

The homeless community in Boston is experiencing a significant increase in coronavirus cases.

Between 600 and 700 people who are homeless have been tested for the virus at tents set up outside the city's biggest shelters, and about 200 of them have tested positive, according to Boston Health Care for the Homeless Program.

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On Monday the program's chief medical officer, Dr. Jessie Gaeta, told WBUR there were no known deaths from COVID-19 among people who are homeless in Boston; but some of the patients are hospitalized in intensive care.

Gaeta spoke with WBUR's *All Things Considered* host Lisa Mullins about the spread of the virus, which is leading to a growing sense of urgency among clinicians and homeless service providers — and increasing anxiety for people who are homeless.

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Interview Transcript:

We're in about day three of a significant surge that is more dramatic than we anticipated. We've got many new cases per day now that we're discovering, and we're working desperately to take those folks out of congregate settings into places where they can be isolated.

Lisa Mullins: And is there some commonality among the people who are testing positive right now? Are they in a particular area? Do they have a roof over their heads right now?

We have ... with help from the city and others, [brought on line] a handful of isolation facilities, including two tents here in the South End, including what was the old Kindred Hospital on Commonwealth Avenue [in Brighton] — where we've got space for about 70 people. And now, because the need is outpacing our ability to put people in those facilities, we're working really hard right now to scale up much bigger isolation facilities. So those things are evolving rapidly. We're going to need those beds now ... The kind of overall strategy right now is test as many people as we can in congregate settings and pull out everyone who tests positive into isolation.

And how many of those people have been brought to the hospital?

We're actually trying only to bring to the hospital the people who are moderately to severely ill. What I can tell you is that most of the people testing positive right now don't have symptoms, which is exactly what we've come to expect from what we've learned about this virus — is that it can be transmitted before people have symptoms.

And are you able to get sufficient testing kits and get a fast turnaround on the results?

Oh, that's improved quite a bit. So, the turnaround on the test results right now, as we've been mostly using the state lab, has been much quicker. It's down to about 24 hours. The testing resources, though, kind of seem to be waxing and waning a little. So, whereas ... over the course of last Thursday and Friday, we were able to test about 400 people in two days, today we don't have enough testing kits to keep going at that clip. And the state is trying hard to help with with that resource.

Can you give us a picture? Is there kind of a line of people right now waiting to be tested? And are you able to have them maintain the proper distance from each other? What's it like there?

Yeah, it's really hard. So when people are coming into the front door of a shelter, there can be bunches of people. And we try really hard to ask people to keep distance. And it's hard for everyone. I was just thinking about the fact that we tested about 400 people last Thursday and Friday in shelter. And to do that, we set up three testing tents, and we got really efficient with the paperwork and the procedure itself ... And it was raining on Thursday and it was actually terrible outside. And these folks were lined up. In some cases it was, you know, many people lined up and trying to space out. So the line looked like it was a couple blocks long.

This is a difficult population because many of these people have underlying health conditions. But could you tell us, is there a profile you can give us of of the kind of people you're seeing who are testing positive? Or is it hitting the general population pretty much across the board?

It's hitting the general population across the board. I guess what I would say is what's unique about this population is, just by virtue of not having a home, they're likely to be living in congregate, very crowded settings. And so they're at higher risk of transmission just by virtue of that fact.

So we're seeing right now that the rate of new cases among homeless people, per thousand people, is about seven times what it is across the state of Massachusetts. And so we're on a steeper incline right now for homeless people in Boston than we are generally. And that makes sense ... We're changing the way that we work dramatically right now, because we have large populations of people who are positive and have a lot a lot of risk of deterioration. And we're working with fewer staff than we'd like. And we're doing the best we can. It feels like disaster medicine.

And when you say working with fewer staff, is that because you're generally understaffed, anyway, or for this particular instance?

No, we're generally so well staffed, but we pretty much have had to really pivot on a dime from our usual activities of providing primary care in shelters and in clinics set up specifically for this population. We've had to nearly abandon all of that work, a lot of it, and pivot to this public health work — which is identifying people who are positive [for the coronavirus] and scooping them out of the general population as soon as we can.

We're stretched thin. You know, many of us on staff here [at] Health Care for the Homeless attend on inpatient wards at [Massachusetts General Hospital] and [Boston Medical Center], and they're pulling their staff in to handle the crisis of severely ill patients in the hospital. We're staying where we are in the community. But fewer and fewer nurses and doctors are able to provide community care because the hospitals need so many people.

Let me ask you about that, though. Do you feel like you're being shortchanged?

No, I don't feel like we're shortchanged. I think we need our health care resources where the people are the sickest. You've got to triage us the way we would triage or prioritize anything else ... I think we're definitely going to need help and we're going to need more people.

So you're kind of putting out the call right now, recruiting people?

I'm definitely putting out the call for action. This is what we've trained our whole lives for. This is our moonshot. We've got to do the best we can to flatten what is right now a very steep upward curve among homeless people in Boston. We can't do it alone. I do think we need our intensivists and hospitalists working in the hospital. People that do community medicine, if you're not busy right now, we need you.

This segment aired on April 6, 2020.