

California ends mask requirement for health care workers in health facilities

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On March 3, 2023, California Department of Public Health Director and State Public Health Officer, Dr. Tomas Aragon, issued new masking guidelines for all Californians and health care workers.

The updated guidance for Californians states that masks will no longer be required for patients, health care workers and visitors in indoor high-risk and health care settings including health care, long-term care, and correctional facilities in addition to homeless, emergency and warming and cooling centers.

On the same day, health officials in Oregon and Washington announced that they would also be dropping masking requirements in health care settings, with all three states implementing the changes starting April 3.

The California Department of Public Health (CDPH) is leaving it up to each local health department and individual health care facility to develop and implement their own masking policy according to their needs and local conditions, and incorporating the CDPH and Centers for Disease Control and Prevention (CDC) recommendations.

Leaving masking policy up to individual health care facilities will only increase deaths and debilitation among patients and health care workers in a system that prioritizes profits over lives. This was demonstrated during the start of the pandemic when nurses and health care workers were forced to reuse personal protective equipment (PPE).

Other pandemic mitigation measures being rolled back include ending vaccination requirements for health care workers, including those working with the elderly, and reductions in the state's isolation recommendations.

While the state previously recommended that individuals isolate themselves for at least 10 days if they are unable to test or if they still tested positive after five days, it now states that individuals can stop isolating after five days, even if they continue to test positive, as long as

their symptoms are mild and improving and are fever free for 24 hours. Individuals can stop wearing a mask sooner than 10 days if they have two negative tests a day apart.

Justifying the move, the CDPH stated that “we are in a phase where many of our communities have been vaccinated against and/or previously infected with SARS-CoV-2, the virus causing COVID-19; transmission is at low levels; and effective vaccines and treatment options are available to reduce the severity of disease and resulting hospitalizations, deaths, and stress on our infrastructure and health care systems.”

This statement ignores the fact that vaccination and prior infection do not prevent the transmission of the disease and immunity is short-lived. Moreover, it fails to address the devastating long-term health consequences of catching COVID-19, especially multiple times.

The announcement of the change in masking guidelines follows Governor Gavin Newsom's February 28 declaration ending the COVID-19 emergency in the state. On March 10, the Johns Hopkins Coronavirus Resource Center shut down because states were no longer submitting data.

This is part of a bipartisan process spearheaded by the Biden administration to convince the population that the threat of the pandemic is over by suppressing data and eliminating any remaining mitigation measures.

While there has been a conspiracy of silence among politicians and the corporate media about the pandemic, an average of 500 Americans continue to die every day from COVID-19 while millions more suffer the long-term effects of the disease.

Studies have found an increase in sudden deaths from heart attacks and strokes among young people infected with what the CDC refers to as “mild” cases of COVID-19. The CDC defines “mild” infections as those that cause individuals to have various symptoms of COVID-19, such as fever, cough, sore throat, malaise,

headache, muscle pain, nausea and vomiting, diarrhea, loss of taste and smell, but who do not have shortness of breath, dyspnea or abnormal chest imaging.

A study in the *Journal of the American Medical Association* found that those with Long COVID are at a markedly increased risk of adverse cardiovascular events and excess all-cause-mortality in the post-acute phase of COVID-19, which explodes the ruling class narrative that COVID is mild.

The most powerful nurses union, National Nurses United (NNU), and its affiliate, the California Nurses Association (CNA), issued a statement condemning the ending of the mask mandate for health care workers. Bonnie Castillo, RN and executive director of CNA, said, “In no uncertain terms, this is a failure of public health leadership and abandoning these standards is a counterproductive and unscientific approach to curbing the spread and evolution of COVID-19.”

However, the NNU/CNA is tied hand and foot to the Democratic Party, which it politically and financially supports. The bureaucratic union leadership endorsed California Governor Gavin Newsom in 2018 in return for passing single-payer health care legislation that never materialized.

In 2022, NNU national endorsements included Democratic Socialists of America Congress members Rashida Tlaib (Michigan), Alexandria Ocasio-Cortez (New York), Jamaal Bowman (New York) and Greg Casar (Texas), who have played a direct role in suppressing workers’ struggles and funding the imperialist war machine at the expense of desperately needed social programs.

Any genuine fight against COVID-19, which will require a globally coordinated response, must be conducted independently of both parties of big business, which are together responsible for allowing more than 1 million people in the United States to die unnecessarily.



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