus. The patients either caught the virus from staff or visitors or were transferred from other wards after testing positive. This happened repeatedly during further waves of the pandemic.

Many gerontology patients at this time were transferred out of the hospital setting into nursing or care homes. The negligent way this was done led to the premature deaths of around 20,000 old people nationally during the pandemic's first wave. The High Court in London ruled recently that the Conservative government led by Boris Johnson acted unlawfully when it discharged thousands of untested, asymptomatic hospital patients into care homes, without the advice to isolate for 14 days. This resulted in the unchecked spread of the disease.

Equally negligent was the way the government and Public Health England (now UK Health Security Agency) exposed National Health Service (NHS) workers and hospital patients to a deadly, highly transmissible virus. Nurse A's testimony to the Global Workers Inquest exposes the impact of the Johnson government's anti-scientific and profit-driven pandemic response policies on staff and patient care.

Ever since the pandemic was officially recognised by the government in March 2020, NHS frontline staff have been treated as nothing more than COVID cannon fodder. In March 2020, we had infection control telling us to remove our masks because we were "wasting PPE". One of my co-workers was in tears over this.

In the ward where I work, I watched on TV as the government's Chief Medical Officer Sir Patrick Valance said that it was preferable for 60 percent of the population to become infected. This was the "herd immunity" policy of the government. In Italy hospitals were being overwhelmed and strikes erupted as workers demanded protections. In mid-March, 229 scientists in the UK signed an open

letter demanding urgent measures to stop the spread of COVID. Online petitions by teachers and parents gained momentum, with 685,000 demanding the closure of schools and 409,000 calling for public health measures to stop the spread.

Around March 20, we were given PPE: blue protective gowns that covered your body, white aprons, surgical masks, gloves, and face visors. This was the recommended PPE as stipulated by Public Health England [PHE, now UK Health Security Agency]. At this point there was enough of this PPE. But it didn't take long, perhaps weeks, before we were told that the blue gowns weren't necessary. When you raised any opposition, infection control would just cite "government stipulations".

PHE had already downgraded COVID-19 from a High Consequence Infectious Disease, despite meeting all the criteria. The PPE we were allocated flowed from this.

It was stated by the Trust [National Health Service Trust] that the NHS had always worked "clear from the elbows down," which means wearing nothing below the elbow. This is how the NHS justified getting rid of blue gowns as they were running out. But we had to watch when our co-workers in radiology from a nearby trust came over in better masks, head coverings and blue gowns.

It was different rules for different Trusts. This caused tension and resentment between staff. We asked, "Aren't our lives worth as much as theirs?" But our anger was always towards the Trust, not our colleagues.

Despite developments in scientific knowledge about the spread of COVID 19, that it's transmitted primarily through aerosols, fine particles in the air, the Trust still responds to any outbreak through droplet precautions.

As far back as April 2020, Chinese scientists were warning that COVID was airborne. This was backed up by scientific investigations by the University of Nebraska's National Strategic and Research Institute, which found traces of the virus lingering in rooms and corridors long after people had exited. This was ignored by the World Health Organisation (WHO). We still only use surgical masks, a white apron, gloves and a visor.

In China, health care professionals are wearing protective suits, masks, gloves, goggles, face shields, and gowns. A report from April 2021 by SAGE (Scientific Advisory Group for Emergencies) states that FFP3 respirators or FFP3 masks should be worn when treating Covid positive patients. This was never acted on as far as I know. We

wore the standard and ineffective PPE, no FFP2 or FFP3 masks, because the Trust views them as unnecessary. Those in charge follow government advice, not scientific advice.

Staff burnout and stress

Most of my co-workers are frustrated. They've had enough of the constant conflicting information. That creates an atmosphere of just wishing it was over. At the start we approached it in a disciplined manner, now everyone is just tired and fed up.

We had a recent outbreak; one patient was sent from another hospital before their swab results were back. It's common to move patients out for beds. The results came back positive, so we had to treat the whole bay of six patients as positive.

The stress of being on a COVID ward and the potential for further outbreaks wears people down. A lot of staff members are off sick, not just with Omicron, but with stress-related issues.

Several of us have taken time off this year for stress. We've nearly all had COVID to varying degrees. I've spoken to consultants, doctors and nurses who were so ill with it they felt like they were going to die. Several have been reinfecting. Of the 1.3 million people in the UK suffering from Long COVID, many will be health care workers. At least 650 health care workers have died from COVID.

The virus is officially recognised as airborne now by public health bodies, including the World Health Organisation, but not by the UK government. The Trust I work for, and I imagine a lot of Trusts are the same, lags way behind the scientific data. That's the most worrying thing. We aren't led by people who have patient and staff interests as their driving principle, but those who just appear to follow government guidelines. But these guidelines are based on the herd immunity policy of "let the virus rip," placing the interests of the economy above human life.

These conditions impact on staff. There is an attitude of "the worst is over," and observation of correct mask use and PPE use starts to wane. Workers in the NHS are in a stranglehold of anti-science policies and bureaucratic enforcement of these by those running the NHS.

A struggle is needed to change this, to inform NHS staff of the current scientific data and let that drive our practice.

Caring for patients

The impact on patients and their families has been severe. Many patients came to hospital with other health problems and contracted the virus and died. Families were angry and distraught. Not being able to be with loved ones in the final moments of their lives was devastating.

When the pandemic first struck in full force, around mid-March 2020, none of us were prepared. At this point we still weren't wearing masks or PPE. Patients and staff became ill. I lost my sense of taste and smell, several of us did. We said it must have something to do with the virus, but this was dismissed by senior staff.

Patients became more and more ill, and all medical interventions didn't work. Their oxygen saturation levels just kept dropping, despite being given oxygen.

I watched patients die without family. We always tried to ensure they weren't alone. We'd take turns to sit with them and hold their hands when their breathing changed, and we knew death was close. We had to lay people out (which is standard procedure), but with COVID we had special body bags, and we had to put a "hazardous material" sticker on the double-sealed body. It was heartbreaking to refer to a patient, someone's loved one, as "hazardous material."

Political conclusions drawn

Political attitudes among health care workers were mixed. But we all felt angry towards the infection control staff who were constantly stripping us of PPE and were hostile to our concerns. There was a general feeling that we were expendable. And the "key worker" label soon began to diminish due to the government's promotion of anti-science. Some families, a small minority, began to accuse us of infecting their loved ones. The atmosphere started to change.

Working through 2020 was a traumatic experience and has left its mark. I know of numerous colleagues who are leaving to find other jobs, some away from wards but still in the NHS, and some away from the NHS altogether. Student nurses, brand new to a hospital environment, supposedly supernumerary and not counted in the official staff numbers, were thrust into this dangerous environment and expected to work with more experienced staff in COVID wards. This was a disgrace.

I was criticised for saying to a young student nurse that the PPE was totally insufficient. The student nurse complained to her university that the environment was unsafe, which is totally correct, but staff were criticised for being truthful with the students and for causing them to not want to be on a COVID ward. They should have been protected and encouraged to work elsewhere. Again, this highlights NHS leadership's indifference.

As far as the unions are concerned, we have heard absolutely nothing from them. The unions abide by the Trust policy anyway, which is based on government stipulations. It's like banging your head against the wall addressing this, because you raise things and the unions say, "It's against Trust Policy." This is the default answer. The Trust policy is two years or more behind the science! There is enormous indifference with the NHS leaders, and this filters down to ward managers and senior staff. They are all "yes men."

The government and the NHS leadership's policies downplay the fact that COVID is airborne, because they are not prepared to bear the cost of eradicating an airborne disease. They are basing policy on the economic interests of capitalism. Another surge is here, in the form of the BA.2 variant. The NHS leadership not only isn't prepared but is facilitating the devastating impact of this. We need to break with these government yes men and have a leadership that follows scientific evidence and challenges the "pandemic is over," "live with it" narrative and fights for a policy aimed at eradicating COVID-19.



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