

New York City EMS worker commits suicide

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The tragic suicide of Emergency Medical Services Lieutenant Matthew Keene on June 20 marks the second suicide by a New York City EMS worker since the COVID-19 pandemic emerged in New York. Lt. Keene's coworkers found him dead from a self-inflicted gunshot when they went to his home in Nyack after he didn't show up for his shift at his EMS station in the Bronx. The last time he had been seen alive was three days earlier.

In interviews, colleagues have stated that Keene, 38, an NYC EMS employee for close to a decade, had been under a lot of stress and that he had been suffering from post-traumatic stress disorder, related to his traumatic experiences amidst the COVID-19 pandemic.

About six weeks before Keene's suicide, on April 24, another EMS worker, 23-year-old newly hired Emergency Medical Technician John Mondello, ended his life from a gun that belonged to his father, a retired detective from the New York Police Department. At the time, New York was the epicenter of the global pandemic. Mondello had just recently graduated from the EMS academy in February and was sent to work in the Bronx, the most impoverished and hardest hit borough by the pandemic. Friends told media outlets that the usually "very peppy, very happy," Mondello was overwhelmed and experienced "a lot of anxiety witnessing a lot of death" and that it had been "heavy experience [for him] when he'd fail to save a life."

Two days after Mondello's suicide, on April 26, Dr. Lorna Breen, a 49-year-old ER doctor at New York Presbyterian Allen hospital, also took her own life. Like Mondello, she had served patients from the Bronx.

Mental health experts have long warned that the coronavirus pandemic threatens to take a tremendous emotional and psychological toll on health care workers who have been left to fight the virus without proper Personal Protective Equipment (PPE), risking infection and death for themselves and their families, while

austerity and layoffs are being implemented across the health care system.

These warnings are now being tragically borne out. Among health care workers, emergency personnel have been most directly confronted with the horrifying impact of the virus, especially on the working class population.

At the height of the pandemic in March and April, the city's roughly 4,200 EMS workers, along with voluntary hospital EMS workers who also participate in the NYC 911 system and comprise roughly 35 percent of the total NYC EMS workforce, were quickly overwhelmed as new records were being set for 911 medical calls, with the highest reaching 7,200 calls in a single day.

In response to the massive influx of COVID-19 patients, long held practices and protocols were supplanted by ever-changing crisis care standards that significantly narrowed the criteria for resuscitating patients in cardiac arrest and other medical emergencies. As most patients were discouraged from going to the overcrowded hospitals and were now deteriorating in their homes, many of them, who under normal circumstances would have been resuscitated and transported to emergency departments, were instead being pronounced dead in their homes by EMS workers.

This has been one of many factors that has added to the traumatic experience of EMS workers. One paramedic told the WSWWS in April, "These patients are dying alone. We're telling family members to go to another room so that we don't expose the family or don't expose ourselves to the family. Not even having the family see them is hard." The danger of infection also meant that EMS workers could barely speak with and console the families of the deceased, something that, in normal times, had been common practice and helped both the families and the workers cope with the

death.

Aside from being forced to contend with catastrophically high amounts of suffering and death, the chronically understaffed workforce was made to work consecutive 16-hour shifts, while inadequate PPE and other vital supplies contributed to the spread of COVID-19 among the ranks of EMS personnel. Twenty-five percent of the EMS force in New York City reportedly contracted the virus and six eventually succumbed to the disease.

During this period many of the EMTs and paramedics were not even going home for fear of contracting COVID-19 and infecting their families and instead were staying in their basements, hotels, or their own cars. This lack of contact with family and friends amid a traumatizing period has been an additional emotional burden.

Studies have long revealed alarming rates of suicidal ideation and behavior among pre-hospital health care providers. The chronic stress, irregular sleep, low salaries and chronic exposure to morbidity and death make EMS workers one of the most at-risk groups, even among health care workers in general.

Aside from being placed on the front lines of a social crisis rooted in extreme inequality and the persistent, decades-long assault on social infrastructure, EMS workers themselves are impoverished and can hardly afford to live in the city whose population they serve.

The starting salary for an Emergency Medical Technician (EMT) in New York City is \$35,000. With raises up until their fifth year, they reach a maximum annual salary of only \$48,000. The salary for paramedics starts at \$44,000 and can go up to \$61,000. Faced with such low incomes, many EMS workers take promotions to work as firefighters or police officers with better salaries, which creates chronic understaffing through attrition.

Despite the empty platitudes from Democratic Mayor Bill De Blasio and Governor Andrew Cuomo—whose catastrophic policies have directly contributed to the staggering spread and death toll of the coronavirus in New York—the heroic sacrifices made by EMS workers have been met with efforts by the city to push through another concessionary contract in current negotiations with the EMS union.

The EMS union, which is a local of American Federation of State, County and Municipal Employees

(AFSCME) District Council 37, has been in negotiations with the city along the lines of the bargaining pattern already set in July 2018. In that agreement, the union approved a 7.4 percent raise over three years for 100,000 city workers, which is to be primarily financed through health care concessions.

The ongoing negotiations are unfolding in a period when the mayor has repeatedly made declarations of a worsening budgetary crisis, which he has suggested may require furloughs and the firing of as many as 22,000 city workers. In total, the city is planning to make \$1 billion in cuts. In New York as a whole, unemployment has now reached 20 percent, levels unseen since the Great Depression.



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