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## PROTESTING IN THE CORONAVIRUS PANDEMIC

### US healthcare workers march against racism despite the risks

Across the US, healthcare workers are risking exposure to one public health threat to speak out against another. **Bryn Nelson** explores what it means for healthcare workers when two public health agendas collide

Bryn Nelson *science journalist*

Shortly before noon on 5 June 2020, dozens of healthcare workers in blue scrubs and facemasks, some wearing white coats, walked across the street from the University of Washington Medical Center in Seattle to a small grassy expanse bisected by a sidewalk and benches. There, more than 100 people on their lunch break kept their distance from one another and knelt for 8 minutes and 46 seconds.

The extended moment of silence represented the exact length of time that a Minneapolis police officer knelt on the neck of George Floyd, an unarmed black man, on 25 May. Floyd's death in police custody, documented in part by a bystander's video in which Floyd repeatedly said, "I can't breathe," sparked weeks of riots, protests, and demonstrations against racism and police violence that rippled out to all 50 US states and multiple countries around the world.

For many healthcare workers, protesting one form of systemic racism and violence amid a viral pandemic that has disproportionately hit some of the same minority communities has become a tricky three-point balancing act involving their own health, the health of their patients, and the health of society.

The day after the tribute at the University of Washington Medical Center, a separate protest march drew thousands of chanting healthcare workers and their supporters to downtown Seattle. Other rallies crisscrossed the city, blocking major thoroughfares. And then, shortly after midnight on 7 June, police clashed with shouting demonstrators in a neighbourhood known for its political activism, amid a cloud of tear gas, pepper spray, and "flashbang" grenades.

A growing group of doctors, nurses, researchers, and other healthcare workers in Seattle and across the US have been facing pushback from critics questioning whether health officials should be encouraging mass demonstrations as covid-19 rages. Their answer: racism and police brutality are also public health emergencies with long term consequences. They have written public letters, launched petition drives, and organised marches throughout the US.

Estell Williams, assistant professor of general surgery at the University of Washington, organised the 6 June rally in Seattle with her husband, Edwin Lindo, a lecturer in the university's department of family medicine. Racism, they said, should be thought of as a powerful disease that can kill just as covid-19 does.

"The ultimate goal of these protests is to improve our community, and we are being mindful and safe and recognise that there's still an ongoing pandemic, and we want to preserve life," Williams said. But, for her family and others in the black community, she added, stress due to racism and police violence can increase the risk of chronic illness, which in turn can increase the susceptibility to covid-19.

"Decrying racism and police violence as a public health crisis is the crux and intention of what took place on Saturday," Lindo said.

#### What's the risk?

Some supportive healthcare workers have chosen not to march themselves, because of the risk of contracting the virus in often tightly packed outdoor protests and rallies where shouting, singing, and chanting could help disperse viral particles.

Trevor Bedford, a computational biologist at Seattle's Fred Hutchinson Cancer Research Center, posted his educated guess of how the protests and police response might increase the number of new covid-19 infections, sparking an online debate about the trade-offs and whether it was possible or even helpful to make such forecasts.<sup>1</sup> The calculations have been complicated by long lags between exposure and case identification, spiking case numbers in several states that have loosened social distancing mandates, and flat or declining numbers so far in Seattle, New York, Minneapolis, and several other cities with massive anti-racism protests since the end of May.<sup>2</sup>

Multiple observers have pointed out that the anti-racism movement has embraced protective facemasks, both as protection from covid-19 and as a symbol of how many minority communities have been left unprotected and vulnerable. Facemasks emblazoned with slogans such as "Black Lives Matter" and "I Can't Breathe" have popped up around the country, and fliers for multiple marches in Seattle have emphasised mask wearing and social distancing, though the latter is often harder in practice.

Sherise Epstein, a resident physician at the University of Washington and education chair for the UW Network of Underrepresented Residents and Fellows, helped organise the 5 June show of solidarity at the medical centre. It was one of at least five held at medical campuses across the city that day.

As a healthcare provider who had seen the consequences of personal protective equipment

shortages and the devastating impact of covid-19, especially on black and indigenous people of colour, Epstein said her personal decision to protest, participate in large gatherings, and even start facilitating them was difficult. But she also saw how racism and institutionalised oppression were integrally tied to the disproportionate health impacts on the same minority groups. “I think the gravity of the social movement outweighs the other pressures so much more,” she said.

### One medic’s answer

On that same Friday afternoon, volunteer Devin Speak helped organise a makeshift station of free snacks, bottled water, and medical supplies for protesters in front of Vermillion, an art gallery and bar in the neighbourhood that’s been home to the loudest protests. Speak said he was emphasising infection control measures such as washing the surfaces of donated items, encouraging frequent hand washing by volunteers, and distributing free facemasks and hand sanitiser.

Speak, who received medical training during a stint in the Coast Guard, had volunteered at a hospital morgue during New York’s crest of covid-19 cases. “When I was working in Brooklyn, almost every single body I handled was black or Latino, and that was directly a product of systemic health and wealth disparities,” he said.

He’d like to see facemasks cast as not only protection but also a symbolic part of the movement against the health effects of systemic racism. People he encountered accepted the message he and other volunteers spelled out on posters in the main protest zone. During rallies against stay-at-home orders and business closures, in contrast, many protesters pointedly refused to wear masks and harassed others who did.

Multiple health experts contend that the risk of covid-19 has been heightened by police tactics such as the widespread use of tear gas and pepper spray to disperse crowds<sup>3</sup> and mass arrests in which protesters are confined together in central holding stations. Beyond their potential to inflame and damage airways, tear-inducing chemicals can cause forceful coughing and sneezing, a runny nose, heavy mucous production, and irritated eyes—all of which can ease the spread of covid-19.

On 5 June, Seattle’s mayor and police chief pledged to impose a 30 day moratorium on tear gas for crowd control. But just after midnight two days later, the police used tear gas, pepper spray, and flashbang grenades to disperse protesters, citing “life safety” concerns after protesters allegedly threw bottles and rocks and pointed lasers at officers’ eyes.

Speak, who wore an N95 mask and gloves for protection while volunteering his services, recalled rinsing protesters’ eyes with saline solution after tear gas enveloped the Capitol Hill protest zone late on 7 June. As he did so, three or four of the protesters coughed, spat, and dripped mucous on him as a result of their symptoms. “It was all over my leg and my hands, so I was really concerned about that,” he said.

Despite the risks, protest organisers say healthcare workers have joined the movement in droves. “There has been a huge outpouring of support,” Williams said. And the continued protests and rallies around the city have been largely peaceful since the Seattle police removed barricades and temporarily vacated a precinct on 8 June.

“Historically, healthcare workers have focused on care within the four walls of the hospital or clinic,” Lindo said. “And now I think they’re seeing the impact that is required and the change that’s

required outside of it to make sure that our patients are safe when they go home.”

Competing interests: I have read and understood BMJ policy on declaration of interests and have no relevant interests to declare.

- 1 Trevor Bedford on Twitter. <https://twitter.com/trvrb/status/1269783996109488130?s=20>.
- 2 Coronavirus in the US. Latest map and case count. New York Times 17 Jun 2020. <https://www.nytimes.com/interactive/2020/us/coronavirus-us-cases.html>.
- 3 Seo H. Tear gas during COVID-19 is a public health disaster. Popular Science 8 Jun 2020. <https://www.popsoci.com/story/health/tear-gas-coronavirus/>.

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