“We have had bomb threats, armed individuals trying to break in, people coughing or spitting on us”

Baltimore public health professional exposes horrific conditions during the Omicron surge

Evan Blake
18 February 2022

The COVID-19 pandemic has had a catastrophic impact on the health care system in the United States and globally. In the US alone, over 20 percent of all health care workers have left the profession since the start of the pandemic.

As across the US, the pandemic has hit Baltimore, Maryland with repeated devastating surges. Nearly 1 million people in Maryland have officially been infected with COVID-19 since the start of the pandemic, and 13,720 have died.

In January, COVID-19 infections and hospitalizations reached all-time highs throughout Maryland due to the spread of the highly contagious Omicron variant, with a peak of 3,462 people hospitalized on January 11. As with many other Democratic Party-led states, Maryland is prematurely lifting its mask mandate just as cases are once again starting to rise.

The *World Socialist Web Site* conducted the following interview with a public health professional who works at a hospital in Baltimore and requested anonymity. They describe the horrific conditions in their hospital during the recent surge of the Omicron variant.

Evan Blake (EB): Can you describe your role at the hospital where you work and speak about the situation there, specifically the issue of redeployment?

Health Professional (HP): I am a public health professional and administer externally funded programs, including FEMA funding for COVID relief, our mobile vaccination unit, and our hospital based vaccine clinics, as well as being involved in data analysis and surge response.

I’m at a hospital system in the Baltimore region, and “redeployment” of staff within hospitals is happening at my system as well as multiple others in this region and the DC/Capital region. I don’t think that a lot of people outside the health care system know that this is even happening, let alone what it means.

No one without relevant certifications is *caring* for patients; however, hundreds of staff have been pulled from other job functions (finance, IT, philanthropy, etc.) to work directly in support roles. That would include covering for EVS (cleaning patient rooms and facilities), bringing meals and trays back and forth, transporting patients, assisting the registrar, working at the vaccine clinics, etc.

This is not without risk—being in the facility itself and being in patient rooms is obviously a risk, but we also run the risks of very aggrieved patients, families and community members.

We have had MULTIPLE bomb threats, armed individuals trying to break in, armed individuals ACTUALLY breaking in, stalking, tires slashed in our parking lots, people attempting to drive into or through the outdoor vaccine sites, people coughing or spitting on us. The nurses and social workers have taken the brunt of this. For example, I know at least one palliative care social worker that quit after she was attacked by a family member as they weren’t allowed to see their family member who was dying from COVID.

Nurses so far have not been allowed to unionize within this state that I know of (some of our support staff are unionized under SEIU), and many are out sick or outright quitting due to the conditions and the emotional and physical stress.

With regard to direct patient care, all direct patient care is still done by doctors, nurses, NPs, techs, respiratory therapists, etc., but it is harder and harder to find qualified people to fill these jobs. Many hospitals are paying out the nose for travel nurses to fill positions but refuse to pay their own staff nurses more.

We have been pulling nursing students out of school early and pulling doctors and nurses out of retirement. Many nurses have had to redeploy to ICU units or the ED [Emergency Department], for example many labor and delivery nurses were redeployed to an area ED because so many pregnant individuals with COVID were coming in.

Concurrently, I could not tell you a single member of any executive staff in this entire state (or outside of it, to be honest) that has publicly taken any kind of pay cut. Throughout the entire pandemic, myself and other hospital staff, including nurses, have not gotten any hazard pay. At one point we got a small (~$250) bonus for the holidays. Many of us were furloughed and some positions have been eliminated; I do think this has been worse for other systems but could not tell you for sure.

It is unconscionable to me that people making well into the six figures would not redistribute at least some of that salary to individuals doing dangerous direct patient care during a deadly pandemic, but I can’t even find anyone *suggesting* this step. Directors were also given a larger (but still small) raise than other levels of staff; to me this seemed like it should be the other way around.

The terrible conditions at my hospital are compounded by the feeling that I am living in two different worlds, or a sort of separate reality within and without the hospital.

When I enter our main hospital entrance, I immediately see a large portrait of a colleague who passed away from COVID, along with handwritten remembrances of him and other colleagues. We are wearing masks and face shields for hours at a time still, and many of our colleagues (a higher number than ever before) are out sick, but we are being asked to return faster than ever before as well, sometimes when we still have symptoms.

The emotional toll of caring for patients or populations who are suffering greatly and not necessarily being able to help them, and now it’s kids as well, is causing so many of us, me included, to suffer from

© World Socialist Web Site

anxiety, depression, insomnia, panic attacks, etc.

But then when I go outside the hospital, it seems like no one even cares. I go to the grocery store and many individuals are not even wearing masks at all. People are blithely traveling internationally or to and from areas of high incidence, people are at gyms without masks, people are going to concerts and parties inside with huge groups, people are eating and drinking inside. It is incredibly disheartening.

So many of us are burning out or suffering, and executive leadership has seemed to do very little to directly confront this. Sometimes staff will get a nice email thanking us or a small gift or a free meal, but I could not tell you a substantive gesture that has been made by executive leadership that would create real change and demonstrate an understanding of what staff, particularly patient care staff, is going through.

EB: The conditions you've described are absolutely horrific, the opposite of what it should be like in a health care facility. Was "redeployment" happening during previous surges, or is the Omicron surge the first time it's happened for your hospital? Can you also tell me a bit more about what your experience has been like during the pandemic more broadly? Has the Omicron surge been significantly worse than previous surges or comparable?

HP: Redeployment was happening during previous surges but not nearly to the degree or scale of what happened during Omicron.

My experience during the pandemic has honestly been awful. I am actually looking to move out of health care at this point, and I have been working in the health care field in Baltimore for almost 15 years, specifically for six years with my current organization. I have never felt this burnt out or disconnected from why I originally wanted to work in the field.

Working at a hospital, particularly in public health, in Baltimore has never been "easy," per se, but I have never once experienced the level of public vitriol and targeted harassment that I have experienced almost daily during the pandemic.

In addition to the bomb threats, armed robberies and vandalism, we have experienced people threatening us at vaccine clinics, people screaming at me or coughing in my face if I wear anything with the logo of the hospital or anything like that in the grocery store.

I know it's been awful for the nurses, but also for other individuals. In particular, I have a coworker who is a palliative care social worker. We were unable to let many families physically be in the room with their dying loved ones, and outside of the many threats and abuse from family members, the emotional burden of that is awful.

I will say that many local small businesses, particularly restaurants, have been supportive and amazing. Many restaurants are STILL donating food to frontline workers. And many coworkers stepped up to help and support one another (ironically, we have a peer support group for emotional distress that we can't start yet ... because of COVID).

I do think the Omicron surge has been harder emotionally because many people in the "outside world," including sometimes our own family members or friends, and politicians, seem to be operating as if the pandemic is over. So there's the emotional burden of that on top of everything else.

EB: The points you raised on hospital executives not taking pay cuts, while nurses struggle to get by, are important. The annual Oxfam report was released in January and found that while the incomes of the bottom 99 percent of global society have fallen since the start of the pandemic, the top 10 wealthiest men in the world saw their wealth double, while a new billionaire has been created every 26 hours since the pandemic began. Can you comment on this broader growth of social inequality during the pandemic? How could this money have been put to use to end the pandemic, such as through fully-paid lockdowns?

HP: I suppose I shouldn't be surprised by it, but it was incredible to me that a paid lockdown was seen as a draconian, horrifying measure that had no chance of ever being implemented. No one wants to shut everything down forever. But we could have saved so many lives if we had paid people to stay home for just two or three weeks.

It seems like more people are becoming aware of the social inequality since it has been SO blatant and in some ways inescapable, but I also worry that it is hardening peoples' hearts. I feel in particular that service industry workers outside of the hospital and support staff in the hospital are being dehumanized and ignored more than ever before. We even had a hospital (not one of mine) in the Baltimore area get in trouble because they vaccinated their board members before any front-line workers.

Although it is difficult to see, I am hopeful that we are also seeing more solidarity among workers of all types, more people vocally questioning things, and more people unionizing or opting out of the system entirely if possible.

But we are seeing the same old tired union-busting tactics that companies have been utilizing forever writ large and applied to other things. For example, many hospital staff of all types would like to speak up more about things like work conditions, burnout, hazard pay, differential standards of pay (i.e., why does a doctor make so much but a janitor so little, when the janitor is probably exposed to more danger on a daily basis), but the threat of losing one's job for doing so is always there, especially potent when we see people losing their jobs and their houses at such high rates.

EB: Regarding the disconnect between the war-zone-like environment in the hospital and the "return to normalcy" by many people, I think it's important to understand this politically, as the outcome of relentless propaganda by the corporate media and politicians to push the vaccine-only approach and present the pandemic as being over. What are your thoughts on these deliberate efforts to say we have to "live with the virus," with some even going so far as to say that everyone getting infected with Omicron would be a positive good?

HP: The efforts of some politicians (and "experts" paid by politicians) to essentially gaslight the public have been infuriating and frustrating. I think in particular it's been very difficult for parents and immunocompromised individuals (obviously those categories can overlap), who CAN'T "return to normal," and I think many people don't realize that not every immunocompromised person is like Bubble Boy, and they don't view their own lives as expendable or not important.

As far as "living with the virus," I certainly do not think that everyone should simply get infected or leave themselves completely open to infection, particularly with Long COVID (which politicians rarely refer to as well). There is a way to "learn to live with the virus," but that means moving forward and finding a new way, keeping some public health measures in place, leaving a lot of the new remote work or education measures in place, etc. It doesn't mean "scrap every single public health measure and everyone never wear a mask again."

EB: As a final question, can you comment on how the concept of "endemicity" is now being misused, and your thoughts on the interview we did with Boston University epidemiologist Eleanor Murray on this?

HP: The interview with Dr. Murray says it well—the POLITICAL framing of endemicity has been that "endemic" is essentially a "step down" from pandemic. In public health or immunology, we don't use endemic that way, and the political connotation that endemic is less "serious" also doesn't really mean anything in a scientific sense.

A good example of this is malaria, which is endemic to certain regions of the world, but which also causes untold suffering and is a leading cause of death in many of those same areas, especially pediatric death.

So, the framing of endemic as a sort of "junior" pandemic is extremely disingenuous and dangerous. Specificity of language means things. We've already been battling a huge disinformation campaign about how vaccines work (i.e., there are MANY MANY existing vaccines that don't prevent *infection* but they DO prevent *disease*, which are DIFFERENT

© World Socialist Web Site

things), and we don’t need to add new layers to that.

I truly think we are doing a huge public disservice when we sort of throw terms around like endemicity and use them to mean whatever we want. I think the level of scientific literacy in this country is shockingly low, but I also don’t think that is because the majority of people are stupid or “don’t believe in science,” it’s just that science and in particular public health are not taught in schools and in general not presented in ways that invite curiosity and learning.

If I had not specifically learned these things in college-level courses, I would also not know them, and it’s not fair that we keep that knowledge behind numerous accessibility barriers and then complain that people don't know it. But that is a whole other conversation of course!

EB: Thank you for your time and for sharing your thoughts and experiences. You’ve given a real depiction of what conditions are like at present after two years of the COVID-19 pandemic.

To contact the WSWS and the Socialist Equality Party visit:

wsws.org/contact

© World Socialist Web Site