

# **Crisis Conversations: A new and dangerous enemy — healthcare workers battle coronavirus at work and at home.**

April 17, 2020

**BRIGID SCHULTE, HOST:** Thanks to everybody for joining us here again for another Crisis Conversation, live from my social distancing home office. Today, what we're really wanting to dig into is the lives of frontline health care workers. Over the last couple of weeks, we've seen so much about the lack of personal protective equipment and what a lot of frontline workers are facing as they confront this really frightening and potentially deadly disease.

Today, I want to take it a little step further and talk about how that's affecting not only work and life, but really use this as an opportunity to ask the question, what can we learn? What can we learn from this experience? I think we've all been now social distancing long enough. We started these conversations with the idea that we would come together and share stories in our isolation and try to understand this very fast-moving pandemic and how it was affecting our work and life. I think that we can still do that, but we're settling into a crazy, new normal. I think now's the time to ask, what can we learn, and how can we emerge from this better and stronger? What are some bright spots, things that we can learn?

Let me start first with Dennis. Dennis, let's turn over to you. I'll let you introduce yourself. You're a nurse in Chicago. When I talked to you and heard your story about what you were experiencing at work and how that was affecting you at home, it was an incredibly powerful story. Let me turn it over to you. Introduce yourself and just tell us a day in the life of Dennis [unintelligible 00:01:41].

**DENNIS KOSUTH, PANELIST:** I've been a registered nurse for about 13 years. Most of the time, I've worked at Cook County Hospital in Chicago, which is the biggest public health hospital in the area. I've worked an ER there for about eight years. For the past four years, I've been working at Chicago Public Schools as a school nurse. Part time, I work at Provident Hospital, which is down on the south side of Chicago for the last two and a half years. I go there one day a week.

The thing that I've learned about this, and I've known this ever since I went in-- even before. Nursing really highlighted for me the disparity between what it means to become a nurse and then the kind of environments that we're dealing with. We're told that when we're in school that we're going to be helping people, that we're going to be providing health care, fixing people's health and all the rest, and that's true. That's 100% true, but there's a gap between what we're able to do and what's needed. I think this COVID pandemic has really shone a spotlight on that disparity between what's needed so far and what we have.

In Chicago, as people may have heard which is true in a lot of cities, while African Americans only make up about 30% of the population, there are over 70% of the deaths in Chicago. That's really horrifying, but it's also on another level not surprising because the way healthcare is run in this country where it's basically focused on what makes money, unfortunately, rather than what's needed for people. I think it's really shone a spotlight on that disparity.

**BRIGID:** If we can keep talking about this big picture, the CDC came out with a new report this week about how many frontline health workers are infected. I think the number was 9000. Again, I don't know how widespread testing is, so we don't even know if that's a real number. Of those, they're about 27 deaths, and many of them are white, middle-aged women, the backbone of the nursing population. Talk to us about what is that like to your job. You're there to, like you say, give care and care for others.

What's that's like when the job itself could be very dangerous and actually- I'm searching for the right word. I don't want to say detrimental -but potentially could harm your own health and your own care?

**DENNIS:** Absolutely. I myself had an incident when I worked on the afternoon of March, 20th. I went down to the ER. I was supposed to only work an eight hour shift, ended up being a 16 hour shift because there was so many nurses called in sick. I stayed over to help out. Then I got a call a few days later saying I had been exposed to two

patients who had tested positive. This was after I'd already gone home that Saturday morning. I live with my wife and my 12-year-old, and upstairs from us are my wife's parents. They're in their mid 70s. My mother-in-law has significant health issues. The worst thing that was going through my mind was like, "Oh my God. I've just brought something home. That's horrible", unknowingly. That was really difficult for me.

Also, on the same hand, I'm relatively fortunate. I have a job that pays living wage. We have a house that I could be down in my basement and be there for five days while awaiting my results, but it just made me think about all the families who don't have those same resources. In the schools, so many of the families that I work with as a nurse, they will have five people in a basement that has one bedroom, and they have a job that doesn't have the sick time. They can't call in sick. They can't not send their kids to school when they're sick.

I think about those things as the reasons why this condition has spread so far so fast in this countries is because we just don't have basic things that most countries have. When you're sick, you shouldn't go to work. When your kids are sick, they should stay at home. If you don't get paid when you're not sick or if you are sick and you can't isolate yourself, it's going to spread through your conditions in a much sharper way, especially for poor people and people of color.

**BRIGID:** You'd also talked about the hospital on the South Side, the ER where you work once a week, that that's also closing in the middle of a pandemic which you were saying you'd never see that in a wealthier community. What are you doing now?

**DENNIS:** It was really stunning, and the way they did it was really stunning. My wife found out that my ER was closing through the newspaper. There's a local journal called *Crain's Chicago Business*. It's a business magazine. It was just odd that Cook County was saying, we communicated to the people. Provident is located on the South Side of Chicago in the Washington Park neighborhood.

I don't believe that *Crain's Chicago Business* has a very high subscription rate in that area. I'm just guessing. I don't have data on that. The fact that they would just in two days tell the people, tell the nurses, "Oh, by the way, your emergency room is closing", that would never have happened in a community where like Northwestern Memorial Hospital is located, where Illinois Masonic is located. Those are both much more wealthy well-resourced areas. Washington Park is not one of those areas.

There was a study done a couple years ago, the difference between life expectancy in Washington Park, which is where Provident serves, and Hyde Park. Hyde Park has University of Chicago. It's a very well-endowed institution [sound cut]. Their life expectancy there is 14 years greater in Hyde Park than Washington Park. That was just stunning that you would close an ER that serves a community of color in the middle of a pandemic. It was stunning to me. They said it was for safety reasons. They said that one nurse tested positive.

Show me a hospital anywhere in the country that has not had a health care provider test positive if they're treating a COVID patients. It's part of the picture. I guarantee no institution around the world who has a worker test positive has shut down. In the meantime, they basically said the nurses go. We're going to send you other places. You could work at Stroger, which is their main campus, or the Cermak, which is the hospital that serves Cook County Jail. I opted to go work at the jail. I was there Easter Sunday, and I'm going to be going there again this coming Sunday.

**BRIGID:** I want to talk with you about that and what that's like because you talked about you're in Illinois, and I think the CDC statistics also show the death rate for African Americans is five times that for white Americans. I want to go back and talk to you more about the prison, but at this point, I'd love to bring in Lynn. Lynn is an emergency room doctor in the Washington DC area. Lynn, when I was talking to you, you'd mentioned Dennis was exposed to COVID and you isolated in the basement. You're still living with your husband and your daughter, and you were talking about the steps that you go to try to protect them really and protect yourself.

Can you just walk us through a day in the life of how you just go to work and come home from work?

**LYNN, CALLER:** Sure. I'm happy to do that. My process has changed quite a bit from how my job was a couple of months ago. In order for me to go to work, I generally get dressed. I put my cell phone in two plastic bags. I go get in my car and drive into work in one outfit. When I get there, I change my shoes. I put on the second outfit. I put my mask and my gear on, and then I go into the department. While I'm there, I change my protective covering multiple times throughout my shift. At the end of my shift, I wipe everything down: my shoes, my badge, everything. I change again and bag up my clothes, go to my car, change my shoes, drive home. I put that bag in a bag on my porch, and then I grab another-- I take my clothes off on my porch, so that's now two sets of clothes. I go inside, and then I shower and then I come out. I definitely think it

adds a lot-- Honestly, I don't know if that's enough or if that makes any sense at all, but I think the thing that struck me is that this is a new disease. It's a disease I've only known for four months as compared to any other disease I've studied in my career. There's a little bit of science out there, but what I know is that we're not sure about the spread of the disease. Because of that, I'm trying to be as careful as I can.

**BRIGID:** You were saying that even though you're you're still at home, you're trying to separate as much as you can from your family. Can you talk a little bit more about what you're doing and then what that's like? What's the impact now on your family with you being so separate?

**LYNN:** Sure. I'm lucky enough that I have a separate area in my home, which I know a lot of health care workers do not. I am in my spare bedroom where I have a bathroom next to me. I've walled that off, and no one else uses it. I stay in there almost all the time. I come out for meals, but I'm trying to minimize how much of the air that I breathe out of my oral nasal pharynx goes into my family.

**Brigid:** How old is your daughter? What goes through your mind as you're going through all of this when it comes to her and her care? Is that hard for you to be so separate, and is your husband really stepping up or really having to because you don't want to breathe the same air?

**LYNN:** I have a toddler, and so that's hard because she hears you in the house. Initially, we thought maybe I would just stay completely isolated, but that really wasn't possible. I have some colleagues who also have toddlers, and they've had to make the difficult decision of, do they stay in their homes, or do they send their toddlers away to live with their spouses in other states? I would say people have done both things, so it's definitely weird. You'll hear her crying, and you're like, "Oh I need to wash my hands and then come out", and how many times I want to go in and out and that sort of thing.

**BRIGID:** What's it been like for your husband? We had a Crisis Conversation a couple weeks ago about how women tend to do about twice the housework and childcare even when they're working full time. This coronavirus is really up ending a lot of that potentially, particularly among health workers where it's like 78% of all nurses are women. You see stories about, like you'd mentioned, nurses are staying at hotels, or they're staying completely in different places to stay away from their families. What's happening in your own home with your husband not only doing the physical labor, but

all of that invisible mental labor that women tend to do when it comes to caregiving and housework?

**LYNN:** I think it's definitely hard. In addition to my clinical work, my non clinical work has increased and in addition to just reading about this disease and trying to learn as much as you can. Because of that, he's trying to work while also watching her, and then he processes and orders all the food, makes the meals. Then he's trying to make sure that she's occupied, so coordinating Zoom parties or almost virtual babysitting with grandparents on the iPad while you're taking a call at work and all kinds of things like that.

**BRIGID:** Thanks so much, Lynn. Next, I'd really like to bring Ramone in. Ramone is a nurse practitioner in the New York area, which as we all know has been one of the hardest hit outbreak areas. Ramone, you also have family, and you're like many of the people that we're talking about. You're actually living separate from them. Can you talk a little bit about your own story, your own experience and what's happening with your family?

**RAMONE, CALLER:** Sure, yes. Thank you. I've been a nurse for about 13 years, an NP for about five. I'm married. My wife is about five months pregnant right now. I have a three-year-old son. I actually have been working in the outpatient world in the last few years. When this all started, we started to work from home a little bit, but as soon as the work from home days were over, I decided it probably would be best to move out. Having worked in the ER during the times of the H1N1, I realized that because this was such a new enemy and such a dangerous enemy that I should just probably move out. We also live with my mother-in-law who's in her seventies.

Luckily, a family friend was more than happy to give their apartment for a health care worker, so I moved here. About one week after moving here, they actually redeployed us to the floors in the hospital to help out. I worked in COVID units and non COVID units. At that time, I had actually felt very glad that I did move out a week before because I didn't know that I would be going to a COVID unit initially. I don't know what I would have done if I had to come home from work and that they figure out where to go and what to do.

**BRIGID:** You were saying too when we were talking and getting ready for this podcast that your wife is five months pregnant. You've got this young toddler, and so she's not able to work because she's in the position that-- You're right. In a sense, it's a privilege

to be able to work from home. I'm very privileged that I can work from home. Many people can't, but then the people who are also trying to do childcare on top of that, that's also almost impossible to try to do both at the same time.

Last week, we talked to Sarah who basically a single mom because her husband's overseas with two kids, and her job just didn't understand why couldn't she keep working and try to take care of a one and a three-year-old. It's literally impossible to try to do that. You were talking about your wife is now taking time off, but that's eating into time that she was hoping to have for maternity leave, which is another huge problem that we have in this country. We're the only country that also doesn't have a paid maternity leave policy. Can you talk a little bit about that and what she's experiencing in all of this with you? You're not there because you trying to protect them, so you can't help in that situation. What's this like for your wife?

**RAMONE:** During all this time of change, our daycare also closed down, understandably, to help stop the spread of disease, and so my wife who initially did try working from home is unable to because now she has become the only parent in the home and also is the only person taking care of the household, which is terrible to think about on my end because I'm powerless to help. On her end, she's had to take days off and use her paid time off, which we were hoping would come in handy during her maternity leave. It is really tough for her and for our family. The fallout from this will be months and probably years to come.

**BRIGID:** Thank you so much for sharing your story. Dennis, let's go back to you and pick up where we left off. You were talking about so now that you're at the ER in the South Side of Chicago in this very hard-hit area, has closed down and explicably. Now you're going into the prison and helping there, which as we know from reports I think that at one point was the highest infected rate in the country. What are you seeing there? Again, what are we learning that we need to do better in the future?

**DENNIS:** It is impressive to me. A lot of the things that we're learning are things that are known in a sense that there are horrible inequalities when it comes to how health care is distributed in this country, learning about underlying reasons why there are these life expectancy differences. Like I was saying, between Hyde Park and Washington Park, just one street separates 14 years of life. That's just stunning, and it should have been a three alarm bell ringing for years and should have been cared for. This I think this has exacerbated these-- COVID has exacerbated these underlying conditions.

In the jail, there's constant issues with short staffing with nursing. The people I took care of were, on the one hand, just horribly afraid. Three detainees have already died from coronavirus that they caught in the jail. There's hundreds of detainees that have it. It's worth remembering that a lot of these people in the jail are not there because they've necessarily been convicted of anything. Thousands of the people who are there are there simply because they're too poor to afford bail. They don't have the \$500. It might as well be \$5 million for many people in this city. They can't just get out, and so they're stuck there. This state ended the death penalty in 2011, but it has functionally, in some ways, been reinstated by not allowing these people who are there, many of them for nonviolent charges just awaiting trial. In the cities as well, it's too dangerous, not physically of the communities, but it's too dangerous to set these people out because they may infect others. My response to that is right now in downtown Chicago there are literally thousands of empty hotel rooms.

The tourism industry obviously is on a huge break right now, so why not put these people who are just awaiting trial, many of them who are there for nonviolent, like traffic violations, whatever. Let them stay at the Palmer House. Let them stay at the Intercontinental. Have them there for two weeks. They can do a wellness check on them on a regular basis, and then they can go back to their communities. There's certainly solutions that could be put forward for many of these detainees in the jail. I hope that the county starts making the better decisions.

**BRIGID:** Oh man, what an amazing story. I love that, thinking big about how we could really try to use this crisis to learn and really do things better. Emerges a better place, a better country. At this point, I want to move-- One of the participants, Anne Hoffman, posed a question in the chat. Anne, let's bring you up and have you pose the question, and then we'll have all the panelists respond.

**ANNE HOFFMAN, CALLER:** Hi. Thanks for piping me in here. My name is Anne. I teach at a community college in the DC area, and many of my students are single mothers, mostly primarily women of color. Many of them are nurses aides working in nursing homes and hospice settings, and at the same, time they're also working towards nursing credentials and mothering. You can imagine how the COVID situation has impacted their lives in these really profound and heartbreaking ways because while they must continue to work, they also are trying to continue to work online towards their credentials in their college classes, and their kiddos are home also trying to now manage eLearning. At the same time, they're getting sick.

One student lost her ex-husband this week to corona, and he is the primary financial resource for the family. I have a question about how can we in higher ed as we're thinking big about how these different systems articulate and how they can come together. How can we in higher education or in training programs address and protect these lower-level health care workers who don't yet have the credentials and all of the different supports and access to health- they probably have access to health care, but actually in some case they don't -and disrupt the gendered and racialized class-stratified labor pipelines that are going to continue to unevenly impact these populations if they can't get these credentials?

That's my question. What suggestions do you have, and how can we think about higher ed, who is going to be getting actually a tremendous amount of money through the Cares Act, to funnel maybe some of these supports towards those students?

**BRIGID:** Let's start with Dennis. There's some excellent and troubling questions. What do we do? How do we emerge better with that?

**DENNIS:** For those who are seeing this through the Zoom, I'm definitely not the face of what nursing looks like in the Chicago area by any stretch. I'm a Chinese person. I identify as male, but most of my co-workers, most of the people I went to nursing school with are people of color, are women. Most of the nurses I work with at Chicago Public Schools are in that demographic. I don't know if there's a short-term solution to the caller's question, but I think the long-term solutions have to be examined.

Why is it that nurses come out of school with tens of thousands of dollars in debt? That makes no sense to me. If you want to go into investment banking or be some kind of money maker, real estate tycoon, fine. You got a pay for your own school. That makes sense. If you want to go into a field that's about taking care of people, that's about improving people's lives, that's about giving back to your communities, why should you be paying for school? Why should you be coming out of your education? I'm sorry to shout and get excited, but come out of this in debt. That makes absolutely no sense.

There should be preschool for anybody who wants to become a teacher, a nurse, a social worker. Those are just to name, off the top of my head, things that actually contribute to society. There should be child care provided to those people who want to pursue their education so they can be supported. A lot of the people who I went to nursing school with-- I went to Malcolm X College, a community college. I really appreciate what the

questioner asked about it. That's what goes to those schools, and they need to put more resources to that.

There's resources that exist out there. Why is it that Wall Street, these big companies are being given this bailout of millions and billions of dollars while people who are actually doing work are not getting that same kind of relief? We need to examine so many things out of this crisis, and I really hope that we continue to fight for the changes that we need.

**BRIGID:** All right. Awesome. Lynn or Ramone, do you have some thoughts? Start with Lynn.

**LYNN:** I can speak a little bit. Sure. One of the things I noticed in emergency medicine is that nurses come and they're very excited. Then they often about mid-career decide to go and leave, and you get a nurse practitioner degree or a doctorate in nursing. There's a major drain of these mid-career nurses out of the emergency department. I think if we had a system where we rewarded nurses for being good clinical nurses monetarily, perhaps we wouldn't be pushing them into other fields, and the emergency department and other departments within the hospital could reap the benefits of having those people stay around longer and teach our new learners.

**BRIGID:** That's an excellent point. Ramone, do you have some thoughts?

**RAMONE:** Yes. Something I realized a long time ago that is coming to light now is that you don't see someone walking down the street in scrubs and think, "Oh my God, they're putting their life on the line". You see a police officer, a firefighter, an EMT, you may think that. I think that people are seeing that health care workers are on the front lines and do deal with things in the emergency room that are unknown to them, and they're bringing these dangers home to their families and putting themselves at risk.

The people that are training or parenting during this time, they don't have an easy choice. You have to go to work. You want to go to work. You want to help. You want to be a good parent, and there's a very hard balance. Like Lynn is saying, all the steps she takes, that adds hours into your day going to work, coming home from work. It's really trying, and you still don't know if that's enough. It's really tough.

**BRIGID:** I see that we're coming down on time. I wanted to go back to Dennis and Lynn, and Ramone if you have some thoughts, to just-- Here again, we have a crisis, and it's really showing what's fraying, what's broken, what's breaking in the United

States. What do we need to do next? Dennis, let's start with you. You've mentioned a lot of really important systems that are broken and breaking. What do we do? What do we learn out of this, and who needs to be in charge of making these changes?

**DENNIS:** I think right now it's clear that health care providers, and justifiably so, are being held up in the media, in public as, as Ramone was saying, as Lynn was saying, as these heroes that are going in. That's true, but I think that's half the story. We have been working in conditions that would be considered embarrassing in any other country that has a similar economy. These are chronic disparities that have existed in this country if not for decades for centuries.

I feel personally as a person who participates in providing health care, we need to lift up our voices to not just talk about ourselves as heroes, but talk about the fundamental things that are broken. Why is there not sick time for people? Why is there disparities when it comes to health care? Why do we have a for-profit health care system? All those things are things that we need to be shouting from the rooftops right now towards changing things fundamentally.

**BRIGID:** Right. As well as talking about the mass incarceration that you're now facing at the jail.

**DENNIS:** 100%.

**BRIGID:** Lynn, do you have some final thoughts about what do we learn from this?

**LYNN:** Sure. I think that emergency medicine needs to be given surge capacity. We always operate with our emergency departments at 120% full, and when something like this happens, it's very hard to respond.

**BRIGID:** All right. Great thoughts. Ramone, the last word goes to you.

**RAMONE:** I think, just like Dennis and Lynn were saying, we are always working in capacity with limited resources, and I think this pandemic has actually brought those to light. I really hope that it can be fixed moving forward, but we do have to point it out to everyone and people that can make change to make that happen.

**BRIGID:** All right. We're trying to play our part in that, trying to bring these voices to light, bring these conversations to light, making sure that workers have a voice. Making sure that the public really understands how these systems are broken and gets behind



the kind of larger policy changes that we need, the investments and the larger workplace, cultural changes that we need, and what we can do as individuals and how we all need to be understanding and pushing for these kinds of changes.

I want to thank Dennis, Lynn, Ramone. Thank you all so much for being here and sharing your stories. I want to thank all of the participants who have chimed in in the chat, and thank you so much for being part of the conversation today. I want to thank my amazing Better Life Lab team, the amazing New America event staff; David Schulman, an amazing producer. Thank you so much for helping us put these conversations together.

Next week, we're going to be talking to Callie Yost who is a remote and flexible work strategist. We've been all doing this many of us for a month. What are we learning? How is this going to change the future of work, and what about the people who can't work remotely? What does this mean for future work systems? Thank you all so much for joining today. Wash your hands. Stay safe, and we'll see you next week.