

REVOLVING DOORS: My Short Covid Career

By Suzanne Sunshower

When our brand new behavioral health clinic closed, we were told we could apply for unemployment if there were no shifts open in the hospital's Covid-19 Emergency Labor Pool. We weren't medical staff, we were technicians who worked with autistic kids – could they *legally* make us join a Labor Pool during a pandemic? We weren't sure. My three co-workers decided they didn't care if the Labor Pool 'suggestion' was mandatory or not, they immediately used the clinic computers to find Michigan's unemployment website.

While Trump was still referring to Covid-19 as something that would "disappear," no one I knew believed that. At my clinic we privately referred to it as "The Plague," and we wanted to retreat into safety from it. When our governor ordered a Shutdown, she gave us the 'out' we wanted. But then we were cut loose to dangle in fear and uncertainty.

"Shit," someone said, reading a text on her cell phone while typing on a computer. "I just lost two jobs in one day!"

While my co-workers tried to access the crashed unemployment website, I gave the Labor Pool a try. Although we were in the throes of a pandemic and the hospital was now closed to all but emergencies, I wasn't entirely against staying employed. I was actually more afraid of not meeting my rent than encountering the dreaded *Virus*. The others had partners to take up the financial slack at home, but I didn't. My rent equaled one whole paycheck and it was due in a week. Besides, I was only part-time so I didn't think I'd qualify for unemployment. Who knew how that worked?

The Labor Pool was simply a long list of 4-hour door monitoring shifts, most of which were already taken. There really wasn't a description of duties, so a co-worker had to break it down for me: Door monitors ask visitors symptom-related questions (*Do you have a fever, cough or sore throat?*); declare which appointments are critical (*maternity, cancer, anti-coagulation*); and inform everyone of the new hospital policy (*No Visitors*). If someone admits to having a Covid-19 symptom, they are refused entry to the building; if they have two or more symptoms, they are advised to make an appointment at the hospital's new Covid tent. Basically, doorkeepers were supposed to keep the sick moving and the sickest *out* of the main hospital environment.

Oh yes, and they were supposed to do all of this without a mask - because that was hospital policy right then.

Ironically, the clinic I was being furloughed from was housed *off-campus*, so we had operated within a relatively safe bubble. Agreeing to monitor a main campus door would put me into direct contact with – well, everybody in the outside world. Which was a scary thought.

My co-worker had heard that door monitoring was crazy as hell. You had no partner, you weren't guaranteed a security guard, and unmasked visitors would crowd your personal space while demanding access to loved ones or services. As folks got used to what was happening, this bad behavior lessened. However, in the beginning, some people were belligerent and sometimes guards were necessary.

I noticed there was an open shift at the cancer door, formally known as the Radiation and Oncology entrance. Three things came to my mind about cancer patients. 1) They were more afraid of germs than I was. 2) They might already be arriving in masks, before mandated by hospital or State. 3) They'd want to stay as far away from me as I did them.

So, I impulsively grabbed that open time slot. I really had no idea what I was doing. But at least I was being sensible, right? If I was gonna stick my neck out for a paycheck, I had to be calculated

about it. And that's what started my Covid career.

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Michigan officially shut down on the midnight ushering in my birthday; I celebrated with a beer in one hand and my phone in the other. "The Governor gave me my birthday off!" I joyfully shouted at each friend calling to wish me well, just before confessing I had to go *back* to the hospital in one day.

Most of my friends live in Detroit, where people were dying even before I began door-sitting up north. They all knew we were in for a tough fight; with little information we could trust, and with no Federal help. They were terribly frightened for me. "Why would you sign up to go *back*?" They all wailed. In their minds, the hospital was like a crime scene I should be running *away* from. But once I explained my cancer door 'logic', they all grudgingly wished me luck.

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That first shift went smoothly; incoming patients dutifully answered my symptom questions and eagerly used the sanitizer I'd brought. Many already wore masks, and most were already practiced at that new thing called social distancing. Which was good, because I had no way of checking anything. At that time, fever was a lead-in symptom so everyone was worried about that, and medical staff kept asking me if I had a fever gun (no-touch thermometer) but I was never given one. Thankfully, for the most part I'd been right, these cancer patients weren't fooling around with their health.

I had to pry loose a few caregivers, as per the new *No Visitor* policy, but they said they understood it was for everyone's safety. Even if the patient was in a wheelchair, unless they were a minor or incapacitated, the caregiver had to return to their vehicle while I escorted the patient inside. Every single hospital door was locked now, and no one without a badge or permission from a door monitor could get in.

My shift got shorted because the appointment schedule was condensed, to lessen patient exposure. The hospital is normally a potentially dangerous place for anyone health-compromised, and now it was even more so since it was the only place within twenty miles treating Covid-19 patients. I was told, some patients weren't showing up for their treatments because they were "too scared," which made me feel guilty about picking a door based largely on patient fears.

I immediately tried to sign up for more shifts, but they were gone - everybody liked the cancer door, it was easy. No one wanted the ER, those shifts were always the last ones left. Our semi-rural ER usually saw people who were acutely ill, or the victims of farm accidents and Friday night bar fights - nothing too dangerous. Before Covid-19. Now, no one wanted an ER shift because that's where the Covid tent was set up. The monitor at that door was the one who sorted people to be tested.

However, as a newly minted monitor, I still needed more hours in my pay week. So I did the unthinkable, I signed up for the ER door. All logic had just flown out the window.

Leaving campus, I looked for the Emergency entrance; it occurred to me, I didn't even know where it was. Approaching slowly on foot, I watched the monitor work her door. She swiftly directed two women jumping out of a car toward the Covid tent, and then helped a gentleman with chest pains stumble inside. Triage staff got him a wheelchair, so I saw she wasn't completely alone.

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I wore my own N95 mask (leftover from home repair projects) to the ER, and also pocketed a free paper one from my work stand near the door. Over the next four weeks I would go on to work at every entrance, and I found that each door had different supplies

- or lack of them. While there were masks and gloves at the ER door, I brought my own sanitizer and had to look for wipes. Which was a big deal, considering how many people needed a wheelchair that then had to be re-wiped. Of course, almost no one showed up wearing a mask. But at least at the ER door, they were there for the offering.

At the cancer door, I'd felt like my job was to lessen exposure for the incoming patients; at the ER door, my job was to keep the sickest people *out*. If they wanted a test because they thought they had Covid-19, I told them to use their own cellphone to call the Covid tent (or trailer, after the tent folded) before I directed them over to it. However, symptoms like chest tightness or shortness of breath could also be signs of a heart attack. So I had to consider the number or combination of symptoms, and how the person appeared, before deciding to admit or redirect.

Sometimes there was a Triage person (my shift boss) available to step in, and sometimes there wasn't. Very often, I handled two or three vehicles with people in them waiting to jump out, while everyone in Triage was busy.

Also, my boss warned me that people often played up or down their symptoms. He'd seen people come in who were sicker than they'd admitted to being, thus imperiling the whole ER; and he'd also seen patients who exaggerated their symptoms just to be seen by someone, even if it was a Covid nurse. Which was also imperiling, since that person was then unnecessarily exposed to everyone who took care of patients who tested positive.

I found it hard to keep on a mask for hours when I wasn't used to it; yet, I could shove one on someone who was lurching at me, looking feverish and violently coughing, pretty darn quick. Probably, some of those feverish people had believed the new plague was a hoax; but now they were sick and scared, and that's all that mattered to them - not *my* health. I had been told by the boss to be firm, so I was. Compassionate, but firm.

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The hospital was very transparent during this time; staff gathered at computers to watch videos from the CEO rallying her troops and to read ever-changing updates. We were kept abreast of trending maladies among staff, *before* Covid-19. Now, we knew how many among us had it. We also knew the tally of positive vs. negative tests among the public, as well as how many were hospitalized or on ventilators. It really sank in for me: *Holy crap, this is where the sick people are!* If a plague seemed fantastical to some of the more stubborn local folk, it was not to us.

After working some of the bigger doors, my third week as a monitor I lucked out and scored four days in a row at the cancer door. I also suddenly began to run a slight fever. And when I broke my ancient, glass thermometer...I panicked.

"I have my cancer patients this week - that's the *good* door!" I yelled into the phone to a friend in Detroit, asking him to send me his thermometer because I couldn't find one anywhere locally or online for cheaper than \$100. Like everything else, people had hoarded thermometers.

I was terrified that I'd make one of my cancer patients sick with whatever I might have picked up from the ER. All hospital staff were supposed to self-monitor and self-quarantine, if necessary - I had to behave responsibly. Thus, my friend spent a small fortune to over-night me his germ-y bachelor-guy thermometer, which I used to track the fall of my temp back down to its frosty normal. Then I went back to the cancer door - with a mask.

Luckily, masking became official that week. I could wear one without appearing out-of-synch and happily thrust one at everyone who came near me. It was finally *mandatory*.

To be clear, not all cancer patients were on board with masking. One smirked long and hard before lazily tying on a mask under his Trump cap, as if he were humoring me. He was the kind of local guy who believed everything his patron saint told him from the White House, while I was merely a mortal hospital worker whom he didn't really have to listen to.

A positive note that week was hearing “We’re all in this together” from one of my patients. It was the first time I’d heard the expression and I felt proud to be on the same team. Many of the patients I met at this door seemed more adaptable, more aware, and more positive than ones I met at other doors. They were proud to be conquering their treatments and illnesses, and liked showing me their shrinking lumps. They often counted down the days left in treatment, to my cheers.

When Oncology staff saw my doodles on the nametags I gave patients, they made sure I had colored markers on my tray each morning. On April eighth, I made an “8” in the shape of a sitting dog; the “O” for Oncology became a happy-faced sun. While patients waited for their rides, I learned who liked sports motifs or animal drawings, then took tag orders.

In turn, they memorized the symptom questions I asked each day (a list that got longer as more symptoms were discovered), and rattled off the answers as if passing a pop quiz.

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During the five stressful weeks of my Covid career, I don’t remember seeing TV at home (not in a hospital waiting room) or even relaxing (other than walking my dog). I just tried to stay healthy, so I didn’t infect anyone or become infected myself. I even hacked a work-around (of a private network) so I could check the Labor Pool from my home computer and pounce on hours, to keep piecing together some pay. I didn’t think about a stimulus check; I was hyper-focused on coming, going, and living. While others grew bored or frustrated at home, I remained on high alert, wishing for some boredom and quiet of the mind. The best thing I remember, was there being very little traffic on the road as I came and went from the hospital. I’m glad almost everyone else was home, back then. Because I didn’t want to see them.

While patient anger at evolving hospital policies leveled off, frustration with the Governor rose - even around the hospital, as if she had caused the public health crisis she was trying to protect us from. The sentiment in this red region (where KKK still wear hoods in the woods) was that the Democratic Governor was more to blame for their unhappiness than a rampaging disease.

The last time I monitored the hospital’s main door, my guard showed me a cartoon mocking unmasked Trump supporters, who seemed to want a dose of death along with the “freedom” they kept shouting about at their carefully staged rallies. Mid-laugh, we were interrupted by a perky woman who bounced up to me, sans mask, asking where she should go to pick up a body. Stunned, I sent her off with a mask and directions. Why was I still surprised that people persisted in coming to a place of contagion (and *death*) without a freakin’ mask? The ongoing ignorance depressed me.

I looked back at the guard, and mentioned that I hadn’t checked the hospital death count lately. He quietly replied, “They added one more, last night.”

A couple of staff stopped to ask me how I felt about re-opening the state, and I hesitated to reply. My swirling thoughts were: I hate people who don’t take this seriously; I *love* no traffic; I hate people who can work from home and keep their high salaries... Nothing seemed appropriate to say. They were anxious too, but for another reason. They told me that they wanted the state to re-open slowly and cautiously, but they’d heard grumbling from staff who were Trump supporters, and so now they were careful about what they said at work.

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One frazzled ER nurse who’d just returned from maternity leave, was overwhelmed by the number of changes in policy and ritual. She kept mumbling, “Maybe someone else should be doing this...” before scrambling on to another task.

Soon, a Covid nurse was escorting an elderly patient past me, because “he can’t navigate the Covid trailer steps.” Off he staggered, hacking behind his mask all the way through Triage and into the ER proper. “Now *he* probably had it!” my shift boss said, angrily. We both threw up our hands

in frustration. What was the point?

I had a good rapport with my ER boss, he liked when I worked his door (he thought my scrappiness was handy), and he knew it was my last night. Everything looked good: My short career was ending at midnight, I had *two* guards (who were off with a difficult patient), and the night was actually pretty quiet. Who knew a bomb was gonna drop?

I let in a patient having a gall bladder attack, who claimed his surgery was postponed by the Shutdown order (as were all elective surgeries). Once he was wheeled past, the boss snapped, “You know why our Governor is really messed up? Because you can’t get your gall bladder out, but you can still get an abortion!”

He said it righteously, as if sure I’d agree. But I was simply confused. Gall bladders and abortion...? What did one have to do with the other? Only when I thought about it (much later) did I realize that pregnancy termination is a time-sensitive matter, so I understood why a woman might critically need one. Gall bladders on the other hand, I didn’t know much about.

Too late, I’d failed to respond to his outrage in kind. Or, maybe he’d seen my eyebrows arch above my mask. For the rest of that quiet evening, I was shunned. The boss played Christian music and looked up stuff like Jerry Falwell’s “Trump Prophecy” on the office computer, and did not speak to me again. I listened to him ply the young admitting clerk with Religious Right/Trump talk for *hours*. Which she didn’t seem to mind. To her, it may have been routine; to me, it was foreshadowing.

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The Labor Pool closed for a couple weeks, while Republicans fought the Shutdown extension in the state legislature and in court, so I finally got away from the hospital for a much needed mental health break. Then the crazies began busting loose in Michigan. To call them conservatives is a misnomer and an injustice to true Republicans. The people revving pickup trucks up and down Michigan streets, in defiance of law and common sense, are in love with Confederate flags and swastikas, and have an agenda of their own. The conservatives only *think* they own them.

After five weeks of worrying about getting sick and people dying, and other people’s drama, I came home to relax just in time for the worst of America to show its ass.

Some people had religious or political beliefs that precluded them from understanding (or believing) that Covid-19 was real and potentially dangerous to them, especially if there were few cases or deaths where they lived. It was no secret that members of the Religious Right, like my ER boss, believed we were at End Times. My neighbor (house to the right) told me, we’re in a “glorious time” that will free some people while others are supposed to die. Another neighbor (to my left) worships Trump and thinks the Virus isn’t as bad as the “media” says, so everyone should do as they please. Both feel that the loss of people (largely of color) to Covid-19, in and around cities, is part of a plan in which the white people are “Saved” (go to heaven) or otherwise resume their unfettered greatness.

Folks lucky enough not to have neighbors like these should not discount the fervor with which their beliefs are held. I can assure you, no mere facts can dispel the delusions of such individuals. I’ve tried.

So, while my semi-rural Michigan town now bustles as if we were not still Shutdown (as of this writing), I can feel my frustrated depression around the willful ignorance of others turning into angry determination. Yes, I am also slowly letting go of my own Covid-related crap. Just yesterday I almost forgot to wear my mask into a store, something that wouldn’t have happened two weeks ago. I even took a free test offered to asymptomatic hospital workers last week, but still haven’t gotten the results. I’m also enjoying sitting on my couch and watching TV again.

However, I'm also attending political meetings each day on Zoom and planning for November. All my friends living in areas that were ravaged by Covid-19 are, too. We're organizing around protecting the 2020 Election, health coverage, and saving the Post Office (to keep Vote by Mail). We believe that the best tribute we can give the 90,000+ Americans who lost their lives the last few months, is to fix the mess that allowed so much death to bloom, and to never allow that kind of dispassion and ineptitude pass for normal again. Never again, we say, never again.