In a Crowded City, Leaders Struggle to Separate the Sick From the Well

Chelsea, Mass., has an infection rate higher than any other community in the state. With families in cramped housing, it is difficult to contain the spread.

CHELSEA, Mass. — Paul Nowicki, the director of operations for the housing authority in this small, crowded immigrant city, walked the halls of the Buckley Apartments last week in a plastic face shield and white gown, trying to stop an invisible predator.

Chelsea is the epicenter of the coronavirus crisis in Massachusetts, with rates of infection that surged last week to 3,841 per 100,000 people, around six times the statewide average. And officials fear the virus is still spreading.

Take Mr. Nowicki: There were nine confirmed cases of the virus in the Buckley Apartments, tucked among eight floors of public housing. Mr. Nowicki had ordered waves of deep-cleaning, wiping of railings and elevator buttons. He watched the residents shuffle in and out of the lobby, mostly grandparents, fragile and disabled. It was his job to safeguard them.

But how could he do that when, because of medical privacy laws, he did not know where the nine infected people lived? “It’s the specificity of the floor you’d like to know,” Mr. Nowicki said. “Like, are the cases on the 7th floor or the 9th floor? Are all the infections on one floor? Or is it spread along all the floors? You’d like to know.”

He is not the only one. Residents call Mr. Nowicki’s wife, Tracy, the city’s director of elder services, demanding to know who in their building is positive, and she gently deters them.

“They want to make sure they don’t knock on their door,” she said. “I totally understand that. I totally understand why the residents that are still healthy want to stay that way.”

As the virus spreads through American communities, many leaders will face the same stubborn challenge: How, in a country that values its citizens’ medical privacy and autonomy, can authorities separate the sick from the well?

The question is an urgent one if public life is to resume.

Chinese cities solved this problem by giving infected people no choice. In the city of Wuhan, authorities realized that social distancing was not enough to rapidly bring the virus’s reproduction rate down to near zero, which they felt was necessary to reopen schools and businesses.

Household transmission represented the bulk of new cases. So when people had mild symptoms, or were known to have been exposed, they were removed to vast quarantine centers. There, they were medically monitored and provided with food, until two successive tests showed they were not infectious.

Two months of this regimen brought the number of new confirmed cases to nearly zero, allowing the city to reopen two and a half months after the outbreak began, said Xihong Lin, a biostatistician at Harvard’s T.H. Chan School of Public Health. But the United States, she said, will have to encourage sick people to separate from family voluntarily.

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“Western countries are different from Asian countries,” she said. “One cannot force people to do things.”

Chelsea, a city of 40,000 people crammed into less than two square miles, has 1,447 confirmed cases, according to state data, by far the highest rate in Massachusetts.

And those confirmed cases represent only the tip of an iceberg. Last weekend, when researchers from Massachusetts General Hospital conducted antibodies tests on 200 apparently healthy pedestrians in Chelsea, selected at random, nearly a third of them tested positive, suggesting that many had been infected without knowing it.

“They may infect other people around them who are high risk,” said John Iafrate, vice chairman of Massachusetts General’s pathology department and the study’s principal investigator. “That is a very, very serious infection control issue.”

This month, city officials began offering people who tested positive for the virus the option of moving into a 157-room hotel in nearby Revere, to avoid infecting their family members or housemates. Ten days later, though, only 14 people from Chelsea are staying there.

“We were expecting the floodgates to open,” said Alexander Train, the assistant director of the city’s Department of Planning and Development. He said undocumented immigrants may be afraid to take advantage of the offer, fearing it would lead to deportation.

“I think there is some uncertainty and anxiety that is inhibiting the flow of guests to the hotel, because it is attributed to the government,” he said. “It’s about, ‘what if I don’t make it back to my family?’”

Most people, given a choice, will stay home, despite the risk of infection, said Roy Avellaneda, the City Council president, who said he tried in vain to persuade an employee at the restaurant he runs, who risked infecting her family members, to check into a hotel.

“For all the love we have in this country,” Mr. Avellaneda said, “the reason we’re probably going to be hit sicker is that we still have a government that cannot make those decisions for the benefit of its residents.”
It has a population density of nearly 17,000 people per square mile, with whole families crowding into single rooms in triple-decker rowhouses, buildings with high rates of lead paint, asbestos and air pollution.

Katharine Robb, a researcher at the Harvard Kennedy School who spent a summer following housing inspectors in Chelsea, was stunned by what she found — families living on porches, in unfinished basements or even closets, without access to running water, heat or sanitation.

“It didn't think conditions like this were happening in the 21st century,” she said. “It reminded me of stories I heard of the late 1800s, at the beginning of sanitary reform, at the beginning of urbanization.”

This spring, the fast-spreading virus collided disastrously with the city's overcrowded housing. A warning flare came in the second week of April, when, late at night, a young mother called the city housing authority from the street; she had disclosed her test results to her roommates, and they had kicked her out. “It dawned on me that this situation was going to replicate itself,” said Thomas Ambrosino, Chelsea's city manager, “and we better have a solution.”

Over the weeks that came after, some of the sick isolated themselves. One man, worried about infecting his family, slept in his car for two days, until his relatives sought help from the city.

Gladys Vega, a longtime community activist, helped a man who had been banished to a freezing, unfinished dirt basement, where he was riding out the illness on a piece of cardboard. Another man had been sent to sleep on a porch, despite temperatures that still dropped below freezing at night.

“People are being treated as if they have leprosy,” said Ms. Vega, executive director of the Chelsea Collaborative.

Others did their best to ride out the virus in small spaces. Marisol Lima, 35, was eight days from her move-out date, in the tiny room she rented from a Colombian family, when she noticed that her downstairs neighbor was coughing. Within days, six of the seven people in the apartment were seriously ill, feverish, breathing with difficulty.

“I think it was impossible not to get the virus,” she said. “It was a very small living space. The air would have been contaminated.”

Wendy Rosales, a restaurant kitchen manager, discovered she had the virus when she went to the doctor for an earache, and tried to isolate from her husband and daughters by staying in a bedroom. But the room had no lock and her three-year-old toddled into the room any time her father’s attention drifted, running to hug her mother. When Ms. Rosales pushed her out and shut the door, the girl would stand outside, crying.

“I didn't sleep,” she said. “I spent almost the whole night thinking what to do, and thinking about the little one — she's young and doesn't understand what's happening.”
A Safety Valve

The opening of the Quality Inn in Revere last week provided the city with a safety valve. Those who checked in would get three meals a day and medical monitoring, but would not be allowed to leave their rooms, or leave until cleared by medical staff.

Ms. Rosales was one of the first to check in.

After her night of crying, she stuffed a few possessions into a backpack and left home without saying goodbye, or even looking back. Now in her seventh day at the Quality Inn, she is both intensely homesick and intensely relieved.

“I was terrified I was going to infect them,” she said. “It was the best decision.”

But many in the city are choosing to ride out the illness at home.

For Mr. Ambrosino, the city manager, it is part of a bigger problem for the city of Chelsea: Infected people must be persuaded to take difficult steps — like social distancing and isolating in the hotel — themselves. “We’re not going to engage in violent physical sealing of doors, that’s not how we operate in the U. S. of A.,” he said.

He said compliance rates were very good, as high as 95 percent, but that left a significant number to spread the virus.” If the compliance rates were 95 percent, that means that I have 2,000 nitwits out on the street,” he said.

Another obstacle, he said, are medical privacy laws that can prevent the city’s public health staff from disclosing who, in this crowded city, has tested positive.

“She can’t call me and say, ‘I’ve got someone in Unit 6 who is positive,’” Mr. Ambrosino said. “I can't know their names or addresses. She can say, ‘the city is ready to help you, call this help line,’ but if that person doesn't call, because they don't understand, or they're afraid of the government, there is no way for us to help them.”

“Unless someone tells us they're Covid-19 positive, I have no way of knowing,” he said.
And many sick people are withholding their status out of fear. Earlier this month, Maria Belen Power, a community activist, found herself begging an undocumented friend, Floridalma Ochoa, to call 911. Ms. Power was weeping; her friend had spent the night gasping for air.

“They just didn’t want to call, because they were afraid,” said Ms. Power, associate executive director of GreenRoots, an environmental justice organization. “She kept saying, ‘but what if they ask me for papers?’ Honestly, I thought she could die. I was saying, ‘You have to call. You’re losing time.’”

Ms. Lima, who was infected by one of her roommates, said many people she knows don’t want to reveal that they have the illness. “Fear exists heavily among the Latino people,” she said. “A lot of people do not want to speak, or even accept that they are sick, because they are scared of how the rest of the people will look at them.”

And many simply cannot fathom leaving sick relatives alone. Ruth Gabriela Santos, 34, is counting the days until her mother, Ms. Ochoa, is released from the hospital. She has been on a respirator for three weeks, a period during which the city was transformed.

“The impact is terrible,” said Ms. Santos. “Knowing you are at the epicenter, looking around and realizing how many people have died. And that the numbers of infections are not only increasing, but doubling and tripling. Learning that people you’ve known your whole life are infected.”

Bringing her mother home, into a four-room apartment with eight other people, comes with the risk that she is contagious. But Ms. Santos cannot bear to think of her mother’s loneliness if she should be moved to the hotel She wants to cook for her.

“Our parents had their time,” Ms. Santos said. “They gave everything to us. Now it is my time to return it, and take care of them.”

Vanessa Swales contributed reporting from New York.

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**When will this end?**

This is a difficult question, because a lot depends on how well the virus is contained. A better question might be: “How will we know when to reopen the country?” In an American Enterprise Institute report, Scott Gottlieb, Caitlin Rivers, Mark B. McClellan, Lauren Silvis and Crystal Watson staked out four goal posts for recovery: Hospitals in the state must be able to safely treat all patients requiring hospitalization, without resorting to crisis standards of care; the state needs to be able to at least test everyone who has symptoms; the state is able to conduct monitoring of confirmed cases and contacts; and there must be a sustained reduction in cases for at least 14 days.