Michigan healthcare workers describe dismal conditions in hospitals amid COVID-19 surge

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As the Biden administration and the mainstream media remain silent, healthcare workers are speaking out on their experiences during the eighth surge of the SARS-CoV-2 virus. *World Socialist Web Site* reporters recently spoke to healthcare workers at Michigan Medicine in Ann Arbor, Michigan, who described fighting to manage overcrowded Emergency Departments and over-capacity ICUs amid a lack of precautions and systems in place to contain the virus.

One worker stated, “COVID is rampant. Keep your masks on. It’s ramping up. Biden thinks it’s nonexistent, management thinks it’s nonexistent, too. I don’t think we are testing everyone. We are testing if they are a suspected case, but we don’t always know.”

An emergency department nurse stated that the ED is completely full. “It’s kind of the ‘normal’ now. It gets filled up upstairs so nobody moves. If someone needs a bed, it doesn’t happen.”

The rate of COVID-19-positive hospitalized patients has been steadily rising since early November. Since December 1, COVID-19 hospitalizations in Michigan have risen 25 percent. The latest data from the week ending December 27 shows 1,149 patients hospitalized with COVID-19. A significant jump in hospitalizations was also seen from the week ending November 17 to November 27, during which they jumped 46 percent. These official figures are undercounts due to the scrapping of systematic COVID testing and case reporting.

In the Midwest, wastewater data is consistent with national trends, which show that transmission of SARS-CoV2 has doubled. It is now the second highest level of transmission of the entire pandemic, and experts forecast that it will continue to rise in the weeks ahead now that JN.1 is dominant. Hospitals have rid themselves of all but the bare minimum precautions against the virus, putting patients and workers at risk of contracting COVID-19 and spreading it throughout the hospital.

One worker explained, “Some people hide that they’re sick because Michigan Medicine makes them use PTO [paid time off] for COVID. One of my coworkers said, ‘We’re dispensable.’ With JN.1 the East Coast and Midwest are places where it’s highly concentrated and we’re noticing it in the hospital.”

A nurse described how systems that were once in place to stop the spread of COVID-19 have been withdrawn: “What worries me the most is patients who are getting COVID when they are in the hospital. Then the roommate gets COVID too. And we don’t even move the patient anymore when they get COVID. There’s no rule about informing the roommate either, so they just find out because they hear us talking about it. They ask to move, but there are no beds.

“Usually we have the PPE we need, but it’s disorganized. Recently, for about a week we were out of small N95s so people were just wearing the wrong sized ones or just wearing surgical masks when they went into COVID rooms. They aren’t enforcing visitation rules for isolation rooms either, which means all those visitors could then be spreading COVID throughout the hospital.”

An EVS [environmental services] worker at Michigan Medicine described the increased pressure to turn over rooms quickly when the hospital is full and understaffed: “We are always understaffed. Nobody likes the job. The nurses are busy and short staffed and we need them when we are cleaning rooms sometimes to pull IV poles and other things. How do you expect us to work faster when we’re doing two to three people’s jobs?”

Cleaning COVID-19 rooms, he explains, is more

stressful and time consuming: “My chances of catching [COVID] are now greater. Out of six to eight rooms I’m assigned a day, over half of them are COVID. Then I also have more chances of catching it because I’m doing more than one job. I have to take the gown off to take a food tray to the kitchen. Then I put the gown back on to go back in the room. Then I have to put the IV pole and breathing apparatus out.

“We get N95 masks, but you have to understand, there are different sizes. If there are only small masks, we have to go find larger ones. There’s some disorganization on how and where to find them. Our supervisor’s boss is all about numbers. They say they care about safety, but they really want to see numbers.”

Data on ICU capacity is an important indicator of overstressed hospitals. Data from the week ending December 23 shows dozens of hospitals across the state with ICU occupancy above 75 percent. McClaren Oakland in Pontiac has ICU occupancy rates of 94 percent. Michigan Medicine in Ann Arbor is at 87 percent occupancy. The ICU at Children’s Hospital of Michigan in downtown Detroit is at 100 percent of capacity, and Edward W. Sparrow hospital in Lansing is at 98 percent.

ICU occupancy above 75 percent has been shown to be associated with an increase of excess deaths two, four and six weeks following the stretched capacity. ICU occupancy is not a direct cause of the excess deaths, but rather it strains every aspect of the hospital, causing ambulance diversions, supply limitations, staffing shortages, delays in care and overcrowding, especially in emergency departments.

A nursing assistant (NA) from Corewell Health heard that his own hospital’s ICU has reached 86 percent. “It shows that there’s a clear need to return to stricter measures to combat the spread.”

He echoed the sentiments about the disorganized distribution of PPE amid rising COVID cases. “There has definitely been an increase in positive patients,” he said. “On my last shift two of my patients were COVID positive and there were so many COVID positive patients in the hospital as a whole that there was a shortage of isolation carts, so for one of my patients I had to borrow materials from another cart … luckily I brought an N95 mask from home, but that’s not the case for the majority of employees and shouldn’t be an expense that employees have to shoulder.”

The NA explained that there have not been any changes to visitation rules or masking requirements to try to mitigate the spread of COVID. He expressed concern for his patients: “I work principally with cancer patients, so the spread of COVID obviously poses a danger as many patients may be immunocompromised as a result of cancer or treatments they are receiving for cancer.”

A handful of hospital systems have been forced to recognize the surge, reinstating very basic visitation restrictions and suggestions for masking. But these paltry precautions are an insult to healthcare workers, many of whom have been trained in the principles of infectious disease and understand that public health measures like mass testing of the population, targeted isolation, strong vaccination campaigns, the use technology like HEPA filters and UV light filters, and other public health measures are what is needed to keep them and their patients safe.

The refusal of the Biden administration, healthcare executives and the entire ruling class to address or even acknowledge the pandemic is a glaring sign of the dead end of the capitalist system. A strategy for the elimination of SARS-CoV-2 is attainable, but instead of providing the necessary funding to guarantee the health of society, the Biden administration continues to funnel unlimited sums to Israel to carry out a genocide of the Palestinian population and to Ukraine to perpetuate its proxy war against Russia.

Heeding the powerful calls of Palestinian healthcare workers, more and more healthcare workers around the world have been joining other sections of the working class to fight against war, genocide and exploitation. This struggle must include a renewed fight to end the COVID-19 pandemic through a scientifically grounded policy of global elimination and a broader fight for socialized medicine.