



BOSTON HEALTH CARE *for*  
the HOMELESS PROGRAM

THE VIEW

# FROM THE BRIDGE

SUMMER 2019

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*Cover photo: BHCHP Care Coordinator  
Shirley Berard in conversation with a  
woman patient.*

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



**“WE CHOSE TO SUPPORT PEOPLE IN NEED THROUGH BHCHP, BECAUSE WE WANT TO SUPPORT SO MANY PROGRAMS, AND BHCHP’S WORK TOUCHES ALL OF THEM SOMEHOW.”**

- Debbie Doherty

The #BettsOnJimmyRyan Team at this year’s Winter Walk, which benefits BHCHP, among other nonprofits.

## TURNING TRAGEDY INTO KINDNESS: #BETTSONJIMMYRYAN

A DONOR SHARES HER PERSONAL CONNECTION TO BHCHP

On October 26th of last year, while on the Red Line going to work, Debbie Doherty of Dorchester read about Boston Red Sox player (and our American League MVP) Mookie Betts offering food to people experiencing homelessness in front of the Boston Public Library. He was doing this outreach after his second World Series win.

While he and the Red Sox (and the rest of Boston) celebrated, Debbie was still grieving the death of her beloved brother, Jimmy, who had struggled with addiction for most of his life. Right then, when she read that news story, she knew how to honor her brother’s life.

That’s when #BettsOnJimmyRyan was born.

Debbie’s brother Jimmy was five years her senior. Quick to think of others and a man of great faith, he suffered with addiction for as long as she could remember. He was diagnosed with HIV when he was 23 years old. Previously incarcerated, he was paroled with no address. While Jimmy was profoundly sick with AIDS-related illnesses, diabetes and dementia, he was also—on top of everything else—homeless.

The Ryan Family lost Jimmy just shy of his 54th birthday, on August 29, 2017. The family was notified of his hospitalization, so he was able to die with some dignity at Tufts Medical Center, with another sister and her husband by his side.

**“THE ENDEAVOR IS NOT A REGISTERED CHARITY...IT’S JUST PEOPLE HELPING PEOPLE—A TRUE GROUP EFFORT.”**

Debbie was heartbroken for having kept her distance from him when he was actively using substances. Her husband gently said, “you may not be able to help your brother, but you can always help someone else’s.”

So when Debbie read about Mookie Betts’ act of kindness last October, she immediately posted an idea on Facebook of collecting items to make “blessing bags.” She named the project #BettsOnJimmyRyan. She had seen something called Blessing Bags years ago as a suggestion to keep in your car in case you see someone in need and thought the name was a perfect

description of the small bags: a blessing to someone in a time of loneliness and suffering. Each Blessing Bag contains small, practical, and portable essential items, such as a toothbrush, toothpaste, lip balm, tissues, a Mylar emergency blanket, a rain poncho, snacks, and more.

Friends—and friends of friends—started sending supplies and spreading the word about Debbie’s efforts. She has received donations from people as far away as Seattle and from every corner of Massachusetts. The endeavor is not a registered charity...it’s just people helping people—a true group effort. To date, they have distributed over 700 Blessing Bags.

Debbie says, “We chose to support people in need through BHCHP, because we want to support so many programs, and BHCHP’s work touches all of them somehow. Those most in need often require medical care and they either come to BHCHP or the BHCHP Street Team goes to them.”

So why does Debbie Ryan and #BettsOnJimmyRyan support BHCHP? “Because we need you, BHCHP. And because I can.”

# 90%

OF HOMELESS WOMEN  
HAVE EXPERIENCED  
PHYSICAL, EMOTIONAL,  
OR SEXUAL TRAUMA

# 84%

OF HOMELESS WOMEN  
HAVE BEEN SEVERELY  
ASSAULTED AT SOME  
POINT IN THEIR LIVES

## NAOMI'S STORY: FINDING SAFETY AND SELF-CONFIDENCE AT HER SATURDAY

**“WHEN IT COMES TO OUR  
PATIENTS, THERE'S NO SUCH  
THING AS GIVING UP.”**

- Shirley Berard

“If you had met me last October, I was not the person who is sitting in front of you right now. I was a complete mess. I couldn't see any hope.”

It's hard to imagine Naomi\*, a well-spoken woman in her mid-thirties with a bright, friendly smile, as a “mess.” Driven, empathetic, and quick to laugh, she seems like the kind of woman you might read about in a “40 Under 40” magazine spread or meet at a networking event, not someone who has experienced homelessness and trauma.

When Naomi first came to BHCHP in October of 2017 through our weekly women's clinic, she was, in her words, “in nightmare land.” She had no home, no legal status in the US, no access to medication, and couldn't see her son. But then she walked through the doors of Jean Yawkey Place, our South End headquarters, and everything changed. She was given a coat, scarf, and hat to protect her from the cold. She told her story to staff who listened and supported her. She didn't know it yet, but those same BHCHP staff members she met that day would go on to provide her with health care and connect her to resources so she could access MassHealth, work on her legal status, get into housing, and, most importantly, get her son back.

Shirley Berard, a leader of our weekly women's clinic (HER Saturday) who was working as a case manager that day, remembers hearing Naomi's story and finding her in tears and offering the woman a hug. Thinking back on that first day, Naomi says, **“I couldn't remember the last time a person hugged me. I felt human. I didn't feel dirty. I almost felt like my own self again. And through that, it nurtured me. I started having self-confidence. I started fighting for myself.”**

Naomi was a lawyer in her home country but couldn't work here in the US due to her legal status. She had already faced a long and difficult journey to get to BHCHP's door. She had been living here in Massachusetts with a partner who became physically and emotionally abusive, isolating her from friends and anyone else who could help.

Eventually, the longstanding and disturbing abuse had such an extreme effect that Naomi was hospitalized for trauma, depression, and anxiety. It was there that authorities realized something was amiss, and she was able to obtain a restraining order. While Naomi was being treated, her son was taken into protective custody, removing him from her perpetrator's home for his own safety. In just a short period of time, her world turned upside down.

While Naomi was temporarily safe from her abusive partner, her struggles were far from over. “All I had was a piece of paper saying someone wasn't supposed to hurt me. But I didn't know where I was

going to go or how I was going to get my son back.” After being discharged from the hospital, she ended up staying in a women's shelter near BHCHP, where our staff do outreach for our HER Saturday (Health, Empowerment, Resources) clinic. She spoke to a BHCHP staff member and when they told her they could help with domestic violence advocacy, Naomi decided to check it out.

Once Naomi crossed the threshold into our building at 780 Albany Street, everything changed. HER Saturday was her entry point, but once staff like Berard heard Naomi's story, they knew she needed more. They ensured her access to care through both our Barbara McInnis House medical respite facility and our Boston Medical Center outpatient primary care clinic and helped her find housing and legal resources.

It has been about a year and a half since Naomi first came to BHCHP, and so much has improved in her life in that time. She is now housed, which has enabled her to get her son back. She is on MassHealth so she's able to access her health care and medications. She's working with legal services to rectify her legal status. When she does, she plans to sit for the Massachusetts bar exam, so she can start working as a lawyer again, as she did in her home country. Staff can see the hard work Naomi has put in to change her life. As Berard says, “Despite everything she's been through, Naomi did not give up. She has a lot of internal strength.”

**Domestic violence, behavioral health issues, poverty, and the heavy role of women as the primary caregivers of children are some of the major factors causing homelessness among women.**

The prevalence of trauma among homeless women is astounding; studies show that 90% of homeless women have experienced trauma and 84% have been severely assaulted at some point in their lives. Histories of trauma and mistrust are major obstacles for homeless women in need of health care. Women living on the streets are particularly vulnerable to violence and sexual predators, causing extreme anxiety and fear, and leading to increased behavioral health issues.

**“TO HAVE PEOPLE WHO SAY ‘NO ACTUALLY, ABUSE IS ABUSE. YOU HAVE A RIGHT AS A HUMAN BEING, IRRESPECTIVE OF YOUR IMMIGRATION STATUS, TO BE TREATED A CERTAIN WAY.’ BECAUSE OF THAT SUPPORT, I AM SITTING HERE TODAY.”**

- Naomi

At BHCHP, our staff is skilled at caring for women who have experienced trauma and homelessness.

BHCHP’s comprehensive services—primary care, mental health, connections to further resources—made a significant impact in Naomi’s life. But what she treasures most is the supportive and very human connection she had with the staff, the way they empowered her to recognize the abuse that was inflicted upon her and fight for a better life for herself and for her son. “To have people who say, ‘no actually, abuse is abuse. You have a right as a human being, irrespective of your immigration status, to be treated a certain way.’ Because of that support, I am sitting here today.”

Berard reflected on Naomi’s journey, sharing with us that, “Even though what she went through was traumatic and it was hard to get her to the place she’s in today, it was so rewarding to help Naomi. When it comes to our patients, there’s no such thing as giving up.”

Naomi still comes to our clinic to this day. She shares, “I wouldn’t go anywhere else. I am ever so grateful to be with the people who saw my development. It means a lot to me, because they cared when nobody else did.”

“I’ve made so much progress...it’s incredible. I owe it to the women and men on staff here who showed me kindness and made me feel human. I don’t know how you thank people who saved your life.”

*\*Name has been changed*



Maggie Beiser,  
ANP-BC, Director -  
Hepatitis-C Program

## **INCREASING ACCESS TO CARE: OUR PIONEERING HEPATITIS C PROGRAM**

**“THIS IS SOMETHING THAT IS SO CONCRETE. YOU ARE CURED. WE GET TO CURE YOU. YOU NO LONGER HAVE THIS INFECTION. IT IS SO GRATIFYING AND SO SATISFYING, FOR BOTH PATIENT AND PROVIDER, TO HAVE THIS TANGIBLE WIN.”**

- Maggie Beiser

Prior to the inception of the BHCHP Hepatitis C (HCV) treatment program five years ago, very few BHCHP patients had ever been treated, or even considered it an option, says Maggie Beiser, Director of Hepatitis C Services. Those who did had a lengthy road ahead of them, as the treatment at the time included a weekly injection and up to six pills a day, for six months to a year, with many toxic side effects such as depression, hair loss, and profound fatigue. Even after all that, cure rates were low, anywhere from 18-50% nationwide. Moreover, treatment was generally only available through referral to liver or infectious disease specialists outside of BHCHP. These visits could take weeks to months to schedule and our patients experienced many barriers to care including logistical hurdles and stigma related to homelessness and substance use.

BHCHP’s HCV program was founded in January of 2014, right around the time of a major breakthrough in HCV treatment. New medications for HCV, direct-acting antivirals, greatly improved the chances of curing HCV with minimal side effects, a less complicated treatment regimen, and a much shorter duration. With straightforward, effective treatment now available, the main barriers for people experiencing homelessness are access to care and adherence to the medical regimen: one pill a day for eight to twelve weeks.

**With our patient-centric, no-barriers approach, our patients receive treatment as part of their primary care here at 780 Albany Street, where they’re already comfortable receiving medical care.** We screen all patients for HCV, which is more stringent than the national recommendation from the USPSTF

(US Preventative Services Task Force) and CDC (Center for Disease Control), because our own research shows that people experiencing homelessness are disproportionately affected by Hepatitis C.

Once a clinician recommends a patient for our Hepatitis C program, they can start treatment in as little as two weeks. Our patients often have chaotic lives, and that lack of stability can make it difficult to keep up with the pill regimen. To overcome this, our staff have leveraged their experience and lessons learned supporting patients with HIV by offering flexible, dynamic support that recognizes the challenges of homelessness and competing priorities. This can include weekly or daily visits to the clinic to obtain medication or outreach visits to deliver medication to a patient's location. Some patients come in weekly to have their pill boxes filled, while others might store their medication with BHCHP and come in daily to take the medication. All HCV Team patients undergoing treatment have at least weekly phone check-ins with our care coordinator. These extra touch-points help keep our patients on track with treatment. Beiser, an adult Nurse Practitioner with our program, says the key is flexibility, since patients might suddenly change shelters or enter a recovery program. Her team works with patients to get their medications to them, wherever they may be, so there is no interruption in treatment.

Three months after a patient has completed the course of a treatment, Beiser's team checks their labs to see if they're cured. That, says Beiser, is the part that is so personally gratifying. "This is something that is so concrete. You are cured. We get to cure you. You no longer have this infection. It is so gratifying and so satisfying, for both patient and provider, to have this tangible win."

As of March of 2019, BHCHP's HCV Program has treated 670 people, with an 85-90% cure rate across all ages

and stages of liver fibrosis. That includes our patients living on the street, in shelters, in treatment programs, or housed. There are approximately 50 patients pursuing treatment through the program at a time, and more patients are regularly referred to us from within BHCHP and from community partners. In the coming year, the HCV Team will expand further into our clinics at several shelter sites to treat more patients who will be better served by receiving HCV treatment from their existing medical providers.

Beiser says, "It's such a good, straightforward, and fast win for people who don't have a lot of wins in their life. When people learn that they're cured, they're excited and proud."

"There's often a lot of excitement and relief about doing well. They often associate their Hep C with a time in their lives that they're not very proud of. And taking care of their health can be a signal to them that they're moving forward."

Beiser's team takes seriously their responsibility not only to their own patients, but in sharing their knowledge with other health centers treating the same patient population.

**As one of the first programs of its kind to be funded by the MA Department of Public Health, BHCHP's HCV Team has invaluable findings that they're sharing with others, via trainings and research. The team recently published what is, to our knowledge, the largest study in the world thus far of HCV treatment outcomes for people experiencing homelessness.**

So what's next for BHCHP's HCV Program? Beiser doesn't hesitate: "We're going to treat everybody, including those folks who are even more marginalized and even harder to engage. Our goal is to put ourselves out of business."

## FOUR ATTRIBUTES DEFINE OUR CARE AT BHCHP:



Our patients face many challenges and indignities each day. We care for them with **DIGNITY**, respect, and admiration for their courage and resiliency.



Our highly competent caregivers deliver the most **EFFECTIVE** care to our patients, whose medical and behavioral health conditions are profound and complex.



Our staff's deep **COMPASSION** for our patients fuels our work. Healing starts with a trusting relationship between our staff and patients.



The needs of our patients are constantly changing as they live with instability, trauma, and illness. We work hard to **INNOVATE** to address their complex and changing needs.



Dr. Jen Brody examines a patient.

## STAFF SPOTLIGHT

### DR. JEN BRODY DISRUPTS SOCIAL INEQUITY WITH HEALTH CARE AND HOPE

For Dr. Jen Brody, working at BHCHP is about so much more than simply treating the medical needs of her patients in her capacity as the Director of HIV Services. Beyond the medical treatment that forms the core of our work, she shares, “We also commit to bearing witness no matter what befalls our patients. And more radical still, we advocate for, and stand in solidarity with, our patients’ struggles and seek to address the upstream forces that contribute to their suffering.”

For over ten years, Dr. Brody has cared for her patients throughout our program at our Boston Medical Center outpatient clinic, our Barbara McInnis House medical respite

program, and our former Suffolk Downs Race Track Clinic. She was also instrumental in starting our ACCESS Team (Addiction Collaborative and Expedited Support Services), a multidisciplinary, patient-centered team focused on caring for people who are at the highest risk for opioid overdose.

Dr. Brody tells us that she entered the field of medicine because she saw it as an opportunity to interrupt the way social inequities too often determine health outcomes. “In a deeply broken world, in which poverty and systemic oppressions like structural racism still profoundly shape people’s life outcomes, hope can be hard to sustain. But working at BHCHP helps me maintain authentic hope that another world is indeed possible for all of us.”

Where does that kind of authentic hope come from, in the face of so much suffering and trauma? For Dr. Brody, her colleagues help sustain her. “At BHCHP, I have the privilege to work alongside some of the most wise, committed, and inspiring colleagues, all dedicated to our mission of leveling health inequities among people experiencing homelessness in Boston. In our work together, we are able to truly partner with our patients to help them achieve wellbeing.”

“I do not know of another health care institution that has so broad and transformative a mission, and who lives up to that mission every day.”

Thank you for supporting the life-saving–life-changing–work of BHCHP staff like Dr. Jen Brody, so we can continue to provide the highest quality health care to those who need it most.

## EMERGING LEADERS BOARD UPDATE

BHCHP’s Emerging Leaders Board is really hitting its stride! Our quarterly Speaker Series continues, a free opportunity to meet and hear from Boston’s luminaries, who are making a real difference in our city. These lively events provide a networking opportunity and help Boston’s young professionals learn about our work and connect in meaningful ways.

One of our recent speakers, Rahsaan Hall, Director of the Racial Justice Program for the American Civil Liberties Union of Massachusetts, spoke to a full house. He engaged the audience in a conversation, encouraging

everyone to think about how we might treat the most vulnerable among us, starting with small acts of kindness in our daily life. “What are we saying when we treat those on the fringes, the most marginalized among us, when we criminalize poverty? When we criminalize mental illness? When we criminalize substance use disorder?”

Rahsaan encouraged attendees to visit our home at 780 Albany Street in the South End, saying, “If you haven’t already, do yourself a favor and take the tour, and spread the gospel of BHCHP.”



Members of our Emerging Leaders Board with author Jack Kelly (center) and City Councilor Michelle Wu (right) at a recent Speaker Series event.

To keep up with all of the ELB’s activities, follow BHCHP on Facebook and contact Catherine Minahan at [cminahan@bhchp.org](mailto:cminahan@bhchp.org) to learn more about how to get involved.