



BOSTON HEALTH CARE *for*  
the HOMELESS PROGRAM

THE VIEW

# FROM THE BRIDGE

COVID-19 ISSUE FALL 2020



Providing or assuring access to the highest quality health care for all homeless individuals and families in the greater Boston area since 1985.



## DEAR FRIENDS,

**2020 has been quite a year.**

We hope you and all your loved ones are safe and healthy. If you have lost someone this year, we extend our sincere condolences.

The devastation of the novel COVID-19 pandemic confounded so many of us, including those of us in the medical field. In mid-January, we started seeing reports of COVID-19 in the Greater Boston area, but it wasn't until early March that we recognized how wide-spread this virus would be. Prior to securing funding, we faced the pandemic head on. As a result, there were mounting costs and financial pressure on the program, so we issued an alert with our **COVID-19 RESPONSE FUND**. We were astounded at your human kindness and generosity as you answered our call. Thank you so very much!

As the cases of COVID-19 grew and it burgeoned into a full-blown pandemic, we believed that our patients would be among the most susceptible, due to their crowded living conditions and the chronic illnesses among those experiencing homelessness. We reallocated major resources toward COVID-19 care and made tough program-wide decisions, like limiting clinic and street outreach services, halting dental operations and the HER Saturday women's clinic, cancelling support groups, and shifting parts of our program to a virtual model of care.

We can't express enough our pride in our front line staff, who took care of our resilient patients. In the midst of the panic, our patients knew they could turn to us for guidance, advocacy and compassion. In this newsletter we share stories of bravery and innovation displayed by our staff, especially our former Director of Case Management, Diana Aycinena, RN and Director of HCV Services, Maggie Beiser, ANP-BC, who were instrumental in constructing testing and isolation tents for our patients. Because of the work of Harrison Keyes, MPAS, PA-C, we were able to test patients efficiently and move them to the best space for their recovery.

You'll also read of our nimble staff at our Barbara McInnis House, who converted an entire floor of 52 respite beds into a unit for our COVID positive patients. You'll hear about the ingenuity of Sam Ciarocco, MSW, who recognized the increased demand for behavioral health services and constructed a telehealth infrastructure to continue online care for patients

with substance use disorders and mental health issues. You'll get a window into the bustling medical environment at Boston Hope, the 1000-bed field hospital at the Boston Convention and Exhibition Center. With Peter Smith, MD, and Bridget Sullivan, RN, at the helm, we managed 500 beds allocated for our patients experiencing homelessness and COVID-19, as we learned in real time how the virus progressed and how to treat it. We could not have weathered this storm without BHCHP's Chief Medical Officer, Dr. Jessie Gaeta; Medical Director, Dr. Denise De Las Nueces; Chief Operating Officer, Barb Giles, RN, MSN; Associate Medical Director Melinda Thomas PA-C; and Associate Director of Clinical Operations, April Donahue, RN. Each of these exceptional clinicians went above and beyond during this unprecedented time.

We all experienced a challenging year: here at Boston Health Care for the Homeless Program and in the global community. We learned that a public health outbreak of this scale disproportionately affects the poor and marginalized. This year has also been full of inspiring moments—when our entire BHCHP community has shown unity and commitment—to each other, and to our patients. We come together because we all care deeply about our poorest neighbors, who truly are some of Boston's most resilient residents. Our patients are always at the forefront of our collective consciousness as we walk through this storm together.

We know that more will unfold in the coming weeks and months of the pandemic. Our patients depend on us as they continue to be some of the most vulnerable to this virus. We are preparing for what the next phase will look like and it is incredibly heartwarming to know that you are with us through whatever lies ahead. As a program, we will continue to advocate for those we serve. We will fight against social determinants, particularly racism and poverty.

Thank you for your generosity and commitment to BHCHP, our staff and our patients. This year, our 35th anniversary, we celebrate your compassion toward our neighbors. Thank you for seeing us through this unprecedented time. Knowing that we are in this together gives us the strength to get through the uncertainty of the future, and we are grateful.

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

## THIS ISSUE

- 03** Building Telehealth and Behavioral Health Programs During Pandemic
- 04** COVID Care at BMH
- 05** BHCHP Leads in Boston's COVID-19 Response

Cover photo: Samantha Ciarocco, Clinical Operations Manager, OBAT Program and Director of Telehealth Services

Photo Credit: Alyssa Brassil



Sam and a colleague in their PPE

## BUILDING TELEHEALTH AND BEHAVIORAL HEALTH PROGRAMS DURING PANDEMIC

*Editor's note: We periodically profile staff members who have done extraordinary work for BHCHP. Over the past months, there have been many employees who have worked tirelessly, displaying amazing bravery, dedication and ingenuity. Here is the story of just one of them.*

Samantha “Sam” Ciarocco spent the first decade of her working life as a bartender and bar manager. It instilled in her a tremendous work ethic; sharpened her managerial, listening and organizational skills; and taught her how to make people feel that they are the most important humans on earth.

Sam brings these skills and qualities to her work as a social worker with BHCHP, counseling patients with substance use disorder and overseeing clinical operations for BHCHP’s office-based addiction treatment program (OBAT). “I want my patients to feel invited, special—and when we do this as caregivers, we’re going to have better patient outcomes,” explains Sam.

Just seven months after Sam joined BHCHP, the pandemic hit and the OBAT program was forced to significantly scale back its in-person operations. The program treats patients with substance use disorder (SUD) with medications

that reduce their craving for drugs and provides counseling to support their recovery. Before the pandemic, Sam had set up a small telehealth program connecting street patients who struggled with severe SUD with behavioral health providers. So when BHCHP had to press pause on most of its in-person care, CEO Barry Bock tapped her to set up a telehealth structure for the entire organization. This would be no simple task, as BHCHP serves more than 11,000 patients a year and has dozens of clinics and service sites.

“Sam learned the telehealth regulations; assessed the technology needed to make this work; collaborated with our IT department, our technology vendor, and other stakeholders; created the documentation that would satisfy reimbursement regulations; trained our staff and supported their anxiety about how to deliver quality care virtually; and much more,” says Bock. “She single-handedly converted a large portion of our in-person visits to telehealth visits. From a patient access and financial standpoint, it was a godsend.” Bock has now added “director of telemedicine” to Sam’s bailiwick. The irony of her incredible accomplishment is that she, by her own admission, is not tech savvy.

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**“I WANT MY PATIENTS TO FEEL INVITED, SPECIAL—AND WHEN WE DO THIS AS CAREGIVERS, WE’RE GOING TO HAVE BETTER PATIENT OUTCOMES.” – SAM CIAROCCO**

But Sam’s work had only just begun. In the first months of the pandemic, BHCHP opened several sites where its COVID-19-positive patients could isolate and be cared for. The Boston Convention and Exhibition Center metamorphosed into Boston Hope, where 500 beds were dedicated to homeless individuals.

Boston’s unsheltered population was fortunate to have a safe place to isolate and be cared for, but it was still a frightening time for patients. Imagine

having a severe mental illness or a SUD and being told that you have a highly contagious illness that is killing thousands of people. Imagine no longer being permitted to sleep at the shelter you frequent or at your sober house. Imagine the fear of not being able to continue your drug treatment program and the housing search you were conducting with your case manager coming to a screeching halt. Think about what it would be like to spend 24/7 in a cavernous hall with strangers, while caregivers are dressed in full personal protective equipment with their faces obscured by masks and shields.

When Sam learned that we did not have a behavioral health/substance use program set up yet, she volunteered to create one. In a matter of days, Sam:

- ① created an orientation program for new patients that included education about coronavirus, an introduction to Boston Hope routines and resources
- ② set up a service to deliver methadone to patients who could no longer go to their clinics
- ③ built a telehealth program to connect people to their psychiatrists and other mental health providers
- ④ organized and staffed a full schedule of groups focusing on recovery, mindfulness, anxiety and depression, and more.
- ⑤ enlisted staff and volunteers to lead activities like Zumba, karaoke, yoga, journaling and walking groups.

She was determined to put people on the road to success when they left Boston Hope and enlisted staff and volunteers to assist them with as many needs as possible, including connecting them to sober houses, housing search services and other resources.

“Sam is someone who, whenever our program is trying to figure out how to solve a problem, she is full of ideas, and she always “knows a guy” because she has a huge network,” says Director of Addiction Services Joe Wright, MD. “She is constantly looking for ways to better serve our patients.”



BHCHP nurses Carol Benner, Leah Snyder, Gwyneth Johnson, Kathleen Nardella and Dylan Glaser pose at Barbara McInnis House

## COVID CARE AT BMH

In March 2020, most of our lives changed. Offices shut down. Restaurants shuttered their doors and those of us with homes hunkered down and prepared for an indefinite amount of time physically distancing from others. For our patients, this was impossible. “As you read in our opening letter, during the earliest days of the pandemic our staff worked ‘round the clock with the City of Boston and Mass Design to erect several tents in Boston, designated for those who experience homelessness and needed space to isolate with symptoms or a diagnosis of COVID-19.”

**But what about the additional patients who did contract the illness, where would they go?** Having seen the overcrowded hospital conditions in NYC due to COVID, we understood the importance of keeping the hospital beds free for the most serious COVID patients. BHCHP’s senior management decided that our Barbara McInnis House (BMH) Respite Program would also take care of our patients experiencing homelessness and who were COVID positive.

BMH has 104-beds equally divided on the third and fourth floors of our main facility, Jean Yawkey Place, on Albany Street in Boston. These folks are recovering from a wide-range of illnesses and surgeries from which housed folks would usually recuperate at home. Our BMH Medical Team, headed by Dave Munson, MD, Suzanne Armstrong, NP, and Omar Marrero, MSW, immediately reconfigured an entire 52-bed floor for COVID positive

folks experiencing homelessness. These individuals were COVID positive, but not sick enough to require more acute hospital-level care. If one of our COVID patients started presenting with severe symptoms, they were transported to Boston Medical Center (BMC).

### **How did we start preparing our BMH?**

It happened quickly, but it had to be a thoughtful and precise process that met the new infection control standards necessitated by COVID. We were aided in this process by ongoing consultation from Boston Medical Center’s Infectious Disease Specialists—with special thanks to Dr. Josh Barocas. We could not modify our respite services entirely because there were still patients who were recovering from non-COVID related medical issues. We began by converting our third floor into a COVID-only ward, with the essential modifications ensuring that patients and staff could be isolated from the rest of the unit. In the COVID-specific space, we created a Donning and Doffing area, a space to put on and take off the personal protective equipment (PPE), and a thick plastic barrier to protect the COVID unit from the rest of our building. Though we were forced to cease many of our outpatient services during the height of the first wave of the pandemic, we still continued essential operations. We continued to operate our fourth floor of BMH for folks who needed medical respite care, most of whom came from the hospital, shelters or the street.

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**“THIS WAS AN INCREDIBLE FEAT FROM BOTH OUR CLINICAL AND NON CLINICAL STAFF MEMBERS. EVERYONE FROM CLINICIANS TO HOUSEKEEPING PLAYED A ROLE TO KEEP OUR PATIENTS SAFE. WE ARE A GOOD TEAM!” – DAVE MUNSON, MD**

“It was pretty incredible. Everyone recognized quickly how vulnerable our patients were and our entire staff stepped up to help. Patients were anxious, at times, but they too had

to be flexible. We had to shut down large gatherings at mealtimes, random gatherings in patient spaces. It wasn’t easy for patients to give up that community time, but they were watching the news too. They knew this was serious and most patients were flexible and considerate,” said Suzanne Armstrong.

As the weeks continued, the number of COVID cases among our population multiplied. Working closely with the City of Boston and the Commonwealth of Massachusetts and Massachusetts General Hospital, we opened and managed 500 beds at Boston Hope, the field hospital at the Boston Convention Center, bringing our total COVID bed capacity to 660. That relieved us of the burden we felt when it became clear that this virus was going to continue to severely impact our community and the 52 beds at BMH would not be enough.

**Where do we go from here?** As the number of COVID cases decreased, we reduced the bed count accordingly, but as the pandemic continues its heavy shadow over the entire world, there is a high likelihood that a second wave will erupt. The silver lining is that we have learned a tremendous amount and we will be ready.

“Our staff showed so much flexibility and accommodation during what was an incredibly challenging time,” says Dr. Dave Munson, “This was an incredible feat from both our clinical and non-clinical staff members. Everyone from clinicians to housekeeping played a role to keep patients safe. We are a good team!” Dave remembers a night in early April when we had a high rate of patients to admit, “Many nurses stayed late that night, well after their shifts were over, so they could help get patients settled. Making sure patients were safe and well cared for was of the utmost importance to them.”

The incredible outpouring of support from our community for our **BHCHP COVID-19 RESPONSE FUND** enabled us to observe, analyze, decide and act to best protect our patients during this crisis. We are forever grateful for your trust in us. Thank you.



# 660

TOTAL COVID BED CAPACITY AT THE HEIGHT OF THE PANDEMIC



BHCHP DEDICATED

# 52

BEDS IN THE BMH TO COVID PATIENTS.

DISASTER MEDICINE WAS PROVIDED WITH A SIMULTANEOUS PIVOT TO TELEMEDICINE



## BHCHP LEADS IN BOSTON'S COVID-19 RESPONSE

The COVID-19 pandemic has challenged Boston Health Care for the Homeless Program in ways that were unimaginable this time last year.

How could the program protect its patients—medically vulnerable and living in crowded shelters and on the streets—from coronavirus, when the first line of defense is social distancing and frequent handwashing? And with routine services shuttered for months, would the program be irreparably harmed financially? How could BHCHP keep its frontline employees safe amid a shortage of personal protective equipment in the first weeks of the pandemic?

“It’s hard to exaggerate how terrified we were for the people we serve,” says CEO Barry Bock. “We thought that besides nursing home residents, our patients would be the hardest hit. We’ve learned so much about ourselves and our society during these past months.” Among those learnings: BHCHP would not only rise to the occasion, but it would become a national leader in arguably the biggest public health crisis of our time.

### Sudden Shift to Disaster Medicine

As the possible scale of the pandemic became clear in mid-March, in a matter of days, BHCHP erected MASH-style tents in a city-owned parking lot, where COVID-19-positive and at-risk patients could be cared for 24/7. The organization conducted contact tracing and ran testing operations for all of the city’s homeless shelters while serving as their public health support. And at the height of the pandemic, BHCHP operated 660 COVID-19 beds, including 500 at Boston Hope, the city’s field hospital at the Boston Convention and Exhibition Center. The COVID-19 care provided by BHCHP helped take pressure off of local hospitals.

BHCHP has collaborated with a wide range of partners, including the Centers for Disease Control, the state, the city of Boston, shelter partners, homeless healthcare organizations around the country and local hospitals such as Boston Medical Center, Massachusetts General Hospital. BHCHP’s innovative and comprehensive response to the pandemic

has been covered by local, national and international media.

### Telemedicine and Research

BHCHP’s transformation to disaster-style healthcare was accompanied in part by a simultaneous pivot to telemedicine for non-COVID-19 care—a delivery mode new to most of BHCHP’s staff. In a matter of weeks, caregivers were providing as much care as possible via phone and computer, although some high risk, high-contact services like dentistry ceased altogether for all non-emergent care. And as quickly as BHCHP clinician-researchers were learning about the pandemic’s effects on unsheltered patients, they were publishing their findings and perspectives in medical journals such as *The Journal of the American Medical Association* and *The New England Journal of Medicine*. Despite infection rates in some homeless shelters that topped one in three guests at the height of the pandemic, the grave illness and deaths BHCHP clinicians anticipated were thankfully far less.



Pam Sprouse, Elyse Dalal, Jean Marie McKinnon and Ryan Marano pose for a photo inside BHCHP’s tents

Thanks to the generous outpouring of support from individual, corporate and foundation donors, the Health Resources and Services Administration and Boston’s Resiliency Fund, BHCHP ended the fiscal year in better financial shape than anticipated. But this pandemic is far from over and BHCHP will persist in fighting COVID-19 on multiple fronts, so the unprecedented financial pressures persist. We are grateful to you, our stalwart supporters, for your partnership during this crisis.

## STICKING CLOSE TO OUR VALUES IN THE MIDST OF COVID-19



BHCHP Emerging Leaders Board at a recent meeting

### By Molly Finn, Member of the BHCHP Emerging Leaders Board

Back in January, the BHCHP Emerging Leaders Board (ELB) held a retreat to reflect on 2019 and set the stage for 2020. The ELB is composed of 21 of Boston's young professionals (ages 22-39). In a typical year, we meet once a month to discuss the unique ways our specific group can help serve, advocate and fundraise for BHCHP. Our group is divided into five subcommittees: Board Development, Service, Events, Marketing, and Corporate, each with their own unique goals and objectives. Our retreat back in January reaffirmed our commitment to further advance an organization that provides for the city's most vulnerable population. Of course, we did not know then that the year ahead would result in a full-fledged global pandemic.

Since March, BHCHP has pivoted with incredible agility. Thanks to dedicated staff, they continue serving individuals

experiencing homelessness, who are disproportionately impacted by the pandemic. As the ELB, we have also made considerable changes, as much of our activity historically involves in-person events.

As Board members, we each commit to Service at BHCHP, such as holding Bingo Nights where we go into the Barbara McInnis House and play bingo with patients in the respite program there. Other service activities include going outside in the community, like our partnership with Cradles to Crayons. These opportunities have been restricted. Our wonderful service subcommittee has taken the lead in a few other opportunities that do not require in-person gathering. These include sending cards to BHCHP patients, developing a thank you video for the BHCHP front line workers and staff, and catering a meal for BHCHP staff.

We each commit to support BHCHP financially as individuals, but also as a Board. We've created alternative means to garner financial support. We hold a biweekly workout series, trivia series, and have even hosted a cooking class! These events are all open to the public and attendees purchase a ticket to attend, with the option to donate more.

Back in a world in which we had in-person gatherings, we each committed to bring new people to BHCHP events. Since the onslaught of the pandemic,

we've pivoted to continue educating our networks on BHCHP's work in the community by developing and sharing content around BHCHP news coverage and COVID-related activity.

**“THE PANDEMIC HAS MAGNIFIED NOT ONLY THE NEED BUT ALSO THE DEDICATION AND FORTITUDE DOCTORS, NURSES, AND OTHER STAFF BRING TO WORK AT BHCHP EVERY DAY, PANDEMIC OR NOT.”**

– MOLLY FINN

On that cold day in January, we never could have predicted that we'd be here: in the middle of a global pandemic, trying to figure out new ways to tell the world all about why they should support BHCHP. Part of the reason I joined BHCHP was to learn more about the critical care that individuals experiencing homelessness need and how that is delivered. The pandemic has magnified not only the need but also the dedication and fortitude doctors, nurses, and other staff bring to work at BHCHP every day, pandemic or not. Witnessing this difficult time has reaffirmed that we as the ELB must adapt and pivot in-step with the organization to continue to serve, advocate, and fundraise for the city's most vulnerable population.

## OUR COMMITMENT TO EQUITY



BHCHP staff at a Black Lives Matter march this past summer

Health equity and social justice have been guiding principles at Boston Health Care for the Homeless Program since our inception. We seek to do work that is transformational: recognizing our shared humanity; centering dignity, compassion, mutual respect and supporting the right of every individual to achieve and access the highest levels of health and health care. These same beliefs we hold for our staff—we desire for every staff member to reach their fullest potential. We are committed to building bridges and breaking down barriers, including those barriers constructed by systemic racism and poverty which harms us all.

We commit to promoting and sustaining an inclusive environment that is welcoming, supportive, and respectful of the diverse backgrounds and life experiences of both patients and staff without regard to race, color, religion, gender, gender identity, gender expression, sexual orientation, age, disability, veteran status, military services, national origin, immigration status, genetic information or marital status. We must and will continually strive to adapt and improve in our quest to maintain excellence in these areas and to actively stand against injustices, poverty, and racism.



Pictured here is Melinda Thomas, Associate Medical Director as she presents on one of our virtual summer series events.



## SUMMER SERIES

### Meeting Our Providers and Sharing Stories of Hope

Listening to Melinda Thomas, Physician Assistant and Associate Medical Director speak about our Women's Health Initiative and the trauma that many of our female patients have endured, living without the safety and comfort of a home, was both eye opening and inspiring to many of those who attended our Summer Zoom Series. Our Women's Health Initiative was just one of the seven virtual presentations that BHCHP clinicians shared with us each week this summer. Taking time from their incredibly packed days, they gave us a glimpse into their daily worlds, tirelessly devoted to their patients—individuals and families, Veterans, infants, youth—all with various medical, behavioral and mental health complexities, and all experiencing the challenges of homelessness. We also heard Denise De Las Nueces, MD, MPH and Travis Baggett, MD, MPH delve into their groundbreaking public health work and research, all critically important data used in this current COVID pandemic.

All of the Summer Series presentations are recorded and can be found on our website here [www.bhchp.org/bhchp-summer-zoom-series](http://www.bhchp.org/bhchp-summer-zoom-series).

Please take time to watch them and feel free to share them with your friends who may be interested. **Thank you.**

**"I have such respect for the work of BHCHP and it has been a privilege to support their work over the years. I didn't think my respect could increase, but after watching the wonderful summer series I am speechless with admiration for the good work they do. In these difficult times BHCHP is a beacon of hope and humanity. I had sent a check the day before the session on COVID-19 tent medicine.**

**Afterward, I thought it was a good thing that I mailed it before the talk, because otherwise I would have been tempted to tear the check up and write a larger one! The presentations were excellent—concise, professional, personal—with clear graphics, beautiful photographs and thoughtful commentary. I have shared the link with friends and encourage people to spend time learning, and being inspired, by these sessions."**

*- Rachelle Linner, longtime friend of BHCHP*

## DENNIS BUFF BEQUEST SOCIETY

We cared for Dennis Buff for years; in his cardboard box under a loading dock at the Wise Potato Chip factory in South Boston, in the hospital, in Barbara McInnis House and finally in housing. Dennis struggled and he had a pain-filled life.

He, like many other homeless patients, referred to us as his "family" and listed us as next-of-kin in all of his medical records and housing applications. Like many families, our relationship with Dennis was not always easy. But, with the constant support of his medical team and the staff at the Barbara McInnis House, Dennis moved into his own apartment in the summer of 2008.

On August 4, 2009 Dennis was found dead in his room at much too young an age. In November 2009, BHCHP received a poignant and unexpected bequest from Dennis. Dennis is the first patient to leave a bequest to BHCHP and his remarkable story has been the inspiration for the **Dennis Buff Bequest Society**.

On August 10, 2010, shortly after the first anniversary of his death, the Board of Directors of Boston Health Care for the Homeless Program created the **Dennis Buff Bequest Society\*** to honor his memory and to acknowledge his generosity forever as a guiding inspiration for others.

Dennis's bequest reminds us that:

- we are fortunate to care for patients like Dennis
- we can never give up
- we are, in the fullest sense, far more than just a care provider, for many of the individuals and families in our care
- one does not have to be wealthy to make a bequest of enduring importance.

You, too, can leave an enduring legacy by supporting BHCHP's vital work through a charitable bequest gift.

To learn more about bequests, please contact Linda O'Connor at 857.654.1050 or [loconnor@bhchp.org](mailto:loconnor@bhchp.org).

\*A charitable bequest is simply a distribution from a donor's estate to a charitable organization through your last will and testament.

BHCHP's Dennis Buff Bequest Society, named in honor of this resilient patient, exists to encourage gifts of this kind and to recognize donors who have made such a commitment to our organization.

### Connect With BHCHP Online

Read our patient stories and learn how to get involved and support our work at [www.bhchp.org](http://www.bhchp.org) | **THANK YOU!**



## COVID-19 ISSUE

## HOW DO WE THANK YOU FOR YOUR GENEROSITY TO THE COVID-19 RESPONSE FUND?



As the world continues to confront the novel COVID-19 virus, BHCHP's staff continues our work caring for our patients experiencing homelessness. We are humbled and grateful for the outpouring of support from our community to our **COVID-19 RESPONSE FUND**.

From managing 500-beds for COVID-19 patients experiencing homelessness at Boston Hope, to setting up and operating

testing and isolation medical tents, to transforming an entire floor of our Barbara McInnis House respite program into a COVID-19 care unit, BHCHP stepped up however we were needed. It took the courage of our dedicated staff and our strong relationships with shelter and hospital partners, the City, and the Commonwealth to present a swift, comprehensive, flexible and multi-faceted COVID-19 emergency response that is limiting the spread of the disease and caring for those affected.

How were we able to do this incredible work? The simple answer is YOU. You heard our call for help in early March and you continue to answer with your generosity to our **COVID-19 RESPONSE FUND**.

The **BHCHP COVID-19 RESPONSE FUND** supports our COVID work, the unexpected expenses needed to respond

to this unprecedented public health crisis while continuing to provide the highest quality health care to our patients. But it does so much more than that: it gives our staff hope, and inspires us to keep up the fight...**knowing that YOU are the foundation upon which all this good work can happen.**

It is difficult to express adequately how much we appreciate your steadfast belief in our shared mission—to care for the most vulnerable members of our community, during normal times and during these extraordinary times. On behalf of all the patients and staff here at BHCHP, we extend a sincere thank you for your friendship.

**BHCHP** | **COVID19**  
RESPONSE FUND

**Do you have ideas for future newsletters? Contact us!**

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