Ensuring unconditionally equitable and dignified access to the highest quality health care for all individuals and families experiencing homelessness in our community.
CONSTANCY, EXPERTISE AND COMPASSION AT MASS AND CASS

As the nationwide number of unhoused people rises, tent communities or outdoor encampments have been cropping up in cities across the country. In Boston, these encampments were mostly confined to “Mass and Cass” – the area where Massachusetts Avenue intersects with Melnea Cass Boulevard. The individuals living in this tent community were a medically vulnerable group, many of whom were in the throes of active addiction which caused Mass and Cass to quickly become the center of the overdose epidemic in the area. In addition to substance use disorders (SUDs), these individuals were presenting with a host of other dire health issues that needed immediate attention, creating a public health crisis.

Our program’s JYP clinic on Albany Street and our shelter-based clinics at nearby Woods Mullen and 112 Southampton Street, (shelters operated by the Boston Public Health Commission), as well as our already robust harm reduction and SUD treatment program, positioned us well to address this crisis. Though the encampments were recently closed and many of the residents relocated to supportive temporary housing, the legacy of the community and the healthcare workers (most of whom were BHCHP employees) who provided life-saving treatment for community members is an important one to capture. Below is a detailed history of the essential care and life-saving, trauma-informed harm reduction services we provided at Mass and Cass.

Our program has long known the patients at Mass and Cass, given its proximity to our Albany Street clinic and other much-needed services in the area. But, in the summer of 2019, it became a hot spot of opioid overdoses. In fact, for the past 20+ years, overdoses have been the number one cause of deaths in our patient population, leading us to create a more direct, life-saving infrastructure to reverse this trend. In 2016, we launched SPOT (Supportive Place for Observation and Treatment), a medical monitoring program for individuals who are over-sedated and at high risk of overdose.

Since its opening, SPOT and our harm reduction staff have saved hundreds of lives and thousands of emergency room visits. This past summer, our program was seeing overdoses like we had never had seen before.

Back in July 2019, Shannon Dolan, RN spent her first day in her role as the Nurse Manager at our 112 Southampton Street clinic, (shelters operated by the Boston Public Health Commission), as well as our already robust harm reduction and SUD treatment program, positioned us well to address this crisis. Though the encampments were recently closed and many of the residents relocated to supportive temporary housing, the legacy of the community and the healthcare workers (most of whom were BHCHP employees) who provided life-saving treatment for community members is an important one to capture. Below is a detailed history of the essential care and life-saving, trauma-informed harm reduction services we provided at Mass and Cass.

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For context, the typical number of daily overdose calls we received were from zero to two, so on that day in July we deployed several additional staff to support Shannon.

“This was the first inkling that we needed a more robust presence on Mass and Cass,” says BHCHP CEO Barry Bock, “Shannon really got a trial by fire that day and showed us how amazing she is, but we also saw that the need for a workforce out there, since Shannon and her colleagues’ primary role was in the clinic at 112 Southampton shelter, whose patient population has their own unique set of needs.”

At the same time that Shannon and her team of two were responding to overdoses, the City of Boston and the Boston Public Health Commission were piloting ‘comfort stations’ for unhoused people gathering in the area. Comfort stations provided access to bathrooms, water, snacks, sunscreen and other toiletries. Unfortunately, many people who used the comfort stations were also overdosing. City officials who operated the comfort stations were often running into our JYP clinic and SPOT to request our expertise in reversing the overdoses.

This led us to assemble a dedicated team of 17 staff members to provide harm reduction, HIV services, and wound care and other services on Mass and Cass. These were case managers, nurses, nurse practitioners, social workers, psychiatrists, and physicians who worked hard to build relationships and provide life-saving care and education.

Opioid overdoses were certainly the first reason we assembled this team. As
our staff started making connections, they offered referrals to detox and other recovery treatment services including medication to treat their SUD, and we made those connections wherever possible. But the complexities of SUDs and trauma mean that not everyone is ready for treatment. Our trauma-informed, harm-reduction focused staff understands this and doubled down on making sure patients knew they could trust us. As our staff started to build relationships, it became clear that the issues facing this community were far broader than drug overdoses, though drug use was causing additional complex and critical health needs.

Many of the individuals in the Mass and Cass encampments were using drugs intravenously (via a needle) and sharing needles. In order to avoid intravenous disease transmission or infection, needles should be clean and sterilized, but individuals in these encampments didn't always have access to clean needles. As a result, we saw a significant amount of wounds, abscesses and infections. Our staff worked diligently to perform incisions and drainages on the street and provided much-needed education on the importance of clean needles and wound care. This was an essential service, as untreated infections and undrained abscesses or wounds can lead to other extremely serious health complications like sepsis.

“IF OUR STAFF HADN’T BEEN DOWN THERE, I’M NOT SURE WHAT WOULD HAVE HAPPENED TO THAT COMMUNITY. WE WERE PROVIDING ESSENTIAL SERVICES—NOT JUST HARM REDUCTION AND OVERDOSE MANAGEMENT—WHICH WAS AN INCREDIBLY IMPORTANT PART OF OUR FOCUS—BUT DISEASE TREATMENT AND WOUND CARE.”

– BARRY BOCK, BHCHP CEO

It was around this time that state data indicated that HIV and Hepatitis C infections were skyrocketing in this community. BHCHP’s Red Team focuses on providing diagnosis, treatment, counseling and prevention of HIV and Hepatitis C. To address this outbreak, we sent an ongoing team of case managers, psychiatrists, physicians, nurse practitioners, and social workers from our Red Team out to Mass and Cass. These individuals would provide complex care including HIV counseling and testing, HIV prevention work, HIV care as well as providing education around safe drug use, wound care and transmission prevention. PrEP—used to prevent HIV transmission—ideally must be taken daily to be effective, and our staff help administer this medication to ~75 people daily. Our staff were vital in ensuring that many of these individuals adhered to their treatment regimen by being present to assist with the medications these individuals needed to manage their disease.

“If our staff had’t been down there, I’m not sure what would have happened to that community,” says Barry Bock, “We were providing essential services—not just harm reduction and overdose management—which was an incredibly important part of our focus—but disease treatment and wound care.”

The encampments at Mass and Cass closed in mid-January of 2022. Mayor Michelle Wu, Senior Advisor to the Mayor Monica Bharel, MD, MPH, city and state officials, along with long-time shelter providers opened both low-threshold shelters and temporary supportive housing. Our staff continues to provide clinical support for those patients who have moved on to the temporary housing We also share our expertise and provide training—on harm reduction, wound care, overdose reversal—to our shelter partners and outside clinicians brought in by the City to help us with this care.

We have been grateful to all our partners, and especially the Mayor and Dr. Bharel for their leadership in addressing the Mass and Cass public health crisis. As public health care providers, meeting the needs of this complex population over the years has been emotionally taxing. But, our staff continues to do it every single day—and we do it with care, clinical expertise, and a profound sense of compassion—always pivoting to meet the needs of our patients—the most vulnerable in our community.
Here at Boston Health Care for the Homeless Program, we pride ourselves not only on our highly skilled staff, but on the compassion that informs our work. Operating with a trauma-informed focus, especially for our patient population, is of the utmost importance. For many of our patients, the trauma of homelessness is compounded by other recurring traumas in their lives, racism, sexism, sexual assault, violence, homophobia, transphobia, abandonment, and more. All of this is compounded by chronic and acute illness, substance use disorder and undertreated mental illness. We want our patients to feel safe and to feel valued in our care, and we do everything we can to meet their needs and exceed their expectations.

Born out from this perspective to care for patients as individuals with unique needs, our Women’s Health Initiative has long focused on programming geared to the distinct health care and social needs of women and of our patients who identify as women. Prior to the pandemic this meant delivering programs such as our very popular HER Saturday, a Saturday morning program specifically created to build community among female presenting or identifying patients and to encourage these women to get care, whether medical or behavioral health visit with a provider. We hope to resume this vital HER Saturday clinic soon as COVID positive cases drop especially to ensure women who are sleeping on the streets have a safe place to receive care. Statistically, women on the street are more likely to have experienced extreme violence, including sexual violence, and BHCHP staff (who have deep trauma informed training) provide safe space with each encounter.

Remy Lawrence has been with BHCHP for four years, first as a case manager, at both HER Saturday and our busy primary care clinic at 780 Albany St. and now, as our first Women’s Recovery Support Navigator. This position, a collaboration between Rosie’s Place, a multiservice community center a block from our main location and BHCHP, grew out of a desire to collaboratively enhance access to and support around substance use disorder. Remy radiates compassion. She speaks warmly, in a way that invites confidence. As a Women’s Recovery Support Navigator, Remy blends her case management background with a deep knowledge of trauma and substance use disorder that allow for broader reach to more women. “I am extremely passionate about helping women feel cared about and supported,” says Remy, “I work hard to make sure women know I am receptive to hearing about their journeys and walking alongside them through recovery.”

As she’s built relationships with these women, she realized that many of them have been disconnected from care for a long time. “A lot of these women have lost connections of all kinds,” says Remy. “I really enjoy being a point person for women who have lost their way and are unable to self-start. This is probably the most fulfilled I’ve been in a professional capacity in a long time. I feel passionate about what I’m doing, I’m constantly making new connections or being asked to or share my thought process from a public health perspective on different things. This is opening doors that I didn’t anticipate and it’s all for the greater good.”

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— REMY LAWRENCE, WOMEN’S RECOVERY SUPPORT NAVIGATOR AT BHCHP

“When I go and sit with a woman outside, I work very hard to preserve her dignity. These are the moments—believe it or not—that the strongest connections are made. Women will come back after and remember me and I’m like, ‘Oh my God! It resonated! You did hear me. So those women will come back and say, ‘I’m ready for change,’ or ‘Can you help me?’ ‘Can we work on this?’ and that’s when the work starts!”

BHCHP’s Women’s Recovery Support Navigator position is well-rounded and
Mercy Krua and Joan Krua-David are proud nurses at our Barbara McInnis House (BMH), our 24-hour, 104-bed medical respite program. Mercy joined BHCHP in 2017 and Joan in 2020—they also happen to be sisters who work alongside one another. “I love working with my sister,” Joan says with a laugh. “I feel very fortunate to be able to work with my sister,” Mercy adds, “Not many places would allow this, but we’re completely professional at work. I feel like I’m working alongside anyone else. It’s a very unique environment and we love what we do for our patients.”

Born and raised in rural Liberia in a village with less than 500 people and few resources like safe drinking water and electricity, education was of vital importance. Both Mercy and Joan were educated at their father’s school, the Ziah Mission School, which aimed to provide education to the children of the area. Though the school has faced insurmountable challenges in its operation, it has persevered in educating some of the greatest minds. Many doctors, lawyers, nurses, engineers, and entrepreneurs are alums of the school. (To learn more about how you can support this impactful school, please visit their website: https://www.ziahmission.org/donate).

Mercy and Joan’s upbringing in a rural village deepened and expanded their well of empathy and instilled in them a desire to give back. Both are highly-skilled clinicians who care deeply about our patients. Joan says “It makes me feel blessed that I can be a part of giving hope to people that are really in need. I am a part of that team at the Boston Health Care for the Homeless Program...we are able to provide for these patients and give them hope...and give them a second chance that life doesn’t end because their life is shattered by being homeless...that’s part of what I do and I really appreciate it.”

Mercy says, “Knowing that—aside from the great care they receive—that these patients are able to have access to really good food whenever they want it is amazing to see. It’s a blessing to be a part of this program. Even during COVID, when I was the only one in my household working, the part I really loved was the sense of community, togetherness and unity at BMH.” It was hard, she said—at the height of the pandemic—to continue going to work everyday, but knowing that her colleagues and patients were there motivated her to keep going.

Both sisters talk about benefiting from the collaborative and supportive environment at BMH and about walking alongside our patients in their health journeys. Joan recalls a patient who had been at BMH for a long stay and during that time was able to secure housing. “He was so excited to tell everyone that he was housed. I really love watching people through that journey from homeless to being housed...thinking about how he’d been homeless for so long and was about to get discharged to his first real apartment and have that hope of living his life again. You know, that’s the beauty of working here. I really love that.”

Mercy and Joan are integral members of our community at BHCHP. We are motivated by their perseverance, tenacity, brilliance and compassion! We are so fortunate that they’ve found a professional home with us at BHCHP.
NEW CLINICAL LEADERSHIP

For over 20 years, Dr. Jessie Gaeta has been with Boston Health Care for the Homeless Program, during which she served as our Chief Medical Officer for the last seven years. She has seen our program through many challenges and has pushed our program to innovate and advocate, particularly around harm reduction treatment for individuals with substance use disorder. She pioneered our Supportive Place for Observation and Treatment (SPOT) for patients at risk of overdose, and her leadership during the COVID-19 pandemic helped our program pivot and innovate in many ways. She spearheaded the construction of the testing and isolation tents from the first wave of the pandemic and fought tirelessly to ensure our patients would have safe spaces to isolate and recover from COVID-19. After nearly a decade at the helm of clinical leadership, Dr. Gaeta has stepped down from her current role. She won't be going far though—she’ll remain with BHCHP, focusing on direct patient care and continuing her pioneering work building out our addiction treatment programming. We are forever grateful to Dr. Gaeta for her fierce commitment to BHCHP and our patients.

It seems fitting that current Medical Director, Dr. Denise De Las Nueces, MPH, has stepped into the role of Chief Medical Officer. Dr. De Las Nueces and Dr. Gaeta have worked alongside each other for the last decade and their shared medical expertise and desire to watch the other succeed has made the transition a smooth one. Dr. De Las Nueces, who received her MD from Harvard Medical School and MPH from Harvard School of Public Health, was recruited right from her residency training at Brigham and Women's Hospital ten years ago and immediately stepped into clinical leadership at our Barbara McInnis House (BMH) before ascending to Medical Director of the entire program. She brings the same clinical acumen and compassion, with a focus on breaking down barriers related to racial and ethnic disparities in our patient population. “I have learned so much in my first decade at BHCHP and I will hold all those learnings in my heart as I forge ahead and in particular Dr. Gaeta’s leadership as an example of something to aspire to. I’ve often thought in a clinical setting...’What would Jessie do?’ I’m just really incredibly grateful to everyone who believed in me ten years ago when I certainly doubted that I had the ability to move into a leadership role so quickly out of residency training and who has really given me the space to learn at my own pace. I so deeply respect that and I hope I can emulate that as well in this new role.”

Dr. Peter Smith has stepped into Dr. De Las Nueces’ role as BHCHP's Medical Director. In 2016 he came to us from the East Boston Neighborhood Health Center as its Medical Director. From 2018-2022, Dr. Smith was Medical Director of our BMC clinic, our largest outpatient clinic. In addition, at the beginning of the COVID-19 pandemic in 2020, he led our BHCHP team as Medical Director at Boston Hope, the 1,000 bed field hospital in the Boston Convention and Exhibition Center in partnership with Mass General Hospital, the city of Boston and the Commonwealth. Dr. Smith, who received his MD from UMASS Medical School and his MSc from BU School of Public Health, has been an invaluable asset to our program.

We feel so fortunate and grateful to have such depth of medical expertise in our program.

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– DENISE DE LAS NUECES, MD, MPH
DEBRA WOJNAROWSKI GAVE GENTLELY IN LIFE AND IN DEATH

During her life, Debra Wojnarowski was generous with her time, her money, and her heart. In death, her spirit of giving has continued.

Wojnarowski died in 2020, and the executor of her estate, her long-time friend Sallie Guskey, was not surprised that she had left so much of her money to various charities and individuals in need. But it wasn’t until Guskey began to look through her friend’s papers that she realized the extent of Wojnarowski’s good work during her lifetime. “I learned so much about her and the depth of her volunteer work and all the things she contributed to,” said Guskey, who met Wojnarowski in the 1970s when they were undergraduates at UMASS Amherst. “She had told me that although she didn’t grow up rich, she never wanted for anything, and she always wanted to give back.”

In her will, Wojnarowski left Boston Health Care for the Homeless Program a generous bequest, which was unexpected. (Sometimes donors inform recipients beforehand.) Guskey said she wasn’t surprised that Debra’s bequest was unexpected because she never sought recognition for her philanthropy.

A Long-time BHCHP Donor
Wojnarowski began donating to BHCHP in 2005, as part of the employee-giving program at Harvard Pilgrim Health Care, where she had been a nurse since 2000. In 2014, Harvard Pilgrim asked her to develop a program that would assist transgender members with understanding and accessing their transgender medical benefits. It was the most challenging and rewarding undertaking of her career, Wojnarowski would say. “Nurses are natural allies,” she said in a published interview about her work. “We listen, we ask, we want to learn. My life has been a cakewalk compared to many of the members I have worked with.” Guskey said she’s not sure her friend knew of BHCHP’s pioneering work in transgender healthcare, but if she had, she would have been “ecstatic that her bequest had a double whammy.”

Wojnarowski loved giving back. She served meals to veterans, volunteered with a healing garden for cancer patients, participated in a neighbor-helping-neighbor brigade, worked with a farm that helped relieve hunger, and donated her time and money to several nonprofits that help underserved children and families. Shortly after her mother died and she had retired from Harvard Pilgrim, Wojnarowski became a mentor with a program that helps at-risk high schoolers achieve a post-secondary education. She became very close to her mentee, and a bequest to her will help her finish college with minimal debt, according to Guskey.

Guskey said that Wojnarowski’s generous bequests prompted her and her husband, who have no children, to rethink their own wills. They’re leaving part of their estate to a niece and nephews, and the rest to 16 different charities. “Witnessing how Debra conducted herself in life and in death has been an inspiration,” she said.

DENNIS BUFF BEQUEST SOCIETY
Anyone can leave a legacy gift of any amount, and like Debra, we will add them to our Dennis Buff Bequest Society, named for a long-time and grateful patient of BHCHP. Please see enclosure to learn more.

BHCHP’S FAMILY TEAM CLINIC OPENS AT HORIZONS FOR HOMELESS CHILDREN

Since 1985, BHCHP’s multidisciplinary Family Team has been caring for families experiencing homelessness—nearly 1,000 parents, children, and unaccompanied youth each year—during this chaotic and disruptive time in their lives. Throughout the COVID-19 pandemic, our Family Team has continued to engage these vulnerable patients—already stressed with the struggles of homelessness—with a combination of in-person/in-shelter and telehealth services.

We have long hoped for a dedicated, safe, and accessible Family Team primary care clinic. Now, we are thrilled to announce that BHCHP has partnered with Horizons for Homeless Children to open our first full-time Family Team clinic within the new Horizons Center, their beautiful state-of-the-art day care in Roxbury. Clinic services include rapid access to trauma-informed adult and pediatric medical, nursing, mental health and substance use services, health education, and case management services for the children and families who are served by Horizons and those families experiencing homelessness in the broader community.

For over 35 years, our Family Team has travelled back and forth to the many individual family shelters in Greater Boston caring for the special needs of families experiencing homelessness. One key and longstanding issue with
this shelter-based care approach was that once families left a shelter, their continuity of care was often disrupted.

As an internist and pediatrician on the Family Team for nearly 8 years, Dr. Aura Obando says, “I have cared for our patients in all sorts of settings: motel rooms, play rooms, shelter living rooms, and closets converted into clinic spaces. Our new BHCHP Family Clinic at Horizons Center improves overall access for our patients, five days a week. Patients can call when they are not feeling well, and no matter what shelter or program they are located in, be seen that day. It fills my heart to see how much the families love the new dignified space. This amazing space allows our patients to meet their medical, mental health, and case management needs in a one-stop-shopping approach, which is not only a best practice for clinical medicine, but also a core tenet of the Health Care for the Homeless Program model."

We are so grateful to Kate Barrand, CEO of the Horizons for Homeless Children in her desire to have a clinic at their new center. Says Kate, “This [clinic] is really an extraordinary opportunity for two organizations to come together who have all of the best practice when it comes to helping homeless children, families, and adults in their pursuit of better. It’s become obvious to us over our work of many years that oftentimes families who find themselves homeless have a myriad of [health] challenges in their life–these can be behavioral health challenges, mental health challenges, or, frankly, just routine health challenges that–when living in abject poverty–are really a challenge to tackle. The fact that [Boston Health Care for the Homeless Program] has been willing to come here and put a family health clinic on site with pediatricians, mental health support, behavioral health support…this will be a complete game changer for our families and their ongoing well-being and I couldn’t be more excited for what this offers our families and we’ve already have many of them express tremendous enthusiasm.”

We would like to offer a special thanks to Marjorie and David Sullivan, Takeda, and TD Bank for their leadership support for this innovative initiative to improve the health of families experiencing homelessness.

BHCHP’s Family Team Clinic Opens at Horizons for Homeless Children (continued)