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Hawaii public health worker speaks out on criminal pandemic response

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This interview was conducted with a public health employee of the Hawaii State Department of Health (HIDOH), as part of the WSWS Global Workers' Inquest into the COVID-19 Pandemic. The worker chose to use the pseudonym Robert to protect their identity.

Evan Blake (EB): Thank you for participating in the Global Workers' Inquest into the COVID-19 Pandemic, it's a pleasure to interview you. Can you describe your background and training in public health before the pandemic?

Robert (R): My training in public health began more than 25 years ago, initially centered on women's reproductive health. I earned a degree in Public Health. My focus soon broadened from just women's health to everyone's due to the ongoing HIV/AIDS crisis.

Throughout my career, I collaborated with various organizations, including academic institutions and community health centers, to develop programs targeting most of the populations in the Bay Area. These initiatives encompassed health education, addiction support, and promoting healthy relationships, as well as offering HIV/AIDS and HCV [hepatitis C] testing, counseling, contact tracing, case management and patient navigation services. When I moved to Hawaii, I continued doing health education and working with those experiencing developmental disabilities, aging and chronic illnesses.

EB: What were your initial experiences when the pandemic began in early 2020? How would you characterize the initial pandemic response of DOH [Department of Health] and state officials more generally in Hawaii?

R: I noticed in December 2019, when there was talk of unusual illness in China's news and social media. Seeing how it was being handled there made me concerned. There seemed to be more effort in hiding it than in handling it.

I waited for our government to mention it, especially on a more local level. I really thought that since, historically, the Hawaiian Kingdom has had effective quarantine and mitigation practices, that the current leadership would follow suit. My thinking was that we don't have rabies in Hawaii, so obviously we know how to keep viruses out.

By February, I started contacting the DOH to hire me to help out any way possible. This looked like something that could easily be squashed if they rounded up all the HIV experts and put them to work. In early March, I put my disabled clients on quarantine. I bought a bunch of fabric and a serger and my family and I made hundreds of masks. Airborne transmission has always been known.

On March 4, 2020, Hawaii's Democratic Governor David Ige declared a state of emergency in response to COVID-19, granting the state greater flexibility in responding to the crisis. This is officially when the problems with disappearing COVID funds began. On March 26, Ige issued a stay-at-home order, closing nonessential businesses and implementing strict travel restrictions.

I participated in the statewide Lt. Governor's COVID town halls. Stay-at-home orders in March and May helped keep the numbers low. I waited for the health department to do something and cranked out masks. Schools had gone online at this point. It went pretty well for us. My kid's school was really proactive about making sure the kids had access to what or who they needed, including computers.

My partner was labeled an essential worker because he was in construction. His boss took full advantage of this allowance and I wrote several of our state's representatives who seemed actively concerned about COVID, about what to do in this situation.

By the end of May 2020, Dr. Mark Mugiishi, the chief executive of HMSA, brokered a deal with the UH Manoa nursing school to provide students to be trained as contact tracers. They were supposed to have seven different cohorts, but they stopped at three or four. Most of the trainees were never hired to do any work in the DOH and a majority of the graduates got letters stating thanks, but no thanks. The DOH only ever brought on a couple hundred contact tracers. That was after they got in trouble for not having enough and refusing help.

All the tracers and investigators started out being hired by agencies other than the DOH. This meant that we had no rights, but we had the same responsibilities as any other employee would have. We didn't get hazard pay, union, or PTO, couldn't participate in any of the benefits or mental health support and other programs they regularly provided and encouraged all employees to participate in. Most of us worked from 7 a.m. to late in the evening most nights. Most tracers and investigators were not from the locally COVID-trained cohorts.

A majority of the COVID hires weren't brought in until much later in 2020 or in 2021. More were needed and available and instead of hiring tracers or case management, a call center was contracted to bottleneck the high volume of calls and cases.

State officials are notoriously reactive to any problem, emergency-related or not. The officials in charge of HIDOH when the pandemic was officially recognized were ill-fitted for their positions. Their responses were lackluster at best, with Sarah Park (state epidemiologist, COVID response leader) coming in to the UH Manoa COVID trainings to tell us that contact tracing was ineffective, as well as other disease mitigation techniques that we were being trained on, like routine screening.

When the contact tracing program started at the DOH, the National Guard was tasked with training us and facilitating most of the COVID mitigation efforts. This was after they had only received one day of

training themselves. I met not one of them who had any health background whatsoever.

It's been a performative disaster from the very start. Our DOH and state leadership were instrumental in encouraging the spread of COVID-19. State officials were slow to respond and, when they did, it was never an appropriate response. Hawaii usually sees at least 30,000 visitors per day from all over the world. They did everything in their power to keep that going.

EB: You mentioned that DOH employees were split up into different groups, including groups working with prisoners, homeless people, sports personnel, the wealthy, etc. Can you describe this in more detail and the class divide in the pandemic response in Hawaii?

R: DOH employees as a whole are siloed and do not collaborate or even have the slightest clue what the others are doing ever. It was difficult trying to get resources or info from within when trying to access data or connect people with other services. It was deeply embarrassing to me sometimes how incompetent everyone was.

For the pandemic efforts, the entire venture was militarized and we were beholden to chain of command operations as civilians. We were not allowed to speak to our higher-ups. Many were discouraged from speaking to anyone.

The contact tracing and case investigation were separated into several different focus groups headed by epidemiologists. These epidemiologists already had a disease focus and their loads were not lightened. They were added to. Most of them are not in fact actual trained epidemiologists. They have fallen into the position often through nepotistic means and meet bare minimum educational requirements. They had a lot of weird toxic drama that affected program function overall.

For example, if your team's epidemiologist didn't get along with a different team's epidemiologist and you needed a file or lab result or info about an individual in their category, they may delay the info or just never give it to you. It was the worst addition to an already extreme high-stress situation.

The main group management often fell to the inexperienced National Guard, who were under the epidemiologists. Each group's numbers fluctuated and usually had about 7–15 people, half National Guard, half civilian. The focuses were separated into schools, food service, military, healthcare and LT facilities, travel/VIP, Pacific Islander, severe/death, correctional facilities and homeless.

We had to wait for the daily cases to be handed to the epidemiologists. They would post new cases as they were processed into the system usually via an external call center, who received the cases mostly via the department's only fax machine.

HIDOH hired an external call center to handle what was called first contact calls. This was actually one of the biggest obstructions to actual contact tracing or any real handling of infected patients in a timely manner.

First contact call center got the first reporting of the case. The report would come in via fax (another massive problem). That person's name and number would be taken down and someone from the call center or the National Guard would call and ask screening questions about their health and symptoms, often with not much health training. They had three days for the individual to answer before they stopped calling and threw it out.

By the time investigators or tracers got the case, it was often 5–10 days old. We never did real contact tracing in the department. Real contact tracing would involve calling the case immediately to help them trace and notify anyone who may have been exposed. It would also involve timely and actual distribution of resources, including testing, food and money. This is not what happened.

I saw hundreds of people who were overqualified for resources denied or provided the offered resources too late. Some tracers did what could be considered "guerrilla tracing" because they had their contact info passed around for those who needed help and couldn't get through to the health department when they needed to, or they just needed resources or their results.

A majority of people who were infected did not receive a call from the DOH or any help. They also didn't receive guidance on quarantine or health at all. Internally, there was never training or updating on variants, pathology or how to ask sensitive questions and talk to the general public. There was a lot of secrecy and internal guidance that wasn't health-oriented or generally useful. It was often self-congratulatory and bloviated.

This all increased the class divide as those in the service industry couldn't afford to heal or get better and many lost and are losing their jobs. Those who were able to sealed themselves away. Admin stayed in their offices and told no one to enter, and there was an increase in work-from-home jobs for those with privilege or education, like myself.

EB: Hawaii has the highest per capita number of active US military personnel of any US state and is the state's largest income producer, yet tourism is often claimed to be the state's dominant industry. What were the roles of the military and the tourism industry in relation to the pandemic?

R: The military has largely handled their own COVID cases, navigation, and often not sharing when they have clusters that directly impact civilians.

The tourism industry has a finger in everything. They have been extremely instrumental in helping COVID spread. Tourism interests are largely against the people of Hawaii, who are more often harmed than helped by their existence. Tourism and business degrees are what steers most of the boards of every institution in this state. You will find significantly more business degrees than Kanaka (Hawaiian person) representing leadership in the islands. Tourism is why most of those whose birthright is the islands are homeless or not in the islands.

Both industries had large roles in facilitating spread. They pushed to keep everything open and often refused to cooperate with the HIDOH in COVID mitigation efforts.

EB: How have the federal pandemic funds approved under Trump and Biden been dispersed within Hawaii? Can you describe any corruption or negligence that you've seen in this regard?

R: I can pretty much only describe corruption and negligence regarding the usage of funds. The HIDOH let over 30 million dollars' worth of badly needed COVID tests go to waste and then spent over $60,000 to destroy them. The schools never saw much of the Elementary and Secondary School Emergency Relief (ESSER) funds put to use in the schools for mitigation efforts. Countless non-profits denied resources to the community. A robot dog was purchased to test homeless people for COVID, over $1 million were spent on Thanksgiving turkeys in Maui. Oahu's police department got a bunch of new toys.

The HIDOH never upgraded their information transmission capabilities. They depended on two fax machines for the entirety of the COVID efforts, meaning that all data and case info was transmitted through these machines, slowing down any work or real efforts.

The machines ran over the weekend and whoever was on the following Monday had literal piles of data to enter into the system for reported cases, hospital data, etc. The whole venture has been performative negligence. The funding was better and more resources were distributed while Trump was president. Biden is an absolute disgrace, considering he campaigned on getting rid of COVID.

Most of the funds that could have been used to improve the community and help mitigate COVID were used irresponsibly and have been absorbed by the state. Governor Ige went out of his way to pass legislation that approved shady usage of funds and halt transparency. Governor Green is even worse. The COVID response was just a preview for how Green is handling the Lahaina fires.

EB: Schools reopened with less and less mitigation measures each year, causing repeated waves of mass viral transmission. Can you describe this process and the public health measures you advocated for them to implement? What was the response of various officials to your efforts? How are you seeing the impacts on children, including with Long COVID?

R: The 2020 school response was much better than the following years. Students were provided Chromebooks and instruction from their teachers. It wasn't implemented in a way that made it easy for many instructors and families, but it was the safest option that was provided.

The following year, the district (the state has only 1) offered something completely different.

In-person instruction or a program for those staying home, that required the parent or caregiver to spend 4–6 hours per day implementing. With no live teachers or real support offered from the school or Department of Education (DOE). The schools who offered it didn't even know what it was or how it functioned. They just referred parents to the program's website or phone number if they needed any assistance.

Often parents who required more support or Special Education (SPED) services for their children were ignored, punished, had CPS called on them, or were harassed by some school's staff and admin.

In many of the poorest areas, where much of our service industry workforce resides, the schools didn't even offer an alternative to in-person classes. I'm in one of these areas and I removed my child from her school after they refused to provide any support or programming besides that awful program they were offering which forced the parent to provide instruction without support. I already had a job. They called CPS on me. They would send staff to my door every week to sign unnecessary paperwork. They did this for two years. Officials didn't care. The School's Superintendent and the super for my area was never even available and never returned calls. I called weekly. I was working on so many cases connected to our schools the whole time, it was no question about removing my kid.

None of the public schools had their air systems improved or HEPA filters added. Some were using hand sanitizer on children's desks in between classes when they were supposed to sanitize them properly. There wasn't any solid guidance provided to the schools. Every time I got through to a school nurse or principal about a case, they begged for info on what to do and how to handle mitigations with all the sickness.

Sickness in children and school staff wasn't being reported accurately because contact tracers were instructed not to connect cases in the classroom with each other. This kept the cluster report low. Many teachers were punished for mentioning their own infections and they were not allowed to notify students' parents either. This devastated our community, since it has one of the highest counts of multigenerational households in the nation.

Josh Green, who is now Hawaii's governor, was the head of the COVID Task Force. His main messaging has only ever been regarding vaccines. He spent a significant amount of time pointing the finger at many of our Pasifika communities in regard to their vaccine hesitancy instead of working with them to mitigate COVID in other ways.

When the 2021–22 school year started, the district was ill-prepared and kids weren't approved for vaccines yet. The school's superintendent, Christina Kishimoto, was completely useless at getting any mitigations in the schools at all. She ignored the entire community, including so many teachers and parents who tried to keep or make the schools, or at least education, safe and accessible to all.

Senator Brian Schatz and others who had been previously notified about in-school spread and the actual numbers present instead of the falsely low reported ones, maintained the script that children needed to learn in-person. Even after in-person learning saw children being shoved together in cafeterias all day without proper instruction due to sick staff, those in charge maintained that the children needed to be in schools. This was supposedly for their mental health and education, which had never been prioritized previously.

Hawaii has had a major deficit in adequate and accessible education, as well as mental health care providers and services, for a very long time. Additionally, we don't have school nurses in each school like many contiguous states offer. Many of our schools share a nurse and may not have an area for children to be sick or wait for someone to get them from school.

In-school cases often fell to vice principals and other staff. By the 2022–23 school year, schools had removed any guidance that was useful. They never upgraded or improved the air systems. Many of our schools have had problems with lack of proper air conditioning for a long time before the pandemic. The pandemic just made it worse.

There was a program created at the start of the 2022–23 school year to make the DOH, DOE and CDCF work together to improve the conditions in the schools. The HIDOE refused to meet or participate in any improvements to their school's systems, provide resources such as testing, PPE or pandemic guidance.

Our state leadership has met with many COVID experts, DOH employees and medical staff who have told them what is happening in their districts, classrooms, hospitals and the community throughout the official pandemic and even now. They all have given lip-service and often have reacted appropriately in those meetings but nothing ever comes of it.

At first, children were just getting cold-like symptoms like everyone else. Those who had existing health issues usually suffered more. Not many children's cases were followed past the initial call. Over time, Multisystem Inflammatory Syndrome in Children (MIS-C) became a focus as the children's symptoms didn't always go away.

Since Omicron emerged in November 2021, kids have had an increase in seizures and a lot of problems with focus and memory. My child has had several friends die from COVID. Long COVID in kids is terrifying, and the impact is already noticeable. Mine just stated that what everyone needs to know is that it's harder for kids to learn now. She notices so much brain damage in her peers already. Before she got COVID, it was easier for her to process information. Things take much longer now.

To be honest, I've rarely seen an actual full recovery. People move benchmarks and brain damage is extremely hard to self-identify. COVID is long and lasting. Nearly every infection shows damage whether it's noticed or not. For those who don't have immediate consequences, it's playing the long game.

EB: How else are you seeing the ongoing impacts of the pandemic associated with COVID-19 infection, including Long COVID?

R: I noticed very early on that regardless of how mild the cases were, there were often residual issues with the person's ability to handle and process information. The one symptom that should be tracked more than temperature is cognitive ability—confusion, disorientation, odd and unusual thoughts and behaviors. The ongoing impact of any COVID infection is a significant amount of unchecked and untracked brain damage. It's very difficult to self-diagnose and most of our medical providers are still unaware of COVID and how it presents.

Getting infected with COVID can reduce the immune system's ability to function. Each reinfection can reduce immune function even more, inviting opportunistic infections to eventually kill us. This is how HIV functions, but at least there is treatment for that. There's no treatment for Long COVID and there's even less treatment or care for those under 12 years old. The impact I see right now is immense. Children and young adults are exhibiting Alzheimer's and dementia-like symptoms, and there are huge increases of cancer, diabetes and heart problems at the population level.

EB: What have been your experiences advocating for Long COVID patients, and what are some of your greatest concerns with the "mass

disabling event" of Long COVID associated with the pandemic? What do doctors know or not know, and what do you think needs to be done to address this?

R: While documenting cases in 2020, some had symptoms that just wouldn't resolve. A few threatened to commit suicide and were in constant and severe pain. Many of their doctors didn't believe them. I would contact their doctors and explain what Long COVID was. I would send them studies if they requested and would tell them what labs or referrals to order for their patients.

Many doctors were receptive at first. Some would gaslight the patients, saying that they were experiencing anxiety and not their actual ongoing COVID symptoms. I made an extra effort to contact those ones because they were making the patients worse and confused. I spent hundreds of hours on social media spaces giving talks about COVID, Long COVID and what I was seeing. Other Long COVID sufferers and advocates would join.

None of this data was being collected or distributed by our DOH, regardless of how the variants mutated or the community was being impacted. Any attempts to send information up the chain of command to the top were ignored and sometimes punished.

Over time, the doctors I was working with were getting Long COVID themselves. It led to a significant reduction in care for their patients. Some would brush the issue off because they had it and they were working, which they thought meant they were fine.

Doctors need to have proper information and guidance. Without it, many people are being told COVID isn't really a problem. They trust their doctors to know about COVID. Their doctors are unknowingly feeding them to the fire. Vaccines are only one layer of a many-layered solution, and at this point vaccines aren't very effective at preventing infection as the virus continues to rapidly mutate and new variants continue to evolve.

In terms of public health as a whole, the CDC is looked at as the main guidance for all these institutions. They need to be putting out clear messaging about COVID being airborne, the fact that an infection commonly lasts anywhere from 14–20 days, each reinfection can reduce immune function, and COVID is a vascular disaster that can wreck any and all organs of the body. These are things that scientists have known since 2020. There is absolutely no reason Drs. Rochelle Walensky and Anthony Fauci didn't know the correct protocols for handling this pandemic. They both have HIV backgrounds.

My greatest concern about this mass disabling event is that I live in Hawaii. Disabled people were hidden, ignored and underserved here before the pandemic. It was nearly impossible to find mental and behavioral health services and they were often insufficient at best.

When everyone keeps getting reinfected, they will not be able to function. There's low availability for services now and it's already getting pretty noticeable. My friends working in the hospital are reporting incredibly low staff numbers and extreme burnout. We only had nine ambulances in circulation a couple weeks ago due to callouts.

Suicides, mental hospital stays and inability to function are becoming increasingly common and we're just getting started. Since the pandemic began, there's been an increase in car and plane accidents, heart attacks, diabetes, cancers, previously rare disorders and sudden deaths. Currently, COVID is listed as the third leading cause for death in the US, but if data were properly collected, COVID would be number one.

I took someone to the doctor for a head wound to be stitched and the doctor didn't even mention concussion protocol. He said strange things that hadn't been relevant regarding COVID since 2021. He behaved odd and childlike.

This mass disabling event is largely invisible. Many cannot self-diagnose the brain damage that a significant percentage of infections cause to some degree. It changes moods, thoughts, function, and can make people confused or angry.

My biggest concern is that with mass infection and reinfection, everyone is getting their brains melted. Who will take care of anyone when no one is left healthy and functional? Who will grow our food, participate in society, or even be able to get out of bed after we've all had multiple infections? Who will be left?

EB: Those are critical points, and concerns that should be more widely shared. The propaganda of the corporate media and political establishment has had a real impact, and prevented masses of people from understanding the dangers of COVID-19 and Long COVID.

Changing topics somewhat, when we spoke before you said that "Lahaina is an active crime scene, just like the COVID situation here is also an active crime scene." Can you elaborate more on this and the criminal negligence that you believe caused this catastrophic fire? What other connections do you see between this fire and the COVID-19 pandemic?

R: Just the fact that there's such a focus from those in charge on reopening and getting back to work tells me everything I need to know. The community just experienced a life-altering trauma and instead of really taking care of them and helping them get situated and time and resources to heal, it's full-steam ahead. Open up, get back to work, go to school. Don't worry about how you're going to pay that mortgage on the burn pile where you used to live.

Just like with the COVID pandemic, the Emergency Management Agency lead didn't have experience. They didn't sound any alarm, and clearly weren't well versed on emergency response protocols, otherwise they would have correctly used the emergency alarm system. Instead, Herman Andaya reasoned with everyone about why he didn't think they were necessary.

For COVID, Josh Green facilitated thousands of tourists freely and consistently infecting our community with almost no guidance other than to get vaccinated. He gaslit us for years from his whiteboard and scrubs. He got even worse after he got COVID. The brain damage is real.

Why didn't Maui sound the emergency system that is used for emergencies including wildfires? Why didn't HIDOH enact their public health police powers to protect the community from COVID? Why do they both consistently report false numbers? Why do they both tell the community about resources that exist, but in reality are not actually available? Why is the community being forced to bear the brunt of the outcome of both disasters alone? Why does our leadership refuse to work with the community to solve either issue?

I know how greedy and careless this government is first-hand. Especially when local people are involved. Both disasters have resulted in very high losses to our Filipino and Pasifika communities.

How are we the only state without a fire marshal? Why is there never anyone held accountable? How do all these incredibly incompetent folks keep getting replaced by more incompetence? Nepotism. It has led to incredible incompetence and I have to assume it's why there's no accountability or oversight anywhere or for anything.

EB: Since the beginning of the pandemic, the WSWS has advocated for the full deployment of all available public health measures to eliminate SARS-CoV-2 throughout the world. Multiple countries proved that such a Zero-COVID strategy was possible, and we now know even more about viral transmission.

We have stressed that the fundamental reason this global elimination strategy has not been implemented is due to the division of the world into rival nation-states and the refusal of the capitalist ruling elites to accept any impingement on their ability to exploit workers and generate profits. What are your thoughts on this, and do you agree that we need to fight for a global elimination strategy?

R: The SARS-CoV-2 pandemic has exposed the challenges associated with the division of the world into nation-states, each pursuing its own approach to pandemic management. It's been an absolute disaster.

When the virus first hit and people began seeing consequences and acting accordingly, I thought we had a chance at stopping the virus. Then the countries with more behaved greedily. They hoarded and wasted resources in the face of the countries who couldn't get access to resources from the global market.

We are all in this together and no one is getting off this rock alive. Working together is the only way to get rid of this virus and all the others that have been popping up in the past few years.

Unfortunately, such an approach seeks to prioritize the well-being of individuals and communities over economic interests as Cuba has done. They developed their own COVID-19 vaccines. They consistently have the lowest reported COVID cases and deaths globally. Often close to zero. Their vaccines work much better than ours have been.

This reflects true commitment to public health and an ability to leverage existing medical and scientific infrastructure to respond to the pandemic independently.

EB: Thank you for this invaluable interview and contribution to the Global Workers' Inquest.

R: Thank you.