

*There are growing concerns in Boston and other major cities around the country about the coronavirus sweeping through homeless shelters, which are often crowded with some of the most vulnerable people in our community. WGBH Morning Edition host Joe Mathieu spoke with Dr. Jim O'Connell with the Boston Healthcare for the Homeless program to learn more about what he and his team are doing to keep homeless people in the city safe. The transcript below has been edited for clarity.*

**Joe Mathieu:** I understand you've been setting up treatment tents for this very purpose. Can you tell us specifically what you're doing?

**Dr. Jim O'Connell:** Sure. As you probably know, the big challenge for all of us involved in the care of homeless people as well as sheltering homeless people is when a virus like this comes, it spreads like wildfire if you're in crowded conditions. So the issue is, how do you get people spread out a little bit? How do you social distance people that are living in a 100 or 200 bed shelter? One of the big medical challenges is somebody shows up at the door of a shelter and may have symptoms, don't know if they have the virus or not, you've got to find someplace to have them do what everybody else would do, which would be quarantine or be isolated away from the rest. And we realize that there's no redundancy. Our systems, the shelters are going flat out. Our Healthcare for the Homeless program is busy without a virus like this, but when the virus comes everything has to change. And with the creative minds of a bunch of people, including our medical director, Jessie Gaeta, who's just extraordinary, and Barry Bock, who's our CEO, are working with the city, the city and state departments of public health and especially with the mayor.

We came up with this idea of tents, and we opened up these two tents. It took about five and a half days from thinking about it to getting them up thanks to the real amazing work of Suffolk Construction and John Fish. We now have two tents, one where we can isolate people who have symptoms, keep them from going to the shelter and keep them there safe and sound in an environment where there's negative pressure, beds that are separated by six feet with dividers between them and individual toilets. We can hold them there until the tests come back. If it's negative, then we let them go to the shelter safely. If it's positive then what we've worked on is that you need to go to the hospital or our McInnis house, which is our respite facility. We've re-engineered so that one of the floors is capable of being converted into an infectious disease isolation unit for homeless

people that test positive. So the whole goal has been to make sure we can keep people that have symptoms or have been exposed to the virus out of the shelter where we know that one person can infect 200 in no time at all.

**Mathieu:** And Doctor, how many cases, if any, do you have now?

**O'Connell:** That's the really fascinating thing, Joe. I have friends in Seattle, San Francisco and New York City, and so far, we know of no homeless person that has tested positive for the virus. And while that sounds great at first, it's this window of opportunity for us. We can get ourselves set up now to prepare for when the virus hits. What we are all expecting, and they certainly know the experience we've had over the last 35 years, is often the homeless population is either the canary in the coal mine, which lets us know first what's going on or sometimes, like in the AIDS epidemic, they can lag behind. As you can imagine, there aren't many homeless people that were at the Biogen conference or traveled to Italy or China. So we're guessing the virus is just going to be hitting us in another week or two and we're fearing the worst and trying to be prepared for that.

**Mathieu:** I'm wondering, when you're dealing with these particular cases, if people are requesting tests or if you're having people come in showing symptoms and you're telling them to sit for a test. Have you experienced either yet?

**O'Connell:** Yes. We also set up a couple tents we've been working with Pine Street, St. Francis House and the city shelters at South Hampton Street to test people. And interestingly, there's a dual thing going on. Many homeless people just don't feel the pressure of this because they live under such duress on their every day, the face of death is kind of ever present. So a virus like this seems to not even faze him. So one problem we have is getting people to realize that this is very serious. And then there's another set of homeless people who are extremely frightened by the thought of this. They're very anxious and there's a lot of anxiety. So testing is often done best by people that they trust, so it's really nice that the screening is going on at the shelters and then our own nurses and staff can be the ones who test. So we're learning just over the past few days that testing is a lot easier when you can do it right at the shelters or right at the clinics. When you send people to the hospital, they get really nervous.

**Mathieu:** I understand. Dr. O'Connell, what are you doing as well to protect your own staff, your own nurses?

**O'Connell:** That worries us a lot so that's a great question. Because as you know, there's hundreds of amazing workers in the shelters. Our staff from nurses and social workers are out in clinics in about 45 shelters, and they're all in the places where the virus could certainly show up at any moment. And how to protect them has been a real concern of all of us. And as you know, and I don't want to pile on, but the availability of personal protective equipment has been really difficult. So we've been trying to get whatever mask we can, whatever we can get, like Purell. Those have been hard to come by.

So I do worry that it will be difficult if we don't learn to protect our workers. We're going to lose them to the virus or it's going to be too dangerous for them to come to work. So we're all collectively working on that. What I would say in all this, though, is the heroism you see. I've been doing this way too long, I suppose. So in my 35 years of doing this full time, I'm really astounded right now -- although probably not surprised -- by the courage and heroism of the people working in the shelters. These are low paid people that [are] just dedicated to doing it. And they are truly on the frontlines, just like a doctor and nurses in the emergency rooms. And I worry a lot about that. But the coming of personal protective equipment will make that a lot easier and a lot better.



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