

Hotel COVID: Inside a City's Desperate Fight to Protect Its Most Vulnerable Residents  
by  
Gregg Wilhelm

### Draft Introduction

On Friday, March 13, the day before my wife's forty-fifth birthday, the Fairfax County Public Schools announced a sudden system-wide closure. Since the mild winter produced few cherished "snow days," our daughters chalked the day off up to karma, something they deserved. They were less aware that, two days earlier, the World Health Organization declared severe acute respiratory syndrome (SARS-CoV-2, better known as COVID-19) a global pandemic.

For the next year, our children would not set foot inside a school building again, as they moved between two cities.

We celebrated Marik's birthday over the weekend with a hike through Fountainhead Regional Park along the Occoquan Reservoir in Northern Virginia. Sunshine easily filtered through the woods' bare canopy as the trees struggled to bud again. We love this time of year, the first shift from winter toward rebirth, the promise of long evenings and summer camping. While walking, we talked about our upcoming trip to explore Yosemite and visit Marik's mother near San Francisco, all planned and locked down the previous fall. The next day, we took our kids to a classmate's birthday party at Sky Zone in Springfield, a trampoline park where 10-year-olds bounced and flipped with endless energy. Meanwhile, parents discussed the school situation. Fairfax County Public Schools quickly announced that it would close for the four weeks leading up to and through Spring Break. The birthday girl blew out the candles, and her unmasked friends cheered wildly, leaning in for slices of cake.

Dominoes fell. City Winery postponed the Fleshtones show I was eager to see in D.C. the following week; music lessons for my youngest daughter and me shifted online, and the girls' three-on-three basketball sessions were canceled. The daily news became graver. At George Mason University, where I direct the creative writing program, I taught in person for the last time on February 26. Mason extended Spring Break by an extra week while converting 5,000 courses to online classes. Zoom meetings began to fill my calendar. The girls started online instruction amid various technical glitches and adolescent Zoom-bombing incidents. Everyone's learning curve suddenly shot up like a Wallops Island rocket. Practically overnight, just like purple crocuses appearing one morning on a gray-grassed hillside, people began to wear masks.

Soon, Marik and her colleagues scrambled like fighter jets taking off from the deck of an aircraft carrier. Marik, a registered nurse who earned her PhD in Nursing in 2018, focused on infectious diseases, public health, and the social determinants of health. She continued as an assistant professor at the University of Maryland, Baltimore, even after we relocated to Fairfax, Virginia. She planned to immerse herself in research, limit her drives back to Baltimore, secure funding, and publish. Over the course of a few days, those plans evaporated. In a bizarre way, Marik had prepared her whole life—as a Peace Corps volunteer, social justice advocate, and infectious disease specialist—for a pandemic. She lived in Rwanda for two years, establishing best practices at rural medical centers. She trained nurses in Haiti shortly after the devastating

earthquake in 2010. She regretted not getting on the first plane to New Orleans after Hurricane Katrina. In Baltimore, she networked with west side churches and resource-limited schools in some of the city's roughest neighborhoods to provide HIV screening, coordinate health fairs, plant gardens, and educate residents about healthier lifestyle choices.

Marik examines situations with a "If not now, when?" "If not me, who?" attitude.

Then, in late April, weeks into the lockdown and finishing up our semesters as professors while overseeing the ever-changing online schooling situation for our children, the phone rang. It was Chuck Callahan, vice president of Population Health at the University of Maryland Medical Center. Anticipating a surge of patients that could overwhelm hospitals, Chuck was leading the medical effort to adapt a part of Baltimore's 420,000-square-foot Convention Center into a massive field hospital. Marik and Chuck were acquainted through a mutual interest in population health and the Convention Center project, where Marik had signed up for nursing shifts in light of the expected influx of coronavirus patients. I couldn't hear their entire conversation, of course, but I gathered that Chuck was proposing some sort of expanded role for her—how the population being served closely aligned with Marik's service and research interests.

I could sense Marik's thoughts through her voice, her hesitation, and her energy and enthusiasm. "If not now, when? If not me, who?"

But it wasn't the Convention Center project that Chuck enlisted Marik for. The city health department, the Mayor's Office of Homeless Services, the University of Maryland, and nonprofits like Healthcare for the Homeless were partnering to convert a 92-year-old, 23-story historical downtown hotel into an urban triage, respite, and isolation center. He wanted Marik to organize and lead the TRI Center's nursing team.

Now. Her.

Marik left for Baltimore on May 3. She tried to manage the long days and drives, but the trips back to Baltimore – just sixty miles away but a lifetime around two beltways – became more frequent. Occasionally, she stayed at my elderly parents' basement, but as work intensified, she didn't want to expose them to the virus. Soon, driving back and forth from Fairfax, the extra steps required to keep the car clean and change her clothes upon first reentering the house to reduce the risk of contaminating us, didn't make sense, so Marik simply stayed in Baltimore. We only saw her occasionally thereafter. During that first month, Marik lived in a corner room on the 25th floor of the Crowne Plaza at Fayette and Liberty Streets. On weekends, we'd either drive up or she'd return to Fairfax to do laundry, take kitchen utensils, and grab condiments.

When I took the job at Mason, Marik realized how important being part of an arts community was to building that community. Her job was entering a research phase that did not require much presence on her campus. A little less than two years later, I was working from home, and Marik was anchored in Baltimore. With our lease in Fairfax up for renewal and rolling the dice regarding the duration of the pandemic, we started house hunting back in Baltimore. In the meantime, mainly to reconnect with Marik and upon the invitation of the Lord Baltimore Hotel's gracious management team, we moved into a penthouse on the twenty-first floor. Some of the

floors below us were “hot zones” with residents; others were “cold zones,” where hotel staff worked and medical teams met. The glamorous ballroom with gilded ceilings and crystal chandeliers was converted into an ops center. Armed security guards, along with thermometers and hand sanitizer pumps, were stationed at the one and only entrance. The penthouse also provided a safety net in case the expiry of our lease did not align with our ability to close on a house. More importantly, it became our center stage to the city we love, to

Hotel COVID follows several players: the healthcare providers, of course, and more centrally the residents they served; the politicians and directors of city and state agencies who quickly pivoted to address the growing pandemic while also succumbing to entrenched systems; the tension between these state and local players; the protesters who flooded city streets the weekend after George Floyd was killed by police in Minneapolis, which occurred weeks after the fifth anniversary of Freddie Gray’s death in police custody ignited an uprising; the staff and security guards at the Lord Baltimore Hotel who maintain hospitality and safety while others transformed the historic downtown hotel into a triage, respite, and isolation center; but also the building itself has a life and history, its ghosts symbolic of the “ghosts of Baltimore past”; and lastly, the city itself, home to Speaker of the House Nancy Pelosi and the late Congressman Elijah Cummings, which former President Trump referred to as a “disgusting, rat and rodent-infested mess.” That story marches on as disparities in how and to whom vaccinations were rolled out in the city came to light.

My family and my wife introduced me to this story, but it isn’t about us or her (although I wonder what our children will remember about this year). Eventually, as planned, Marik trained a new director of nursing and handed over the daily responsibilities to her. She gathered items that had accrued at Hotel COVID—pots and pans, clothes and computers, and a half-fridge full of food; officially checked out. The following weekend, Marik’s phone buzzed like it usually did most mornings just after 5:30 a.m. when the day’s staffing needs began to surface. Nurses were required at the Lord Baltimore, but Marik had checked out—even though I believe a standing reservation is still on hold for her. The Lord Baltimore Hotel Triage Respite and Isolation Center will keep operating as long as the epidemic necessitates a Hotel COVID. In fact, as of now, Marik continues to take shifts at the TRI Center.

“If not now, when? If not me, who?” Now. Her. It turns out that thousands of healthcare workers like Marik possess this spirit. They can’t shake it, and the world shouldn’t want them to.

I’m reminded of the classic Eagles song: You can check out of Hotel COVID, but you can never leave.

## NONFICTION BOOK PROPOSAL

“Hotel COVID: Inside a City’s Desperate Fight to Protect Its Most Vulnerable Residents” examines the transformation of a 100-year-old landmark hotel into an urban triage, respite, and isolation center throughout one of America’s most extraordinary years. In May 2020, the Lord Baltimore Hotel became home to hundreds of the city’s most at-risk individuals: people battling addiction, those with mental health conditions, individuals experiencing homelessness, families living in multi-generational settings, and others residing in congregate situations. The pre-pandemic challenges these residents faced outside followed them inside the hotel. Residents went missing, scored drugs, disregarded protocols, fought, and were hospitalized. However, they also missed their families, lost jobs, faced eviction from their homes, and struggled to hold their lives together.”

Then, in the wake of George Floyd’s murder, which occurred just weeks after the fifth anniversary of Freddie Gray’s death while in the custody of the Baltimore Police Department, protesters flooded the streets around the hotel. The fuse to the powder keg that Baltimore can be seemed primed to be lit.

Hotel COVID is an uplifting story of a place where people could safely isolate, halting an insidious chain of transmission and preventing thousands of coronavirus cases. However, it is also a story filled with difficult questions: If systems were different, would these people be at such risk? How do city officials communicate the importance of contact tracing to people rooted in a “don’t snitch” culture? Who gets prioritized when vaccinations are distributed? Does my city care about me?

In clear-eyed, even-handed prose, Gregg Wilhelm follows the residents, nurses, hotel staff, security guards, politicians, and service providers who—in a city notorious for its brokenness—built something that works. It examines the challenges and triumphs of creating a solution to a complex and heart-wrenching issue where time was an enemy and victories were often small and incremental. Hotel COVID reserves the reader a room in a place no one wants to be, but everyone needs to witness.

### Synopsis

Hotel COVID: Inside a City’s Desperate Fight to Protect Its Most Vulnerable Residents follows the individuals and stories that provided a unique kind of care during the pandemic. It’s about the tireless heroes and bureaucratic obstacles encountered in the pursuit of doing the right thing. It highlights the challenges of managing a distinct population under extraordinary circumstances. It’s also about a city, Baltimore, home to Speaker of the House Nancy Pelosi and the late Congressman Elijah Cummings, which former President Trump described as “disgusting, a rat-and rodent-infested mess.” A place—like Detroit, St. Louis, and Philadelphia—that possesses a rich history and its share of hard luck. Renaissance and recidivism. Racism and righteousness. And it’s about a building, once the tallest gem along the skyline, now hidden in the shadows of skyscrapers, that hosted star athletes, political dignitaries, cultural icons, and the ghosts of “leapers” who jumped from its ledges when the stock market crashed.

The Triage, Respite, and Isolation Center (TRI Center) at the Lord Baltimore Hotel wasn't a hospital, it was a waystation.

Sometimes, the next destination for residents—they were never called “patients”—was a hospital; often, it was a return ticket home. These residents represented some of Baltimore's frequently overlooked citizens: people struggling with addiction, individuals with mental health conditions, the homeless, or members of multi-generational families living in cramped rowhomes where isolation was inevitable. The challenges these individuals faced on the outside followed them inside Hotel COVID.

The main villain, of course, was COVID itself, capable of inflicting serious damage on individuals whose general health was already fragile. Other obstacles included the initial heavy lift involved in preparing for the first residents, recruiting and training nurses, navigating bureaucratic city and state agencies, grappling with mixed messages from political leadership, a public sometimes reluctant to adopt even the simplest protective measures, new spikes in cases as circumstances led to multiple waves of infections, physical exhaustion, and the unending emotional toll.

Hotel COVID chronicles how a nearly 100-year-old landmark hotel in downtown Baltimore transformed into a coronavirus isolation center for the city's most vulnerable populations. Serving as the primary location, the Lord Baltimore also acts as an architectural and narrative anchor for the entire story.

Readers follow the nurses, residents, staff, security, and partners who made the TRI Center a reality. Without it, thousands more people could have been infected and potentially died, but because COVID-positive individuals were able to isolate from the general population, the chain of transmission was interrupted. As there was nothing else quite like it in the country, Hotel COVID represents one unique frontline story among the many that have emerged over the past year.

## Audience and Market

Hotel COVID is a unique story, but cities repurposing hotels into COVID waystations is not. Five hotels in Sydney, Australia, served the purpose. So did the Ayre Gran Hotel Colón, a four star hotel in downtown Madrid. Hotel Surya, a five-star luxury hotel in Delhi, made the same transformation. The Hotel Essex in Chicago and two hotels near the Oakland airport were converted, while in New York City as many as twenty hotels signed contracts to be turned into hospital space. Dallas-based design firm HKS conducted an extensive study on how hotels could be converted into hospitals in as little as ten days.

Some of these venues were essentially hospital annexes, others simply provided space for people with means to quarantine. Only the TRI Center at the Lord Baltimore Hotel combined isolation with healthcare and wrap-around services for a particularly vulnerable population that stopped the transmission of COVID in its tracks.

Nevertheless, Hotel COVID will resonate with residents of all these cities, or anywhere else in America and around the world where hotels, basketball arenas, convention centers, and college dormitories became impromptu coronavirus crisis clinics. The book will speak to the thousands of doctors, nurses, and EMTs on the frontlines of the pandemic, along with their friends, families, and admirers. It will engage people working in adjacent fields who advocate for the populations who resided in the hotel. It will find the bookshelves of people interested in and those actively working to remedy the systemic injustice rife in United States' cities that make such populations "at-risk" in the first place. And it will become a touchstone for the countless healthcare providers whose lives and careers have been irrevocably changed by the pandemic. With apologies to the Eagles, they can check out of Hotel COVID, but they can never really leave.

The first wave of COVID books is appearing now, such as Michael Lewis's *The Premonition: A Pandemic Story* and Lawrence Wright's *The Plague Year: America in the Time of COVID*, both of which delve into medical/public health issues but take a more macro approach with multiple angles (from what I can tell, just cracking into *The Premonition* now). *Hotel COVID* places the people behind public health under a microscope to examine how one struggling city pulled together one unique effort to thwart the disease's transmission and, by extrapolation, save thousands of lives. This book is not as time-sensitive as the Lewis and Wright books, sprinting to be first, and benefits from being able to take the time to bring important stories to satisfying conclusions.

The book will appeal to readers of dramatic and widely-read nonfiction works of medical, hospital, and nursing drama, including *Five Days at Memorial: Life and Death in a Storm Ravaged Hospital* by Sheri Fink; *The Shift: One Nurse, Twelve Hours, Four Patients' Lives* by Theresa Brown; *The Nurses: A Year of Secrets, Drama, and Miracles with the Heroes of the Hospital* by Alexandra Robbins; and *Cancer Crossings: A Brother, His Doctors, and the Quest for a Cure to Childhood Leukemia* by Tim Wendel.

The story told in *Hotel COVID* will also attract readers interested in broader health crises throughout history found in such books as *The Great Influenza: The Story of the Deadliest Pandemic in History* by John M. Barry; *The Immortal Life of Henrietta Lacks* by Rebecca Skloot; and *Polio: An American Story* by David M. Oshinsky.

Finally, another core component of the target audience will include readers interested in stories about cities in crisis set in Baltimore and elsewhere, such as *Blackout* by James Goodman; *We Own This City: A True Story of Crime, Cops, and Corruption* by Justin Fenton (the rights to which David Simon obtained for a new HBO series); *I Got a Monster: The Rise and Fall of America's Most Corrupt Police Squad* by Baynard Woods and Brandon Soderberg; and *Baltimore Revisited: Stories of Inequality and Resistance in a U.S. City* edited by P. Nicole King, Kate Drabinski, and Joshua Clark Davis.

## Chapter Outline and Characters

### (Intro.) TripTik: Welcome to Hotel COVID

This introduction establishes my connection to the story and explains my access to its characters. A AAA TripTik is a mapped route for travelers that highlights AAA-rated hotels, restaurants, and attractions. Similarly, this introduction will lead readers into the story. I appreciate the double entendre with "trptych," as I contemplate a potential structure for the book in three parts or acts.

### (1) Checking In: May 12, 2020

Upstairs, Downstairs, the popular British television drama in the early 1970s, depicted the lives of servants (who toiled “downstairs”) to an aristocratic family (whose occupied the “upstairs”). Much of the series’ tension occurred at the intersection of these two worlds.

In much the same vein, Hotel COVID had its “downstairs” represented by management, cleaning, kitchen, and security crews, while its “upstairs” was embodied by the medical teams that took over the grand ballroom as their operations center. For five weeks, from April into May, these two camps planned, strategized, tested, and revised everything necessary to welcome their first group of hotel guests, referred to as “residents” and never “patients.” The thing about COVID is that it loves a crowd. The buzz phrase became “super spreader” events—places where people gathered, like spring break parties, Major League baseball games, political conventions, and megachurches. Wisely, in most instances, parties were scrapped, stadiums sat empty, conventions were scaled down, and worship services moved online. Some people, however, simply didn’t have a choice; they lived in shelters, in multi-generational homes, or huddled together homeless on the streets or along median strips. For those who could not self-isolate, Hotel COVID became their haven.

The concept of a “haven” is embedded in the very name of the operation at the Lord Baltimore Hotel: triage (assessing residents’ status), respite (offering relief from their usual circumstances), and isolation (quarantining individuals who were exposed to COVID-19, separating them from those who needed isolation after a positive test). However, the Triage, Respite, and Isolation Center at the Lord Baltimore Hotel was entirely distinct from other hotels converted into COVID hostels. The medical aspect was different, and the population varied significantly. There was no playbook.

The TRI Center team needed answers to the following questions: What is the clinical aspect of the operation? How will they perform health checks? How will they keep people safe? What is security’s role? Solutions required multifaceted input from the city’s health department, hotel management, and the university medical system.

Hotel COVID set sail while the crew was still building the ship.

Soon cracks appeared in the hull, and for each leak, a new policy emerged: regarding alcohol use, substance use, family members rooming together, protocols for when a resident goes missing (residents stayed at Hotel COVID voluntarily; no one was officially under “lock and

key”), and what to do in the event of a room fire. When it came to fire protocols, some TRI Center team members advocated for developing a plan, while others believed, “It’s a hotel; they already have an Emergency Evacuation Plan.” For nine months, a plan seemed unnecessary, but then there were three fires within a month. During the third response to the hotel, residents were haphazardly corralled across the street, the Baltimore City Fire Department put its foot down and demanded an emergency plan for evacuating the hotel and keeping residents socially distant while outside.

This chapter outlines the rationale behind Hotel COVID’s origins, describes the challenges faced during pre-opening preparations, and introduces key players responsible for a variety of tasks throughout a typical day at the TRI Center, illustrating that no single day was the same. It establishes characters and their respective “upstairs” or “downstairs” roles: Dr. Chuck Callahan, Vice President of Population Health at the University of Maryland Medical System; Dr. Kevin Burns (a self-proclaimed disaster junkie), Medical Director; Marik Moen, former TRI Center nurse manager, along with other key RNs including Vanessa Augustin, the current nurse manager; Elise Gillespie, Assistant Deputy Chief of Staff in the Office of the Mayor, who coordinated overall operations at the TRI Center; Robert “Bobby” Harris from the Baltimore City Health Department, who served as the TRI Center site director; Amanda Rosecrans, also from the Baltimore City Health Department, who acted as TRI Center clinical director; Molly Browning, Director of Operations at Canton Cleaning Company (responsible for deep cleaning the “hot zone” rooms); Kevin Hampton, head of security at the Lord Baltimore Hotel; Dominck Reed, Division Chief of the C.I.E.R. Security and Protection Agency, which provided armed security; and Onahlea Shimunek, General Manager of LBH.

Other players include Dr. Letitia Dzirasa, Commissioner of Health for the Baltimore City Health Department; Tisha Edwards from the Mayor’s Office of Children and Family Success, who is also the Acting Director of the Office of Homeless Services; Kevin Lindamood, President of Healthcare for the Homeless, along with staff members who oversee the nonprofit’s psychiatric, behavioral health, medical, and nursing services; and potentially Dr. Robert Redfield, former director of the Centers for Disease Control and Prevention and co-founder of the Institute of Human Virology at the University of Maryland School of Medicine, who was recently appointed as a senior advisor to Maryland Governor Larry Hogan (Marik worked with Redfield at IHV, and I have met him socially several times).

These characters also give me access to other characters and, most importantly, the residents. I will identify some crucial characters whose stories can be sustained as narrative threads throughout the book.

## (2) The Lobby: Grandeur, Ghosts, and the Specter of Bygone Baltimore

Viewed from Baltimore Street, the U-shaped Lord Baltimore Hotel features twin crimson-brick towers, each only three windows wide, connected by a four-story street-level façade. The fourth, northern side of the building is topped with an octagonal tower that houses four penthouses offering 360-degree views, all crowned with a green copper cupola.



The Lord Baltimore was built in 1928 by architect William Lee Stoddart. At that time, the French Renaissance building was the tallest in all of Maryland. This 23-story, 440-room hotel stands in the heart of downtown Baltimore, near the intersection of Charles and Baltimore Streets, which bisect the city from north to south and east to west (Charles Street being the spine of the “White L” atop the “Black Butterfly” described below in Chapter 8). It is listed on the National Register of Historic Places and recognized by the National Trust for Historic Preservation as one of the finest historic hotels in America.

Given its popularity upon opening in 1928, soon followed by the stock market crash of 1929, it became the site of several suicide leapers. Here, too, Baltimore’s checkered past regarding race relations manifested as the hotel prohibited African Americans from staying as guests for thirty years. However, in 1958, after the Baltimore City Council considered but failed to pass an ordinance prohibiting racial segregation in public accommodations, the Lord Baltimore Hotel voluntarily ended its restrictive guest policies. Among the first African American guests were slugger Hank Aaron, who would later break hometown hero George Herman “Babe” Ruth’s home run record; “The Say Hey Kid” Willie Mays, who was contending for that year’s batting title; and burgeoning star outfielder Frank Robinson of the Cincinnati Reds, who later became a pivotal player for the Orioles. They all traveled to Baltimore for the 1958 All-Star Game. Then, a decade later, Dr. Martin Luther King Jr. reserved a room to attend a regional meeting of the Southern Christian Leadership Conference. Dr. King also gave a lengthy press interview from the building and received the keys to the city from Mayor Tommy D’Alessandro III, brother of current Speaker of the House Nancy Pelosi.

The hotel closed in 1982, requiring a major renovation. It was sold and reopened in 1985. It underwent another renovation with an artistic flair and reopened again in 2014 as part of the Rubell Family Hotels Company. The Miami-based Rubell family established a contemporary art museum, and their tastes were reflected in the revamped lobby, restaurant, and guestrooms.

“A hotel like the Lord Baltimore is a community treasure,” said Mera Rubell. “Not only architecturally or structurally, but also through its historical heritage. This hotel embodies many layers of Baltimore’s history through communal memories, from generations past to the present. A new building establishes a new relationship with the community, but a historic building like the Lord Baltimore carries a social history and rich layers of memories.”

### (3) Elevator Going Up: The Residents

These representative sketches of residents will be further developed, and others will surface throughout the research and interviews. My strategy will be to identify a few of the most compelling stories—among residents and caregivers alike—to create narrative arcs that unify the entire book.

When violence in San Pedro Sula peaked in 2012, Hector immigrated from Honduras to join family who had settled in Baltimore a decade earlier. An older brother and his aunt and uncle lived in a small rowhouse on the east side with a total of seven children of various ages. Hector paced the parking lot of a nearby Home Depot for a chance at day labor: a day without work meant a day without dinner. He often did not know the others he worked shoulder-to-shoulder

with on crews he was able to join. When he developed COVID-19 symptoms, the medical staff at Centro SOL—which stands for “salud and opportunities for Latinos,” a Johns Hopkins-affiliated clinical care unit—immediately referred him to the TRI Center at the Lord Baltimore Hotel. It was the first time in eight years that he spent a night alone.

Calvin arrived at Hotel COVID via Port Recovery after he relapsed and was dismissed from the northeast Baltimore residential program. He had been addicted to opioids since his early 20s but somehow always avoided becoming another statistic in Baltimore’s spiraling overdose crisis, the epidemic before this pandemic. He then learned that he had likely been exposed to the coronavirus at the recovery house. As other shelters and recovery houses reduced their capacity to comply with social distancing guidelines, Calvin was left out in the cold until a neighborhood clinic arranged for him at the Lord Baltimore. The TRI Center staff provided him with daily doses of methadone.

Karen Anne’s borderline personality disorder was misdiagnosed as schizophrenia during her early teens, and the medications prescribed to her further traumatized her, as did her frequent institutionalizations. She grew up in the shadow of the Domino Sugars refinery along the harbor’s southern shore in Locust Point. She remembered long drives fifteen miles north through the heart of the city to the 100-year-old Sheppard Pratt Psychiatric Hospital campus with its unusual stone gatehouse. Although some members of her immediate family were abusive, as they and a few extended family members passed away, her fragile support systems weakened. Unable to maintain steady employment, she spent most of her adult life homeless. Before the pandemic—during years of being labeled “crazy,” “nuts,” and “messed up”—Karen Anne began to benefit from the psychiatric services at Healthcare for the Homeless, where such words do not exist. When the organization started administering COVID tests, Karen Anne was one of the first positive cases and was among the first group of residents at the Lord Baltimore Hotel TRI Center.

Sharon suffered from the pulmonary disease COPD, but her son was home with her, having contracted COVID. Her symptoms worsened until one day in October, she was completely breathless. Sharon was rushed to St. Agnes Hospital on the city’s west side. After receiving a regimen of plasma and steroids, her health improved, but she wasn’t fully recovered. The hospital needed the bed, so she was transferred downtown to the Baltimore Convention Center Field Hospital, another partnership among agencies also led by Chuck Callahan, where she received around-the-clock care. Finally, she was moved four blocks north to the Lord Baltimore Hotel, where she could isolate safely before returning home. “COVID is the devil,” she said. “COVID took my will, it took my strength, it took everything from me.”

Then there’s the story of the Williamses, the first family referred to Hotel COVID by Sarah’s Hope Family Shelter, a unit of St. Vincent de Paul Baltimore that serves families facing homelessness. The mother and her two school-aged children all had COVID, while the father was already hospitalized due to the virus. The team was unsure how to manage a family, but they were undeterred, establishing and revising policies and procedures on the fly. Just a few months after leaving Hotel COVID, the Williamses were reunited, healthier, and secured their own place to live. In total, the TRI Center team helped transition twenty people into permanent housing.

Since its opening day in May 2020, the TRI Center at the Lord Baltimore Hotel has served more than 2,100 residents. A disproportionate percentage of the resident population was African American (69%), while members of the Latinx community accounted for 6% of the residents, and a majority of the residents were homeless individuals (70%). Most of these residents were directed to the Hotel COVID from shelters or recovery programs. Others were survivors of domestic violence or sex trafficking. One of the pressing concerns of the TRI Center team was whether they would be able to create a place where residents felt welcome, safe, and comfortable. In addition to doctors, nurses, and clinical support technicians, the team drew in social workers and case managers, cleaning and environmental services, and nutrition experts.

This chapter details the stories and backgrounds that paved the way for a diverse group of residents to be housed at Hotel COVID: the homeless camped beneath expressways, substance users in recovery houses, the abused and neglected in shelters, individuals with mental health issues in clinics, and members of multi-generational families crammed into Baltimore's narrow rowhomes.

#### (4) Be Our Guest: The Hotel Staff

The Lord Baltimore Hotel was initially conceived as another field hospital, similar to the much larger operation at the Baltimore Convention Center. Chuck Callahan drove around Baltimore, contacting hotel after hotel to find a solution for relieving the pressure on overburdened hospitals. Most replied that they would reach out to corporate and get back to him in a week or so. But time was of the essence. He then called Onahlea Shimunek, the general manager at the Lord Baltimore Hotel. "I can provide you with 250 beds today," she said. Chuck agreed. Then Onahlea called back to say she could secure 300 beds. A partnership was formed.

The Lord Baltimore Hotel was the only hotel in the city that accepted residents during the pandemic. Part of this may be attributed to Onahlea Shimunek, a long-time hospitality professional at Marriott, who had been with the Lord Baltimore for just two years when the pandemic began. She also served on the boards of organizations like Back on My Feet, which uses running and community building to support individuals facing homelessness, and Healthcare Access Maryland, which connects residents with insurance and advocates for a more equitable healthcare system. Onahlea had the right spirit at just the right time. Speaking of spirit, Onahlea and her partner—Victoria Schassler, another long-time Marriott employee—own Spirits of Mount Vernon, a popular wine bar and bottle shop located just fifteen blocks away on Charles Street.

Focusing on Onahlea as a central character, this chapter delves into the individuals behind the "hotel" aspect of Hotel COVID: the in-house cleaning crew and the contracted deep cleaning company, the security details (three types: hotel security, a contracted vendor known as C.I.E.R. Security and Protection Agency, and the Metropolitan Police, consisting of armed off-duty Baltimore City Police officers), and the kitchen and nutrition staff, who catered to the residents' dietary needs while serving 81,000 meals throughout the year.

Life outside invaded Hotel COVID, as rumors circulated about sexual interactions between guards and residents. Additionally, whispers arose regarding staff who obtained drugs for

residents or who secured cash and electronics stolen from rooms. Cleaning each hotel room between residents required deep disinfecting and thorough cleaning, followed by standard maid duties like changing sheets, restocking toilet paper, and replacing cups. However, complaints emerged that new residents occasionally arrived to find rooms lacking clean linens, food left in drawers, or vomit and feces remaining in the bathrooms. Consequently, like with every issue the Hotel COVID team faced, a new procedure was introduced (see next chapter).

#### (5) Is There a Doctor in the House?: The Nurses' and Medical Team's Stories

Nurses at the Lord Baltimore TRI Center were the frontline healthcare providers for the resident population. In addition to their medical expertise, they often tended to be case workers, counselors, advocates, truant officers, and fire extinguishers. Their dramatic, impassioned, and humorous stories, frustrations, anecdotes, and triumphs complement the residents' stories at the core of this book.

What was the emotional and psychological toll on the nurses at Hotel COVID, some of whom have worked every weekend since May?

Even amid the stress and exhaustion, moments of humor were found. One story involves the hired cleaning crew and a meticulous nurse who routinely worked the night shift. There were plenty of challenges when it came to keeping rooms in the “hot zone” clean. To their credit, the team at Canton Cleaning Company had to be trained as well, safely donning and doffing Personal Protection Equipment and hauling equipment from room to room while in full PPE. Their primary responsibility was to disinfect the rooms with a thorough cleansing that eradicated COVID germs, rather than tucking in bedsheets or cleaning bathrooms. Like every other chore at Hotel COVID, the staff needed to establish a protocol for completing a task and confirming its completion. This often fell to the night-shift nurses, including Ghana-born Priceless Gyimah, who taped their names to the doors of rooms that had been disinfected. However, at times, unpleasant surprises—blood in the toilet, old food in drawers, unmade beds...things that would make anyone cringe upon entering a hotel room—were left by previous residents for the cleaning staff to handle. But if the room was disinfected and confirmed COVID-free, a nurse signed off on it. One morning, Molly Browning—the owner of Canton Cleaning Company—stormed into the ballroom ops center, red-faced, waving a piece of paper torn from the door of a disinfected but still-messy room. She asserted that her crew was doing the best they could but there was no need

#### (6) Newsstand: Not-So-Healthy Holly—The Shambles of Local Politics and Impact on Pandemic Response

Baltimore's political landscape is no stranger to corruption. In the 1970s, governors Spiro Agnew (facing tax evasion, along with allegations of bribery and extortion) and his successor Marvin Mandel (involved in mail fraud and racketeering)—both of whom began their political careers in Baltimore—set a high standard for local political scandals. Corrupt politicians and dubious city employees dominated the public arena for decades, ranging from comptrollers to police commissioners, state delegates to city council members, and including the Department of Transportation and the Department of Public Works. The Mayor's Office of Information

Technology cycled through three directors in quick succession, the last of whom resigned amid allegations of misconduct and unethical practices, potentially leaving the city more vulnerable to the two ransomware attacks it faced. The infamous Gun Trace Task Force, a nine-officer unit in the Baltimore Police Department, spent years violating citizens' constitutional rights, extorting money and drugs, and planting toy guns at scenes where they shot unarmed individuals. The mayors themselves are no exception: Sheila Dixon was indicted on charges of perjury, theft, and misconduct involving misappropriated gift cards meant for

At the same time, in late March 2021, State's Attorney Mosby declared, "America's war on drug users is over in the city of Baltimore. We are moving beyond the era of tough-on-crime prosecution and zero tolerance policing. No longer will we default to the status quo that criminalizes largely people of color for addiction. Instead, we will develop sustainable solutions and empower our public health partners to address mental health and substance use disorders." Politics in Baltimore seem far removed from the administrations of Thomas D'Alesandro, Jr., who mayor through the 1950s and father of Speaker of the House Nancy Pelosi, Thomas D'Alesandro, III, her brother who was mayor in the late '60s. Not to mention the colorful sixteen-year run of William Donald Schaefer, who was largely acknowledged as the maestro of downtown Baltimore's renaissance in the 1980s.

In stepped Baltimore's new mayor, Brandon Scott, a 36-year-old progressive thinker. Scott was inaugurated mid-pandemic in December 2020. Businesses pressured him to lift restrictions even as COVID metrics rose. Tension boiled between state and city administrations regarding restrictions and when to lift them. Would the young mayor stand his ground? Meanwhile, after the national election returned power to the Democratic Party, former CDC director Robert Redfield, who maintains that the coronavirus accidentally escaped a lab in Wuhan, was named a special advisor to Governor Larry Hogan. The divide between the city's Democratic leadership and the state's Republican administration widened.

How did political instability and partisan polarization impact Baltimore's response to COVID?

(7) No Vacancy?: Hotel COVID at Its Peak

A few months into operation, as the TRI Center team worked out procedures and found its rhythm, word spread about what was happening at the grand hotel in the heart of Baltimore. Suddenly, Hotel COVID faced an influx of residents. How did this strain on resources affect each facet of the operation, from nurses to hotel staff to security?

Closely related to this issue are the successive waves of COVID that continued to hinder the team just when they thought they were gaining ground against the pandemic. A "ballroom blitz" of sorts. In fall 2020, with the holidays approaching, Maryland Governor Larry Hogan announced a reduction in restaurant capacity statewide and issued advisories warning against out-of-state travel in anticipation of a second wave of the coronavirus pandemic. In Baltimore, that wave lasted from early November to mid-January 2021. The number of residents at the Lord Baltimore TRI Center increased, further straining an already exhausted corps of healthcare providers. The second, third, and fourth waves demanded renewed efforts. How did the Hotel COVID team cope?

Here, too, readers will revisit characters whose story arcs were introduced earlier to better understand the effects of stretched resources, the rising number of residents, and the long days under ever-changing conditions taking their toll.

(?) COVID-19 Dashboard (Center for Systems Science and Engineering at JHU)

The widely recognized COVID-19 Dashboard, referenced by media outlets globally, was developed at Johns Hopkins University, located just three miles north along Charles Street from the Lord Baltimore Hotel. The CSSE was one of six interdisciplinary partners that established Hopkins's Coronavirus Resource Center, where experts began collecting and analyzing data in January 2020. Another partner of the CRC was Johns Hopkins Medicine, which also played a role in the Baltimore Convention Center Field Hospital and the TRI Center.

The COVID-19 Dashboard keeps a current and historical record of global coronavirus cases, deaths, and vaccine doses administered, allowing users to delve into regional and local data (Baltimore = 52,203 cases and 1,078 deaths).

It may be too tangential for its own chapter, but I could consider using the dashboard as a timestamp, especially if the book unfolds less chronologically than I expect.

(8) Michelin Guide: A Nice Place to Visit But?...Baltimore Today

Baltimore appeared at least twice in President Trump's daily Twitter rants and sound bite clips, where he characterized the city as "a disgusting, rat and rodent-infested mess" and described its violent crime rate as "worse than Honduras."

Known as both "Mobtown" and "Charm City," or as the northernmost southern city and the southernmost northern city, Baltimore is a study in contradictions. Its harbor boasts the deepest inland port along the East Coast, and it was the birthplace of the great B&O Railroad and the country's westward expansion. It is home to the first Catholic diocese, the first electric elevator, the first public museum, and the first American umbrella factory (umbrellas were initially scorned until doctors recommended them to prevent disease). The city has experienced urban renaissances and white flight, redlining, and black butterflies. Consider David Simon's *The Wire*, John Waters's *Hairspray*, Barry Levinson's *Diner*, and Lofty Nathan's *12 O'Clock Boys*; one can see the various sides of Baltimore's stories.

Baltimore's past and present are complicated, like many decaying cities seeking metamorphosis. The metaphor of metamorphosis suits Baltimore well. A pattern of affluent neighborhoods and seven-figure homes forms a white L through the heart of the city that then runs east along the waterfront. Hypersegregation, redlining, and police violence extend east and west from this core like wings (referred to as the "black butterfly" by Lawrence Brown upon observing the University of Virginia's Racial Dot Map of the city created in 2015).

From *Baltimore Revisited*: "Baltimore has served as ground zero for a series of neoliberal policies, where inequality has risen as corporate interests have eagerly privatized public goods

and services to maximize profits. However, they also reveal how community members resist and highlight a long tradition of Baltimoreans who have fought for social justice.”

## (9) The Injustice

After George Floyd was killed by police in Minneapolis, the latest in a long line of such tragedies, many cities across the country became sites of protest. Baltimore added its voice to the chorus calling for an end to police violence against people of color. In a city that often faces criticism (“rat-infested mess,” “Bodymore, Murderland,” “Charm City”), this story counters the perception that Baltimore is a place where people are left for dead. In 2015, following the death of Freddie Gray while in the custody of the Baltimore Police Department, the city erupted. The phrase that one person’s riot is another person’s uprising perfectly illustrates the racial divides that challenge the city. Here, many issues are black and white, both literally and figuratively. However, this time, set against the anxiety-ridden memory of events five years earlier, the protests were peaceful, diverse, and unifying. What was different?

## (10) Checking Out: You Can Check-Out Any Time You Like, But You Can Never Leave

Transition came to Hotel COVID in the early fall, as medical director Kevin Burns took a new job in California and Marik Moen’s contract as nursing manager concluded. Molly Rice and Vanessa Augustin stepped into those roles, respectively. But Moen’s phone continued to ping at 5:30 a.m. most mornings—“nurses needed at LBHTC”—and she generally took two shifts most weeks. She had checked out but never really left Hotel COVID.

Then came the holiday super-spreader events and spikes in COVID cases and deaths. In December—finally, but actually quite quickly—came the vaccine, which rolled out in successive waves: Phase 1A for healthcare workers; Phase 1B in January for Marylanders aged 75 and older, those in assisted living, and K-12 teachers; and Phase 1C two weeks later for Marylanders aged 65 and older, essential workers in vital industries, and USPS employees. Vaxers versus anti-vaxers. Links to vaccination appointment scheduling sites sent to eligible people were prematurely shared with ineligible friends and relatives. Young people lined up at the Baltimore Convention Center Field Hospital well before their phase was implemented. White individuals suddenly appeared in clinics that typically serve people of color. Vaccine inequity surged. According to U.S

In early March 2021, Maryland’s Vaccine Equity Task Force unveiled a plan to enhance the equitable distribution of vaccines in response to churches and community groups requesting clinics in their neighborhoods. Governor Hogan praised the plan as a means to accelerate the administration of coronavirus vaccine shots to Marylanders who are not white. Three majority-African American jurisdictions — Baltimore City, Prince George’s County, and Charles County — had lower vaccination rates compared to other counties in the state. Alarmed by these disparities, the Baltimore City Health Department created a door-to-door vaccination strategy that sent clinicians to housing complexes for the elderly. “The key with the mobile approach is that you can reach many hard-hit individuals simultaneously — if we just have enough supply to make that happen,” said Dr. Letitia Dzirasa, the city’s health commissioner.

Meanwhile, Dr. Peter Beilenson, a former health commissioner in Baltimore, stated that some disparities exist due to structural factors, including a concentration of African-American and Latino Marylanders in hourly wage jobs that do not provide paid time off for vaccinations. Clinics should be open on evenings and weekends to accommodate this workforce, and transportation should be made available for those who do not own cars.

Vaccination eligibility opened up in Phase 2A for Marylanders 60 or older, 2 B for Marylanders 16 and older with underlying medical conditions, and 2C for Marylanders 55 or over plus employees in construction, food services, transportation, utilities, IT, and other infrastructure. Phase 3 for the general population opened in late April.

In April 2021, the Rockefeller Foundation also supported Baltimore and four other cities' vaccine equity campaigns with a \$20 million initiative devoted to immunizing people of color. The funding enabled the Baltimore health department to launch more pop-up and mobile vaccination clinics and "resource hubs" that connected city residents with social services.

Finally in spring 2021, the TRI Center team opened "The Haven" at the Lord Baltimore Hotel by taking the lower two "hot zone" floors offline. These floors became The Haven where residents no longer in need of isolation but with nowhere to go (due to homelessness or shelters decreasing their capacity maximums) could land while figuring out their next moves. From The Haven, TRI Center staff in collaboration with its many partners secured permanent housing for twenty former Hotel COVID residents.

(Epil.) Closed for Renovations

"In great deeds, something endures. On great fields, something remains. Forms change and fade; bodies vanish, but spirits linger to consecrate the ground for the vision-place of souls. Reverent men and women from afar, along with generations who do not know us, nor do we know them, drawn by the heart to witness where and by whom great things were endured and achieved for them, will come to this eternal field to reflect and dream; and lo! the shadow of a mighty presence will envelop them in its embrace, and the power of the vision will enter their souls."

Joshua Chamberlain

Brigadier General, Union Army

Dedication of the Monument to the 20th Maine Volunteer Infantry Regiment October 3, 1889, Gettysburg, PA

Quoted by Bobby Harris

TRI Center Site Director, Baltimore City Health Department

TRI Center Anniversary Commemoration

Lord Baltimore Hotel, May 12, 2021, Baltimore, MD

Over the past year, TRI Center operations in the ballroom at the Lord Baltimore Hotel transformed from a haphazard collection of mismatched furniture, sheets from easel pads carelessly taped to any flat surface, and mountains of white linens piled high against the wall, into a well-organized horseshoe arrangement of desks, monitors, walkie-talkies, and high-tech equipment that opened up to a podium, projector, and screen. Choose your Hollywood silver-



screen analogy, from M\*A\*S\*H to Star Wars, but this assembled team of people from various agencies and institutions gelled into a cohesive unit that succeeded by the time the credits rolled. Mayoral citations were presented. Past team members who had moved on and schedule-burdened city officials joined via Zoom. Staff representing every aspect of Hotel COVID operations formed a circle and shared their most memorable moments. Olivia appreciated how, from day to day, one never knew what they would encounter. Rhonda remarked how the opening of The Haven allowed residents to participate in organized activities, restoring some normalcy to their lives after being in quarantine. Chanday felt proud to have the chance to give back to others. Caesar favored the move-in dates, when everyone on the team came together to make it all happen. Stewart, a hotel staffer, noted that in the hospitality business, there's an appreciation for the relationships colleagues build, but there has never been an experience quite like the TRI Center and its residents in the hotel community.

Bobby Harris closed the 45-minute event with the quote noted above. Then, walkie-talkies started to buzz, keyboards clacked, security cameras swept, conversations percolated, and everyone went back to work.

By the time this book is finished, the TRI Center at the Lord Baltimore Hotel will likely have (thankfully) ceased operations. This epilogue will wrap up the Hotel COVID story, revisit key characters who have been followed throughout the book as they transition out of the pandemic, detail the lingering effects COVID had on Baltimore's public health scene, and outline what lies ahead for the hotel itself.

In great deeds something abides. Something stays. Spirits linger.