

# US health care workers face increasing risk of injury and death on the job

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Violence against health care workers increased with the onset of the COVID-19 pandemic as hospitals became places of mass death and frustration, with patients and family members denied adequate care as the number and severity hospitalizations skyrocketed. Under these conditions there have been multiple incidents of violent attacks against health care workers that have resulted in serious injuries and death.

On May 27, Kevin Robinson, a 40-year-old mental health technician, was attacked by a patient who had been admitted to Prisma Health Tuomey Hospital in Sumter, South Carolina, for a court-ordered mental health evaluation. The attack took place when the patient attempted to leave the hospital and was stopped by security. The mental health unit staff finally stepped in, and the patient started to kick, striking Robinson in the groin with her knee. Robinson became sick and started vomiting, and subsequently became unresponsive and went into cardiac arrest, then died three days later after being admitted to the ICU.

The patient was immediately sedated following the altercation and transferred to another hospital. After her release, she was charged with second-degree assault and battery and was booked into the Sumter County Sheriff's Office Detention Center. The 27-year-old female has now been charged with homicide after the Sumter County coroner found the cause of death was due to physiological stress related to the physical altercation and exacerbated by cardiomegaly and obesity.

## Violence against health care workers increasing

This case is not an anomaly. Violence against health care workers, including targeted killings by patients, is increasing. On June 1, 2022, 45-year-old Michael Louis murdered three health care workers and a patient before turning a gun on himself at a hospital in Tulsa, Oklahoma.

Apparently, Louis was upset about ongoing pain he experienced following a recent back surgery and sought revenge on his doctor and anyone who tried to stop him at the Saint Francis Hospital complex in Tulsa.

On June 3, just two days after the mass shooting at the Saint Francis Hospital complex in Tulsa, a 35-year-old man walked into the Encino Hospital Medical Center in San Fernando Valley, California, and stabbed two nurses and a doctor in the emergency department. The man went to the emergency department requesting treatment for anxiety before attacking the health care workers. He was arrested by SWAT team members after spending four hours barricaded in a hospital room.

And on October 30, 2021, a registered nurse at the Orlando Health South Seminole Hospital in Longwood, Florida, was attacked by a male patient who was admitted to the Behavioral Health Unit under the Baker Act, which allows for the temporary institutionalization of an individual for 72 hours who exhibits certain violent or suicidal ideation. The nurse was giving medications to another patient when the attacker, 53-year-old Joseph Wuerz entered the room and threw her against a wall and attempted to kick her as staff pulled him away. Later, the nurse, who was 32 weeks pregnant, discovered that she had lost the child from the attack. Wuerz was transferred to John E. Polk Correctional Facility and was held on a \$90,000 bond and charged with unborn child manslaughter, aggravated battery of a pregnant woman and aggravated battery of a nurse.

In response to the attack against mental health technician Kevin Robinson at Prisma Health Tuomey Hospital, Dr. Todd Engles, a longtime psychiatrist with WellPath, stated that he deals with patients similar to Cox on a daily basis and that everyone, from emergency room doctors to hospital security, should receive the same standard of mental health training every year to learn how to deescalate similar crises. Engles also stated that if health care workers interact appropriately and in a respectful manner, it is not "the most common thing" to be struck, as if to place the blame on individual health care workers and not the for-profit system

that creates these conditions.

An article written by Kaiser Health News correspondents details how physical assaults against health care workers have increased since the start of the pandemic. According to federal data, in 2018 health care workers were confronted with 73 percent of all nonfatal injuries from workplace violence, but it is believed that the numbers are much higher since the start of COVID-19. A survey done by National Nurses United of both union and non-union nurses in September 2021 revealed that 31 percent of hospital nurses had faced workplace violence, an increase of 22 percent from their March 2021 survey.

A similar theme is being sounded on the causes of increased violence against health care workers. These include: 1) not enough training in deescalation techniques, 2) not enough staff to meet the needs of patients and 3) confusion and frustration over public health medical issues that cause patients to become combative.

It is claimed that the solution is increased security and video surveillance, deescalation training, adequate staffing levels, bills and laws to force hospitals to implement violence prevention plans and use of the court system to criminally charge patients.

While some of this is true and immediately necessary, none of the analyses offered ever touch on the root cause of all these issues, which is that health care is for profit under capitalism. For the sake of increasing profits and cutting costs, governments and corporations at all levels have gutted social services, public health, health care and mental health services for the working class. Further, there is the question of the impact on the working class of extreme levels of stress, aggravated by poverty, inflation, lack of access to food, attacks on abortion rights and the threat of fascism and nuclear war.

Mehring Books, the publishing arm of the Socialist Equality Party (US), is proud to announce the publication in epub format of Volume 1 of *COVID, Capitalism, and Class War: A Social and Political Chronology of the Pandemic*, a compilation of the *World Socialist Web Site's* coverage of this global crisis.

According to a piece in Live Science titled “Inflation could hit your mental health as much as your wallet, psychologists say,” physicians note that the higher cost of living is a major new stressor on top of the trauma of the COVID-19 pandemic. A report published in March of this year by the World Health Organization (WHO) noted that the global prevalence of anxiety and depression increased by 25 percent in the first year of the pandemic alone.

## Growing opposition in the working class

Meanwhile, there is a growing opposition within the working class in the face of worsening conditions, with increasing numbers of strikes breaking out in major industries across the globe. In the US there were 153 strikes involving approximately 73,500 workers between January and May of 2022, compared to 78 strikes involving around 22,500 workers over the same period in 2021. This includes strikes carried out by health care workers in response to the nightmarish conditions in the hospitals as they now face a dual pandemic with the moneypox outbreak spreading rapidly.

On Monday, August 15, at least 2,000 mental health care workers at Kaiser Permanente facilities in California, are set to carry out an open-ended strike over chronic understaffing, low wages and to demand compliance with state law that guarantees patients timely access to mental health care. Their strike is just one expression of the mounting opposition to the impossible conditions in hospitals throughout the US and beyond.

Anger is reaching a breaking point where health care workers are leaving the profession in droves. However, at every point the unions have intervened to block strikes and oppose any systematic fightback against these intolerable conditions.

To carry forward their fight, health care workers must begin grouping into rank-and-file committees at every workplace to begin to assert their democratic control over working conditions and demand the staffing and working conditions that they and their patients need to be safe. These committees, run by health care workers themselves, must be independent of the pro-management unions. They will forge links with other sections of workers, such as teachers, autoworkers, logistics workers in the US and globally in a powerful movement to demand decent health care for all as a basic social right.



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