

# Health care workers speak out under devastating conditions of the “triple pandemic” surge in the US and Canada

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A wave of infection is spreading across North America, stressing the already overburdened health care system and pushing health care staff to the limit. COVID-19 in combination with respiratory syncytial virus (RSV) and the flu make up the “triple threat” that is creating deadly and unsustainable conditions across pediatric and adult hospitals alike.

The most recent data shows average daily COVID-19 cases in the US have increased by nearly 40 percent in the last two weeks, with deaths also rising by 25 percent. And only about two months into the traditional flu season, cases and hospitalizations have already far outpaced pre-pandemic numbers.

Many hospitals are filled to over 100 percent capacity. Doctors, nurses and other health care workers are struggling to handle the deluge of patients streaming through the doors of emergency rooms, many of them needing hospital beds. Nursing homes are also short-staffed and many residents are being hit with respiratory viruses.

A certified nursing assistant (CNA) from the West Coast, who chose to remain anonymous, summarized the situation she and her coworkers are facing at a long-term care facility in an interview with *World Socialist Web Site* reporters.

This CNA said, “COVID everywhere, flu everywhere, every other imaginable head-cold-stomach-bug sickness everywhere ... I’m doing the best I can, but simultaneously counting down the days until I inevitably get sick or try to care for someone and realize they’re dead. My residents are 70-95 years of age, but that’s no reason to disregard the last chapter of their life and how they pass, and I’ve heard numerous coworkers refer to my wing as the ‘death wing’ in recent days.”

These conditions are a direct result of the government’s disastrous health care and pandemic policies. The decision, not based on a shred of scientific evidence, to drop the most minimal protective measures—such as masking, isolation and contact tracing—as well as the opening of schools and the return to in-person work, has intensified infections and reinfections. Some of the country’s most vulnerable are particularly affected: children, the elderly and the chronically ill and immunocompromised.

Despite President Biden’s declaration that “the pandemic is over,” COVID-19 hospitalization rates and deaths are currently rising, as seen from recent data from Johns Hopkins University Coronavirus Resource Center. This data shows the 7-day

hospitalization average at 40,413, up from a 7-day average of 27,880 hospitalizations the week of Thanksgiving.

Deaths are also climbing from a 7-day average of 299 deaths the week of Thanksgiving to the current 7-day average of 425 deaths. All these figures are likely undercounts as many states are no longer keeping track of daily deaths and cases or do not report figures regularly to the Centers for Disease Control and Prevention (CDC).

Over the past three years the COVID-19 pandemic has continued to exacerbate already poor conditions in health care. The continued battle on the front lines—with no systematic approach to contain the virus with basic public health measures—has left workers burned out and pushed many to leave health care altogether.

Health care workers across the country and across disciplines spoke with WSWs reporters on social media. Many shared similar themes of burnout, supply shortages and anger at the inequality in health care, in which CEOs continue to live comfortably while workers suffer the brunt of the crisis and are left to fend for themselves, running on fumes and taking home wages that trail behind rising inflation.

A nurse practitioner in the Southern US, who chose to remain anonymous, painted a picture of the real damage caused by low staffing and overcrowding in the hospitals. She told the WSWs, “There are so many stories. I recently walked in on a post-dialysis patient that had blood pouring from their abscess. The patient was ‘dropped off’ without [a] bedside report because the nurse had six other patients and the dialysis nurse had to get back to their patient, who was being watched by another nurse who had two patients running.”

A Canadian nurse currently working in a long-term care facility described her daily conditions. She said, “Tonight I’m going to be the only nurse in a two-floor building with 95 residents. I have two HCAs [health care assistants] on one floor and three on the other.

“COVID-wise, we just got out of our third or fourth outbreak. We don’t really test people anymore like we used to. There’s lots of residents with symptoms right now but the ones they do test are negative. We’ve had to send two to [hospital] in less than 24 hours, one with pneumonia and I don’t know about the second. I had to send them at 6:45 this morning.”

In response to a question about burnout, she stated, “We weren’t prepared for a pandemic. ... Our first outbreak ... lasted over a

month and we lost nearly one-quarter of our residents. We were running low on supplies, the ambulances were backlogged, even other care homes had to call the military or someone for help. There were times I was the only nurse for the building with three HCAs. ... Since COVID, we've always been short staffed. We've always been running out of this medication, that antibiotic, those supplies. After a few years of this, we get burnt out. Staff leave, further adding to the shortage crisis."

When asked to illustrate the patient safety issues caused by these conditions, she shared, "You have no idea how resident care is compromised. The day and evening nurses are overwhelmed as well, and they're so short staffed too that they can't properly care for the residents either. ... I come onto the floor and they're in critical condition or already dead. I've had to send several people to the hospital with sepsis or even severe infections. Some never made it back."

The once ubiquitous praise for "health care heroes" has proven empty as health care workers continue to struggle through a new level of exhaustion, fighting on the front lines for a third year, while hospital CEOs and politicians celebrate the make-believe end of the pandemic.

A letter to the Biden administration in mid-November by 33 medical groups painted a devastating picture of the crisis overtaking emergency departments across the country. Doctors and nurses asked that urgent action be taken to address the crisis in which emergency departments are overflowing and overwhelmed with patients waiting to be seen and hospitals are over capacity with no beds available to take critically ill patients.

It is no surprise that these appeals fall on deaf ears, as the current situation is the result of a deliberate policy pursued over years and decades by the established parties. Health care workers also discussed the irrationality of health care run for profit with WSWs reporters.

Another RN who chose to remain anonymous commented on a thread about the current "triple-demic" surge. "This is the part where our health care system will now pick up greater and greater speed towards collapse. Work conditions, pay, etc., have been terrible for decades across these positions. The C-suite gobbled all profits/pay raises and gave next to nothing to the actual workers ... while they are removed from the dangers (hazardous exposure to every disease you can imagine, radiation, violence, etc.) and collect 6- to 7-figure salaries."

He continued, "No serious attempts at fixing anything are transpiring nationwide. People are dying from lack of access to care, health care workers are being pushed to suicide/PTSD/mental breakdown/burnout, and those with the power to do anything are doing ... nothing. In fact, worse than nothing, as the C-suite/insurance companies/admins continue to take advantage of and exploit health care workers. If we as a nation do not undertake absolute emergency measures, then I cannot express how much suffering, needless death and, frankly, societal damage will continue to occur and accelerate to dystopian levels."

T.J., an ER tech from the Northeast, expressed similar levels of burnout and disdain for the for-profit health care system. "As far as workers go right now, I feel that we are on a tipping point," T.J. said. "Health care has astronomical rates of burnout and people

fleeing the field. I think something like one-third of health care workers have left the field since the beginning of the pandemic. That is non-sustainable. It comes from a mix of moral injury and overwork. In a for-profit health care system, you can't maximize profits by planning ahead and increasing staffing and beds. That cuts into the bottom line."

A radiology manager in Oklahoma echoed these sentiments. "For many years hospitals have cut staff and become leaner and leaner to cut costs and increase revenue at the expense of patient safety. This has been bubbling under the surface, but when COVID happened it exposed the underbelly of health care. This surge was predictable, but when you're still trying to dig yourself out of the COVID hole, how prepared can you really be?"

"Health care is extremely broken. It has become profit over people. The 'do more with less' mentality, in my opinion, is why so many people left the field during COVID. Health care is a selfless service, but if we don't stand up for ourselves who will?"

It is the working class, across all industries, who must and are defending themselves. There is mounting opposition growing around the globe against deepening austerity, "let it rip" COVID policies, unendurable workloads and more. In the UK, tens of thousands of NHS health care workers are the latest to join the growing strike wave of health care workers, protesting their declining working conditions and fighting for the right to guarantee high-quality, free health care for all and an end to its accelerating privatization.

The overwhelming of hospitals is an indictment of the capitalist system and its treatment of society's most vulnerable. It points to the need to remove the profit motive from health care, which is in turn bound up with the fight for genuine socialized health care, which prioritizes the medical needs of patients and defends the conditions of health care workers.

To carry forward this struggle, health care workers must be organized independently of the union apparatus, their corporate supporters and the two big-business parties. Now more than ever, forming rank-and-file committees across all fields of health care is an urgent necessity.



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