Ensuring unconditionally equitable and dignified access to the highest quality health care for all individuals and families experiencing homelessness in our community.
Dear Friends,

This past year has been filled with much angst and uncertainty as we battle daily with the ravages of the coronavirus pandemic, the surge in overdose deaths, and our never-ending journey for equity and social justice.

Among the myriad challenges that we have faced in caring for individuals and families struggling to survive in shelters and on the streets, COVID-19 has tested our staff and patients like none other. Those early months of 2020 were deeply frightening and physically exhausting. Crowded congregate shelters created a perfect storm for the rapid spread of the virus. To meet this challenge our staff operated 660 COVID isolation and quarantine beds in four locations throughout Boston, and we continue to perform biweekly surveillance testing in 30 sites throughout each wave of the pandemic and to share our COVID knowledge as we learn it with providers all over the country. We now oversee the largest vaccination campaign in our history. Remarkably, largely due to the trust earned by 36 years of BHCHP’s steady and consistent presence in the shelters and on the streets of Boston, 63% of our patients have received at least one dose of the COVID-19 vaccine.

While we are proud of BHCHP’s long commitment to social justice, we recognize that we must continually strive to do more. Systemic and structural inequities, especially racism, result in poor access to care and marked disparities in health outcomes. We are constantly examining our own health care model to assure that we recognize and address such inequities. This has been a healthy and necessary process for all of us at BHCHP and we strive together and individually to create a more equitable workplace.

We are equally proud of the work we have done continuing to address the opioid epidemic, which has disproportionately impacted people experiencing homelessness in our community, with overdose the leading cause of death for those we serve. With your help, we have made major investments in innovative harm reduction and treatment services under the leadership of Dr. Jessie Gaeta, our Chief Medical Officer. We fully recognize how daunting this challenge will be and our staff is fully committed to addressing this human and social tragedy.

Successes and failures blur when looking back over almost four decades, and what lingers are the intangibles. Through all the unsteadiness and uncertainty, we have been so grateful for your generosity, support, and friendship. Boston Health Care for the Homeless Program would not exist in its breadth if it were not for the generosity of supporters like you. We can offer a wide variety of high-quality services for every patient who walks through our doors because of your thoughtful support. We marvel at the innovative and compassionate care of our clinicians throughout the darkest days of this pandemic and we recognize fully how much we all need each other. Thank you for always being there for us!

This Fall 2021 newsletter tells powerful stories of compassion, resilience, innovation, and kindness. Among these, you’ll read about the evolution of our transgender program, and you’ll hear the amazing story of our board and CAB member, Derek Winbush. All these stories are underwritten by you, our inspiring and generous community.

With deepest gratitude,

Barry Bock, CEO, Boston Health Care for the Homeless Program

Jim O’Connell, MD, President, Boston Health Care for the Homeless Program

Transgender Care: Reflections from Thirteen Years of Care

In 2004 Pam Klein, RN, arrived at Boston Health Care for the Homeless Program from San Francisco, where she cared for transgender patients and worked with the City’s Public Health Department to deliver a care model tailored to the unique needs of transgender patients. She missed her work with transgender patients in San Francisco and wondered what care the trans population in Boston was getting.

“I knew there had to be a community of trans folks living here,” she says now, “But I wasn’t sure how they were receiving their health care, and if there was even a need for establishing a new program.”

With the support of BHCHP’s leadership, Pam did a community needs clinical assessment of various community-based organizations (CBOs), shelters, and other health care organizations to determine how transgender people experiencing homelessness were receiving care.

So, in November 2008, BHCHP opened their transgender care pilot program. “It was a true community effort,” she says now, “We partnered with some incredible agencies that allowed us to survey potential patients about what kinds of services they would need from a health care program specifically targeting the needs of transgender people.

Back in 2008, our collective understanding of gender and sexuality were elementary. “Back then people were still conflating gender and sexual orientation,” says Pam, “and there were very few resources out there for transgender folks.”

This Issue

04 “This Place...It’s Part of My Life.”
05 Dr. O’Connell Continues to Lead in Homelessness and Health Care
06 Sonja Spears, BHCHP’s Chief of Equity and Inclusion, speaks on her lifelong commitment to equity

Cover photo: CEO Barry Bock and Board member and patient Derek Winbush share a joyful moment outside of our Jean Yawkey Place hub. Photo Credit: Katie Dillon
BHCHP initially set aside Thursday nights at our largest clinic on Albany Street for transgender patients from an excited group of providers. In addition to access to daily primary care, these Thursday evening clinics also offered hormone consulting, case management services, and support group. Legal services were also provided by a local legal clinic.

“This really pushed us to change the model to begin enabling all providers to see transgender patients during regular clinic hours. This allowed us to increase the provider group and motivated us to train pharmacy, dental, and other staff. We made our whole program culturally competent with training around gender for all patient-facing providers,” Pam remarks now.

Another big change occurred then as insurance companies began to contribute. Mass Health (Massachusetts’ Medicaid program) began to cover hormone therapy and gender affirming surgery, making our patients eligible for these kinds of life-changing services. Recovering from these surgeries was another challenge for our patients—recovery in the shelters or on the streets was not practical. BHCHP staff once again stepped up and began providing post-surgical care in our 104-bed respite facility—our Barbara McInnis House, dedicated specifically for helping patients without homes to recover from surgery or other treatments.

COVID-19 presented another set of challenges for the transgender patients to support each other. But, the transgender support group was one of the first of our program groups to go virtual and it’s still going strong. “We’ve actually gained some clients who weren’t able to make the meetings in person.”

In many ways, today’s society has progressed and our collective understanding of gender has expanded and made us more compassionate to transgender people. Even with so much progress, transgender people, especially transgender women of color, are more likely to experience homelessness, substance use disorders, and violence (including death). We’ve come a long way since the early days of our program, but there’s more work to be done.

When asked what more health systems can do for transgender people, Pam says this, “It sounds really basic, but would help so much to have mandated cultural competence across the board. I feel that it’s so huge. If a patient is going to come to a place, they deserve to feel recognized and to be treated like a human being. I know it sounds so basic, but it’s really the least we can do as caregivers. And I understand that a lot of people mean well. They don’t want to say or do the wrong thing, but with the right training and education, that can be improved upon. But the bottom line is: Taking care of people suffering is a privilege. You have to have compassion.”

Pam’s compassion and advocacy for her patients is clear because she knows she is “helping someone become their full self.”

Pam is now spending a good part of her week over at Boston Medical Center helping them build out their transgender care programming, “BHCHP has less of my time but not less of my heart.”

“TAKING CARE OF PEOPLE IN SUFFERING IS A PRIVILEGE. YOU HAVE TO HAVE COMPASSION.”
- Pam Klein, RN

“Sometimes I get nostalgic for those early days of the program,” Pam reminisces, “We had that space and time specifically for our trans patients, but the reality is we were able to widen our care model because of those early days. Our patients were the ones who helped us expand our program and improve upon our care delivery.”

Then, in 2011, the transgender program evolved due to night time over-congestion in hospital emergency rooms by our patients for non-emergent cases. To alleviate this congestion, BHCHP began offering evening clinic hours for all patients, so that transgender patients no longer had the clinic to themselves on Thursday evenings. At the same time, there was a desire to train all providers in the cultural competency necessary to provide care for transgender people.
Derek Winbush is resilience personified. By his own description, he's now survived two epidemics in the United States: the battle to stay alive in the 80s and 90s living with HIV while experiencing homelessness, and the current pandemic. He's been a vital part of the BHCHP community for decades, first as a patient, then as a Board member and Consumer Advisory Board (CAB) member, and as a guest contributor at our monthly orientation for new staff.

“Being on the CAB has given me a sense of purpose. It’s given me something to look forward to.” Derek says thoughtfully. He’s one of those unique individuals whose words linger in your mind long after you’ve left his physical presence.

“When I was homeless I had a lot of challenges and it was hard. It was hard keeping track of my list of priorities: do I eat today or do I take my medication? How am I going to survive today?” So I’m always thinking of the person coming behind me, the person I meet on the street or in the BHCHP lobby. I feel like I’m a beacon for those people. Here I am: a person who has experienced homelessness. I’ve gone through that same dark tunnel and I try to be a light for people who are experiencing the same thing.”

Though he’s been housed since the late 1990s, Derek continues to use BHCHP for his medical needs. Back in December and January, Derek was opposed to vaccination. “I figured, I’m Black, I’m going to be a guinea pig for this thing.” His skepticism is based on a strong legacy of racism in the medical community, especially around vaccines.

“But [our Medical Director] reached out to me and [explained the efficacy of the vaccine] and asked if I wanted to be vaccinated. I came in and got vaccinated in January and I’m glad I did it. I’m so glad it was available for me here at the program.” In addition to using our services for his health needs, Derek is an invaluable advocate for our program, traveling around the country (pre-COVID) to educate other cities on the life-changing and life-saving work of BHCHP. He also serves on many city and state departments of public health subcommittees, specifically around HIV and AIDS.

We’ve learned so much from our consumers and Derek shares a little bit about that, “People that get newly housed suffer from depression and isolation and one of our board members, Larry Adams, brought that up at our meetings. In response to that we started having a day center for folks. It’s incredible to me that this initiative started because one of our consumers had a voice here.

Our CAB was the first of its kind in the nation. Our model has been copied all over the country. I’ve seen it and helped build it out across the country... Something that stands out about our program is that Senior Management, Staff and the Board are on the same level. We work as a team. Barry is at every Consumer Advisory Board meeting. When you have a CEO that will come sit with us for two hours, it’s amazing.”

When Derek speaks of his decades-long relationships with our CEO Barry Bock and President Jim O’Connell, MD, the affection is evident in his voice. “When my mother died, Barry and Jim and Bob Taube were at my mother’s services and I looked out there and saw them in the crowd—it touched me. Barry is someone I can always go to. I’ve been in-patient a lot over the last few years and Barry always comes to visit me. When he comes to visit, he always leaves a teddy bear or some flowers and I know that there is genuine love between us.”

He makes a quip about how whenever he’s out with Barry, Barry introduces Derek as his boss. This perplexes Derek, but after spending an hour with him it’s easy to see what Barry means. Derek has been through the trauma of homelessness and emerged on the other

“YOU GET TREATED WITH RESPECT. YOU GET TREATED WITH DIGNITY. YOU GET CALLED BY YOUR FIRST NAME. I GET A SMILE AND A GENUINE HUG. AND SOMEONE WOULD LISTEN TO ME: BE IT BAD, GOOD OR INDIFFERENT. THIS PLACE...IT’S PART OF MY LIFE.” – DEREK WINBUSH
side as a man with the gift of his ability to relate to others.

One night when he was out on the van with Dr. Jim O’Connell, Jim remarked on Derek’s easy rapport with patients on the street, “I was like, ‘Jim this used to be me!’ After that night on the van it really reaffirmed why I do this stuff, you know? I haven’t been homeless since 1998, but I don’t ever want to forget where I came from.”

During the pandemic, Derek was reminded of where he came from. He ran into an old friend who shared the news that he finally got his own place. The friend credited Derek with assisting in achieving this goal; Derek’s ability to share about his own struggles and triumphs made his friend feel like he could do it too. “I thought...this is my purpose. If I can help just one person that’s coming through these doors, then I’ve done my job.”

Derek beams as he shares this, and one cannot help but beam with him. His ease at sharing the hard things softens the sharp edges of life. He does not shy away from pain or difficult conversations, an essential component to healing.

“The things I went through in the past set me up for this. Being on the CAB and seeing other people struggling helps me in my struggle. It helps me to know I’m not alone. If they can do it, I can do it. I’m still here. I just try to stay humble. Our history is important. The world needs to know about the Jim O’Connells and the Larry Adams and the Bob Taubes and the Barry Bocks.”

The world needs to know about the Derek Winbushes, too. They need to know about the individuals who suffer—and from that suffering—turn toward empathy and compassion.

---

**DR. O’CONNELL ADVISOR ON HARVARD’S SPH HOMELESSNESS AND HEALTH CARE INITIATIVE**

Some exciting news about Dr. O’Connell’s efforts in public health education and homelessness!

The Initiative on Health and Homelessness (IHH) at the Harvard T.H. Chan School of Public Health, founded in October 2019, is committed to improving the lack of education around the intersection of homelessness and healthcare. Dr. O’Connell, as a founding Steering Committee member, has been integral in providing his expertise and advice on the formation of the IHH whose central objective is “to build an academic community dedicated to addressing the knowledge gaps in the area of health and homelessness through education, research, and translation.”

In his role on the Steering Committee, Dr. O’Connell collaborates with his colleague and long-time friend Dr. Howard Koh, the Harvey V. Fineberg Professor of the Practice of Public Health Leadership at the Harvard T. H. Chan School of Public Health. Dr. Koh, who is founding Chair of IHH, has an impressive background in public health that includes the role of 14th Assistant Secretary for Health for the U.S. Department of Health and Human Services (HHS), and the former Commissioner of Public Health for the Commonwealth of Massachusetts.

According to Dr. Koh, “Jim is one of the foremost leaders in the country on health and homelessness. Harvard wants to give more academic attention to this issue and having Jim’s incredible wealth of knowledge is invaluable to the formation of this initiative.”

In addition to being a senior advisor on the creation of the IHH, Dr. O’Connell and BHCHP are prominently featured in a seminal class called Public Health Leadership taught by Dr. Koh. The students first analyze and discuss a case study written about Jim and BHCHP around the City’s closing of the Long Island Bridge in 2015. That is followed by a highly-anticipated visit to the classroom by Jim to discuss this popular case with the public health students.

Dr. Koh describes Jim’s dedication to the IHH’s programming as foundational and the glue between BHCHP’s work on the ground and the Harvard initiative.

According to the IHH website: Homelessness is deeply entwined with broader issues of poverty, social disparities, education, welfare, and corrections, as well as obstacles to accessing integrated medical, mental health, and substance use disorder care. This challenge represents a complex and intractable social crisis in urgent need of comprehensive solutions. Yet, the state of research and teaching—particularly with respect to the public health aspects of homelessness—does not come close to meeting the urgency of the problem. Noted knowledge gaps leave national and local leaders without the evidence and strategic perspectives they need to make wise funding and policy decisions.

Dr. O’Connell’s extensive knowledge of the health concerns of homeless individuals and families is a guiding light for the formation of the Harvard TH Chan School of Public Health’s IHH to tackle the injustice of homelessness and its profound impact on health.
SONJA SPEARS, BHCHP’S CHIEF OF EQUITY AND INCLUSION, SPEAKS ON HER LIFELONG COMMITMENT TO EQUITY

Since BHCHP’s founding in 1985, our program has had a foundation of social justice and equity at its core, especially around patient care. Our CEO Barry Bock wanted to ensure that our staff and patient needs were met when it came to diversity, equity and inclusion.

In 2015, we conducted a broad assessment of our diversity climate and saw the importance of creating the senior position of Chief Equity and Inclusion Officer, a dedicated role to direct and manage our program’s allegiance to social justice.

Enter Sonja Spears. As a young English teacher in Boston Public Schools, she cemented her love of learning and education. From there, she went to New Orleans to pursue a law degree and then practiced law there, eventually becoming an elected judge. After retiring from the bench and moving back to Boston, she re-dedicated her life to issues of racial justice and equity.

In 2017, she joined BHCHP as our first Chief Equity and Inclusion Officer. According to Sonja, “A goal of my work here at BHCHP is to encourage all our staff to view everything we do through the lens of equity and social justice. It’s important that we cultivate an ability to view our practices and policies, the ways in which we relate to each other, with equity always top of mind. The work is monumental, and it’s never done as long as there is structural oppression in the world.”

Sonja has done so much to foster an equitable and inclusive community. One of her greatest accomplishments has been creating an entire day of our new staff orientation to educate staff on equity and inclusion. She created individual equity caucuses for people of color, LGBTQIA+ identifying folks, and white allies. She has been an invaluable leader on issues of equity and social justice.

Sonja, along with Morgan Ward, our Equity and Inclusion Partner, lead trainings and brown bag lunches on topics of equity and inclusion. They created a library for our staff and Family Team patients with books that provide positive images of traditionally underrepresented children. The goal is to reinforce the idea that our differences are to be valued and celebrated, and to provide children positive reflections of themselves in the stories.

“A GOAL OF MY WORK HERE AT BHCHP IS TO ENCOURAGE ALL OUR STAFF TO VIEW EVERYTHING WE DO THROUGH THE LENS OF EQUITY AND SOCIAL JUSTICE.”
— SONJA SPEARS

Sonja has also been an enormous resource to our shelter partners, who often call on her expertise in building out their own DEI programming.

“Equity is really broad, but the way I see it for our program is making sure that patients, staff, or anyone who has any connection with BHCHP has the tools and support they need so that they can be their best selves,” says Sonja.

LEARN ABOUT BHCHP’S INSTITUTE FOR RESEARCH, QUALITY, AND POLICY IN HOMELESS HEALTH CARE

The vision of the BHCHP Institute is to serve as a multidisciplinary, collaborative center of excellence in homeless health care with a goal to improve the health of individuals and families experiencing homelessness. This work includes six distinct pillars: research, quality, policy and advocacy, value-based care, writing and ethics, and education.

We use research and evaluation led by internal and external investigators to better understand the health care needs and utilization of people experiencing homelessness, identify and address health inequities, and continue to adapt and refine our model of care. This body of work is overseen by BHCHP’s Director of Research, Dr. Travis Baggett.

Through that research, together with our quality improvement program led by Director of Quality, Sanju Nembang, the Institute identifies best practices in homeless health care and disseminates them through diverse networks of stakeholders, including people experiencing homelessness, clinical providers, students, and policy makers, both locally and nationally, and even internationally. The Institute is also continually striving to highlight the overall value of BHCHP’s services, by considering both the quality of the care BHCHP provides as well as the impact of our program on total health care costs and utilization.

We aim to support the training and education of others interested in homeless health care, while also standing up for equitable and compassionate treatment of all people.
2021 BHCHP GALA GOES VIRTUAL: OUR COMMUNITY IS OUR LIGHT

Our 2021 “Medicine that Matters” Gala went virtual this year, with attendees, speakers and performers heralding us from their own homes, and the feelings of unity and community shone through! We persevered through a challenging year of this public health crisis on the shoulders of our BHCHP community, and so, we felt it fitting to honor our whole community this year. You!

With the indomitable Latoyia Edwards of NBC 10 Boston serving as our emcee and entertainment from Alex Ortiz, The Boston Gay Men’s Chorus, and the Boston Children’s Chorus, it was an evening we won’t soon forget. With Latoyia’s warmth and empathy, and the heart and soul each of our performers put into their music, there wasn’t a dry eye in the (virtual) house at the end of the evening.

Other special guests included United States Congresswoman Ayanna Pressley, Massachusetts Governor Charlie Baker, and Boston Mayor Kim Janey, who spoke of our program’s tenacity and necessity in the fabric of the Commonwealth and City of Boston, as we tested, quarantined, and vaccinated and cared for our City’s unhoused residents.

Among the many participants that night we heard from BHCHP Medical Director Denise De Las Nueces, MD, MPH, Maggie Beiser, ANP-BC Director of HCV Services, and Medical Director of our BMC Clinic, Peter Smith, MD who discussed their important work designing our care and doing direct care of our patients during COVID. “It’s still hard to wrap your head around it,” Dr. Smith says. View the video here www.bhchp.org.

In his address to attendees, our CEO Barry Bock praised our program’s adaptability and the resilience of our staff as they bravely served on the frontlines of this public health crisis.

President Dr. Jim O’Connell spoke of a different kind of resilience, the kind our patients exhibit and our foundational commitment to social justice. Our program began with a unique model of care, informed by stakeholders including people experiencing homelessness and housing advocates. We continue to grow with our patients, learning from them and incorporating those learnings into our model of care.

Everyone exhibited enormous gratitude for every single member of our BHCHP community: from our state and city partners, to our friends in local shelters and hospitals and to you, our BHCHP family. Thank you!

We are grateful for those who supported the evening, especially our Legacy Sponsors: The Bancel Foundation and our Dignity & Respect Providers: Bank of America, Blue Cross Blue Shield of MA, CVS Health, Liberty Mutual Insurance and Jean Tempel. We are especially grateful to everyone who has thought of our patients during this turbulent and critical time for our globe. Our patients remain among the most vulnerable to the COVID-19 virus and we will never forget the generosity from you…our community during this most difficult time.

services within the mainstream health care system, and calling for an end to homelessness across our country. Learners at all levels and across many disciplines—including medicine, nursing, social work, public health, and public policy—participate in educational opportunities at BHCHP.

One such engagement this past summer included 15 resident physicians from Brigham and Women’s Hospital (BWH) who toured our program as part of their Community, Justice and Equity in Medicine orientation. The residents met in small, socially distanced and masked groups, with Dr. Peter Smith, the Medical Director of our largest outpatient clinic practice at 780 Albany Street, and Dr. Joe Wright, Medical Director of our Office-Based Addiction Treatment program. Dr. Wright was also able to share his unique perspective caring for patients with substance use disorder at the Suffolk County House of Corrections.

Morgan Esperance, MD, MPH, Director of Population Health at BWH designed this visit and explains that she chose BHCHP as an “inspirational model of care delivery” for the new interns. As a physician at BWH, Dr. Esperance has cared for BHCHP patients and has often included our Barbara McInnis House (BMH) respite program as a patient discharge plan. She feels comfortable discharging her unhoused patients to BMH for our skilled, compassionate, and respectful medical respite care. Dr. Esperance told us that seeing BHCHP’s work firsthand gives these medical trainees an understanding of how to provide better care for their own patients.

This is just one example of BHCHP’s year-round opportunities for learning and professional growth in the field of homeless health care. To learn more about the BHCHP Institute, please visit www.bhchp.org/institute.
A NEW WAY TO MAKE A DIFFERENCE

You know the feeling: a birthday or anniversary is coming up and you want to give a gift that is meaningful for your loved one, friend, or colleague. Wouldn't it be wonderful if that gift also helps our most vulnerable and resilient neighbors?

Please consider the gift of compassionate, dignified and highly-skilled health care for thousands of Boston’s unhoused individuals and families. You can also thank a colleague for a job well done by making a contribution to BHCHP.

With our new tribute gift program, you will be able to make a gift in honor of anniversaries, holidays, weddings, and more, or just to let someone know that they are special and you are thinking of them!

An e-card will be sent immediately to the recipient telling them about the gift, and all proceeds go to our lifesaving work!

To learn more about our tribute gift options, click on the donate menu button on our website. Thank you!