Chelsea’s spike in coronavirus cases challenges hospitals and state

By Liz Kowalczyk and Zoe Greenberg Globe Staff, Updated April 15, 2020, 7:34 p.m.

Dr. Nattaly Greene spotted it as soon as she entered the intensive care units: Dozens of Latino patients, their surnames posted outside their glassed-in rooms. She saw it too...
when she scrolled through the expanding list of coronavirus patients in the Massachusetts General Hospital computers.

The crush of Spanish-speaking patients on ventilators and on regular floors at Mass. General has become so acute that Greene, a 33-year-old orthopedic surgery resident from Colombia, volunteered to join a new team of 40 doctors fluent in Spanish to relieve swamped interpreters. "I've already cried on the phone with three different families," she said after her first morning, on Monday.

The worsening situation inside Mass. General is a striking sign of the virus’s hold on cities like Chelsea, where about 65 percent of residents are Latino and many live in some of the most densely populated neighborhoods in the country. Chelsea leaders said the state and even health care providers should have caught on sooner to the rapid spread of the disease among residents.

Mass. General, which runs a community health center in Chelsea and provides hospital care to many of the city’s residents, is examining its own response even as it sends 25,000 masks into the city and expands testing this week. About four in 10 of the hospital’s coronavirus patients are Spanish-speaking.

"We should have seen this coming," said Dr. Joseph Betancourt, vice president and chief equity and inclusion officer at Mass. General. “We need to challenge ourselves to think what are the social conditions that would magnify this spread. A month ago we might have given people masks in Chelsea."
As of Wednesday, 712 Chelsea residents had tested positive for the coronavirus — about 1,900 cases per 100,000 residents, a rate that is mounting daily and is the highest in the state. It is three times higher than the rate in Boston, which has 4,609 cases, or 663 cases per 100,000 residents. And doctors said the real number of infections in Chelsea is likely far higher, and will rise as more residents are tested.

"Chelsea is on fire, without a doubt," said Betancourt. He noted that Mass. General leaders are examining state data and monitoring other communities at risk of becoming the next Chelsea — Revere, Lawrence, and the Mattapan and Hyde Park neighborhoods of Boston.

Governor Charlie Baker has promised help to Chelsea, sending about 26,000 meals per week, dispatching the National Guard for logistical support, and transforming Revere’s Quality Inn into an isolation ward for infected patients. But "it’s a little bit too late," said
Gladys Vega, whose voice was hoarse from 16-hour days distributing food and diapers to families across the city.

"We knew a month and one week ago — when this was happening in China — that Chelsea would be the perfect spot for this thing to hit and hit us hard," said Vega, the executive director of the nonprofit Chelsea Collaborative. “The epidemic is huge, the spread is huge.”

**Chelsea, Suffolk, and Massachusetts confirmed cases per 10,000 population**

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Source: Madeleine K. Scammell, D.Sc. Associate Professor of Environmental Health Boston University School of Public Health • Updated April 15, 2020.

Vega, like other local leaders and experts, described Chelsea as ripe for crisis for a range of reasons: people live paycheck to paycheck, many doing hospitality jobs that often
involve higher risk of exposure to infection, and many could not afford to stop working. There’s a high concentration of air pollution in the city and high rates of asthma and other respiratory diseases. Many live doubled or tripled up with other families. And workers rely heavily on public transportation, including the No. 111 bus — long one of the most popular, and packed, routes in the system — which runs from Revere through Chelsea to Boston’s North End.

Now the vast majority of those who were working have been laid off, Vega said, forcing them to stand together in crowded lines for basic necessities like food.

Community leaders are dismayed by what they view as the state’s slow response to the crisis. Chelsea residents had to alert the state to the severity of the problem, even though the state had more complete information and could have marshaled resources weeks ago, they said. Armed with a patchwork of data, city officials, community organizers, and hospital leaders wrote an emergency letter to Baker on April 10.

Gladys Vega, right, executive director of Chelsea Collaborative, lead a prayer before opening the doors to a pop-up food pantry. ERIN CLARK/GLOBE STAFF
The state Department of Public Health had been informing local health boards of confirmed cases in their communities, but did not start publicly releasing data for all cities and towns until late Wednesday. State epidemiologist Dr. Catherine Brown said in an e-mail that the public health department is working closely with city officials "to assess burden and implement public health mitigation measures."

“I just am kind of stunned that no one saw that and told us,” said Madeleine Scammell, an associate professor of environmental health at Boston University and a Chelsea resident. They were "still only releasing [the data] to individual municipalities. That’s why we didn’t know that we were off the charts."

Carolina Romero, a Chelsea resident for 19 years, was one of the first in the city to become infected. She came down with a raw throat, chills, and a cough about March 10. Soon her 92-year-old father, whom she cares for in her home and who has a heart condition, became ill, too. He also tested positive and was admitted to Mass. General.

Within three days of becoming ill, Romero forced herself to get out of bed and head for the East Boston Neighborhood Health Center. But the doctor said he would not test her for coronavirus because she did not have a fever — part of an earlier protocol that limited testing to those with the most serious symptoms. On the way home, she stopped in a grocery store when her phone rang. The doctor had noticed she worked in the kitchen at the Soldiers’ Home in Chelsea, a long-term care facility, and asked her to return for a test. It was positive.

Romero wore a face mask, wiped down doorknobs, and stayed away from her dad at home, leaving his meals out and then returning to her bedroom, but he got sick anyway. "It broke my heart to see him eating alone," she said, her voice breaking with emotion. He was due to be released from the Spaulding rehabilitation hospital in Cambridge Wednesday.

Now, Romero knows many sick neighbors, including a couple who rent a floor of her three-family house and the family across the street. "People here live up to eight people
in one apartment. It only takes one person to infect everyone," she said through a translator.

Roy Avellaneda, Chelsea’s City Council president, worries the city is about to go through “two weeks of hell.”

“We’re about to see a huge increase in the number of people who have the symptoms, we’re going to have more hospital cases, we’re going to have more deaths,” he said.

More testing also means more positively confirmed cases. Mass. General loosened the criteria for testing at its health center in Chelsea this week — anyone with symptoms can get a coronavirus test. Betancourt said many Chelsea residents already were being tested at Mass. General, though, which could be one reason for the city’s high number of cases.

Beth Israel Deaconess Medical Center, which also operates a health center in the city, opened a drive-through testing site that can perform 672 tests a week. Patients, however, need a referral from an affiliated doctor.
Inside Mass. General, the language issues have become a serious strain on care providers. About 40 percent of the hospital’s 350 patients with confirmed or possible COVID-19 are Spanish speakers. Interpreters have been generally keeping up with demand, but the conversations have sometimes been stilted and rushed, and some families may not feel comfortable asking expansive questions, doctors said.

"You can certainly hear a level of relief in their voice when they get the phone call and someone is speaking to them in Spanish," said Dr. Numa Perez, a fifth-year general surgery resident who volunteered for the new team of Spanish-speaking doctors.

Given that her entire family is in Colombia, Greene, the first-year surgery resident, said she understands the angst families feel being unable to visit their critically ill loved one in the hospital, because of infection risk. She has been assigned to work in four ICUs this week, translating for patients and calling families with medical updates.

Volunteers helped to box up food for a pop-up pantry. ERIN CLARK/GLOBE STAFF
On Monday morning, she called one family to get consent for a blood transfusion, and another for permission for doctors to insert a catheter. Most patients she provided help for are on ventilators and all have diabetes.

Later in the morning a colleague asked her to call a patient’s mother, who had been crying for three days and not eating. Her adult son was extremely sick with coronavirus in an ICU. Greene called to report a tiny bit of progress — doctors were able to reduce the amount of blood-pressure medication he needed, a small sign his lungs may be starting to heal.

They spent a while talking about the woman’s son and his role in the family. "She said, ‘I wanted to share with you how important he is to me,’ " Greene said. "They want us to know how much they care so we will care."

Liz Kowalczyk can be reached at lizbeth.kowalczyk@globe.com. Zoe Greenberg can be reached at zoe.greenberg@globe.com. Follow her on Twitter @zoegberg.