

'Racism is the biggest public health crisis of our time': Health care workers of color fight twin pandemics

June 9, 2020 at 6:00 am Updated June 10, 2020 at 11:22 am

By Brendan Kiley

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Hazzauna Underwood, front, with daughter Zanai in tow, leads protesters in chants as they march from Harborview Medical Center to City Hall plaza. (Alan Berner / The Seattle Times)

Before the pepper spray, before the pandemonium and the torched police cars that would light up media reports the next morning, Hazzauna Underwood was downtown, peacefully protesting — and exhausted.

The nurse and single mother of four was worn out from several night shifts in the emergency department, on the front lines of fighting the novel coronavirus, but took the trip from her home in Mukilteo to Seattle for the May 30 protest against police violence and embedded American racism.

It started peacefully but ended in flash bangs and shattered storefront windows — one of many protests across the country, then the world, sparked by the video of a white police officer killing George Floyd, a Black resident of Minneapolis.

For Underwood, it was supposed to be a day of recuperation from her two emergency-room jobs, one in Edmonds and one in Bellevue. She needed rest, and maybe a hike with the kids.

But she felt compelled to join the protest downtown, then other marches in days to come — despite the pandemic and its stay-home orders, and despite her own exhaustion.

“For me as an African American woman, police brutality has been my corona since before corona showed its face,” she said. “I have a 7-year-old son. I want him to be able to grow up, to walk the street, for me not to be fearful every time he leaves the house that he won’t come back.”

Her voice broke into tears. “It’s not OK,” she said. “So when do you speak? When do you stand up?”

For the past few weeks, the United States has been wrestling through two tough conversations with itself about two pandemics — though the volume got turned way up on the one about racism — and health care workers, particularly those of color, are living in the middle of both.

“Racism is the biggest public health crisis of our time,” said Dr. Nathan Colon (pronounced “cologne”), a Black surgeon at the University of Washington who attended a June 6 demonstration with thousands of health care workers and their supporters, which marched from Harborview Medical Center down First Hill to City Hall. (Underwood was at that one, too.) “As health care providers, we take care of people.”

But how do they navigate the tension between those two crises? To take care of people by urging them to “Stay Home, Stay Safe,” as Gov. Jay Inslee dubbed his March 23 social distancing order, or to wade into the streets for political action?

“I felt the risk was bigger not to go,” said Tupamara “Tupi” Maestas, an OB/GYN nurse from South Seattle. “By not going, I was risking the lives of the people I care about, people of color who are harassed and afraid to call the police, even for assistance. Both my parents came with me. We felt the benefit outweighed the risks for having our voices heard.” (Maestas’ mother is a public health nurse; her father, Juan Bocanegra, is a longtime organizer of Seattle’s annual May Day immigrants’ rights march.)

For Underwood, and other working parents like her, the negotiation between being on the front lines of coronavirus and the front lines of activism is complicated by even starker, more immediate factors: the needs of her children, and the number of hours in the day. Lately, because of the stay-home orders, she’s not only a single mother and a nurse in the middle of a pandemic — she’s a teacher, too.

“I’d be exhausted, mentally and physically at work, seeing the sickness, seeing the death, literally counting the bodies in the morgue to see if another one can fit,” she said.

Then she goes home.

“You have to keep it together, not only at work for people looking to you for direction, but for your children,” she said. “I’ve got to pretend I didn’t just see what I saw at work, but put on my mom face and my teacher face. So the question is: ‘When do I sleep?’”

Underwood is quick to credit the people helping her, including nearby siblings and an overnight babysitter who looks after the children during nursing shifts, and has been staying in the mornings to help with schoolwork.

But Underwood says that, despite these demands, the protests have provided an unexpected surge of energy — and hope.



Microphone in hand, Hazzaua Underwood leads protesters in chants as they march from Harborview Medical Center to City Hall plaza on June 6. (Alan Berner / The Seattle Times)

After years, and generations, of talking and marching about racism, after so many videos and photographs of people of color being killed by white police officers or white vigilantes, she feels like the United States has hit a mysterious moment of critical mass.

“I don’t know how to explain it,” she said. “I feel like this time is different. I feel like people are a little more open-minded, finally willing to listen.”

Other health care workers think so, too. Some suspect it’s because the video of George Floyd’s killing was so graphic.

“It took irrefutable proof,” Nhi Tan, a nephrologist at the University of Washington, said at the June 6 medical workers’ march. “The perfect video, the perfect camera angle, the perfect light for America to see what’s going on.”

Ugbad Hassan, a Somali immigrant who grew up in South Seattle and works as a mental health provider at emergency rooms around the city, suspects the coronavirus era itself — and the way it’s narrowed the menu of potential distractions — has contributed to this diverse, amplified protest of American racism.

“It’s been strange and I don’t know what changed,” she said. “Maybe the fact that we’re in a pandemic made them finally sit with their feelings about how wrong these things have been.”

Hassan has been part of the Black Lives Matter movement since 2012, and said those efforts are typically marshaled by “brown and Black bodies.”

But the past few weeks, white colleagues have written to apologize for not being more involved in anti-racist work over the years, and white people are not only showing up at demonstrations, but offering their bodies as shields between Hassan and the police.

That, she said, is a definite first.

“It’s all emotionally exhausting but amazing to see,” she said. “People are showing up in numbers, but I hope it’s not just a trend. I hope people really mean it, and follow up with voting, being aware enough to follow the movement — that it’s not just them checking off a box.”

Underwood said the size of the June 6 medical workers’ march, and the white colleagues who showed up, were a tremendous boost.

“My feeling of hope — if it was a balloon, it inflated tenfold,” she said. “Often you go into a workplace as a woman of color, and you don’t know who’s got your back. I’ve lived that life all 13 years of being a nurse. But seeing white coats for Black lives, which became a hashtag, seeing people in unity saying: ‘I see you, I hear you, I stand in solidarity with you.’ That means so much.”

Underwood brought her four children to the June 6 demonstration. A neighbor in Mukilteo loaned her a microphone and public address system, from a home karaoke set, that Underwood pulled in a small cart to help in call-and-response chants with the crowd: “What’s his name?” “George Floyd!” Or: “What do we want?” “Justice!” “When do we want it?” “Now!”

Underwood’s 4-year-old daughter liked playing with the microphone when it was off, and even led a few brief chants. Her 7-year-old son squirmed happily in the cart alongside the PA, wearing two signs — one speaking to his potential, the other his peril, as a young Black American.

A piece of tape across his shirt read: “Future police officer.”

Written on his face mask: “I can’t breathe.”

<https://www.seattletimes.com/life/double-duty-healthcare-workers-of-color-fight-the-twin-pandemics-of-coronavirus-and-racism/>

Coronavirus brings ‘a whole other layer of trauma’ for workers who serve homeless people

May 21, 2020 at 6:00 am Updated May 21, 2020 at 9:09 am

By Sydney Brownstone

Seattle Times staff reporter



Engagement Services Project Manager Semone Andu, left, and Senior Program Manager of Engagement Services Charese Jones work at YouthCare, which provides services to Seattle’s homeless youth. (Mike Siegel / The Seattle Times)

Joy Estill is a listener.

As the office manager at the St. Martin de Porres Shelter on Alaskan Way, she has kept her door open during the coronavirus pandemic to shelter residents who want to talk — though now, they wait outside her office to abide by social distancing guidelines. The men have case managers to help them get into housing or other social supports, but Estill is there to listen.

Since the pandemic began, Estill, 67, still goes to work five days a week. After a colleague fell ill from the virus, Estill kept coming in.

But some days are harder than others, like when one of the men, most of whom are over 55, gets sick or hurt. Estill already prays three to four times a day, but when that happens, “I go outside and kick some dust and pray some more,” she said. Sometimes she’ll close the door and cry.

When the pandemic started, those days began to happen more often.

People working in homeless services like Estill, part of a largely invisible, low-paid workforce, have been shouldering not just the burden of coronavirus in city shelters and services, but also a longer-running crisis the pandemic has only magnified over the last two months. As services have shut down and shelters have stopped taking in new clients to comply with social distancing rules, front-line homeless service providers have been witnessing suffering that, with fewer resources, they are too often unable to ease.

It takes a toll. In interviews with The Seattle Times, 20 homeless service workers described the stress of facing dual crises, lacking protective equipment and losing touch with clients as the pandemic forces distance in work where connection is key. Now, some worry the long-term effects of the pandemic could lead to traumatic stress among workers who will be expected to continue serving vulnerable people even after the outbreak fades.

“Working in the homelessness sector has always been an overwhelming, high-stress job,” said Ken Kraybill, a senior trainer at human services trainers and consultants C4 Innovations. “I think what’s happening is COVID itself and the pandemic that comes along with it is just a whole other layer of trauma.”

For Lauren Berry-Kagan, a shelter support staffer at the Miller Community Center, which opened in March to house residents from crowded shelters, stress comes in the form of trouble sleeping, headaches and a rash that Web MD first suggested was toxic shock syndrome.

What’s happening now, she says, are the same problems that plagued the homelessness system before, but worse — it’s harder for people to seek employment, get IDs from closed government offices or move forward with finding housing.

“I couldn’t understand why I was feeling so stressed out and I realized at least part of it is that there’s nothing to be done right now,” Berry-Kagan said. “I see the ways that my guests are struggling, and there’s very, very little that I can do other than be a familiar face. That’s about it. That’s hard.”

A frayed safety net

YouthCare’s Orion Center shelter used to provide daytime drop-in services for homeless kids and young adults between the ages of 12 and 24, but has since closed its day center to most since the pandemic began. The young adults aged 18 to 24 who stay in the center’s overnight shelter largely have no other family or supports to turn to.

Orion Center case managers say they also worry about the kids who aren’t in their shelter right now — the youth they haven’t been able to bring inside because of the shelter-in-place model.

“We’re a safety net and support for them, and now we’re not available,” Orion Center’s Charese Jones, senior program manager of engagement services, said. “It’s just so sad to have to do that. I’m just exhausted.”

Her coworker, Semone Andu, said the crisis has laid bare society’s biggest failures, particularly for the youth of color that make up the majority of the Orion Center’s residents and young people with mental health challenges.

“Our mental health system is broken,” Andu said. “When crisis hits... all of these broken systems get amplified and you get to see all of it. It gets heavier on service providers.”

Both Jones and Andu feel they have a responsibility toward the young people they serve. The little wins, Jones said, keep her going.

“What I have in the back of my head is we can’t do everything,” Jones said. “So for the 25 people we do have and are helping, that’s a win.”

Jody Waits, YouthCare’s communications and development officer, said YouthCare is asking a lot of its employees right now. “What does it mean to run with this adrenaline for this long?” Waits said. “We’ve run on the resilience and grit of very low-paid human service professionals doing overnight shifts. The lowest paid among us are doing the most.”

Last year, the Seattle City Council approved inflation-based increases in its human services contracts in order to address organizations’ concerns they were unable to hire and retain employees making so little. Many organizations have implemented hazard pay during the pandemic for workers on the front lines, but sometimes it isn’t enough, said David Helde, shelter case manager at the Downtown Emergency Service Center.

Helde, who makes \$41,000 a year before taxes, said his job changed significantly when the pandemic hit. He went from working as a case manager with a 15-client caseload to helping operate a new shelter for existing clients at Seattle Center’s Exhibition Hall. His clients are now spread out at different locations, and his work with them paused.

The lack of progress for clients can be demoralizing and overwhelming, Helde said. Because of limited intakes during the pandemic, social workers like Helde also have to say “no” more frequently to people seeking services. Even before the pandemic, lack of these resources for clients contributed to the industry’s high burnout and turnover, Helde said.

“A huge number of my coworkers have expressed that overwhelmed feeling to me,” Helde said. “I know numerous people who have quit and searched for employment elsewhere, even knowing what the job market is like during all of this.”

Tier 4

In a month, the number of reported positive COVID-19 cases associated with King County homeless shelters and living facilities for formerly homeless people has nearly tripled, from 87 as of April 16 to 249 as of May 18. Seven people have died.

Homeless service providers have had issues sourcing personal protective equipment (PPE) for their staff: Shelters that don’t yet have a positive case of COVID-19 are considered “tier 4” on the state’s priority list for PPE.

“We were asking people to do really intimate work still without providing them those cautionary items,” said Waits, of YouthCare.

But homeless shelters are also some of the few organizations hiring during the crisis. Organizations like DESC and Mary’s Place have been hiring on-call workers, many of whom were laid off from other jobs as a result of the pandemic.

Saunatina Sanchez, a DESC worker who started during the pandemic after she was laid off from SIFF Education, said she was glad to take a “crisis job” at a homeless shelter. She lives alone, so she wasn’t worried about getting anyone sick at home.

At the same time, Sanchez said working there has only strengthened her belief Seattle should tax large businesses to pay for affordable housing. Front-line workers need more support, too, she said.

“I’m really proud of the work I’m doing,” she said. “But it’s also very lonely.”

<https://www.seattletimes.com/seattle-news/homeless/for-front-line-homeless-service-workers-coronavirus-brings-a-whole-other-layer-of-trauma/>