

ABSTRACT

Title of Thesis:

SEPARATELY TOGETHER

Elizabeth C. Katt, Master of Fine Arts 2022

Thesis Directed By:

Professor Justin Strom, The Fine Arts
Department

This body of work explores aspects of our Covid-19 experience for the past two plus years. The unknown quality of the virus in its beginning, people going alone to the hospital with no loved one by their side, unpredictable outcomes from infection, and preventable deaths enabled by incompetent leadership has become the subject matter I explore in my creative practice. Public health officials and healthcare professionals knew what to do but the effort was fragmented, confusing, and poorly led in the United States. The lack of coordinated response, the marginalization of public health officials, the inconsistent messaging, incorrect information, and the use of a public health crisis as a political tool were exasperating and disorienting. The exploitation, willful ignorance, or disregard that impacts people with less power and means make me want to scream.

SEPARATELY TOGETHER

by

Elizabeth C. Katt

Thesis submitted to the Faculty of the Graduate School of the
University of Maryland, College Park, in partial fulfillment
of the requirements for the degree of
Master of Fine Arts
2022

Advisory Committee:
Professor Justin Strom, Chair
Professor Shannon Collis
Professor Foon Sham

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Dedication

For Harry

You make my dreams possible by believing in me. Your love, friendship, and sense of humor make this journey simply the best. All my love always.

Acknowledgements

Foon, Shannon, and Justin

You have made my work better through conversations, questions, and suggestions.

Santiago, Margaret, Eddie, Andrea, Karen, and Charley

Your guidance, encouragement, and counsel led me toward pursuing this MFA.

Sammie Jane

Thankful you are my friend. Thanks for listening, sharing, complaining, laughing, and being there for me.

Alyssa and Martin

Together we made it through this degree process. Not always easily. From Square One and then Amidst, we now stand in the Blue Hour ready for sunrise.

Charlotte, Ken, Mercedes, Dan, and Hosna

This past year connecting with each of you in person (!!!) has been what I hoped an MFA experience would be filled with: conversation, coffee, cards. I wish each of you continued creativity and whatever success means to you.

Claire, Billy, Dehnia, Bruce, and Quinn

I am incredibly proud of each of you. I love you so very much. Thank you for your support and love.

Henry

You make my heart so happy.

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How I Got Here

“You change your way of thinking drastically
when you become aware of how fleeting life can be.”

— Carlos Wallace

At the age of sixteen, I started working as a nursing assistant at the Memorial Community Hospital in Aurora, Nebraska. At that time in the late 1970s and early 1980s, a nursing assistant did not need the certification program required today. The patient care skills that I required for this job were taught at the bedside by nursing staff: taking vital signs, changing dressings, feeding, transferring, toileting, changing linens, catheter care, and learning the skill of connecting and communicating with people experiencing a hospital stay. The responsibilities were excessive for a high school student with my level of knowledge, but I did not know that at the time. This experience ultimately led to my understanding that life is not to be taken for granted.

After graduating from Emory University, I received my license to practice as a



*Figure 1 Elizabeth Katt and daughter
Student nurse Emory University 1986*

registered nurse in Nebraska. With this degree and license, I have had the opportunity to practice in several different environments and contexts. High tech home health was the job where I developed long-term relationships with people and families managing major health issues with grace and determination. I set up enteral or parenteral nutrition for babies and children who were not thriving. I taught their parents what to do,

ordered their needed supplies, set up and taught home health nursing staff about the care and the equipment. I was the person called when concerns and questions came up, and the conduit to physicians when needed. In this capacity, my role expanded to the needs of pediatric oncology patients, AIDS patients, liver cancer patients. These extremely sick people were simply trying to survive, make it through the next day, and hoping that the disease would subside. They lived every day looking forward. The majority of my patients died while fighting their disease because that was the nature of the battle they were fighting. The memory of so many of these people are part of me and the experience of being a nurse informs my viewpoint as an artist. Life can change in an instant.

The Influenza of 1918, also known as the Spanish Flu, was the last pandemic the world experienced. Fifty million people are estimated to have succumbed to the infection



Figure 2 New Haven, Conn. : Illustrated Current News, 1918

which is hard to contemplate given our experience with Covid-19 and its death total is 6,225,565 as of April 19, 2022. Public health initiatives tried to control the spread of influenza with mask mandates, closing businesses and gathering places, encouraging handwashing, closing schools, staying home. People responded to restrictions in similar ways as we see today with our pandemic. The majority of people complied while others did not want to change their behavior. There were protests, resistance, and inconsistent implementation depending on where people lived. Complicating the issue at the time was the end of World War I with troops in close quarters, large movements of people across country borders due to the war, the slow communication of information to public, crowded hospital wards, no ventilators, primitive oxygen delivery methods, and limited ability to create an effective vaccine. Public health officials continue to study the Influenza of 1918. I studied this pandemic during my Public Health rotation in nursing school. The healthcare community has been discussing the likelihood of another pandemic for the past twenty-five years or so. Yet, the United States, a wealthy, educated world leader, was unprepared.

The murmurings of this pandemic started in December 2019 as a respiratory coronavirus that might have the potential to spread beyond its origin point in Wuhan, China. No one knew if this would be like other troubling respiratory viruses that came and went; never spreading to a pandemic-level problem. We were concerned as we watched the little bit of information coming out of China. People in lockdown singing across balconies in Italy and Italian hospitals running out of beds was an indication that this infection was different. The virus had spread and was impacting people with serious illness and death. March 2020, halfway through the second semester of my MFA program, my education, my expectations, my artmaking changed and at the time I underestimated by

how much. On March 12, 2020, the university president sent out a campus-wide email that no one would be coming back from spring break until further notice and an extra spring break week allowed faculty to prepare for on-line classes. At that point, I thought we might be back in class sometime the end of April, but the changes just kept coming. The graduate students in the Art Department did not receive permission to work in our campus studios until Fall 2020 and we were not to gather together but work separately in our studio spaces. All campus classes were virtual the entire academic year 2020-2021, ultimately altering the majority of my MFA experience at the University of Maryland.

I am interested in topics that explore human vulnerability and its exploitation exploring the out-of-our-control experiences that can change lives in an instant. The paradox of human's perceived invincibility and our actual susceptibility is the area of my artistic expression. The incongruence of invincibility and susceptibility is my work. I want to help make people aware of how fleeting life is. The unknown quality of the virus in its beginning, people going alone to the hospital with no loved one by their side, unpredictable outcomes from infection, and preventable deaths enabled by incompetent leadership has become the subject matter I explore in my creative practice. Public health officials and healthcare professionals knew what to do but the effort was fragmented, confusing, and poorly led in the United States. The lack of coordinated response, the marginalization of public health officials, the inconsistent messaging, incorrect information, and the use of a public health crisis as a political tool was exasperating and disorienting for me. The exploitation, willful ignorance, or disregard that impacts people with less power and means makes me want to scream.

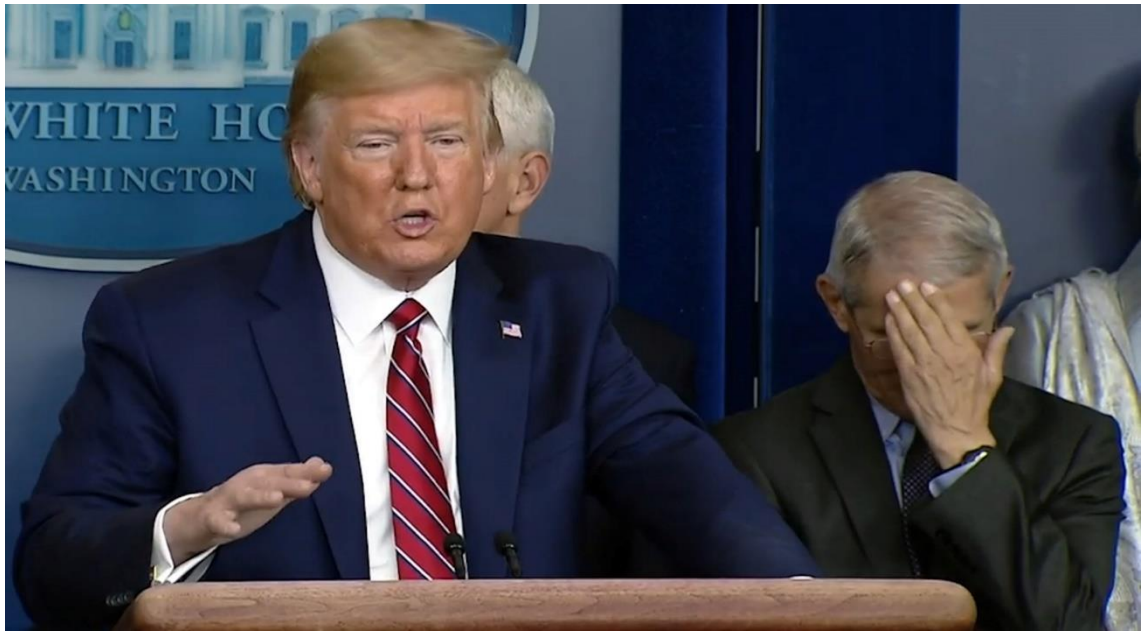


Figure 3 President Donald Trump with Dr Anthony Fauci at White House press conference on 03/20/20

“Public health and national security experts shake their heads when President Donald Trump says the coronavirus “came out of nowhere” and “blindsided the world.” They have been warning about the next pandemic for years and criticized the Trump administration’s decision in 2018 to dismantle a National Security Council directorate at the White House charged with preparing for when, not if, another pandemic would hit the nation.” (Riechmann 2020) An illustration of the failure of the United States response is to look at the volume of our Covid-19 deaths in comparison to the rest of the world. In April 2022, Covid-19 deaths in the United States were 16% of all Covid-19 deaths worldwide. The United States population is 4% of the world's population. This illustrates how ineffective our country’s response to the pandemic is when compared to the rest of the world.

In the midst of the pandemic, I began to formulate and make work that responded with the anger I felt about the tragedy of people lost. I worked on my balcony on a piece that started when, in August 2020, our president said in an Axios interview with Jonathan Swan when asked about over 150,000 people dead from Covid-19 in the US, “They are dying. That’s true. And it is what it is” (Baker 2020). I built a table topped by a pegboard that I used as a grid to create block letters. I used nine pieces of polyester organza fabric melting holes through the fabric with a soldering iron and creating little spaces of absence. The first piece of fabric had a few scattered holes and the next piece had more and more random holes. The holes started to coalesce into a one-inch grid and turn into images of letters on the third piece. The words become more distinct with more and more holes in the



Figure 4 It Is What It Is art installation by Elizabeth Katt

letter forms from one piece of fabric to the next. The last piece of fabric has the entire phrase, "IT IS WHAT IT IS," in tatters at the end. Each hole a representation of the loss of an individual. My response to the callous disregard of 150,000 lives lost. Although this work is not included in my thesis show, this piece is part of this body of work. My thesis installations are a body of work where I show the reality of this virus and the consequences of not heeding the knowledge of public health and medical professionals. This work is one way I cope, create meaning, and order from the disorientation, the anger, the tragedy, and consequences of the United States response to the Covid-19 pandemic.

family Coronaviridae

A virus is invisible to us, and it is not a living thing. Its purpose is to find a host cell, inject its RNA into the cell so that it can replicate, and then move on to the next host cell. Viruses mutate to optimize their ability to get around the host's defenses with one goal in mind. It's not personal.

The precise origins of the Covid-19 mutation and transmission to humans is still being researched and debated. Currently, the most accepted version is that the beginning

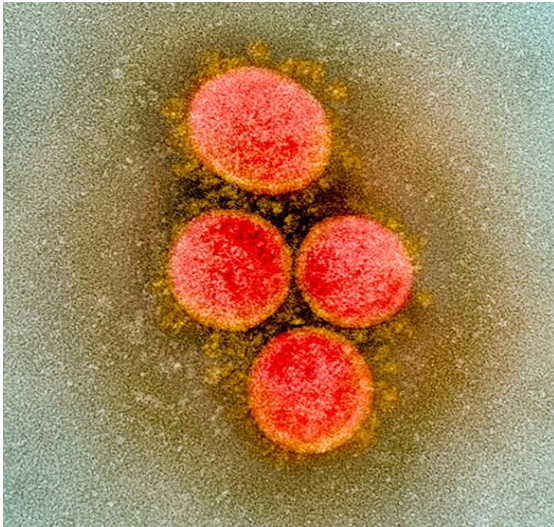


Figure 5 A transmission electron microscope was used to capture SARS-CoV-2 virus particles isolated from a patient. The image was captured and color-enhanced at the NIAID Integrated Research Facility (IRF) in Fort Detrick, Maryland.

was in a market known to sell living exotic animals in Wuhan, China (Cohen 2022). This virus is very good at what it needs to accomplish, having just enough asymptomatic spread to be able to increase in the population undetected. In addition, a person can be contagious at the beginning of an infection before showing any symptoms.

The virus exploits respiratory transmission through the nasal passages that are difficult

to protect without distance and proper masking. As the virus takes hold, one symptom is frequent, forceful coughing which aerosolizes the replicating virus to spread to the next host.

This insidious virus has mutated to become more infectious and better able to evade host defenses and engage with host cells resulting in an all-encompassing impact on every person on our planet. This invisibility of this virus to our eye makes it easy to dismiss as



Figure 6 Installation view of family Coronaviridae Atrium of Parren Art-Sociology Building

not real and, therefore, conspiracy theories have multiplied around this virus, the statistics, the vaccines, the risks, and cures. The issue with being suspicious of experts is that people who do not trust the truth of what they are told are at greater risk of getting the virus and suffering the consequences (van Prooijen 2021). This work strives to enlarge a single virus to make its presence very real.

Loosely based on the electron microscopy of a Covid-19 virus, this large



Figure 7 Detail view of family Coronaviridae

circular hanging form has a dense center with a freeform exterior covered with pointed, sticky edges. The virus has spike proteins that help connect it to our cells and through this form I am alluding to that connection. The form is suspended so that it can move with air currents in the space. The virus in our environment travels on air currents and into our



bodies through the movement of air into and out of our lungs. The wire cable is covered by medical tubing similar to that used to connect an airway to a ventilator because this virus ravages the respiratory system.

Figure 8 Installation view of family Coronaviridae

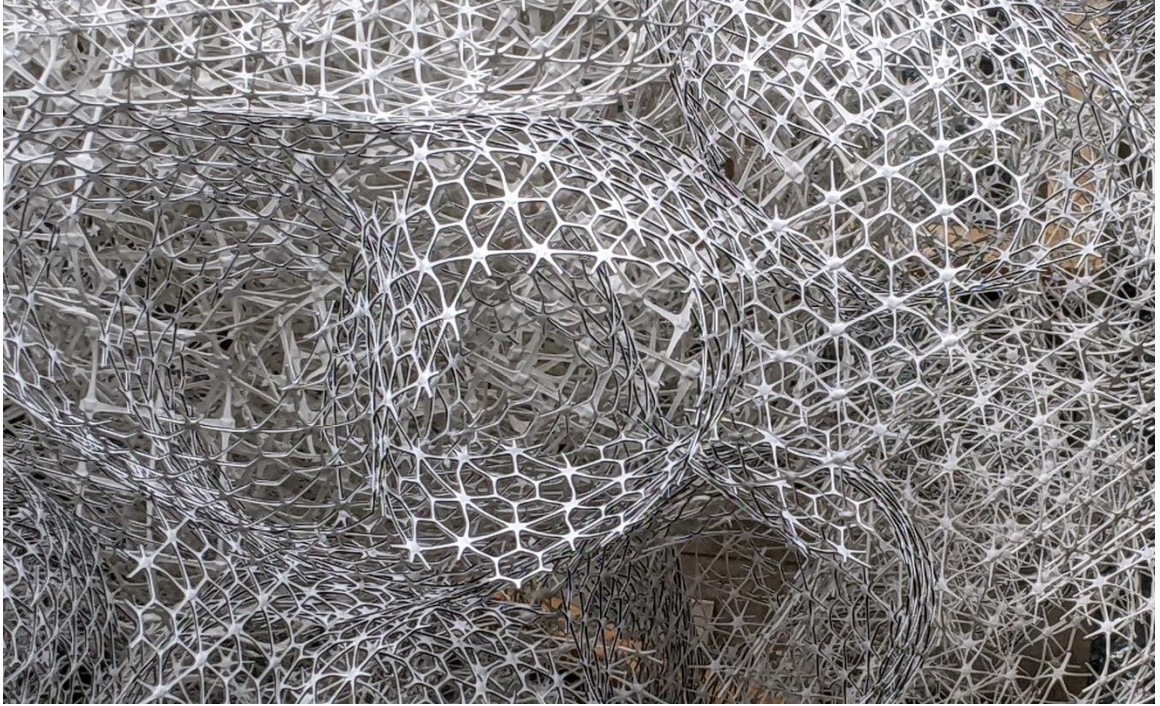


Figure 10 Detail view of family Coronaviridae

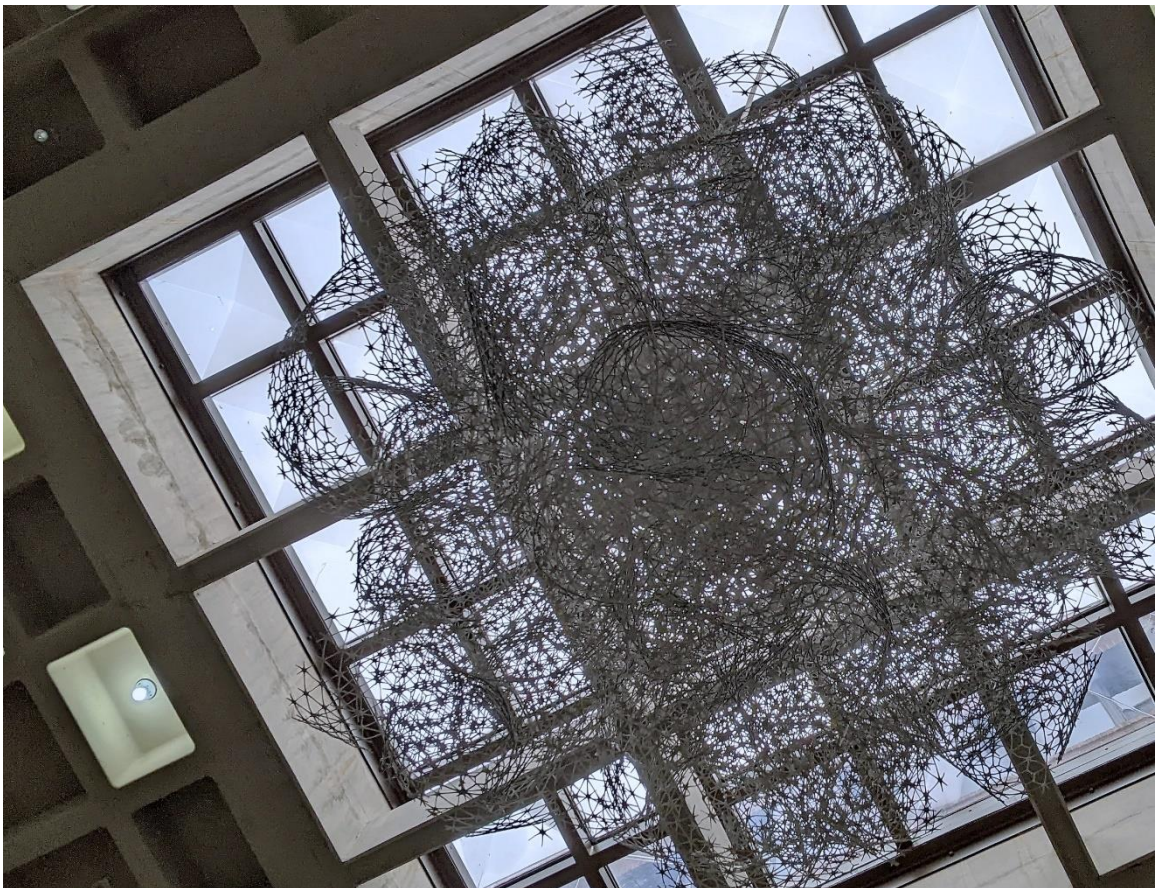


Figure 9 View of family Coronaviridae up through skylight



Figure 11 Installation view of family Coronaviridae Atrium of Parren Art-Sociology Building

an accounting

I wanted to make a piece that would show how many people died from Covid in the United States since I realize that humans have a hard time conceptualizing the magnitude of numbers. At the time I started this project the consensus about how many people in the US would die from the virus was about 400,000. I had many ideas of how to visualize the deaths but when I multiplied the cost of the items considered by 400,000, the cost of the project was outside my reach. I started thinking about other ways I could show the number. I thought about how I could account for the lives lost in the United States to Covid-19, which led me to the idea of hand marking the number of people who had died. The cost would be paper, markers, and time. I had concerns about if I would physically be able to make all the marks and whether my hand would cramp. The type of paper was also an important consideration. Adding machine tape became my choice because of its association with accounting and tracking numbers but also because of its long, linear quality.

Another idea that was also important to me to include was that many of the United States deaths were preventable. Fewer people were dying in other parts of the world because less people were becoming infected due to public health initiatives. I was fortunate to find an article that was released in October 2020 that discussed a study that looked at this type of comparison (Redlener, et al. 2020). I used this information and applied it to the daily death toll to show how many deaths could have been prevented by making marks in four different colors. I applied this formula to the death toll for the first full year of the pandemic. In the second year, I have compiled data from the Center for Disease Control to distinguish those that died who were unvaccinated vs. vaccinated.ⁱ



Figure 12 Working in Parren Art-Sociology Building Nov 2020

Image from livestream

Through discussion with Justin Strom, the idea of live streaming the mark making was born. I thought recording the process was important but by live streaming the work, people could watch the work as it progressed and in October 2020, so many activities were virtual that creating this work through the lens of that experience made sense. The work began on October 31, 2020. I set up in a large room in the Parren Art-Sociology Building working in solitude because we were not supposed to be near anyone while in the building.

I decided to complete the work in sessions with titles and descriptions of what I was thinking about while I was making the marks. Some of the sessionsⁱⁱ had significance for the amount of time I worked on the mark making. When I first started the marks, I made a conscious decision to choose an uncomfortable stool to sit on because I wanted nothing about the experience to be cozy for me or the viewer.

In the spring of 2021, the second year MFA show was allowed to happen in person in the Stamp Gallery located on campus in the Stamp Union and I decided to continue the

Date worked	Title	Pandemic dates in session	Number of marks	Location
2020				
10/31/20	...and so it begins	Mar 11 – Apr 7	15,715	UMD
11/3/20	A Day of Reckoning	Apr 8 – Apr 29	47,097	UMD
11/16/20	Untitled	Apr 30	2,275	UMD
11/17/20	The Shift	May 1 – May 23	36,005	UMD
11/26/20	Empty Places	May 24 – Jun 2	9,625	Home
12/9/20	On My Own	Jun 3 – Jun 18	12,575	UMD
12/20/20	Varied States	Jun 19 – Jul 27	27,681	UMD
2/3/21-2/4/21	Exhausted	Jul 28 – Sep 2	38,993	UMD
4/12/21-5/15/21	Through December	Sep 3 – Dec 31	163,893	UMD Stamp Gallery
6/22/21	A New Year	Jan 1 – Jan 6	16,010	Constellation
6/29/21-7/20/21	Apex	Jan 7 – Feb 12	119,064	Constellation
7/20/21-7/29/21	Overwhelmed	Feb 13 – Mar 10	47,852	Constellation
2021				
4/30/22-5/1/22	Hope & Vaccines	Mar 11 – Jul 29	72,927	UMD
5/2/22-5/9/22	Delta	Jul 30 – Nov 27	160,342	UMD
		Total to date	770,054	

Figure 13 Mark making sessions with totals

mark making in the gallery on a regular schedule with a goal of completing all the marks through December of 2020. An interesting aspect of the work in Stamp Gallery was that people were lined up outside the gallery windows to get their required Covid-19 testing on campus. They could see the piles of paper with marks on them through the window and frequently see me actively making marks.

In the summer of 2021, I set up my mark making and live stream



Figure 14 Stamp Gallery Installation April 2021



Figure 15 Constellation Studio Lincoln NE July 2021

equipment at
Constellation Studio in
Lincoln, Nebraska. This
space was again very
sparsely occupied with
only a few people
coming and going
although the gallery is
located on a busy street,

so the sound of the traffic was a constant. The atmosphere of the space is light and spacious, it was a calm place to work. During this artist's residency, the marks from January 1, 2021 to March 10, 2021 were made completing one year of Covid-19 deaths in the US. The first time the death toll went over four thousand people in one day was on January 6, 2021 and that happened ten more times by March 2021.

For the second year of Covid-19 deaths, I am no longer livestreaming the mark-making. We are at a different point in the pandemic and reaching out virtually no longer is pertinent to the work.



Figure 16 Installation view of an accounting

This accounting paper installation is situated so that the marks are visible and not hidden by being part of a pile of paper on the floor. The strips of paper are arranged in five columns, each of which take up the space of 6 ft by 6 ft and the paper hangs ten feet long. Each column holds twenty rolls of paper divided across five poles with the purpose of a column reading like a memorial, reminiscent of stone monuments. The paper can be moved by the air currents created in the wake of a passerby. I like this interaction of living people with the lifeless strips of paper.



Figure 17 Installation view of an accounting



Figure 18 Installation view of an accounting



Figure 19 Detail view of an accounting

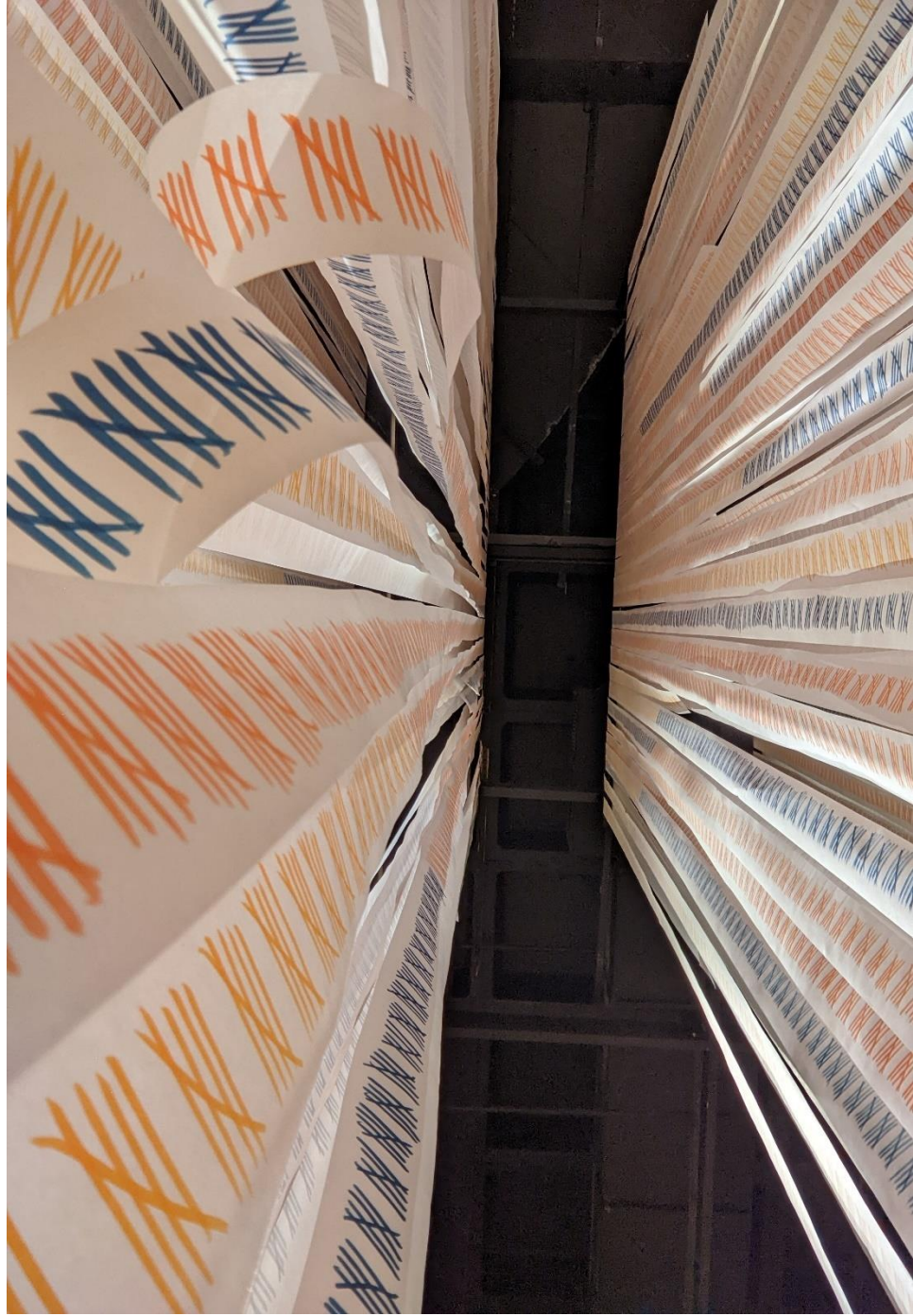


Figure 20 Detail view an accounting

Reverberation

Humanizing tally marks to help the viewer understand the human cost of the deaths marked on adding machine tape was something I kept thinking about. I thought if I added audio with stories of people who had died told by a loved one or by a healthcare provider who had cared for them, the experience might resonate with people. I see each mark on the paper as a loss and recognize that these losses have caused a gap in other people's lives. "It is estimated that for every death, nine people are affected by bereavement. The scale of the impact of the COVID-19 pandemic on those bereaved is now becoming apparent, whether the death was from COVID or from other causes" (Pearce, et al. 2021). The impact on our society as a whole is going to be felt for a long time. The reverberations of that loss will echo around the emptiness of the space left behind.



Figure 21 Installation view of Reverberation

The audio with the paper did not have the effect that I wanted, and the monuments of paper tallies stand on their own. The audio piece needed to be its own artwork. I expanded the concept to include all the losses experienced by people during the pandemic. I gathered stories from friends who I reached out to create 1–3-minute stories about how they have been impacted. I made appeals on social media but did not get any responses from strangers. This lack of response led me to think that there must be some level of relationship or trust to have someone share such intimate experiences.

I wanted the audio experience to feel intimate and personal. I researched speakers



Figure 22 Installation view of Reverberation

and found directional speakers that use ultrasound to focus the sound more than traditional speakers. When the audio is focused correctly, the voice sounds like it is in your head as if you are wearing headphones. This type of speaker also helps keep the sound from impacting the entire gallery.

Another way I created intimacy is by bringing in two thrifted upholstered

chairs that have apparent history and seem to belong in a domestic space together. The speaker is placed in one chair with the other chair placed opposite. The participant sits in the one chair while the almost fourteen-minute looped audio plays in the other. People are welcome to listen for as long as they wish.

To create a sense of place within the larger gallery, I wanted to make a room. In discussion with Shannon Collis, the suggestion was made that the material for that room should have a pandemic relationship. I ordered a clean room assembly made with clear vinyl curtains to remind the participants of all the clear plastic barriers that we have experienced to help maintain distance. In this instance, the material is used to create closeness but also separation within the larger space. The domestic space is further pushed



Figure 23 Installation view of Reverberation

with the inclusion of a door frame and two window frames to create the idea of a room within a home.



Figure 24 Detail view of Reverberation, chair with speaker in pillow

The audio includes people who are immunocompromised, have experienced loss, worked with the dead, and nurses who cared for Covid-19 patients.ⁱⁱⁱ As part of this installation, I have my contact information along with the acknowledgements of the people who contributed. I hope that once people experience the work, a few may want to contribute their own experiences. Collecting stories is not yet complete.

The understanding I am hoping to create with this work is realization of the immense loss of life related to the pandemic and also how that has impacted so many people



Figure 25 Detail of Reverberation, chair participant sits in

who we interact with every day. If someone has some moments of self-reflection about their own experiences, that would be a desired outcome. By letting ourselves slow down, experience and reflect on the past two years, some part of the healing process can begin. I believe that each of us is experiencing residue from the pandemic as we continue to move through the unknown.



Figure 26 Installation view of Reverberation with participant

Notes

ⁱ **Color**

March 2020 – March 2021

The color scheme indicates how the United States' Covid-19 deaths compared to other areas of the world. Other countries took different approaches to their public health initiatives and these differences resulted in lower death rates. I interpreted the data from a report published in October 2020 onto number of Covid-19 deaths in the United States. This report, “130,000 – 210,000 AVOIDABLE COVID-19 DEATHS – AND COUNTING – IN THE U.S.” by the National Center for Disaster Preparedness (Redlener, et al. 2020) indicated how many more people died in the United States when compared with other high-income nations such as South Korea, Japan, Australia, Germany, Canada, and France.

Dark blue indicates the number of people who would have died if our country's response and result had been like Japan or South Korea.

Light blue plus dark blue marks is what the United States deaths might have been if our country's response and result had been similar to Germany.

Light orange plus light blue and dark blue marks is what the United States deaths might have been if our country's response and result had been similar to our neighbor to the north, Canada.

Dark orange marks are the number of United States deaths in excess of any other country in the study.

March 2021 – March 2022

The color scheme for the second year of the pandemic is based on data from the Center for Disease Control (CDC) in Atlanta, Georgia.

In April 2021, the CDC began releasing data on vaccine effectiveness in relation to infection and death from Covid-19. I used data tables from this site.

(<https://covid.cdc.gov/covid-data-tracker/#rates-by-vaccine-status>) to find the number of Covid-19 deaths in people who have been vaccinated. The data is incomplete because every jurisdiction is not reporting all the information. The vaccine status is “vaccinated” if the person had at least one dose of the vaccine for the purpose of these data tables.

Light orange and dark orange are used to indicate one date from the next. For example, if March 10 is dark orange, March 11 will be light orange to indicate another day. Dark blue is used to indicate the people who died who had at least one dose of the vaccine.

ii Completed Mark Making Session Details

...and so it begins

October 31, 2020 1 PM until 22,354 marks are complete

This livestream event is the first session making this artwork. It will be live for the time it takes to record the deaths from March 2020 to April 10, 2020 ending just before the first spike begins to climb.

A Day of Reckoning

November 3, 2020 6 AM – 2 PM then 3 PM – 11 PM

This livestream event is the second session making this artwork. It will be live from the time the polls open on the east coast until they close on the west coast with one extended break. The lack of a national plan for reducing the transmission of Covid-19 is significant. The undercutting and disregard of the experts in the fields of public health and epidemiology have made infection spread and subsequent deaths greater than they needed to be. Today, we vote to see if we choose a new way forward.

I will be listening to a Spotify playlist I compiled for this session. This playlist is collaborative, so I invite you to add a song that has meaning for you as you ponder the human loss with me.

<https://open.spotify.com/playlist/1SVt8F011shDZaTIA2NpXW?si=PBtxayUCR3KY4dkxecXHMw>

The Shift

November 17, 2020 7 AM – 7:30 PM

This livestream event is the third session making this artwork. The hours reflect a typical hospital nurse's shift. The number of healthcare workers who have died from Covid-19 has not been consistently tracked. The estimate at the beginning of October was over 1700. Healthcare workers have necessarily been on the front lines of this pandemic. At the beginning, they were trying to figure out what worked best, sharing stories of success and failure. They have worked without adequate Personal Protective Equipment. They have shown up day after day, night after night. Today I will be thinking about them and

their experiences. The frustration, the helplessness, the fear and the joy when a patient recovers and goes home. Holding phones so loved ones can communicate and to say goodbyes. The emotional toll on them of all these losses. PTSD will be in many of their futures.

I am a Registered Nurse. I have been at the bedside and held the dying's hand, comforted those that have lost loved ones, gotten bodies ready for the morgue. But not under these conditions and not to this scale. I think about those people working at the bedside every day.

Empty Places

Thanksgiving, November 26, 2020 Time 10 AM

This livestream event is the fourth session making this artwork This holiday typically brings families and friends together in gratitude. This year many US citizens are choosing to stay separate and reduce the spread of Covid-19 among their loved ones. The virus is again racing through the population, overwhelming our healthcare systems, and requiring the return of increased restrictions. The US death toll stands at 266,000+ from this virus. Not only will we have empty places at our table because we are not gathering for Thanksgiving but also, there are 266,000 permanently empty places at our table. Today I am working from my dining room table and filling an empty chair with marked paper as I continue enumerating those people who have been lost to this virus. Join me for a minute and remember.

On My Own

December 9, 2020

This event is the fifth session making this artwork. I want to make marks today without anyone with me virtually. Just the quiet of mark making. So much of this pandemic is the isolation. The people who are dying are typically without anyone who loves them at the bedside.

Varied States

December 10, 2020 Time Noon -- 4 PM and 5 PM – 9 PM

This livestream event is the sixth session making this artwork. Mask mandates, opening/closing schools and businesses, sporting events, these decisions have been made at the state level with chaotic guidance on the federal level. In some states, decisions are made by counties or cities that are different from the state. This patchwork, non-evidenced based decision-making has led to a patchwork of infection rates across the United States. Your risk of becoming infected with the resulting consequences is higher or lower depending on where you live. Interstate travel has not been restricted in any real way, so this patchwork response also impacts those people complying with the most restrictive measures. Viruses do not care about state, county or city geography, they are just looking for the next host.

A more uniform national plan based on advice from the experts in pandemics would have yielded more uniform and manageable infection rates

Exhausted

February 3-4, 2020 Time 9 PM – 9 PM

I'm tired. Tired of being distant, tired of thinking about my every move, tired about worrying about my loved ones and tired of all the human loss. There is certainly an element of exhaustion with living in this pandemic state.

To demonstrate this unrelenting state of being in a small way, I am going to make marks over a 24-hour period. Working as consistently as possible, I think I will work to the point of true exhaustion over that 24 hours. That is my intention.

(Stopped after 12 hours or so due to poor planning and cold)

Through December

Stamp Gallery April 12-May 15

My intention is to complete the marks through December. I will be livestreaming consistently from Stamp Gallery during the show: *Amidst*. This is the 2nd year University of Maryland MFA show hosted by Stamp Gallery every year in the spring. My colleagues, Alyssa Imes and Martin Gonzales, are also featured in the show.

Our show title came from a discussion of where and when we currently are. We are in the middle of our graduate school experience. We are in the middle of a global pandemic which has changed everything in the past year. So, we decided on the word, *Amidst*. We are *Amidst* all the peaks and valleys that come with pushing ourselves in creative directions. We are *Amidst* the pandemic with all of its uncertainty, challenges, and changes. We are *Amidst* our angst. We are *Amidst* our perseverance. We are *Amidst* and that can be an uncomfortable place to be.

I will be making marks and live streaming, an accounting, in the Stamp Gallery during the following dates and times:

Tuesdays April 13 - May 11, 1-3pm

Wednesdays April 14 - May 12, 10-11:30am

Thursdays April 15 - May 13, 11am-2pm

Saturday April 24 and May 8, 1-3pm

A New Year

Apex

January 2021 is the apex of the curve for number of Covid-19 deaths. The eleventh month into the pandemic, the number of deaths in a day top 4000 for the first time in the US. There are ten days in January in which the number of deaths per day are over 4000 people. January is the peak. It was a very hard month.

Overwhelmed

When I began this artwork at the end of October 2020, the number of deaths were holding steady at hundreds per day. I believed the numbers would remain the same or reduce through the end of 2020 because it had been that way for several months. Then at the end of November into December and continuing through January, Covid-19 began claiming more and more victims. The numbers have broke daily records over and over. Marking each death in April 2020 took me many, many hours. December 2020 and January 2021 were about twice as long per month.

I thought I would logically end this project at the end of 2020. That seemed like a point of conclusion when I began. As the infection has spread and consumed people at such

high rates during the winter and continuing through the year anniversary of US Covid deaths that no longer is the case. I need to continue this work and with the number of deaths from Covid reduced but continuing there is no conclusion in sight. I am overwhelmed.

Hope and Vaccines

I begin the second year of the pandemic with these marks of March 11, 2021. Covid-19 vaccines are available and being distributed. They first were given to first responders and the elderly. In March 2021, educators became eligible and soon people from 50-65 will get their turn. I am hopeful that these vaccines will be widely accepted, and people will take them to prevent spread and mutation of the virus. Vaccines will be one barrier to the virus being able to spread. Maybe things will get back to normal. I am hopeful.

Delta

A variation of concern starts to emerge in July 2021 and we will experience another peak of cases and deaths. Delta (B.1.617.2) is nearly twice as contagious as earlier variants and might cause more severe illness. The greatest risk of transmission is among unvaccinated people. People who are fully vaccinated can get vaccine breakthrough infections and spread the virus to others. However, it appears that vaccinated people spread COVID-19 for a shorter period than do unvaccinated people. While research suggests that COVID-19 vaccines are slightly less effective against the delta variant, the Pfizer-BioNTech, Moderna and Janssen/Johnson & Johnson COVID-19 vaccines still appear to provide protection against severe COVID-19.

iii Reverberation Transcript of Audio Component

Speaker 1

I received a kidney transplant about a year before the Covid-19 pandemic began. I also work for an academic health sciences center. So from the start, I was acutely aware of the need to protect myself from this deadly virus. And I have. I've made it through as of March 20, 22 without contracting Covid-19 by always masking in public, social distancing, avoiding crowds, following good hygiene. For periods when case numbers were especially high, I completely isolated myself from the public and from my family and friends.

The most isolation I have felt though, has been from how a portion of the U S population has turned a public health crisis into a game of politics. Over the last two years, large numbers of my fellow Americans have refused even the simplest steps to help protect the seven million of us in this country who live with suppressed immune system. They refuse masks and mask mandates. They refused safe, tested vaccines. They refused even to avoid gathering in crowds. Vaccines don't create antibodies for many of us who have suppressed immune systems. During the Omicron wave of Covid-19, it was reported repeatedly that the only people hospitalized with severe Covid were those who refuse to be vaccinated and those who are immunosuppressed.

As the political fight over masks and vaccines raged, during that scary time, the message to the immunosuppressed was this, "You are on your own". There was no coming together in an American wave of sentiment to protect our own. America did not unite against this common enemy. It continued to divide itself with no concern for those, like me, with suppressed immune systems. If a deadly global pandemic wasn't enough to

overcome political divides and bring this country together, I'm not sure that anything ever will.

Speaker 2

Three days is how long you had Covid before you came into my emergency department.

Three hours is how long you were my patient.

Three times I went through your scans, your labs, your vital signs, and all three times, I felt a pit in my stomach, something was wrong.

Three times I explained to you. I don't know what it is, but something's giving me a bad feeling. Please don't leave the hospital, please don't.

Three times you assured me. You felt much better than when you got here. You were going to be fine. You had a three-year-old daughter at home that you had to put to bed and your husband was a real nervous guy. If he felt like anything was wrong, he was going to bring you back in a heartbeat. You've got a pulse ox. You were set.

Three hours later, he brought you back. It was three hours too late.

I should've said it 4, 5, 6, 7, a dozen times, however many it took. I'm sorry, I didn't.

Speaker 3

This is to my daddy, Larry Dwayne Reed, who died on the 30th of December, 2020 at the age of 78. I knew if you got Covid it would be very hard on you, but I understood your desire to live life fully because that's who you were. You lived big and loved big. I've benefited from you being that way all my life. How blessed I am that you were my daddy.

When I talked to you on the phone and heard your cough, I was so worried, but you reassured me it was just your yearly Christmas bronchitis. You got tested to be on the safe side because you were going to go with me to get the boys from the airport.

I remember when you called to tell me that you had tested positive, but I also remember your voice lifting as you talked about getting monoclonal antibodies as soon as possible. You had counted on that treatment and were so disappointed to find out it wasn't available in Crossville. I will always be haunted by the wonder of how different your outcome might've been if you had gotten the antibodies that Monday.

Not being able to be with you while you were in the hospital was so hard. I understood the policy because I had been enforcing it where I worked, but it was so very hard to enforce and even harder to comply. I know that is one of mama's biggest regrets, not fighting for the chance to get to see you. She misses you so much.

I did manage to get approval to see you on Tuesday night. I had to stand in the doorway, but at least I could talk to you, see you, and I made you smile by bringing cardboard cutouts of the boys. I hang on to that blessing. You sang while I was there, you always sang, my whole life.

I also hang on to the blessing of being permitted to be with you the morning they extubated you. I am thankful you and mama had discussed your wishes and she had no doubt what you would want. The fact that you had delivered three of the staff on duty in the ICU that day was such a heartwarming reminder of the wonderful man you were and the legacy you built. The legacy that I am a part of. Thank you for being such an incredible man and being the best daddy in all the world.

Speaker 4

I met you, Maria, when you were in the ICU, you were intubated and medically paralyzed because the amount of pressure needed to force air into your lungs would have made you so uncomfortable. There were no visitors allowed. So we called your family daily to give the updates. Your husband told me how important you were to your family. A wife, a mother, a daughter, a sister, a friend. You were the one always welcoming people into your home. The door was always open. Every day at two, your family gathered at your home to pray the rosary. So I got a plastic pink rosary from our spiritual care office, and I put on my N95 and my goggles, gown, gloves, and I prayed the rosary with you, too. When you had a bleed in your brain and it was clear, you would not survive, I sat on the floor where your husband had slumped after he heard the news. I wish I had known you as the young, beautiful, loving woman your family told me you were. Their life got dimmer the day you died.

Speaker 5

You could not fathom what it was like working through Covid-19 in funeral service. I don't care what you saw in the news or what articles you read there is nothing that can tell you, what we as funeral directors went through. And I'm not ashamed to admit, Covid-19 had me at the lowest, darkest place in my life. I worked 90-hour workweeks. My hair was falling out in chunks. I was down to about 110 pounds. And, uh, every time I ate, I would vomit and that was just the physical effects from working through it.

For a little perspective, I would typically do anything like 10 to 15 funerals a month. In this case, at the height of the pandemic, I did seventy funerals in one month.

We would have to get in full isolation gear and crawl into tractor trailer trucks that were refrigeration trucks and there was bodies in body bags all over them. I can remember walking into one that had seventy-eight bodies inside and having to go through all of the tags to find who I was looking for. This is what most funeral home chapels who look liked, just stacked and stacked with human remains, in the same room where we used to wake one person and celebrate one person's life.

I remember being on the phone with somebody and she was like, I dropped my husband off to the hospital and now you're going to give me his ashes. We were so overwhelmed. We couldn't embalm these bodies. We couldn't store these bodies. We had to get refrigeration trucks. The cemeteries and crematories were booked out for literally weeks and weeks on end. And it was our responsibility to take care of all of them, to get them all where they needed to go. But you see, a big part of funeral service is working with the bereaved. That's working with the family and it's getting them through a process that we believe in, just the funeral and we couldn't do that. I don't mean to sound harsh, but it was like we were a human disposal service. People were robbed of their cultural beliefs, things that they must do in order to honor a loved one.

The phones would ring like rapid fire. You would be lucky if you had an hour of sleep before responding to another death call. People begging you on the phone, "You are the thirty-sixth funeral home I called, please help me".

And for any funeral director who went through that, your job is done. You made good in this world.

Speaker 6

I was diagnosed with Covid in September of 2020. My illness with Covid was very mild. The hardest thing for me at that time was seeing the worry and fear in my wife and hearing her say, “what if I never did see you again” as she dropped me off at the hospital. Fortunately, in that regard, I had very few symptoms and my hospital stay was short and pretty uneventful.

The problems came later. For a little backstory in 2016, I had a double lung transplant as the result of a lifetime with cystic fibrosis and up until Covid, my transplant was a huge success. By October of 2020, I was hospitalized with transplant rejection. We tried several methods of stopping the rejection, but the only thing that worked even slow it down was a treatment called photopheresis. Twice a week, I have to travel an hour each way to have a treatment done on my blood. I'm currently on oxygen 24/7 and finishing testing to get a second double lung transplant. Hopefully. I lost more than 75% of my lung function over the course of a year.

All of this could have been avoided if everyone did their part. If everyone had worn masks and followed the guidelines like I did. I fear that if and when I do get another transplant, the unvaccinated will continue to allow this virus to rage on and mutate. And I will never be safe from it. Or even worse that when I get the call for the transplant, I won't get it because all of the beds will be full.

Please get vaccinated, continue to wear masks in public. This isn't about you. It's about all the people like me.

Speaker 7

This is my story of when I first encountered Covid in a small rural hospital in the year 2020. It was three months after I graduated nursing school and little did I know that my journey, this grueling journey, was about to unfold. This is my story.

“This virus isn't real.” You tell me as I put your nasal cannula on as you gasp for air. “This virus isn't real. I want to see my family”, you say firmly as we change you into a gown and place you in isolation. “This virus isn't real, you sheep” as I come to your bedside in my gown, N95, goggles, and gloves, as you're unable to see my face. “This virus isn't real. I'm not that sick. I get short of breath with my COPD all the time”, you say as your 70-year-old body fights for air, as I increase your oxygen to compensate. “This virus isn't real. I am a rancher. I am invincible”. You say, as your body shakes from working hard to breathe, as the virus chews up your lungs. “This virus isn't real” you gasped, as I bring in the only bi-pap machine we have in our 20-bed hospital. “This virus...”, you trail off as you close your eyes as I turned on the machine. I see you lying motionless in your bed, waiting for the medical helicopter to come to transfer you to a higher level of care. This virus is real, very real.

I removed my PPE, personal protective equipment, and move on to my next Covid patient. I enter the room with new PPE and the news is blaring on the TV. “See”, they say, “it's not that bad. Besides, it's just like the flu. It ain't real. They just want you to believe it is”. The patient kept coughing and I started to turn up his oxygen. The virus is real.

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