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‘Outgunned, outmanned and underfunded’: Inside Roseland hospital’s battle against the coronavirus



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Roseland Community Hospital intensive care unit nurse Subu Kirugulige tends to a COVID-19 patient on April 15, 2020. On this afternoon, nine of the unit's ten beds are occupied by COVID-19 patients, with eight on ventilators.



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Inside the Roseland Community Hospital intensive care unit, nurse Subu Kirugulige suctions secretions from the mouth of a COVID-19 patient, an unconscious middle-aged man who has been on a ventilator for several days.

A television plays quietly in the background as Kirugulige goes about his work in the cramped room, a three-walled stall with a privacy curtain. The nurse never once glances at the screen, not even when a city public health official declares Chicago has begun to flatten the coronavirus curve.

But Kirugulige's brow — one of the few parts of his head not covered by a mask or hair net — furrows behind his large face shield.

His 10-bed ICU has been at capacity for weeks. At the moment, there are nine confirmed or suspected COVID-19 cases. Eight patients are on ventilators. Many of them have organs threatening to fail.

"And I've got three more in the emergency room who are waiting for a bed up here," Kirugulige says after leaving the patient's room. "I know the city has all the data, but it doesn't feel like anything is flattening for us."



Roseland Community Hospital intensive care unit nurse Subu Kirugulige finishes tending to COVID-19 patient on April 15, 2020. On this afternoon, nine of the ICU's 10 beds are occupied by COVID-19 patients, with eight on ventilators.

Indeed, Roseland has been riding the coronavirus's deadly climb from the beginning, trying to bend an invisible enemy that has struck lower-income predominantly African American

neighborhoods on the Far South Side harder than wealthier and whiter communities elsewhere in the city. It does so with the if-not-us-then-who mentality of safety-net hospitals across the country, as a place where anyone can receive medical care and not be turned away for lack of money or insurance.

It's a difficult, almost herculean, quest for the 134-bed hospital, which has long suffered from a lack of resources and a [two-star reputation](#). It's a challenge that has taken a significant toll on the hospital's budget and an even greater one on its staff.

In the ICU, for example, not a single patient was conscious Wednesday, meaning the nurses were responsible for their patients' total care. Everything from maintaining airways and managing nutrition to preventing urinary retention and avoiding bedsores fell on their shoulders.

The hospital says it has had 10 confirmed deaths attributed to COVID-19 since March, though some cases remain under investigation. It's a number that's difficult to put in perspective because other area medical centers have closely guarded such information.

Roseland, meanwhile, wants the tragedy to be more clearly understood.

"We are literally on the front lines and we are being bombarded from every angle," said Tim Egan, Roseland's president and CEO. "We are outgunned, outmanned, underfunded, and no one is coming to help us. But we are going to win this war."

If nothing else, the past month has been an exercise in self-reliance and creative problem-solving. For example, when the outbreak began, Roseland did not have enough temporal thermometers to handle the crush of patients. Nurses brought their own and let the hospital keep them until new ones could be purchased.

After a kitchen employee exhibited COVID-19 symptoms last month, the hospital shut down its food service operation and scrambled to find meals for both patients and staff members. Local churches sent dinner after homemade dinner, while employees asked their social circles for help.

Egan is the 2nd Ward Democratic committeeman, and friends sent dozens of pizzas and thank-you notes. Administrator Elio Montenegro raised more than \$2,000 on his Facebook page to buy Subway sandwiches. Another employee's family sent over full chicken dinners on Wednesday.

"People have been very generous and it really has meant a lot to us," nurse Lynette Houston said. "We see that people appreciate what we're doing, and it makes the bad days a little easier."



Lynette Houston, emergency room manager at Roseland Community Hospital, adds a decorative headband to the surgical cap of a nurse in the hospital's ER as part of her effort to provide levity.

Built in an area settled by Dutch immigrants, Roseland's hospital opened in 1924, a time when real estate agents urged racially [restrictive covenants](#) that barred residents and developers from selling to African Americans.

During the tail end of the Great Migration of Southern blacks to Chicago in the 1960s, real estate profiteers played on white fears and racist views of African Americans moving in, [as neighborhoods changed almost overnight](#). Extreme disinvestment, depressed property values and the decline of industry followed, leading to high unemployment and crime. Nestled between Interstate 57 and the Bishop Ford Freeway, the neighborhood had a paralyzing 20% unemployment rate even before the pandemic. About 1 in 5 residents lives below the poverty line, according to city data.

The hospital has been a mainstay, providing jobs and health care to residents in dire need of both. Roughly 95% of patients are on Medicaid, the government-subsidized insurance program for low-income people, including children, pregnant women and people with disabilities.

"Roseland Hospital is an anchor on the South Side of Chicago," said 9th Ward Ald. Anthony Beale, who represents the neighborhood. "It's one of the last few necessities we have."

Roseland finds itself at the heart of the city's coronavirus outbreak, in large part because of the health care inequities [laid bare by the pandemic](#). Public records show black Chicagoans are dying from COVID-19 at a rate more than [four times higher](#) than white residents. Three of the five ZIP codes with Chicago's highest death rates fall at least partially within Roseland's boundaries. The neighborhood's ZIP codes represent just 7% of the city's population, but 16% of total deaths.

"We knew this would occur," said Dr. Terrill Applewhite, chairman of the hospital's COVID-19 task force. "Roseland hospital is in a health care desert. We don't see grocery stores, we don't see clinics, and as a result, we're covering a large swath of territory where you don't have any health care being delivered."



Dr. Terrill Applewhite, chairman of the Roseland Community Hospital's COVID-19 task force, prepares to perform a procedure in the emergency room.

Like almost all of the hospital's 450 employees, Applewhite is doing multiple jobs. One minute he's securing protective personal equipment for employees, and the next he's running to the emergency room to insert a catheter for a patient, before heading up to the intensive care unit to check on another.

It's the sort of multitasking many at Roseland accept as a matter of course. The marketing department is calling patients who have negative COVID-19 test results, while doctors take turns calling the positive cases to provide medical instructions.

A hospital administrator who typically handles long-term strategy spent part of Wednesday afternoon trying to fix the broken automated door leading into the ICU. Even the chief financial officer runs supplies around the building as needed.

And then there's nurse Lynette Houston.

As the hospital's emergency room manager, she oversees staffing for an overwhelmed department, cares for patients, reports daily COVID-19 data to the Illinois Department of Public Health and supervises the testing tent for first responders. She also maintains strict

control of the hospital's PPE supply, which has been bolstered by government allotments, donations and her trips to Home Depot.

The hospital's staff believes it has enough equipment to weather the pandemic's storm, in part because of Houston's waste-not-want-not distribution policy. She gives everyone the gear they need, but she doesn't hand out extras.

A 13-year veteran at Roseland, Houston can't remember the last time she took a day off. Hospital administrators believe it was about three weeks ago.

"I'm asking my staff to work more, to do more. I can't ask them to do anything I won't do myself," she said. "There will be a time to rest, but now is not that time. Not while this community still needs us like it does."



Nurse Lynette Houston, emergency room manager at Roseland Community Hospital, shifts patients around in the bays of the hospital's crowded emergency room on April 15, 2020.

On this day all bays in the 19-bed department are filled, with more patients were lying on beds around the nurse's station. Seven of the beds contained patients with confirmed or suspected COVID-19 cases.

Houston's emergency room on a recent Wednesday afternoon illustrated her point. Every bay in her 19-bed department was filled. Three more patients were lying on beds around the nurses' station.

And that was a good day, she said. Last weekend, there were nine beds around the nurse's station.

On Wednesday afternoon, seven of the beds contained patients with confirmed or suspected COVID-19 cases, though the hospital treats everyone as if they have the virus until tests prove otherwise. About 30% to 40% will be admitted, hospital officials said.

Houston walks around the department wearing a rhinestone diadem on the front of her surgical cap. A staff member gave the costume headbands to nurses a few days ago, offering a touch of whimsy in an otherwise sober atmosphere.

Dressed as if she is responding to a hazmat spill with a little sparkle, Houston speaks to patients like the grandmother she is. Her voice is simultaneously kind and authoritative. She talks them through the various tests, her eyes crinkling in a way that suggests a smile behind her surgical mask.

"Don't worry about it hurting," Houston told one patient as she prepared to poke her with a needle. "I do it all the time."

In between patients, she stops by the nursing station and checks on everyone there. She makes jokes and gently teases.

"They're exhausted. They worry every single day about bringing this virus home to their families," she said. "I will do anything I can to make them smile or laugh a little bit."

The hospital has dedicated a 20-bed medical wing to caring for patients with the coronavirus, though the more serious cases must go to the ICU. On Wednesday afternoon, the emergency room had three patients on ventilators waiting for spots in intensive care, which has been full for weeks.

"If they can't go up to the ICU, it's best to keep them there (in the emergency room), where we have the staff and have the monitors," Dr. Applewhite said. "It's a safer environment for the patients."

The emergency room patient load has decreased the past two weeks, a decline attributed to the walk-up testing the hospital began offering. Roseland also has been providing tests to first responders, including staff members at the Cook County Jail, where more than 500 detainees and guards have tested positive for the virus.

The hospital says it has conducted more than 5,000 tests since mid-March, though it has drawn some criticism for results that have taken as long as two weeks. Hospital officials recently hired a different lab to conduct the tests on site, and they say the response time should improve dramatically.

Roseland is one of the few mass testing sites that allows patients to be tested without being in a car. In a neighborhood where many residents don't have their own transportation, that's crucial.



COVID-19 blood tests are processed in the basement lab of Roseland Community Hospital

The hospital also relaxed its rules on who could receive a test, giving it to anyone regardless of whether they have a doctor's order, COVID-19 symptoms or an underlying condition that would make the patient vulnerable to the virus' deadly grasp. By the time Gov. J.B. Pritzker [declared testing available](#) to anyone who is symptomatic on Thursday, Roseland already had been doing it for two weeks — without knowing how much it will be reimbursed for it.

"Look, people are scared," said Egan, the CEO. "If giving them a test offers them some hope or gives them a sense of control in light of the (racial) disparity rates, then we're going to do it."

As his hospital punches above its weight, Egan keeps a worried eye on the pandemic's rising financial cost, which he describes as "clicking like a broken taxi meter."

The hospital, which he said has a \$50 million annual budget, spent an unanticipated \$1 million on pandemic preparedness. That includes medical equipment, protective clothing and transforming the lobby into an overflow emergency room for low-risk patients. Revenue also is expected to take a significant hit because like most hospitals, it has stopped performing elective procedure in light of the outbreak.

"That's one thing for a Northwestern," said Stephanie Altman, director of health care justice at the Shriver Poverty Law Center. "It's another thing for a Roseland or the other safety net hospitals that operate on such slim margins. ... When you take a lot of Medicaid, you are existing on a razor's edge."

Roseland has applied for a federal loan included in the \$2 trillion stimulus package, money Egan says would be used to give his staff hazard pay. The program, which is intended to

keep small businesses from closing or furloughing employees, ran out of money Thursday, and it's unclear if Roseland will receive any assistance.

The hospital also has seen its nursing costs soar as the staffing agencies it regularly depends upon to fill shortages have nearly doubled their hourly fees. Like other Chicago safety-net hospital administrators, Egan said it has become difficult to find agency nurses because many have taken better-paying jobs at the McCormick Place alternate care facility, which is being jointly operated by the city and state.

Mayor Lori Lightfoot said the new facility has not cherry-picked any employees from Roseland. City rules are less stringent, however, when it comes to hiring nurses who worked for staffing agencies prior to the pandemic.

"The McCormick Place Alternative Care Facility is to be a help to the hospital system, a safety valve if you will, to make sure we're not overwhelming the current hospital system," Lightfoot said Thursday. "We don't do that if we take away their staff, and that's why we worked hard to make sure that that wouldn't happen."

A Pritzker aide said the administration has put safeguards in place to avoid nurse poaching, and if Roseland has a shortage, it should ask the state for help through its local emergency management system.

Said Egan: "We're not waiting for anyone to come rescue us. We'll do it like we always do it — alone."

As the temperatures dropped Wednesday afternoon, Houston headed outside to the testing tents to retrieve two thermometers. By that point, she had been at work for nearly 12 hours. She hadn't sat down for five.



Nurse Lynette Houston gathers temporal thermometers from the outdoor testing tents at the hospital on April 15, 2020. The hospital only has a few available as they perform dozens of tests daily.

Houston said her cousin recently died from the virus, and the inability to grieve with her extended family only amplifies the sorrow. She has seen her grandchildren just once in a month, when she waved to them through a car window.

She doesn't think about taking a long vacation when this all ends. Instead, she daydreams about having margaritas with co-workers and hugging her mother.

Mostly, she tries not to dwell on what she deals with every day and when it might be over.

"If you think about it," she said, "you would stay up crying instead of sleeping."

Tears pool in her eyes as she admits she wept on the way to work that morning — a deep cry prompted by a string of messages from relatives telling her to be safe.

She collected herself by the time she entered the building.

"What I'm dealing with is nothing compared to what some of these patients are going through," she said. "They need me to be strong."

The Tribune's Joe Mahr and Gregory Pratt contributed.

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