COVID-19 and frontline health care workers: We can do better

America's health care workers — including doctors, nurses, paramedics, and long-term care staff — risk their health to care for patients during the COVID-19 pandemic. But our fragmented and profit-driven health system leaves many health workers at greater risk for job loss, illness, and death. It doesn't have to be this way: Medicare for All would better protect health workers during a public health emergency and beyond.

Millions of health workers are at high risk due to poor health, poverty, and lack of insurance and sick leave

- Tens of thousands of health care workers are infected, and hundreds have already died.
- More than 80% of nurses said that by late May they had not been tested for the virus.
- More than a quarter (27%) of the 14 million frontline health workers are at risk of severe illness or death from COVID-19 because of age or chronic health conditions.
- About 275,000 health workers with high-risk conditions are also uninsured, including 11% of those with diabetes, and 21% of those with chronic lung disease.
- Among all patient-contact personnel, 29% lack paid sick leave.
- More than 600,000 health workers have family incomes below the federal poverty line.
- Workers in long-term care (LTC) settings face especially high risks. As of late May, 34,000 nursing home workers were infected and 400 died from COVID-19. LTC workers are disproportionately low-wage and uninsured: 58% earn less than $30,000; 12% of are uninsured (including 15% of home care workers), and 19% are on Medicaid.

Many health workers have been laid off or furloughed during the pandemic

- Because of the way the U.S. finances health care — with an emphasis on high-profit procedures such as elective surgeries — health systems are cutting staff during a pandemic. As of June, 266 hospitals imposed layoffs and pay cuts, including 4,100 at Cleveland's University Hospital system, and 30,000 at the Mayo Clinic.
- By April, 15% of outpatient care workers and 2.6% of hospital workers lost their jobs. Meanwhile, the insurance industry lost less than 0.2% of its workforce.

How would Medicare for All protect health workers during a pandemic?

- **Coverage:** Under Medicare for All, *everybody* would have health coverage, regardless of age, income, or employment. Coverage is proven to improve health outcomes and lessen the chronic conditions that can increase risk of illness or death from COVID-19.
- **Hospital funding:** Medicare for All would fund hospitals like other essential services, with annual "global budgets" based on community health needs, not profits. Hospitals would be properly supported during a pandemic; instead of layoffs, hospitals could redirect resources from elective procedures to intensive care, testing, and other community health needs.
- **Public health resources:** Medicare for All would give public health authorities the purchasing and logistical power to provide adequate protective equipment for health care workers, and direct those supplies towards "hotspots" that need it most.

When it comes to public health, we're all in this together. It's time for a health system that reflects that: single-payer Medicare for All.

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