Flight attendant paralyzed after Delta ordered flight through tropical storm

The workers’ compensation nightmare at Delta Airlines: Part three

By Tom Hall
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This article is the final part in a three-part series. Part one was posted on February 12; part two on February 13.

Jane was a newlywed when she was working a Delta flight several years ago out of the Caribbean during a tropical storm.

“It was a rough flight going in. When we finally got to [our destination], I recommended that we cancel the return flight, which would take us through the tropical storm’s path. I said that we needed to cancel the flight and the pilot had the same concerns as me. But Delta said no and told us to fly over it.”

Jane (not her real name) is now partially paralyzed from the waist down as a result of injuries she sustained during that flight, which encountered heavy turbulence. The extent of her injuries was greatly aggravated by lengthy delays in treatment and denials by Sedgwick, Delta’s workers’ compensation administrator. She suffers from multiple complications from her injury. Shortly after the World Socialist Web Site spoke to Jane, she was hospitalized for heart problems caused by steroids administered to relieve swelling.

This was, in fact, the second time that Jane sustained a serious back injury while working as a flight attendant. The first time occurred years ago, when she was working for a now-defunct Delta low-cost subsidiary. At that time she and another flight attendant were injured during a near-collision on the tarmac. She says that management threatened to fire them if they came off the plane for treatment, which would have meant canceling the flight. “I spent four hours throwing up in a garbage bag in the galley,” she says.

Jane spent the next two weeks in the hospital. The company refused to fly her parents to meet her at the hospital, forcing them to drive for two days each way to visit their daughter.

Jane required numerous back surgeries and years of rehab before she was able to return to work. She still had the rods and screws that had been installed in her back in one of those surgeries when Delta ordered her crew to fly over the tropical storm years later.

“The captain made the announcement that we were to remain seated, that it would be bumpy and bad, and to make sure everyone had his belongings stowed. We dropped suddenly, after hitting an air pocket. The attendant’s jump seat is spring loaded, so that when you lift your weight off the seat, it folds back against the wall. It springs back up when you sit up. Well, I went up and so did the seat. I came down more on my tailbone than my thigh and butt.”

The jump seat on this plane had only an inch of padding, Jane says “Basically I was sitting on metal. When I came down I immediately went numb from the waist down. I knew I had done something. People were screaming. A few people who were not in their seat belts hit the overhead bin. One had flown across the aisle. People were just thrown around and I couldn’t get up and help.”

Jane had imaging done on her back. “It was obvious that I had broken the hardware. You could see the movement of the hardware on the CT scan and MRI. I needed surgery soon. I was having a new pain [in a different section of my spine].

“The vertebrae weren’t showing up as herniated or ruptured, but it was obvious they were injured. We needed another imaging done before surgery. But Sedgwick said no because there wasn’t anything picked up by the MRI. Before they let me go into the surgery they made me jump through all of these hoops.

“Six months later my surgery was finally approved. When they did my surgery, the screws on one side were sticking out all the way at the end. The rods were just moving around freely. So I had spent six months with the hardware just moving around and spinning, aggravating and tearing and causing more damage.”

Sedgwick only approved a procedure to remove the old hardware. It did not approve surgery to correct the damaged vertebrae.

“When I came out, I used my walker, but the pain never went away,” Jane says. “The pain was just getting worse. I started water therapy and the therapist was telling my doctor that something else was wrong, that I had significant nerve trauma. That’s when we tried to get them to approve tests to find out what was going on in these other vertebrae.”

Jane was finally approved for a procedure involving the injection of dye where her intervertebral disc should be located. “The moment they took the needle in, before injecting the dye, I woke up and screamed, even though I was sedated. It was so painful that my nervous system woke me up. That’s when we found out that one disc had a small tear, but another had completely severed and caved in and was lying on the spinal cord. That’s why we didn’t see it on the MRI. It didn’t go outward, it went in. They said I needed surgery now.”

But Delta and Sedgwick still made Jane wait for months.

She needed a nerve conduction study to determine the extent of her nerve damage. “It has to be done by a neurologist. They take needles that are two inches long, stick them into different parts of your body and send electric currents into muscles, tendons and nerves to find the damage.”

But instead of sending her to a licensed neurologist, Sedgwick sent
Jane to an outpatient sleep study center for the procedure. “This guy,” she said, “had been working for six weeks, had never been to college.”

The results her doctor got back were worthless. “When I explained who had done this he was livid and called my workers’ comp case manager, ranting and raving,” she said. “I had 75 percent nerve damage to her right leg, 35 percent to her left. She had zero percent nerve function in some places in her right leg and foot. She had lost all reflex on the right side.

Jane underwent the procedure a second time, this time performed properly. The results were serious. Jane had 75 percent nerve damage to her right leg, 35 percent to her left. She had zero percent nerve function in some places in her right leg and foot. She had lost all reflex on the right side.

Jane had surgery scheduled and then traveled overseas with her husband, her primary caretaker, whose job requires extensive travel. “I flew back three-and-a-half weeks ahead and I found I no longer had a case manager with Sedgwick and the pre-op stuff had never been scheduled. Every day I was calling, and my surgery was a week away and nothing had been done. I was just trying to find someone around where I live to give me my EKG, blood work and other tests that I needed before my surgery. I ended up doing all of this on my own

“I was in the ICU for a week. Per Delta rules, my parents were supposed to have positive space to fly to see me. They lived two days away by car from where I was. And my parents went to fly and they found there was nothing available for them. No one had bothered to get them any seats. I called my supervisor from the ICU and she informed me she didn’t think it was necessary and she was not going to do it.”

With nobody else available to drive her home from the hospital, Jane had to call a friend to fly out to her at the last minute.

Jane’s supervisor continually refused her requests to fly Delta to be with family. “She would even force me to email her and request her permission before I was allowed to fly anywhere. I had to do this to go to my son’s graduation, to visit my mother who had cancer, anything.”

She added, holding back tears, “I couldn’t get in touch with my supervisor when my dad died, but I went anyway. And she ripped me for flying without her permission. He had an aneurysm and died unexpectedly. She didn’t care.”

Jane later found out that she was not required to receive permission from her supervisor to fly as long as her doctor said it was okay. “I spent years being harassed nonstop by this person,” she said.

Jane’s nerve damage has caused neurogenic bladder. “My bladder never tells me when I have to go, and it doesn’t drain all the way. I’ve been hospitalized multiple times for sepsis,” a potentially fatal illness caused by infection. “I have no feeling in my lower back, so I don’t catch it until I’m practically peeing blood.”

“I’m a newlywed going through all of this. And I have a bladder that doesn’t work, a spine that doesn’t work, I can’t drive. I use a cane. I can’t do anything around the house. I can only lift my purse. I fall so easily. We had to sell our house because I couldn’t climb up the stairs.”

Jane had to pay people to provide around-the-clock care in her home. Eventually, workers’ comp told her they would no longer pay for 24-hour care.

They gave her two alternatives, Jane says: “You can have 8-to-5 care, or we can put you in a nursing home. I am not even 50 years old. I am not even paying a nurse to look after me. I’m paying friends and family to take off from work to look after me in shifts. But that was too much money for them. Their solution was to try to put me in a nursing home.”

Jane has had to fight workers’ comp every step of the way to receive medical care. “It’s been a constant battle,” she says. “We have to file 6 or 7 petitions for every procedure, every doctor’s visit. They have yet to pay for any of the hospital stays for sepsis,” which Delta’s attorneys claim are not a result of her work injury. “I could have died, and that was directly related to my back injury.”

Especially since her husband’s career suffered a setback, the couple has been placed under severe financial strain. “I have basically no income and my husband is having to work [overseas for less money]. He had to cash in his IRA [from his previous job] and that’s what we’re living off now, and being penalized for it because he cashed in so early.

“My credit score plummeted because of medical bills,” she adds. “And at Delta, once you are injured for more than one year, they make you apply for SSDI (Social Security Disability Insurance). No one is going to give me insurance now. Thank god my husband still has good insurance from his old job. But we still pay $700 each month for medical insurance.”

Jane’s finances are even more strained because of the unusual way Delta calculates its workers’ compensation payments. “Most places, they take what you made that year, divide it up weekly, and you are paid two-thirds of that. Well, Delta, they go off of your last 12 weeks of work. But I had taken two weeks of vacation before I was injured and only worked one day the month before. So whereas I would usually work 77 to 88 hours in a month, I’m getting paid based off the average of 53 hours a month that I had worked. This has created a huge financial issue.”

Jane’s injuries are so serious that even Delta’s own IME exams have largely agreed that she is significantly disabled. “But they just don’t want to believe that I can never work again.”

Sedwick/Delta continued to deny Jane care to improve her condition. She says she has waited more than a year for them to deliver an E-stim unit ordered by her surgeon. “That device was imperative to start nerve regeneration or growth,” Jane says. “They’ve promised multiple times in court and mediation that this device would be in the mail,” but it still hasn’t arrived.

“You don’t know how to explain,” she says. “It’s hard to even believe. My husband is so angry that I’m afraid of what he would do if he ran across any of these people.”

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