Chicago’s largest convention center to become 3,050-bed field hospital

By Kristina Betinis and Jessica Goldstein
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On March 27, Army Corps of Engineers Lieutenant General Todd Semonite announced from the Pentagon that Chicago’s largest convention space, McCormick Place, will be converted into a 3,050-bed field hospital by April 24.

The Army Corps, Metropolitan Pier and Exposition Authority (the corporation that operates the convention center) and the state of Illinois are working with direction and kits from the Federal Emergency Management Agency (FEMA) on the $75 million project to convert three of the center’s halls into wards, offering three levels of treatment for COVID-19 patients. Reports indicate that Hall C with 500 beds will become available first, this week, treating those with less severe symptoms. Hall A’s 1,800 beds for more severe cases and Hall B’s 750 isolation units, for the most severe cases, are to come sometime no later than April 24.

As testing capacity has incrementally grown, the number of cases in Illinois has surged. As of Sunday, there were 4,596 cases, an increase of 1,105, and 65 deaths. Democratic Governor J.B. Pritzker announced 4,000 tests are currently being performed daily, to rise to 10,000 each day by mid-April.

Chicago Public Schools (CPS) will remain closed through at least April 20. From March 17-19, CPS distributed more than one half-million meals to working class families who rely on the breakfast and lunch programs. Food service and other essential school staff are receiving 1.5 times pay.

Eighty-nine inmates in Cook County’s notoriously overcrowded jail have tested positive, along with 12 jail staff members. As a preventative measure, six women who have been raising their newborn children behind bars were released from Illinois jail facilities to their homes with electronic monitoring anklets. The state holds 40,000 prisoners and it has not yet been reported whether broader mitigation will take place.

Massachusetts Institute of Technology’s coronavirus infection modeling indicates the virus will quickly overwhelm area hospitals. Local and state officials and health corporations are scrambling to respond. As in other large population centers around the world, the healthcare needs are immense in the US’s third largest city, with 10 million residents in the Chicago metro area.

The virus was allowed to spread uncontrolled until March 21, when statewide shelter-in-place orders were issued, to last through April 7. Last Thursday, the city of Chicago closed public parks and outdoor areas to limit the numbers of people gathering in groups.

Giving some indication of the shutting of healthcare infrastructure that has taken place in the city, Metro South Medical Center on Blue Island, which was closed in October 2019, is to be reopened to add 200 rooms to the city's COVID-19 quarantine capacity.

Earlier this week, the Washington Post reported that Chicago’s Northwestern Memorial Hospital is weighing a “do not resuscitate” policy for COVID-19-infected patients once the rate of infection creates 1.5 patients for each intensive care unit bed. In the United States, this is a decision usually made only by an individual in advance or someone recognized by law as having the power to make that decision for another person. The mounting crisis, immeasurably worsened by the malign indifference of the corporate and political elite, has, along with risking the health of the population as a whole, placed tens of thousands of clinical staff in positions that risk their lives

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and traumatize their minds.

Five hotels are being used to isolate COVID-19 patients with mild symptoms who cannot stay at home, or who are awaiting test results and do not need medical intervention. By the end of this week, 2,000 such hotel beds will be available in Chicago and 15,000 statewide, according to Crain’s. The program has also involved the YMCA providing 400 beds for the city’s homeless, who number around 82,212 according to Chicago Coalition for the Homeless figures from 2015.

Chicago Health Commissioner Dr. Allison Arwady said the program may be expanded to house healthcare workers and first responders, who are highly vulnerable to contracting the virus. Deputy Mayor Samir Mayekar said Chicago’s hotel plan is “the first of its kind,” and the city is sharing it with other municipal leaders so it can be replicated across the country.

At a press briefing last Monday, Arwady said that city employees led by the Department of Public Health will be “on-site, using safe protocols” to interact with guests who will remain “in their individual rooms throughout the isolation or quarantine period.” She also stated that hotel employees will be “trained” and will have “no direct interaction” with guests, but no standard was detailed.

Mayekar reportedly said that city health department employees will staff floors where quarantined guests are staying and hotel workers will prepare meals and provide housekeeping services.

As part of the hotel plan, Mayor Lori Lightfoot brokered a deal with Oxford Capital Group, a luxury hotel operator, and two unions, Unite Here and Local Operating Engineers, to end an 18-month-long strike against Fillmore Hospitality, operator of the former Cambria Chicago Magnificent Mile hotel, since renamed Hotel One Sixty-Six in downtown Chicago. Striking workers were demanding higher pay, an end to long hours and benefit cuts and safer working conditions. Lightfoot, Oxford Capital Group and the two unions signed an amended collective bargaining agreement to establish the COVID-19 response plan. No details of a contract ratification have been made public.

The cost of the hotel plan was estimated by Mayor Lightfoot to be $1 million per hotel per month.

All city and county staff, housekeeping and foodservice workers involved in these essential operations should be outfitted with high-quality, effective protective equipment and disinfection supplies and have access to healthcare in the event that they fall ill. They should set up rank-and-file committees, independent of the unions, to monitor safety conditions and insist that medical professionals are on site to protect all workers.

The hurried efforts on the part of Illinois’ Democratic leaders came only after they waved off the seriousness of the coronavirus threat. On February 26, the Sun Times reported Democratic Mayor Lightfoot’s shocking indifference to the human costs as she scolded the federal Centers for Disease Control and Prevention, “I will candidly tell you that I was very disappointed with the comments of the CDC yesterday and members of the Trump administration around coronavirus. We feel very well prepared to address this issue. And I don’t want people to take from the comments … at the federal level that, somehow, they should be worried and that we’re not prepared in this city.”

She continued, “Am I going to sit here and say with absolute certainty that we won’t have any other cases? No. I will not. But I want to make sure that people understand they should continue to go about their normal lives.”

Since then Illinois Governor J.B. Pritzker has leapt to center stage to control the damage, publicly criticizing the slow White House response to the pandemic and ramping up testing in the state, but only after he insisted, in the face of public outcry, that the March 17 primary elections take place with in-person voting in violation of World Health Organization guidelines.

Last week, several corporations headquartered in Chicago announced job cuts and furloughs. Between April and May, Hyatt Hotels will furlough or cut hours for two-thirds of its corporate employees, who number in the tens of thousands, and close some properties. Governor Pritzker, worth some $3.4 billion, is a member of the Pritzker family which still largely owns Hyatt.

Major airlines also announced that the relief package passed last week will not guarantee the companies will not go through with mass layoffs. United Airlines has asked workers to take unpaid leave through September 30 and many are working reduced hours.

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