

A Nurse Shares Six Reasons for Health Care Decline

Sally* has worked as a nurse in an operating room for more than 30 years. She's seen horrors most of us can only imagine, gunshot victims, patients maimed beyond belief, the dead from failed surgeries carted off to the morgue.

Right now, she's witnessing the decline of American health care. That decline is taking place in the hospital where she works and is apparent from the stories she hears from traveling nurses in other hospitals.

I spoke with Sally on the phone the other day and she laid out the following reasons for this decline.

Lack of Leadership

For several years now, and especially during the Wuhan virus, Sally has noticed the absence of leadership in her hospital. One hospital director spent most of her time Zooming with underlings from across the country. Another director has never bothered to meet his subordinates. A supervisor who has no training in management or people skills was more concerned with start times in the OR than with patient care. "They're just filling a box," Sally explained, meaning the organization running the hospital checks off a box as a position filled and moves on.

Shortage of Supplies

"We've always run a little short of supplies," Sally said, "but the pandemic exacerbated the situation. We're even low on such items as drapes and gloves for surgery. A lot of these items come from overseas, from places like China or Mexico."

Shortage of Medicine

Here Sally cited a specific example: the lack of Marcaine with epinephrine, both particularly vital drugs for surgeries. “No one really explains why we’re having such trouble getting these medicines,” she said, “but the shortage is severe.” Once again, such drugs are mostly manufactured overseas.

Shortage of Staff

Finding qualified personnel to work in the hospital proved difficult even before the pandemic. With many hospitals now demanding that their employees receive the virus vaccine, they are finding it even more difficult to retain doctors and nurses. “In my unit, we have 12 operating rooms,” Sally said. “Most of the time, we only have the staff to open 10 of these rooms. This means that the treatment of some patients must be delayed.”

Intellectual Takeout recently featured [an article](#) on Houston nurses who are leaving in droves rather than receive the required jab, and *The Epoch Times* has found that the [shortage](#) of health care workers across the country is skyrocketing, in large part because employers insist on the vaccine. Sally is among those California doctors and nurses publicly protesting vaccine mandates. To paraphrase a comment she made, the same caregivers who were hailed as heroes in the depths of the pandemic are now being given the boot for refusing the vaccine.

Training and Orientation

Sally reported that when she was in training 30 years ago her clinical instructors and mentors offered her solid and sometimes harsh guidance. Offer such critiques today, she said, and young students will complain that you’ve hurt their feelings. Moreover, the exposure of nursing students to units

like surgery is much more limited these days. What she describes as her “boot camp” in medical care no longer exists.

Morale

“It’s in the toilet,” Sally said. She stresses that she and her coworkers in the OR, doctors, nurses, and scrub techs, are generally good friends, eating lunches together and sometimes going out after work for a drink. But about a year ago the hospital administration began requiring quarterly meetings in which it divided staff into groups: blacks, whites, and Hispanics, to discuss racial issues.

As Sally pointed out, “Leadership has Balkanized people. We should be people taking care of people. Regarding these race-training sessions, my coworkers think, ‘I’m not here for that.’ We get people who just shot a police officer and we put that aside and save their lives. It doesn’t matter who they are. We don’t care. But leadership is making race an issue. What’s the point?”

Recently, Sally attended a fundraiser for a certain U.S. senator. During the Q&A period, she asked what he planned to do to help health care in America. He gave a formulaic reply about costs and benefits, but he missed her point. She wasn’t referring to finances, but to the actual care of the sick and injured. This nurse is deeply concerned about the care and protection of her patients. “I love what I do,” she told me. “I love taking care of patients.”

For the last 50 years or so, we have made health care an industry. That “industry” no longer regards patients as people in need of help but views them as widgets in a factory. Many nurses, doctors, and other care providers still know they are treating human beings, but the system itself has become impersonal, and far too expensive.

I am grateful for Sally's willingness to speak to me. And thanks to other dedicated health care workers for what you do for your patients.

**Name has been changed at Sally's request.*

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