

US Doctors and Nurses Becoming Infected with COVID-19

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Doctors, nurses, and other medical staff are on the frontlines of combating COVID-19.

What happens if their ranks are infected with the virus?

Who'll be there in enough numbers to treat patients needing healthcare without them remaining safe on the job?

Perhaps thousands of US doctors and nurses have been infected with COVID-19, most others at risk for lack of enough personal protective equipment (PPE). More on this below.

Last Monday, I spent half a day receiving treatment for a chronic health issue at Illinois' top rated hospital, one of America's 10 best, according to US News & World Report.

I was struck by the dedication of the staff to do their jobs effectively and efficiently despite risks to their health from COVID-19 infection.

While everyone I saw wore a mask and surgical gloves, I saw no one wearing an N95 respirator mask that provides the most effective protection from exposure to contaminants other than hazmat attire.

Why? Because the Trump regime isn't supplying states with PPE from Strategic National Stockpile.

Yet its war department sent around one million surgical masks to Israel for IDF use — while Americans are told to make their own from "quilting fabric or cotton sheets," according to the CDC, adding:

"T-shirt fabric will work in a pinch." Instructions to make them aren't simple for most people, ideally requiring some seamstress skills for a proper fit for protection from contaminants.

When the nation's healthcare staff and general population lack enough PPE, House Committee on Oversight and Reform chairwoman Carolyn Maloney said the following:

A new HHS document "shows that the federal government has distributed just a fraction of the personal protective equipment and critical medical supplies that our hospitals and medical first responders urgently need," adding:

States and local communities are "left to scour the open market for these scarce supplies, and to compete with each other and federal agencies in a chaotic, free-for-all bidding war."

Trump "failed" to use his Defense Production Act authority to "procure and manage the

distribution of critical supplies. He must take action now to address these deficiencies.”

The HHS document shows that “less than 1% of (an estimated) 3.5 billion masks...necessary in the event of a severe pandemic... have been distributed.”

“Only 7,910 ventilators have been distributed from the (national) stockpile (despite) a recent survey of 213 mayors—which did not include New York City, Chicago, or Seattle—identified a total estimated need of 139,000 ventilators.”

Reportedly around 90% of federally stockpiled N95 respirators, surgical and face masks, face shields, gowns, and gloves are depleted — remaining PPE reserved for federal workers.

Why wasn't the national stockpile replenished with enough PPE for healthcare staff and all Americans when an early 2017 report showed that the Pentagon knew that a novel contagious respiratory disease like COVID-19 could emerge and spread any time?

Why did Trump regime officials fail to prepare what's happening now?

Why wasn't FEMA on this issue years ago to be ready to deal with what's ongoing?

Why is the world's richest country unprepared when help that only the federal government can properly provide isn't forthcoming?

Last month, healthcare know-nothing Mike Pence disturbingly said people who've been “exposed” to COVID-19 infected individuals can “return to work more quickly...if (show) no symptoms...by wearing a mask for a certain period of time.”

Global health think tank ACCESS Health International president William Haseltine called Trump regime guidance “deadly, deadly advice,” adding:

“This is so bad. If you want to really spread this infection like crazy, that's what to do. It's near insanity.”

“No health expert would have ever told them that, unless it's a Trump sycophant. If you want to kill hundreds and thousands of Americans, he's found a good way to do it.”

Trump wants the economy reopened as soon as possible because he fears loss of support the longer dismal economic conditions and high unemployment continue.

Polls show support for how he's handling the crisis is slipping. A new CBS News poll on his job performance found respondent support at 47%, down from 53% two weeks ago.

A new ABC News/Ipsos poll showed 55% of respondents disapprove of Trump's COVID-19 response, 44% expressing approval, down from 55% in mid-March.

According to a late March Healthline report, increasing numbers of doctors, nurses, and other healthcare staff “are falling ill or being quarantined due to exposure to” COVID-19.

“More and more instances of healthcare workers exposed to the disease appear to be cropping up almost daily.”

On April 3, psychiatrist Jessica Gold reported that fear of COVID-19 infection is affecting the mental health of healthcare staff, explaining:

“I know that their calm surface appearance is the only armor they have left.”

“Underneath it, many health care workers are barely keeping it together.”

“They are anxious and they are afraid. They aren’t sleeping and they find themselves crying more than usual.”

“The overall feeling in my friends, family, and co-workers is one of an impending doom and an existing gloom that is both physically and psychologically palpable.”

Gold stressed that lack of PPE is a major contributor to their emotional angst and fear.

“The risk of infection, especially if it is asymptomatic, instills fear of spreading the virus to their patients and families,” she explained.

Even though fear of possible death is irrational for young healthy healthcare workers, many on the front lines of treating patients for any issues fear it.

“Some health care workers are using words like betrayal and coercion and moral injury to describe this experience,” said Gold, adding:

“They feel betrayed by their employers, the health care system, and the government, all of which were woefully unprepared for a pandemic and then chose to ignore their warnings.”

Some healthcare workers “would rather quit medicine all together” than risk their well-being.

According to the Lancet medical journal, “(f)igures from China’s National Health Commission show that more than 3,300 health-care workers have been infected as of early March” — two dozen deaths reported at end of February.

“In Italy, 20% of responding health-care workers were infected, and some have died.”

“Reports from medical staff describe physical and mental exhaustion, the torment of difficult triage decisions, and the pain of losing patients and colleagues, all in addition to the infection risk.”

Nations with significant numbers of COVID-19 outbreaks are likely affected the same way — notably the US with over 500,000 reported cases and around 19,000 deaths — about 30% of world infections, around 18% of global deaths from the virus.

While it’s unknown how many US healthcare staff are infected with COVID-19, numbers may be thousands.

According to US News & World Report, “(s)tates (and the CDC) aren’t consistently tracking health care workers infected with the coronavirus,” adding:

US reports of infections are “anecdotal.” Yet it’s believed that perhaps “thousands of US medical workers have contracted the virus, with their illnesses ranging from asymptomatic

to severe and in some cases fatal.”

US News & World Report contacted 50 state health departments, hearing back from 35.

Ten provided information on how many healthcare staff are infected with COVID-19, “a total of 1,119 across those states.”

If the number represents a small fraction of the national total, there’s potentially significant risk to healthcare professionals and patients they treat for all issues, as well as the general population.

Pennsylvania reported 4.4% of healthcare staff infected with COVID-19, Oklahoma 10.6%, Ohio about 20%, and about one-fourth of Rhode Island medical personnel.

Some states are just beginning to compile infection rate data. New York with over 40% of national COVID-19 outbreaks said information on numbers of infected healthcare workers is “unavailable.”

Numerically it’s highly likely to be largest in the US by far.

Chicago’s Northwestern Memorial Hospital, one of the nation’s best, screens medical and other staff on arrival for work, anyone with possible COVID-19 symptoms sent home and told to self-isolate.

If growing numbers of healthcare staff in the US (and elsewhere) become infected with the virus, hospitals and other medical facilities will be hard-pressed to provide proper care to all patients they treat.

It’s why precautionary measures are important to contain the spread of the virus.

Public and personal health matter above all else. The economy can wait.

In the US with virtually unlimited federal resources for militarism, warmaking, and corporate handouts, providing financial help to ordinary Americans at a time of growing millions in need should be prioritized.

Desperate times call for desperate measures to address public health and welfare over all other priorities, including a subsidized living wage for Americans without enough or any income until crisis conditions end.

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