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By Benjamin Mateus
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Record breaking surge of the pandemic pushing US health care workers to the edge

The surge of COVID-19 infections in the United States is mounting as state after state reports new record highs pushing the national health system closer to collapse.

On Friday, the COVID Tracking Project reported more than 69,000 patients in hospitals throughout the nation, a one-week increase of more than 14,000 admissions. This comes as a record high of more than 183,000 new cases of COVID-19 infections were diagnosed throughout the nation. The growth of infections is showing no signs of slowing. The Centers for Disease Control and Prevention has forecasted daily new hospitalizations could reach from 2,000 to 13,000 by the end of November.

As in the deadly wave of infections in the spring, hospitals and health systems are turning to traveling nurses to supplement the staff that are otherwise infected, in quarantine from exposure, or exhausted from multiple shifts caring for patients with a complex array of health maladies that have been ascribed to severe COVID-19 infections.



Nurses and physicians on a COVID-19 unit in Texas [Credit: Miguel Gutierrez Jr.]

The CEO of Henry Ford Health System, Wright Lassiter, told *Crain's Detroit Business*, "The difference between November and April is we have COVID cases all over the country now. When we had the need for field hospitals, there were only a dozen states that were

overwhelmed. We could draw from other states for personnel. Now with so many cases, there are not excess critical care nurses or additional personnel to pull from.”

When hospitals become inundated with patients, the strain placed on the entire workforce leads to a growing number of medical errors and a declining standard of care, which have fatal consequences.

Lawanna Rivers, a traveling nurse who was temporarily assigned to work at University Medical Center in El Paso, Texas, recounted in a video posted this week on Facebook, “Out of all the COVID assignments I’ve been on, this is the one that’s really left me emotionally scarred. The facility I’m at has surpassed the one I was at in New York. I saw a lot of people die who I felt shouldn’t have died.”

El Paso County presently has more than 31,000 active cases, which means that almost 1 in 30 residents have recently been tested positive. Twenty-seven new deaths yesterday have pushed the cumulative death toll to 778. There are 1,132 hospitalized patients with 317 in the ICU. The county has deployed six mobile morgues that can hold 176 bodies. Additional units will be arriving.

Texas Governor Greg Abbott has reinforced the county with an additional 1,400 medical personnel, while the US Department of Defense has offered its medical staff to stem the burgeoning disaster. Dozens of non-COVID patients have been airlifted to other hospitals in Texas and New Mexico to provide much-needed bed space. However, as the COVID-19 surge is beginning to fill these regional hospital systems as well, and El Paso may find itself in the difficult position of rationing care.

Utah’s governor has declared a state of emergency as hospitals there are well into their contingency plans. Greg Bell, president of the Utah Hospital Association, reported that its ICU capacity had reached 83 percent state-wide. However, some hospitals are effectively at or above 100 percent as they are attempting to expand capacity.

According to the Associated Press (AP), almost 200 traveling nurses have recently joined Utah nurses in keeping staffing levels up. A nurse from New York-Presbyterian Hospital, Wen-Hui Xiao, told the AP, “I decided to come to Utah because I wanted to pay it forward to the front line workers who left their homes to aid us at our time of need. It was really vital and essential to us, and we are so thankful.”

As hospital systems compete for staffing by paying double or quadruple for a skilled ICU nurse willing to travel, health systems in states like Colorado, which had furloughed nurses in the spring because of cutbacks in elective surgeries, are suddenly facing a severe drought in nurses in the face of a dramatic swell in new cases.

States such as North Dakota have turned to implement rules allowed by the CDC for crisis response that allows designated “essential” health care providers continue working despite being infected with coronavirus. Nurses on social media have indicated states like Georgia, Indiana, and Florida have also forced nurses to stay on the job despite testing positive or having symptoms of COVID-19.

Many medical facilities are once again curbing elective surgeries to prepare for the rising tide of COVID-19 patients. Idaho, one of 17 states with a record-high number of hospitalized patients, has halted major surgeries requiring overnight stays and has begun to transfer cases regionally. Dr. Joshua Kern, vice president of medical affairs for St. Luke’s Magic Valley, Jerome and Wood River medical centers, told CNN, “Basically when we get to the point where the hospital is full—based on the staffing capacity that we have available—then we’ll say no to any additional patients. So, that’ll be patients in our own ER that we’ll then have to transfer to Boise via ambulance or helicopter or fixed-wing plane.”

Unlike in the springtime, when only a few hospitals were slammed with a massive influx of patients, the situation has become ubiquitous. Throughout less affected regions, many nurses

and physicians feel their turn to face an onslaught is nigh and feel compelled to stay put for their community.

Surges in rural regions are most concerning, as limited resources and capacity to treat patients place significant hardship on the staff who frequently are friends and family members. Many of those infected also suffer from an excess of chronic ailments, leading to severe consequences with COVID-19 making care in a limited treatment facility dangerous. However, transfer to regional centers with the closest ICU could be six hours by car, complicating transportation.

There has also been a call to bring retired health care workers back to work in a situation where possible infection with COVID puts them at significant risk. According to CNN, in Wisconsin, Bellin Health Systems in Green Bay has redeployed and rehired more than 200 people. Assurances are being given that they will not be working in frontline settings, but as infection rates continue to climb, such promises will fall by the wayside.

The health crisis and the ruling class's complete disregard for health care workers' safety and well-being are once again fueling a growing tide of outrage and opposition. Over 1500 nurses at Einstein Medical Center and St. Christopher's Hospital for Children in Philadelphia are preparing to strike over being "pushed to the brink by unsafe staffing that seriously undermines patient safety," according to a release put out by their association.

Nurse practitioners, physicians, and physicians' assistants at 20 Indigo Urgent Care facilities based out of Tacoma, Washington who belong to the Union of American Physicians and Dentists (UAPD) are preparing to strike next week, seeking better work and safety conditions.

Dr. Stuart Bussey, president of UAPD, said, "For too long these providers have been subjected to irresponsible and unsafe policies including working 12+ hour shifts, sometimes seeing over 70 patients in one day without breaks. Not only has MultiCare put patients at risk through these assembly-line conditions, but since the COVID-19 outbreak, MultiCare refuses to allow providers to wear N95 masks, even if they purchase their own."

The esteemed epidemiologist Dr. Michael Osterholm, appointed last week to the Biden coronavirus taskforce, was forced to walk back his advocacy of a paid national lockdown of six weeks duration to get the pandemic under control.

Asked Friday about the possibility of a national lockdown by ABC News, Osterholm deferred, saying he had not discussed his opinions with the incoming administration. In a candid assessment, he put it bluntly, "Nobody's going to support it [lockdown]. It's not going to be supported out of the administration. It's not going to be supported in Congress."

These simple words contain the entire policy of the Democratic Party and their response to the pandemic—nothing will be done that in any way hinders profit making, no matter the cost in lives. However, the shutdown of non-essential business to get the pandemic under control and save lives would receive broad support from the rank-and-file health care workers and the working class.

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