“The entirety of the pandemic has been a chronic case of mismanagement and outright negligence”

New York City EMS worker speaks to Global Workers’ Inquest into the COVID-19 Pandemic

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On March 1, 2020, the first official case of COVID-19 in New York City was confirmed. By the end of the month, the official number of infections had surpassed 30,000, and New York had become the epicenter of the pandemic in the United States.

Workers with the city’s Emergency Medical Services (EMS) have been on the front lines of this historic public health crisis. As the virus spread, these workers responded to a sharply increased volume of calls with woefully inadequate supplies of personal protective equipment (PPE) and dangerous understaffing. Many EMS workers were sickened, many were traumatized and some died.

Today, Democratic Mayor Eric Adams and other city officials, like their counterparts at the state and national levels, have dropped even the pretense that they are trying to limit the spread of COVID-19. Each day, approximately 2,300 New Yorkers are infected and 12 die from the virus. The burden of the pandemic on New York’s EMS workers remains high, along with the risks that they face. Alex, a New York City paramedic with 10 years experience, spoke to the Global Workers Inquest into the COVID-19 Pandemic about his experiences.

Erik (E): How has the pandemic changed your working conditions?

Alex (A): There was the initial acute phase of the pandemic, which completely overwhelmed EMS services, when we hit the historic peak of over 7,000 calls in one day, and the system was overwhelmed with dying COVID patients. Since then, call volume has remained high, but with the added burden of all the other additional chronic problems that we deal with, such as homelessness, chronic drug abuse, regular emergencies. Call volume has remained permanently high by maybe 500 to 1,000 calls per day, on average. We’re in the 5,000 range, at this point, per day. Before the pandemic, the average was around 4,000 per day.

E: What does the higher call volume mean for your work?

A: One of the underlying chronic problems in EMS is understaffing. In addition to the extra call volume, you have a loss of workers to attrition. They’re not really being replaced. It feels like the workload has increased to high levels. Difficult levels. Calls are being held, response times are increasing. There’s no time for a break. You’re constantly doing one assignment after another after another. It’s contributing to fatigue and burnout.

Lots of colleagues are leaving. They’re thinking of alternative jobs. For me personally, I’ve always viewed EMS as a calling. During and after the pandemic, it feels like more of a sentence. People are treating it like entry-level work. They’re coming into the job and immediately being confronted with overwhelming levels of work and trying to figure out where else they can go. What other jobs can they take? Most EMS workers in New York City want to become firefighters. Some of them become nurses, supervisors or police officers in other municipalities. But no one really wants to continue working in EMS. That’s a widespread attitude. This attitude wasn’t as pronounced [before the pandemic] as right now. Right now, it’s a universal sentiment.

E: Does that include you? Are you considering leaving for another career?

A: I feel like there’s a little bit of sunken cost theory going on. I’ve put in several years already, so maybe I want to continue working toward a pension, but I’m part of an older generation of workers who have a better pension. Right now, we have a new tier of workers since 2014 who have substandard retirement benefits. They’re paying more into a pension that they’re ultimately going to get much less out of. These working conditions are less appealing and less favorable for retaining them. For now, I want to see it through, but it feels very difficult and overwhelming. And younger workers are much less incentivized to do so.

E: How has the pandemic affected you and your coworkers personally?

A: The pandemic was mismanaged from the very first moment. The work dynamic changed. In the immediate period of the pandemic, there was the problem of not having enough resources to respond to all the calls. We’d regularly have firefighters responding with us. They’re considered certified first responders, and they responded with us to calls. They stopped doing that for the first few months of the pandemic. There was inadequate PPE. They were rationing N95s. Several of our colleagues contracted COVID and died. The whole thing was an unmitigated catastrophe.

Since that time, we have continued dealing with COVID, continued watching colleagues get infected and continued with the great rise in workload. But there’s also a normalization of the pandemic. A lot of my colleagues are going out sick with COVID. They’re contracting COVID at work. But our supervisors and the city’s doctors are encouraging them to come back after a few days without even getting a negative test. So, they’re contracting COVID, they’re coming back with COVID and they’re potentially infecting the rest of us and the patients. The whole thing is being normalized. The entirety of the pandemic has been a chronic case of mismanagement and outright negligence.

E: Why has EMS been chronically understaffed?

A: It’s just policy. It’s a policy of the city and the Fire Department of

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New York, which runs EMS, to keep us chronically understaffed. There's no reason why they couldn't hire and train more people and put out more ambulances to meet the demand. They're deliberately trying to run the institutions and departments with the least investment possible. I don't think there's a better answer than that. They run it this way because I don't think they care about the public health, to be honest with you. They want to get away with the bare minimum of service they can provide.

E: The pandemic has worsened the social and economic crises in New York. What manifestations of these crises do EMS workers face?

A: When we're talking about EMS, we're talking about the canary in the coal mine. These are frontline workers who are unarmed and exposed to whatever social problem there is. We're charged with going into people's homes, meeting homeless people, people with emotional crises, people with psychological problems, victims of violence and treating them—in the setting where these problems are occurring.

A lot of our colleagues have been victims of violence. We've had coworkers murdered. We just had one of our coworkers murdered not longer than two to three weeks ago. Her name is Alison Russo. She was randomly attacked and stabbed over a dozen times in her neck and her thorax. She succumbed to her injuries and passed away.

A few years before that, we had another colleague, a mother of five, her name is Yadira Arroyo, and her vehicle was stolen by a man who proceeded to use it to run her over and kill her. She was on her day off, she wasn't even supposed to be working that day. She had to come in and do overtime to feed her family, because, obviously, our salaries don't meet our needs.

We're overly exposed to all these things. It reflects itself not only in these gross, sensational acts of violence and tragedies, but also in other acts of violence. We have coworkers who are regularly attacked, bitten, stabbed and shot at. Just being exposed to all this doesn't create a healthy work environment. We have a lot of substance abuse, alcohol abuse, drug abuse, dysfunctional behavior. It's really a problematic environment. It takes a huge toll on the workforce.

It's also reflected in the number of suicides. We've had something like five suicides since COVID. Young EMS workers, older EMS workers, feeling a sense of hopelessness and taking that tragic step. It's really been devastating.

E: How would you describe EMS workers' morale during the pandemic?

A: I would say it was mixed. It was a confusing historical moment. It was overwhelming for many. It was a moment that brought people together, especially with the public discourse calling us heroes and celebrating our work. It was a period where we were getting lots of free food from all the local restaurants, who were trying to show their support for us. Those public gestures made things a little nicer for us in general, but we all know that that was a fleeting moment. We've gone back to the grinding high level of work. All that good will has been thrown out the window, and we're dealing with endless waves of sick people—not only COVID patients, but also everyone else.

In the period when the pandemic started, our union negotiated a contract where they enforced 12-hour shifts. We went from losing the eight-hour workday and the 40-hour work week to working 12-hour shifts and having a mandated 48-hour work week. We're at work so much more, and the call volume has gone up at the same time. The job description for our work is inhumane, for lack of a better word—or maybe that's a good word to describe it.

Because we're so understaffed, our supervisors force us to sit in the ambulance for the entirety of our shift. They have a grid system where they assign every ambulance to a street corner. They use GPS to respond to calls in their area. Rather than have us sit in a station, where we can use the bathroom, talk to each other, engage in continuing medical education or administrative work in our free time, we're forced to sit in these vehicles for 12 and 16 hours at a time. A lot of the time, we don't have access to a bathroom. It's physically uncomfortable. You're exposed to the elements. You're exposed to potentially harmful people who may want to attack you or do who knows what. With the increase in call volume, with the fact that the eight-hour workday was done away with, and now we're forced to work 12- and 16-hour shifts, it's a cumulative effect of making the job very inhumane and very intolerable.

E: Which union do you belong to?

A: Our union is Local 2507, part of DC 37, a city union. It has other city workers within it like parks and recreation, clerical workers and crossing guards. Our local within DC 37 negotiates independently.

E: Why did the union change your schedule?

A: The union is taking the side of our employer, the city of New York. They're helping the city conduct its strategy of understaffing by making the remaining workers work more. When I look at the change from an eight-hour workday to a 12-hour workday, that coincides with a lot of productivity that we're giving to the city for essentially nothing.

When we went from eight hours to 12-hour shifts, every ambulance that ran for 24 hours went from needing nine EMS workers to man it to eight workers now. That's almost a 10 percent increase in productivity that we gave to the city for literally nothing, for free. It's mind-boggling to see our union engage in that. Why are we giving away productivity for nothing? Why are we solving a staffing problem that's caused by our management and by the city, which doesn't want to pay us more and create better working conditions, by letting them off the hook and doing more work ourselves to cover for their lack of personnel? It's really made our jobs and lives a lot more miserable.

They started making the argument when they put it in our last contract that this was going to be more money. Of course, it's more money, because we're working more, but it has destroyed our quality of life. That was the argument they were using. They pointed to the fact that we weren't making good salaries and used the argument of working more so we could make more money, which is an absurd argument. A preposterous argument.

E: Who is the president of the local?

A: The president is Oren Barzilay.

E: What public statements did he make about the pandemic?

A: They've been especially harmful. At the height of the pandemic, the city wanted to mandate vaccines for all city workers. There were several unions that came out against the vaccine mandate, but he came out especially vociferously and militantly against the vaccine mandate. He began to promote conspiracy theories about workers dying from getting the vaccine, which were outright lies. He bizarrely went to the media, making comments on the record that were out of touch with reality. He went on and conducted rallies against the vaccine mandate.

Mind you, we're not like other agencies. We're a public health agency. We're a pre-hospital agency. We're charged with going into sick and vulnerable people's homes, potentially immunocompromised people, and treating them. Rather than abiding by the precautionary principle and taking every measure to protect ourselves and protect the public, the union of health care workers went on record as being anti-vaccines and conspiracy theorists. They goaded the naive and witless into proceeding on this path, when in fact, the responsible position would be to encourage all workers to vaccinate and to wear masks, trying to inform the public about what should be sound public health measures. It's a position of high influence. He [Barzilay] took a very shameful and repugnant position on that.

E: Can you speak more broadly on the role that DC 37 Local 2507 played during the pandemic?

A: The best way I can describe them is completely absent and useless when it counted. I mentioned earlier that they were rationing N95s when people desperately needed them. Our bosses were telling us that we

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needed to reuse them. They were nowhere to be found when we needed them. If anything, as our discussion about Barzilay alluded to, they've played a negative role when they have intervened by taking an anti-vaccine stance and sowing confusion among our workers. They've played an outright negative role. I can't think of anything positive that this union has done.

E: How has the current contract affected conditions for EMS workers during the pandemic?

A: When they were trying to pass the contract, the local was really talking it up and making it seem like it was going to fix all our problems and make our lives perfect. They've been discussing pay parity with other emergency response agencies like firefighters and police officers. They would always point to the incomes that they make, which are substantially better than ours. They've been chronically talking about how we want to get to their level and make comparable income. They kind of preyed on EMS workers' desperation for improved income and working conditions. They sold us a false bill of goods. They promoted the contract as something that was going to increase our incomes by a lot. They alluded to it as a step toward pay parity with firefighters and policemen. They talked about the added work hours every week as "built-in overtime," trying to describe it as a boon to EMS workers that we were being forced to work all these additional hours. Essentially, preying on EMS workers' desperation. The fact that we made so little was something that they used against us to pass a contract that's really not in our favor.

The contract was really horrible. It ran counter to our interests. We have the increase in hours. We have the fact that they are actively changing the health care setup, where first-year workers are required to go into the HMO HIP plan, which is a substandard health insurance option for workers, as opposed to other EMS workers who can choose to be in GHI, Emblem Health or United Healthcare. It didn't deliver on the raise itself. We were supposed to get a 12 percent raise, but we didn't get that raise, because of the increased work hours. It was very convoluted and tough to clarify what it entailed, but ultimately it did nothing but make us work harder and longer with a negligible increase in pay. At least not the promised raise.

E: How have the responses of Mayors de Blasio and Adams to the pandemic affected EMS workers?

A: EMS workers are bearing the brunt of the pandemic response. With schools reopening once again, it is really starting to appear right now like it is an unmitigated disaster. In the past week or two, I've been responding to schools quite frequently. COVID is running rampant in these schools. There's a lot of sick teenagers who are coming down with COVID. They are manifesting symptoms like chest pain, shortness of breath and dizziness. They've always insisted upon minimizing it as much as possible and doing the least possible and trying to normalize the pandemic. We've had roughly a dozen EMS workers die from the pandemic outright. Besides that, we have chronic continuous exposure to COVID and we're dealing with the fallout in the decline of people's health, the public health.

De Blasio and Adams are on the same trajectory: trying to do away with any pretense of a public health response to the pandemic. It's a nonissue at this point. There's no masking anymore anywhere in New York. People are being encouraged to not even bother testing. That's happening in my workplace, where people are being told not to even bother testing after a few days. Just come back to work if they're feeling better. There's no more masking. They just want to pretend like it's no longer even an issue. They just want to normalize this kind of sickness and infection.

E: What is the record of the Democrats more broadly on the pandemic and on New York's health system?

A: We had a president who ran on a platform of ending the pandemic. Biden tried to distinguish himself from Trump and his platform. One of the main components of Biden's platform was that he was going to be the president who ended the pandemic, who was going to follow the science, who was going to promote a robust public health response. He's revealed himself to be no different. He's ultimately continued the same policies. I don't see any difference between the Democrats, in New York or on the federal level, and the Republican Party. I'm appalled by the dropping of all mitigation measures and public health measures. There's no longer any pretense of trying to contain this pandemic or stop people from getting infected and infecting the most vulnerable people in society and killing them. There's a lot of people still dying, and the government is actively promoting it.

E: New York is the country's financial capital. Has this affected the situation of New York's EMS workers during the pandemic?

A: I think as far as the approach to the pandemic, it's hard to say how finance capital has affected the response per se, but EMS workers are sensitive to these differences in different segments of the population. We're dealing with poor and working class people or even homeless people versus the more affluent. We're primarily here to help poorer people, working people. Those are the people who rely on us most. That's to our detriment because, generally speaking, wealthy people have better health, better access to health care, and they generally don't need us that much. Because of that, the city can get away with not really maintaining a robust EMS service in New York.

E: What is your opinion about the Centers for Disease Control and Prevention's decision that health care facilities no longer are required to mandate masks at all times?

A: I think it's a criminal decision, to be honest. I see it all the time. I think all or most of the emergency rooms in New York have enforced masking, but I go into clinics all the time, I go into different settings to pick up patients and treat patients, and you are actively exposing people to a pathogen that's still killing thousands of people every week. How is that a sensible public health response? There's no other way to describe it besides eugenicist. Maybe they're trying to get these vulnerable people sick to cull them. There is no good explanation for it otherwise.

E: What about the CDC's decision to switch the reporting of new infections and deaths from daily to weekly?

A: That's in line with their policy of trying to normalize the pandemic, to stop the public from being informed, being cautious and doing anything that can slow down the spread of the disease. They're intent on everyone getting it continuously and repeatedly. I think that's just the policy of normalizing COVID in the United States.

E: Would you like to make any additional points?

A: Well yes, I think that it's important to mention the important role that the *World Socialist Web Site* has played in helping me understand the history of the dynamics involved in my workplace, as far as the unfolding social crisis, how our employer exploits us and the union's collusion in that process. I think you guys have provided invaluable information and guidance on the pandemic, which I only wish more people would follow. And I just want to urge fellow EMS workers, city workers and health care workers in general to reach out and carry out the work of organizing an alternative to this system, which I am hopeful they will.

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