Michigan hospital worker with Long COVID speaks about the destruction of health care in the US

“American health care is not functioning anymore”

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A hospital worker in Michigan gave the following interview to the WSWS about his experience with Long COVID and how this condition is being ignored by those who control the medical industry. He asked to remain anonymous to avoid victimization.

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WSWS: Can you tell us how Long COVID has impacted you?

Michigan hospital worker: I’ve listened to a couple things on the WSWS about the person from New Zealand who got Long COVID, lost his job and his life. I have been through similar things, although I haven’t lost my life or my job. I don’t know how much of an impact it has had on my work. I have had outbursts while working and I don’t know how much Long COVID has contributed to it. I’m constantly agitated. I realize there is only so much one person can do.

WSWS: Could you describe the conditions in your workplace early on during the pandemic?

Michigan hospital worker: We didn’t have choice in health care. We were taking care of patients. Initially the workload was lower, and we were pretty much taking care of only COVID patients. The people I felt bad for were those working in grocery stores. They had little to no protection. I’m not saying we didn’t have people coming into the hospital that weren’t sick. We were exposed and that happened all the time. Then two months later, Kroger workers were told they would receive hazard pay but it was then taken away.

WSWS: After the passage of the CARES Act, there was a campaign by employers to force workers back on the job in dangerous conditions so they could continue the flow of profits.

Michigan hospital worker: It coincided with reopening of restaurants in June 2020. We thought maybe things were not that bad, but that was prior to the Delta variant. That’s likely what I got. My whole frustration with Long COVID is there is no care. That was confirmed with people on Facebook. This person got help from a holistic doctor, but that is expensive. The Long COVID clinic locally is more about mental health.

That person in New Zealand was labeled as anxiety-ridden and they were more active than me. The medical industry treats it like a mental health issue, “It’s all in your head.” My Long COVID is not in my head. I had a friend tell me, “You are two years out now. You shouldn’t be rehashing and not feeling up to par. It’s in your head.” I said it is not. These are damaged organs that do not regenerate.

The medical community doesn’t know what to do, and they discount you. I’ve been discounted and was given oxygen just for exercise. I thought about using it for this interview. My oxygen drops into the low 80s using the finger probe. If your lungs are functioning with a normal pulse ox, saturated oxygen is 95-100 percent. I am rarely averaging 94 percent. If I come home from work it’s as low as 83. This is recent, like this year.

During my tests, I fell to 83 percent in three minutes. That’s why I have oxygen at my house. My condition can be compared to COPD. I was told by doctors that I had lungs like a person who was smoking for 20 years.
Thank god I didn’t smoke. From what I’m hearing, I won’t worsen hopefully, but with age things usually do. How can they project 20 years from now [what will happen]?

I want to see if other people will share their experiences and knowledge. There should be resources, but they don’t share them. I’m not saying the doctors are deliberately not helping. There are stipulations saying that I can call to get help, but that doesn’t mean you will get help or you can get an appointment the next day.

WSWS: Why is that the case? It must be an issue that is far broader.

MHW: The reason it is happening is because the system is destroyed. I see it every day in our emergency room. The health care system in America is not functioning anymore. It has fallen apart and we’re constantly patching. I’ll say this, our ER is staffed to the dock. A couple people have died in the ER. Would they have died if they were triaged and put into a room? Very likely. How would you feel waiting in the ER and the person next to you dies?

WSWS: What is the ER waiting time like?

MHW: It is utter chaos and a hard place to work. The waiting room is a triage, there is a seat for you to get into a room. But some people wait in waiting rooms for quite a while. It is because the system is so broken. The other problem is people use the ER as the doctor’s office. There’s no room. They don’t have time to wait, if it’s serious.

WSWS: What do you think is the cause of these conditions?

MHW: They are making money off of our backs and the patients’ backs. Like insurance, it is the biggest cheat we deal with. If you don’t have insurance, you pay it all. Insurance might cover a fraction of that. They put the responsibility on your back. They’re taking the most from the people who have the least.

WSWS: The Biden administration and other governments around the world are saying the pandemic is over. Why do you think they are doing this?

MHW: It’s not in your interest and not in mine. They could care less. I don’t want more money, but I want an acknowledgment that I need help. I don’t even get the response of “deal with it.” They don’t want to give us bad news, so no news is good news as far as they are concerned. The system is mishandled.

I can tell you, from the beginning, they are not for us. The higher ups are at another level, just production is wanted. I worked in a manufacturing plant before. We were fighting for our coworkers to get a raise, but the company was pushing for a written test, in a state where the education level already was low. They just want us to work. One owner said he could get a bunch of monkeys to do what we do. They don’t care about us. The people that owned the plant don’t care.

There is a lack of humanity. Some people lost their 401(k)s in the last year. For the rich, it’s not affecting them. It isn’t over unfortunately. It’s like losing a child, it will always be there. I’m always reminded that I caught COVID. This is only the beginning. Go back 40 years with AIDS, they weren’t worried about the population, just a segment of society that would die. “It’s them. Too bad.” AIDS is still here.

Pharmaceutical companies are making money from PrEP (Pre-exposure prophylaxis) and other medication. People still die from this. That’s what will happen with COVID. I still see COVID in the hospital. It’s the issue of letting their guard down. The mask mandate was released on the buses. Now, if we are with coworkers and are “healthy,” we don’t have to wear masks. For me it’s a double-edged sword, my oxygen might be better, but I am now working with people who didn’t vaccinate and have their mask off. We have coworkers that are struggling.

This has been my experience in health care for decades. It is deplorable for workers. We notice it everywhere. It is the breakdown of the social system. We lift patients and our bodies are stressed over time. That’s why health care workers are crippled later. The change now has to be a societal change.

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