

Converting Nonfiction Project into a Novel **“Hotel COVID”: A Novel by Gregg Wilhelm**

After developing a lengthy nonfiction proposal on the amazing and singular story of the Lord Baltimore Hotel Triage, Respite, and Isolation Center (LBH TRI Center), I have decided to recast the narrative as a novel. Since May 2020, the LBH TRI Center has worked on the pandemic frontlines in Baltimore preventing thousands of hospitalizations and untold deaths among the city's most at-risk residents. The nonfiction book proposal can be read in its entirety via the attached PDF.

The original proposal was met with hesitancy on the part of the many partners behind the extraordinary undertaking that converted a 100-year-old landmark hotel into a waystation for sick citizens who could not safely self-isolate: people battling addiction, people with mental health conditions, people experiencing homelessness, people living in multi-generational families, and others residing in congregate settings. The pre-pandemic challenges these residents faced on the outside followed them inside the hotel. Residents went missing, scored drugs, ignored protocols, fought, and were hospitalized, but they also missed their families, lost jobs, were evicted from homes, and struggled to keep their lives together.

Hesitancy rose from city officials and medical professionals alike due to a lack of time commitment required to document a story that was still unfolding and still jeopardizing the lives of the hotel's residents (people who checked into the LBH TRI Center were never called “patients”). Numerous but understandable bureaucratic hurdles and patient confidentiality concerns existed, too. The few publishers I pitched passed due to COVID fatigue and the first wave of COVID nonfiction books hitting the marketplace. They also thought the audience would be too limited because the hotel converted into a TRI Center was located in Baltimore as opposed to New York or Chicago or Los Angeles. I disagree since Baltimore “the place” is as much a character in my vision of the story as the docs, the patients, and the staff.

But the “Hotel COVID” story is simply too important, and frankly too dramatic, to ignore.

Converting a nonfiction project on the real LBH TRI Center into the fictionalized “Hotel COVID” also makes for interesting narrative possibilities that might restrain literary journalism and certainly straight-forward reportage. That said, the project entails significant research and reporting in a documentary sense to ensure that the story is told authentically.

This freedom is most evident in the choice of narrator: Sadie, the ghost of an 11-year-old girl who died at the Lord Baltimore Hotel in the late 1920s. Given its popularity upon opening in 1928, followed soon after by the stock market crash of 1929, the 23-story hotel was the site of several suicide leapers. Sadie’s parents were among them, and perhaps she died of a broken heart, but hotel guests have since claimed to see a mysterious red ball, just like the one Sadie was known to play with, roll unattended down hallways. The hotel has actually been the subject of ghost tours and broadcast investigations into paranormal activity. Such an omniscient narrator allows access to a variety of events (past and present), private conversations, and inner monologues that take place in the novel. I also like how the introduction of an other-worldly

narrator resonates with the opening lines of a quote from Union Army Brigadier General Joshua Chamberlain that was recited at the LBH TRI Center's May 2021 anniversary commemoration:

“In great deeds something abides. On great fields something stays. Forms change and pass; bodies disappear, but spirits linger, to consecrate ground for the vision-place of souls.”

Sadie is the lingering spirit that propels the novel's narrative.

In December 2021, spikes in new COVID cases, hospitalizations, and deaths caused by the Delta and Omicron variants have re-populated the Lord Baltimore to near max capacity. Phones buzz at all hours with multiple daily texts calling for nursing support at the LBH TRI Center.

Sadly, the story of Hotel COVID continues.

My slightly redacted nonfiction book proposal demonstrates the time and thought already dedicated to this project, first recorded in a December 2020 Baltimore magazine piece. (Names would be changed and some characters deleted while other characters might be composites of people mentioned below.) The rest of my credentials hopefully vouch for my ability to turn the LBH TRI Center story into “Hotel COVID.”

NONFICTION BOOK PROPOSAL AS BASIS FOR NOVEL
Hotel COVID: Inside a City's Desperate Fight to Protect Its Most Vulnerable Residents
by
Gregg Wilhelm

“Hotel COVID: Inside a City's Desperate Fight to Protect Its Most Vulnerable Residents” explores the transformation of a 100-year-old landmark hotel into an urban triage, respite, and isolation center over the course of one of America's most extraordinary years. In May 2020, the Lord Baltimore Hotel became home for hundreds of the city's most at-risk populations: people battling addiction, people with mental health conditions, the unemployed, the unhoused, people living in multi-generational families, and others residing in congregate settings. The pre-pandemic challenges these residents faced on the outside followed them inside the hotel. Residents went missing, scored drugs, ignored protocols, fought, and were hospitalized, but they also missed their families, lost jobs, were evicted from homes, and struggled to keep 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, stopping an insidious chain of transmission and preventing thousands of coronavirus cases. But it is also a story full of hard questions: if systems were different, would these people be at such risk? how do city officials convey the importance of contact tracing to people ingrained in a “don't snitch” culture? who gets prioritized when vaccinations roll out? does my city give a damn 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 known for its brokenness—built something that worked. It examines the challenges and triumphs of developing a solution to a complex and heart-wrenching problem 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 see.

Synopsis

“Hotel COVID: Inside a City’s Desperate Fight to Protect Its Most Vulnerable Residents” follows the players and the stories that delivered a very special sort of care during the pandemic. It’s about the tireless heroes and bureaucratic roadblocks involved in just doing the right thing. It’s about the challenges managing a unique population under extraordinary circumstances. It’s also about a place, Baltimore, home to Speaker of the House Nancy Pelosi and the late Congressman Elijah Cummings, which former President Trump called a “disgusting, 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 often overlooked citizens: people struggling with addiction, people with mental health conditions, the homeless, or members of multi-generational families living in cramped rowhomes where isolation was impossible. The challenges these people battled on the outside followed them inside Hotel COVID.

The main villain, of course, was COVID itself, capable of doing serious damage to people whose general health was already precarious. Other obstacles included the initial heavy lift prepping for the first residents, enlisting and training nurses, bureaucratic city and state agencies, mixed messages from political leadership, a public sometimes reticent to adopt the simplest of protective measures, new spikes in cases as circumstances led to multiple waves of infections, physical exhaustion, and the never-ending emotional toll.

“Hotel COVID” chronicles how a nearly 100-year-old landmark downtown Baltimore hotel transformed into a coronavirus isolation center for the city’s most vulnerable populations. As the one main place of action, the Lord Baltimore also serves as an architectural and narrative anchor for the entire story.

Readers follow the nurses, residents, staff, security, and the partners that made the TRI Center happen. Without it, thousands more people would have been infected and possibly died, but

because COVID-positive people were able to isolate from the population, the chain of transmission was stopped. Because there was nothing else quite like it in the country, ““Hotel COVID”” stands as one unique frontline story among the many that have emerged in the past year.

The Author

Gregg Wilhelm is director of Mason Creative Writing’s BFA and MFA programs at George Mason University in Virginia. In fall 2020, he co-founded Watershed Lit: Center for Literary Engagement and Publishing Practice. The center is a collective of organizations whose missions create and promote transformative experiences in the literary arts at Mason and beyond. Together, they seek to inspire love of the written word in all its forms, foster the professional development of writers, teachers, and future literary leaders, and provide a platform for new and unheard voices. Watershed Lit brings together the Fall for the Book literary festival, Stillhouse Press, *Poetry Daily*, the Cheuse Center for International Writers, and the Northern Virginia Writing Project.

Wilhelm’s career has covered book publishing, literary arts administration, and higher education. He has been involved with the publication of more than 300 books, serving as publisher, editor, promoter, and at times designer. He co-edited *Clash by Night*, a poetry anthology inspired by the Clash’s seminal album, *London Calling*. In 2004, Wilhelm founded CityLit Project, which has presented thousands of programs for artists, students, and the general public and continues to serve readers and writers in the Baltimore metropolitan area. He remains publisher of the nonprofit’s CityLit Press imprint.

Wilhelm is a recipient of a Maryland State Arts Council Individual Artist Grant as well as a Rubys Artist Grant, named in honor of Creative Capital founder Ruby Lerner. He was raised in Hampden, lived for 15 years in Highlandtown, and moved back to Baltimore with his family in the middle of the pandemic.

Access, Research, and Reportage

I am in a singular position to write this book because I have unparalleled access to its cast of characters, knowledge of the story’s present-day and historical contexts, and, to a significant extent, I witnessed it first-hand.

My wife, Marik Moen, PhD, MPH, RN, was recruited by the University of Maryland Medical Center to coordinate and lead the nursing component of the TRI Center. The story I wrote for Baltimore Magazine interweaves the larger story of the Lord Baltimore Hotel TRI Center and COVID’s impact on our family in Marik’s absence. We spent weekends and the better part of June in the twenty-first-floor penthouse of the Lord Baltimore Hotel, which coincided with the demonstrations after George Floyd’s murder in Minneapolis.

Marik provides access, accuracy, and some anecdotes to this deeper, more wide-ranging story I wish to tell. Her network includes characters from the University of Maryland Medical System, Johns Hopkins University and Johns Hopkins Medicine, city agencies especially the Baltimore

City Health Department and the Office of Homeless Services, and the various nonprofits that funneled residents to Hotel COVID. Together these medical, civic, and nonprofit leaders round out the context and details of this story's multiple angles, characters, and plots.

Most importantly, and central to the book project, I can gain access to current and former residents and healthcare providers to capture their stories. Nurses and the people they served: these are the characters who made the TRI Center unique and thereby drive the narratives that make Hotel COVID unique. Some of these individuals are sketched in the "Chapter Outline and Characters" below. Of particular note is Chuck Callahan, Vice President of Population Health for the University of Maryland Medical Center, who spearheaded the transformation of the Baltimore Convention Center into a field hospital and the Lord Baltimore Hotel into an isolation center. A retired Army officer with chief executive experience at five military hospitals in the Washington, D.C., area, Chuck held seniority among leaders behind the completion of the complex Base Realignment and Closure Act in 2005. He directly recruited Marik to organize the TRI Center's nursing component. I detail that April 2020 phone call—or at least the side of it I could hear—in the December 2020 Baltimore Magazine piece. Chuck's trust in Marik and enthusiasm for the book project will open other doors and enlist the cooperation of other significant characters.

Marik formally handed over her leadership role to another nurse in September 2020 but continues to take shifts at the TRI Center as well as at the Baltimore Convention Center where she inoculates about 100 people a day. She thought that the need for the TRI Center would have evaporated by now, a year later, but unfortunately it has not. As one unique story from the pandemic frontlines that is replete with stories, "Hotel COVID" also has legs to remain relevant for years to come.

Baltimore is my hometown. I've worked here for thirty years as a journalist, writer, publisher, educator, arts leader, and supporter of the arts. My personal and professional networks include print, online, and broadcast journalists who cover the health beat, politics, police, and sports; authors who have written about Baltimore's history of progress and glory as well as its discrimination and decay; and members of the arts and culture community. I have contacts within the Maryland Historical Society, Baltimore Heritage, and various museums for additional research sources and speaking opportunities. I can turn to historians, sociologists, and criminal justice experts at several local universities. I am a known and trusted commodity.

I am also closely connected to the region's bookselling community and Baltimore's resurgent indie bookstore scene. One of the publishing imprints I launched was a sister company to Bibelot, once the largest independent bookstore in the area, and I also worked with the Independent Booksellers Consortium. As a publisher, I pitched books to Barnes & Noble, Borders, and Books-a-Million, regional chains Crown and Encore, and mall outlets Waldenbooks and B. Dalton. I understand how the sales and promotion side of the business works and I'm ready to be a committed and energetic part of promotional efforts for "Hotel COVID".

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. “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 why I have access to its characters. A AAA-TripTik is a mapped route for travelers that also highlights AAA-rated hotels, restaurants, and attractions. Likewise, this introduction will guide readers into the story. I like the double entendre with “trptych” as I consider a possible structure for the book in three parts/acts with the crucial middle-section action being flanked by establishing contexts and resulting conclusions. Draft introduction below, essentially a re-working of the Baltimore Magazine piece.

(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 and its “upstairs” embodied by the medical teams that took over the grand ballroom as their operations center. For five weeks through April into May, these two camps planned, strategized, tested, and revised what was necessary to welcome their first group of hotel guests, who were called “residents” never “patients.” The thing about COVID, 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 were empty, conventions were pared down, and worship services went remote. Some people, however, simply didn’t have a choice: they lived in shelters, in multi-generational homes, or huddled together homeless in the streets or along median strips. For those who could not self-isolate, Hotel COVID became their haven.

The notion of a “haven” rests within the very name of the operation at the Lord Baltimore Hotel: triage (determine residents’ status), respite (provide relief from their usual circumstances), and isolation (quarantine those who were exposed to COVID-19 and set them apart from those who required isolation after a positive test). However, the Triage, Respite, and Isolation Center at the Lord Baltimore Hotel was something completely different than other hotels that were converted into COVID hostels. The medical component was different, and the population was different. There was no playbook.

The TRI Center team needed answers: 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 in the hull appeared, and for every leak a new policy: on alcohol use, on substance use, on family members rooming together, on what to do if a resident goes missing (residents stayed at Hotel COVID voluntarily, no one was officially under "lock and key"), on what to do when there's a room fire. When it came to protocol for a fire, some TRI Center team members urged developing a plan, but others figured "it's a hotel, they already have an Emergency Evacuation Plan." And for nine months, there was no need for a plan, then there were three fires within a month. On a third response to the hotel, with residents 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 lays out the rationale behind Hotel COVID's origin, describes challenges encountered during pre-opening preparation, and introduces key players responsible for a multitude of tasks over the course of a day at the TRI Center, partly by illustrating how no one day was typical. It establishes characters and their "upstairs" or "downstairs" roles: Dr. C _____ C _____, Vice President of Population Health at the University of Maryland Medical System; Dr. K _____ B _____, Medical Director; M _____ M _____, former TRI Center nurse manager, and other key RNs including V _____ A _____, the current nurse manager; E _____ G _____, assistant deputy chief of staff, Office of the Mayor, who coordinated overall operations at the TRI Center; R _____ "B _____" H _____, Baltimore City Health Department, who served as the TRI center site director; A _____ R _____, also of the Baltimore City Health Department, who acted as TRI Center clinical director; M _____ B _____, Director of Operations, Patapsco Cleaning Inc. (charged with deep cleansing the "hot zone" rooms); K _____ H _____, head of Lord Baltimore Hotel security; D _____ R _____, division chief of C.I.E.R. Security and Protection Agency, which provided armed security; and O _____ S _____, LBH general manager.

Other players include Dr. L _____ D _____, Commissioner of Health, Baltimore City Health Department; T _____ E _____, Mayor's Office of Children and Family Success and Acting Director of the Office of Homeless Services; K _____ L _____, President of Healthcare for the Homeless, and staffers who direct the nonprofit's psychiatric, behavioral health, medical, and nursing services; and possibly Dr. R _____ R _____, former director of the Centers for Disease Control and Prevention and co-founder of the Institute of Human Virology, University of Maryland School of Medicine, and recently appointed senior advisor to Maryland Governor Larry Hogan.

These characters also provide me with access to other characters and, most importantly, the residents. I will identify among these people 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 boasts twin, crimson-bricked towers only three-windows wide each connected by a street-level façade four-stories tall. The fourth, northern side of the building is capped by an octagonal tower layering the four penthouses with 360-degree views, itself crowned with green copper cupola.

The Lord Baltimore was built in 1928 by architect William Lee Stoddart. At the time, the French Renaissance building was the tallest in all of Maryland. The 23-story, 440-room hotel stands in the heart of downtown Baltimore near the intersection of Charles and Baltimore Streets, which bisect the city north from south and east from 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, followed soon after by the stock market crash of 1929, it was the site of several suicide leapers. Here, too, Baltimore’s checkered past in regard to race relations played out 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 son George Herman “Babe” Ruth’s homerun 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 to current Speaker of the House of Representatives Nancy Pelosi.

The hotel closed in 1982, needing a major renovation. It was sold and reopened in 1985. It underwent another renovation with an artistic flare and reopened again in 2014 as part of the Rubell Family Hotels Company. The Miami-based Rubell family founded a contemporary art museum, and their tastes were reflected in the refurbished lobby, restaurant, and guestrooms. “A hotel like the Lord Baltimore is a community treasure,” said Mera Rubell. “Not just architecturally or structurally, but through its own historical heritage. This hotel holds so many layers of Baltimore’s history through communal memories, from generations past to the present. A new building creates a new relationship with the community, but a historic building like the Lord Baltimore possesses a social history and layers of memories.”

(3) Elevator Going Up: The Residents

These representative sketches of residents would be fleshed out and others will emerge over the course of research and interviews. However, my strategy would be to identify a few of the most compelling stories—among residents and caregivers alike—to develop as narrative arcs to help tie the entire book together.

When violence in San Pedro Sula peaked in 2012, H _____ immigrated from Honduras to join family who settled in Baltimore a decade earlier. An older brother and his aunt and uncle lived in small rowhouse on the eastside with a total of seven children of various ages. H _____ 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 others with whom he worked shoulder-to-shoulder on crews that he was able to join. When he came down with 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 he spent a night alone.

C _____ 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 was likely exposed to coronavirus at the recovery house. As other shelters and recovery houses decreased their capacity to remain compliant with social distancing guidelines, C _____ was left out in the cold until a neighborhood clinic made arrangements for him at the Lord Baltimore. The TRI Center staff provided him with daily doses of methadone.

K _____ A _____’s borderline personality disorder was misdiagnosed as schizophrenia in her early teens and the medications she was prescribed 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 recalled long drives fifteen miles north through the heart of the city to the 100-year-old Sheppard Pratt Psychiatric Hospital campus with its strange stone gatehouse. Even though some members of her immediate family had been abusive, as they and few extended family members passed away her fragile support systems grew frailer. Unable to hold steady work, she lived most of her adult life homeless. Before the pandemic—during years of being called “crazy,” “nuts,” and “fucked up”—K _____ A _____ started to benefit from the psychiatric services at Healthcare for the Homeless where such words do not exist. When the organization began administering COVID tests, K _____ A _____ was among the first positive cases and was among the first group of residents at the Lord Baltimore Hotel TRI Center.

S _____ suffered from the pulmonary disease COPD, but her son was at home with her with COVID. Her symptoms grew worse until one day in October she was completely breathless. Sharon was rushed to St. Agnes Hospital on the city’s westside. After 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 headed up by Chuck Callahan) where she received around-the-clock care. Finally, she was transferred 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 W _____ es, the first family Hotel COVID took upon referral from Sarah’s Hope Family Shelter, a unit of St. Vincent de Paul Baltimore that serves families experiencing homelessness. The mother and two school-aged children all had COVID, and the

father was already hospitalized because of it. The team didn't know how to handle a family, but they were not deterred, again establishing and revising policies and procedures on the fly. Just a few months after leaving Hotel COVID, the W_____es were reunited, all healthier, and secured their own place to live. In all, the TRI Center team helped usher twenty people into permanent housing.

Since opening day in May 2020, the TRI Center at the Lord Baltimore Hotel served more than 2,100 residents. A disproportionate percentage of the resident population was African American (69%), members of the Latinx community accounted for 6% of the residents, and a majority of residents were homeless people (70%). Most of those residents were directed to 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 diverse residents to be housed at Hotel COVID: the homeless camped beneath expressways, the users of substances in recovery houses, the abused and neglected in shelters, people with mental health issues in clinics, members of multi-generational families crammed into Baltimore's narrow rowhomes.

(4) Be Our Guest: The Hotel Staff

The Lord Baltimore Hotel was first envisioned as another field hospital akin to the much larger Baltimore Convention Center operation. Chuck Callahan drove around Baltimore calling hotel after hotel about his need to relieve pressure on overtaxed hospitals. Most responded that they would call corporate and get back to him in a week or two. But time was of the essence. He then called O_____ S_____, general manager at the Lord Baltimore Hotel. "I can get you 250 beds today," she said. Chuck approved. Then Onahlea called back and said she could get 300 beds. A partnership was born.

The Lord Baltimore Hotel was the only hotel in the city that would accept any residents during the pandemic. Perhaps part of that reason rests on O_____ S_____, a long-time hospitality professional with Marriott but with the Lord Baltimore just two years when the pandemic broke. She also served on the board of organizations like Back on My Feet, which uses running and community building to support individuals experiencing homelessness, and Healthcare Access Maryland, which connects residents with insurance and advocates for a more equitable healthcare system. O_____ possessed the right sort of spirit at just the right time. Speaking of spirit, O_____ and her partner—V_____, another long-time Marriott employee—own Spirits of Mount Vernon, a popular wine bar and bottle shop a short fifteen blocks away on Charles Street.

Using O_____ as a central character, this chapter explores the people behind the "hotel" part of Hotel COVID: the in-house cleaning crew and contracted deep cleaning company, the security details (three types...hotel security, a contracted vendor called C.I.E.R. Security and Protection

Agency, and Metropolitan Police, armed off-duty Baltimore City Police officers), and the kitchen/nutrition staff, who met the residents' dietary needs while dishing out 81,000 meals over the year.

Life on the outside followed residents inside Hotel COVID. Rumors of sex between guards and residents emerged, as did those about staffers who scored drugs for or from residents, and cash or electronics that were stolen from rooms. Cleaning each hotel room between residents involved a deep disinfecting, a thorough cleaning, then general maid staff duties such as changing the sheets, replenishing toilet paper, and replacing cups. However, there were complaints that new residents would sometimes arrive to rooms without clean linen, food still in drawers, or vomit and feces still in the bathrooms. So, as with every problem the Hotel COVID team encountered, a new procedure was adopted (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 with the resident population. In addition to their medical expertise, they often tended to be case workers, counselors, advocates, truant officers, and fire extinguishers. Dramatic, impassioned, and humorous, their stories, frustrations, anecdotes, and triumphs complement the residents' stories at the core of this book.

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

Even among the stress and exhaustion, moments of humor were found. One story involves the hired cleaning crew and a fastidious nurse who routinely worked the night shift. There were plenty of issues when it came to keeping rooms in the "hot zone" clean. To their credit, the crew at Patapsco Cleaning Inc. had to be trained, too, with safely donning and doffing Personal Protection Equipment and lugging equipment from room to room in full PPE. Their primary job was to disinfect the rooms with a deep cleansing that eradicated COVID germs, not to tuck in bedsheets or clean bathrooms. Like every other chore at Hotel COVID, the staff had to come up with a protocol for executing a task and confirming its completion. That often fell to nurses on the nightshift, Ghana-born Priceless G _____ among them, who taped their names to the doors of rooms that had been disinfected. However, on occasion gross things—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 hotel cleaning staff to address. But if the room was disinfected and COVID-free, a nurse confirmed it. One morning, M _____ B _____—owner of Patapsco Cleaning Inc.—stormed into the ballroom ops center red-faced, waiving a piece of paper ripped from the door of a disinfected-but-still-disheveled room. She testified that her crew were doing the best they could but there was no need for sarcasm. "That takes some nerve," she said, flapping the paper above her head. The word on the paper read "Priceless," but _____ mistook Nurse G _____'s verification marker as a cheap shot on the quality of her crew's work.

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

Baltimore's politicians and political corruption are nothing new. In the 1970s, governors Spiro Agnew (tax evasion, plus suspicion of bribery and extortion) and his successor Marvin Mandel (mail fraud and racketeering)—both of whom started their political careers in Baltimore—set the bar high for local political scandals. Crooked politicians and nefarious city employees headlined the public arena through the following decades from comptrollers to police commissioners, state delegates to city council members, Department of Transportation to Department of Public Works. The Mayor's Office of Information Technology chewed through three directors in rapid succession, the last of whom resigned upon allegations of misconduct and unethical practices, which may have left the city more vulnerable to the two ransomware attacks it suffered. The notorious Gun Trace Task Force, a nine-officer unit of the Baltimore Police Department, spent years violating the constitutional rights of citizens, shaking people down for money and drugs, and planting toy guns at scenes where they shot unarmed people. Then there are the mayors themselves: Sheilah Dixon was indicted on counts of perjury, theft, and misconduct stemming from misappropriated gift cards intended for the poor. She resigned in 2010. Almost a decade later, Catherine Pugh was convicted after a scandal over a book-sales arrangement of herself published "Healthy Holly" children's series (among the schemes, organizations purchased large quantities of books in exchange for contracts with the city). Between them, Stephanie Rawlings Blake, who ascended from City Council President in the wake of the Dixon scandal, was at the helm during the 2015 uprising after Freddie Gray died while in police custody. Blake was so criticized for her initial hands-off response to the riots that she did not seek re-election. (April 2015 press conference: "We try to make sure that they were protected from the cars and other things that were going on, we also gave those who wished to destroy space to do that as well.") Today, the headline grabbers are the one-two punch of couple Nick Mosby (City Council President) and Marilyn Mosby (City State's Attorney), who are under investigation over her use of campaign finances and their shared federal tax returns.

(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 leave behind the era of tough-on-crime prosecution and zero tolerance policing and no longer default to the status quo to criminalize mostly people of color for addiction. We will develop sustainable solutions and allow our public health partners to do their part to address mental health and substance use disorder.")

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 in regard to restrictions and if/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 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 figured procedures out and hit its stride, word spread about what was happening at the grand hotel in the heart of Baltimore. Suddenly, Hotel COVID was hit with an influx of residents. How did this strain on resources impact each facet of the operation, from nurses to hotel staff to security?

Closely related to this matter are the successive waves of COVID that kept setting the team back right when they thought they were getting out in front of the pandemic. A "ballroom blitz" of sorts. In fall 2020, and with holidays looming, Maryland's governor Larry Hogan announced a reduction in restaurant capacity statewide and issued advisories warning against out-of-state travel ahead of a second wave of the coronavirus pandemic. In Baltimore, that wave lasted from early November to mid-January 2021. Residents at the Lord Baltimore TRI Center increased, too, further taxing an already exhausted corps of healthcare providers. Second, third, and fourth waves demanded second, third, and fourth winds. How did the Hotel COVID team cope? Here, too, readers will return to characters whose story arcs were introduced earlier to see more clearly the impact of resources stretched to the limit, the number of residents adding up, and the long-days under ever-changing conditions taking its toll.

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

Baltimore made appearances at least twice in President Trump's daily Twitter rants and sound bite clips where he described the city as "a disgusting, rat and rodent infested mess" and its violent crime rate "worse than Honduras." Called both "Mobtown" and "Charm City," or the northern-most southern city and the southernmost northern city, Baltimore is a study in contradictions. Its harbor is the deepest inland port along the east coast, it was the origin of the great B&O Railroad and the country's expansion westward, it's home to the first Catholic diocese, the first electric elevator, the first public museum, and the first American umbrella factory (umbrellas were first scoffed at until doctors recommended them to prevent disease). It saw urban renaissances and white flights. Redlining and black butterflies. Consider David Simon's *The Wire* and John Waters's *Hairspray*, along with Barry Levinson's *Diner* and Lofty Nathan's *12 O'Clock Boys*, and one can see the different sides to the stories that are Baltimore.

Baltimore's past and present are complicated like so many decaying cities in search of metamorphosis. The metaphor of metamorphosis suits Baltimore. A pattern of affluent neighborhoods and seven-figure homes form a white L through the heart of the city that then runs east along the waterfront. Hypersegregation, redlining, and police violence extends east and west from this abdomen like wings (called 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 been ground zero for a slew of neoliberal policies, a place where inequality has increased as corporate interests have eagerly privatized public goods

and services to maximize profits. But they also uncover how community members resist and reveal 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 around the country became scenes of protest. Baltimore joined the chorus rallying for an end to police violence against people of color. In a city that often gets slammed (“rat infested mess,” “Bodystore, Murderland,” “Charm City”), this story fights against the impression that Baltimore is a place where people are left for dead. In 2015, after the death of Freddie Gray while in custody of the Baltimore police Department, the city erupted. The fact that one person’s riot is another person’s uprising perfectly exemplifies racial divides that challenge the city. Here many things are black and white, in a literal sense and a dichotomous sense. This time, however, set against the anxiety ridden memory of events five years earlier, 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 K_____ B_____ took a new job in California and M_____ M_____’s contract as nursing manager concluded. M_____ R_____ and V_____ A_____ stepped into those roles, respectively. But M_____ M_____’s phone continued to ping at 5:30am 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—at long last, but actually rather rapidly—came the vaccine, which rolled out in successive waves: Phase 1A for healthcare workers; 1B in January for Marylanders 75 and older, people in assisted living, K-12 teachers; 1C two weeks later for Marylanders 65 and older, essential workers in vital industries, 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 queued up at the Baltimore Convention Center Field Hospital well before their phase was implemented. White people suddenly appeared in clinics that typically serve people of color. Vaccine inequity surged. According to U.S. Senator Chris Van Hollen from Maryland, whites received the vaccine at rate of two times that of African Americans; Latinos had received 4% of the state’s vaccines but represent 11% of population.

In early March, 2021, Maryland’s Vaccine Equity Task Force unveiled a plan to improve the equitable distribution of vaccines that responded to churches and community groups requesting clinics in their neighborhoods. Governor Hogan touted the plan as a way to improve the pace of getting coronavirus vaccine shots into the arms of Marylanders who are not white. Three majority-African-America jurisdictions — Baltimore City and Prince George’s and Charles counties — each had fewer people vaccinated than other counties in the state. Alarmed by the inequities, the Baltimore City Health Department developed a door-to-door vaccination strategy

that dispatched clinicians to housing complexes for the elderly. “The key with the mobile approach is you can get a lot of hard-hit folks at the same time — if we just get enough supply to do that,” said Dr. Letitia Dzirasa, the city’s health commissioner.

Meanwhile, Dr. Peter Beilenson, a former Baltimore health commissioner said some of the disparities exist due to structural factors, such as a concentration of African American and Latino Marylanders in hourly wage jobs that do not offer people paid time off to get vaccinated. Clinics should be open nights and weekends to accommodate this workforce, and transportation should be provided for those who don’t own cars.

Vaccination eligibility opened up: Phase 2A for Marylanders 60 or over; 2B Marylanders 16 and older with underlying medical conditions; 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.

Also in April 2021, the Rockefeller Foundation supported Baltimore and four other cities’ vaccine equity campaigns with a \$20 million initiative devoted to getting people of color immunized. The funding enabled the Baltimore health department to launch more pop-up and mobile vaccination clinics, as well as “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.

* In December 2021, rise in new COVID cases, hospitalizations, and deaths caused the Delta and Omicron variants has re-populated the Lord Baltimore. Phones buzz at all hours with multiple daily texts calling for nursing support at the LBH TRI Center. Sadly, the story of Hotel COVID continues.

(Epil.) Closed for Renovations

“In great deeds something abides. On great fields something stays. Forms change and pass; bodies disappear, but spirits linger, to consecrate ground for the vision-place of souls. And reverent men and women from afar, and generations that know us not and that we know not of, heart-drawn to see where and by whom great things were suffered and done for them, shall come to this deathless field to ponder and dream; And lo! the shadow of a mighty presence shall wrap them in its bosom, and the power of the vision pass into 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 _____
LBH TRI Center Anniversary Commemoration
May 12, 2021, Baltimore, MD

Over the last year, TRI Center ops in the ballroom at the Lord Baltimore Hotel had morphed from a ramshackle collection of mismatched furniture, sheets from easel pads haphazardly taped to any flat surface, mountains of white linens piled high against the wall to a tight horseshoe ring of desks, monitors, walkie-talkies, and high tech that opened to a podium, projector, and screen. Pick your Hollywood silver-screen analogy, from *M*A*S*H* to *Star Wars*, but this dashed together team of people from disparate agencies and institutions jelled into a cohesive unit that won the day by the time the credits rolled. Mayoral citations were read. Past team members who had moved on and schedule-laden city officials Zoomed in. Staffers representing every component of Hotel COVID operations stood in a circle and shared their most memorable moments. O _____ liked how, from day to day, one never knew what they'd encounter. R _____ remarked how the opening of The Haven allowed residents to engage in organized activities, which returned some normalcy to their lives after being in quarantine. C _____ felt proud to have had the opportunity to give back to people. T _____ liked move-in dates the most when everyone across the team was called to work together to make it all happen. Stewart, a hotel staffer, noted how in the hospitality business there's an appreciation for the relationships colleagues build, but there's never been an experience like the TRI Center and its residents in the hotel community.

B _____ H _____ closed the 45-minute event with the quote noted above. Then walkie-talkies started to buzz. Keyboards clacked. Security cameras swept. Conversations percolated. Everyone went back to work.

By the time the creation of this book is complete, the TRI Center at the Lord Baltimore Hotel will have likely (thankfully) ceased operation. This epilogue will wrap up the "Hotel COVID" story, return to key characters who have been followed throughout the book as they transition out of the pandemic, detail the lingering ramifications COVID had on Baltimore's public health scene, and lay out what is in store for the hotel itself.

In great deeds something abides.

Something stays.

Spirits linger.