

“People who were previously active are telling me that they can no longer walk”

## New York City EMS worker provides update to Global Workers’ Inquest into the COVID-19 Pandemic

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*The ongoing COVID-19 pandemic has been all but absent from the presidential campaigns of Kamala Harris and Donald Trump. During the lone debate between these candidates, Harris mentioned COVID-19 only to revive the Wuhan Lab Lie, which falsely claims that the Chinese government was responsible for creating SARS-CoV-2, the virus that causes COVID-19. As far as the ruling class is concerned, the pandemic is over.*

*Healthcare workers know that this is false. During the recent summer wave, the number of official weekly deaths from COVID-19 in the United States reached a high of 1,287, while the more accurate measurement of excess deaths surpassed 500 per day. The virus continues to sicken healthcare workers and, for many, cause persistent cognitive and physical damage.*

*Alex, a New York City paramedic with 10 years’ experience, recently testified to the Global Workers Inquest into the COVID-19 Pandemic for a second time to provide an update on the situation facing healthcare workers in the most populous city in the US.*

**Erik (E):** We are speaking during the ninth wave of the COVID-19 pandemic, the second-largest summer wave so far. The number of daily infections in August was the highest for any August since the beginning of the pandemic. How is this wave affecting your work?

**Alex (A):** We’re definitely feeling this ninth COVID wave, as far as patients and infections go. We’re seeing it permeate all sectors of society. For the last several weeks, I’ve probably been getting one or two COVID patients a day. I’ve also seen coworkers calling out regularly for COVID. It’s very visible that this is a huge COVID wave. However, it’s different from previous waves, in the sense that this has been totally accepted and normalized.

The demographic that is really hard hit is the elderly. Sometimes I can see them get debilitated from this disease. People who were previously active are telling me that they can no longer walk. I think that’s part of the normalization of it, the eugenicist aspect of it. Many people are accepting it because they think, “This is only affecting the elderly and disabled. I’m going to be all right.” There has been a deliberate effort to promote this type of reactionary thinking. What we’re seeing unfold is tragic.

As far as my coworkers go, none of them are masking anymore. None of them worry about getting COVID anymore. They get it, feel like they’re fine and come back to work. Some of them aren’t even testing or aren’t aware that they have it. But at the same time that we’re having all this sickness, we’re also seeing management limit our ability to call out sick.

This, of course, is making people come to work sick in a healthcare setting.

**E:** Can you explain how management is limiting your ability to call out sick?

**A:** Well, prior to this initiative by management, emergency medical services (EMS) workers could call out sick and, if their bank of sick time were empty, use vacation leave to cover the missed work. Now, to curtail what they deem “abuse,” management is only allowing workers to use their sick time, and once that’s depleted, workers will have to take leave without pay. Management rightly assumes that, faced with the prospect of lost income, workers will be coerced into coming to work while sick.

**E:** What is the union [Local 2507, part of DC 37] doing to oppose this?

**A:** The union files grievances with the city and waits a few years for them to eventually make a ruling. In the meantime, there will be a lot of harm done, and management is counting on a shift in behavior.

**E:** Has the patient population that EMS workers care for changed since before the pandemic?

**A:** A lot of patients I treat don’t have a lot of the comorbidities we used to see. A coworker told me a few months ago that she doesn’t get as many patients with chronic obstructive pulmonary disease, asthma or acute pulmonary edema as she used to. She has been on the job since before the pandemic. We were speculating that COVID probably killed a significant percentage of that demographic with comorbidities, and that’s probably why we don’t get those calls as much as we used to.

But this response is anecdotal. I don’t have any studies or surveys to rely on. This is from my own experience, but it touches upon the eugenicist political response to the pandemic. One of the aspects is that it disproportionately targets elderly and disabled people and people with chronic disease. We see them suffer disproportionately from it.

**E:** EMS responders were among the workers most traumatized in the early phase of the pandemic. Several felt such despair that they took their own lives. What is the psychological state of EMS workers today?

**A:** There are limitations to making generalizations, but EMS in New York City is a tiered service (in regards to income, education, age and maturity). Also, it’s not a unified service: you have hospitals participating, as well as private ambulance companies. But EMS, since the COVID-19 pandemic began, has been in a state of crisis.

The biggest red flag is that there have been over a dozen suicides of EMS workers in New York City alone during the pandemic, which is a staggering number. Most of them have been younger emergency medical

technicians (EMTs) coming on the job and suffering because of the lack of pay, the overwhelming workload and the overexposure to trauma and crises. They don't have the coping mechanisms to deal with it. Then you have these tragic situations where these workers are taking their lives.

Just six or seven months ago, an EMT took his life. He was in the academy at the time. The Fire Department of New York has an academy that trains entry-level EMTs (prehospital workers) to become paramedics. This is a paid educational opportunity. They go to the academy for 40 hours a week and are responsible for passing the course. This was a young man who had financial responsibilities and had a child. He wasn't keeping up, wasn't managing well, didn't know where to turn and took his own life in the middle of the academy. He's just one of many.

You can't combine all these pressures on people—financial, professional, time—and expect positive outcomes or expect everyone to just cope with it. We're talking about a really small service: maybe 3,000 or 4,000 people. And having a dozen suicides within that small group of people suggests just how bad the circumstances are.

**E:** Have EMS workers ratified a new contract since the beginning of the pandemic? If so, how would you describe the contract?

**A:** We ratified one contract in 2022, and it was problematic in several ways. It took us from 8-hour shifts to 12-hour shifts. The contract also included commitments to the Municipal Labor Committee agreement which has put city workers on the hook to find \$600 million a year in healthcare savings for the city. And the raise itself was not significant.

**E:** When did the contract expire?

**A:** We've been out of a contract for close to two years now. The union is trying to negotiate with the city. These negotiations are taking place in the shadow of a federal ruling on a lawsuit that the union filed. They were suing for pay parity. The union alleges that within the broader Fire Department, EMS workers are treated unfairly and not compensated in a way that compares with firefighters, which is true. They alleged racial discrimination as one of the reasons for that. A federal court ruled that the lawsuit has merit. This is leverage that the local is using in its contract negotiations with the city. But what materializes, what they manage to accomplish, remains to be seen. But it does seem like these contract negotiations might be more favorable than previous ones.

**E:** What information about negotiations are you getting from the union?

**A:** I hear stuff from delegates that offers have been made by the local and that they're waiting for the city to respond, that there are threats of going to arbitration. [The union] is not transparent about these things. Most people are not in the know. If you ask a delegate, he might bring you up to date, but they aren't sharing contracts or detailed information. We get general stuff, bullet points.

**E:** Was there ever a strike vote?

**A:** Our union is subject to the Taylor Law and does not treat work action or strikes as even an option to be entertained. Our union primarily engages in lawsuits. They sued the city under the Fair Labor Standards Act over time we gave to our employer before the official beginning of the shift. Our union won in court.

Employees were compensated based on the time that they clocked in. If your shift starts at 7 o'clock in the morning, and you're clocking in at 6:45, the city was responsible for compensating us for those 15 minutes before our start time, because generally we were working and getting our ambulances ready, getting our equipment, et cetera. But then the city began to enforce rules stopping us from clocking in earlier than five minutes before our tour. We can't get compensated for five minutes.

So, you have this game where the union sues for some kind of tertiary or secondary grievance. They may lose it, or they may win it. It takes several years to be settled. But then the city will respond with an adjustment to avoid being liable for those events anymore. That's what we see, as far as any kind of progress that they make, if you want to call it progress. That's the only thing the union is willing to engage in, really: lawsuits.

**E:** How have working conditions changed since the pandemic began in 2020? What effect has the new contract had on working conditions?

**A:** The biggest thing has been the shift from 8-hour tours to 12-hour tours that's been codified in the contract and embraced by the city, the Fire Department and the union. The union pushed hard to get 12-hour tours. That's been a long-standing agenda item for the union, going back decades. The pandemic gave it the opportunity to universalize it to all EMS workers.

I look at the 12-hour shift as increased work. You sometimes have 16-hour days if the lieutenants or supervisors mandate you for additional work. It's a grueling, long day. If you have a commute, you've basically foregone your entire day. It jeopardizes you, because you can't even get enough sleep between shifts. But the union has always been pushing for it, because the workers end up working more per week. Since our union is impotent and hasn't been successful in getting real raises, it can program more hours into each worker's workweek, and the reflection in increased pay is palmed off as a boon for the worker. That's one of the reasons why they pursued it as forcefully as they did.

**E:** Both the Democrats and Republicans have adopted the "forever COVID" policy, which is allowing the virus to circulate freely and mutate into potentially more virulent and deadly variants. In addition, 13 human cases of H5N1 "bird flu" have been reported in the United States. A new, deadly variant of mpox has spread from the Democratic Republic of the Congo to other countries in Africa and Europe. How would the healthcare system in the United States respond to a new pandemic?

**A:** In light of COVID and the catastrophic toll that it has taken on healthcare workers, I don't think that the healthcare sector is prepared for another pandemic. The next pandemic is probably going to cause a massive crisis in the healthcare system.

We were talking earlier about the normalization of the current pandemic. It's been normalized among healthcare workers. Even when I go to hospitals, only the most professional teaching hospitals have generalized mask wearing. If you go into some of the other borough hospitals, the smaller hospitals, you see most healthcare workers, nurses, doctors, not even masking in what is an acute, infectious setting. The pandemic has taken a catastrophic toll on healthcare workers in burnout, infections and deaths.

If we have another significant pandemic, whether it's mpox, H5N1 or a much more deadly variant of COVID, I think it'll have really devastating repercussions on healthcare in this country. I don't think we're prepared for that in any way, shape or form. We've seen the response of the government and the healthcare corporations. They really don't want to deal with these problems in any socially responsible, scientifically guided way.



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