



[Image Description: A person in a bright pink winter is standing with their back turned away from the camera and wears a sign that reads, "Come on, people, now, smile on your brother..." as well as a navy drawstring backpack coat that says, "Winter Walk". Another person stands on the far right in a bright blue jacket. Both people have their faces obscured.]

Photos from Winter Walk 2020 were taken by Chris Shane, Evgenia Eliseeva, Stewart Ting Chong & Belinda Soncini.

## **Don't Walk By** **Episode 1**

**Release Date: January 29, 2021**

**Ari Barbanell:** Before we begin, this episode of Don't Walk By contains conversations about substance use disorder that may not be suitable for all listeners.

This episode also includes an interview in Spanish. If you'd like to read an English translation or follow along with text, you can find a full transcript of this episode and all others on [winterwalkboston.org](http://winterwalkboston.org).

*[chime comes in and fades out]*

For decades, the intersection of Massachusetts Avenue and Melnea Cass Boulevard has attracted people facing substance use disorders, homelessness and mental health challenges.

The long, industrial stretch is dotted with medical facilities, homeless shelters, and treatment and recovery clinics. It's also become a public face of Boston's homelessness and opioid crisis.

*[music comes in]*

**Justin Alves:** *And so, for those folks who have not necessarily been hand in hand working with folks who are homeless or really had that experience, I think really hearken back to the traumas that you might've experienced. And now imagine that that is now out on Mass Ave and Melnea Cass for every person driving by to see.*

*We hear all these things on the news all the time, and I think like they got the headline wrong. It's like, how horrible is this suffering that's happening here? Not how horrible that this is here, but how horrible that the suffering is here and how do we fix that?*

*[music fades out]*

**AB:** The Winter Walk started as a way to tell stories by amplifying the voices of our community. Everyone has a story. And one of the first steps we can take - *hint, hint* you're doing it right now - is to simply *listen*.

I'm Ari Barbanell. And this is Don't Walk By.

*[theme music comes in]*

*[montage begins - speakers share in quick succession: "For some people it's not incremental. It's revolutionary." "It is not a new philosophy. It is not enabling people to use." "Pues yo, no usar drogas, yo me gradué de electricidad." "When people are ready to sort of move or change or do things, that's when they're ready. And we can still love and support and care about you until you're ready to do those things] [theme fades out]*

In the warmer months, the area surrounding Mass Ave and Melnea Cass is bustling.

*[ambient noise comes in: busy street with voices chattering in the background, cars driving by, horns honking]*

Cars line up waiting to get on and off the expressway. And people experiencing homelessness often walk up and down the busy road, sometimes carrying small items like flower bouquets for sale, offering to wash a windshield or showing a homemade sign to catch the attention of commuters.

*[percussive beat comes in]*

The sidewalks are bustling too. People are living their lives. They just don't have the privilege and privacy of four walls – people are publicly sharing meals, congregating with friends, hanging clothing to dry on the fences. There's a normalcy present but what's also visible is the traumatic reality of living on the streets and the prevalence of addiction.

*[beat fades out] [contemplative music comes in]*

It's common to see needles in the area. Many people are actively using, some are nodding off or walking into the street. And if you're having a hard time with this visual... I get it. This is a tough subject.

The reasons people become unhoused and stay unhoused are many. Homelessness is a complicated and nuanced issue. And it requires an equally nuanced approach and a network of supportive services.

*[music fades out]*

***Miriam Komaromy:*** *At Boston Medical Center we are an institution that has been providing safety net care acting as a safety net to care for Boston's most vulnerable patients for more than a century...*

**AB:** That's Dr. Miriam Komaromy. She's an internal medicine doctor at Boston Medical Center - BMC for short.

***MK:*** *...and some many of those patients who we care for actually are experiencing very difficult times socioeconomically and a substantial portion of them are experiencing homelessness.*

**AB:** She's also the Medical Director of BMC's Grayken Center for Addiction.

***MK:*** *substance use disorder and homelessness have a pretty broad intersection that people who are struggling with substance use disorder often lose their job*

*and lose their housing. And so, end up on the street. People who have co-occurring problems with mental health may also be at more risk for becoming unstable and ending up on the street and using substances. [music comes in]*

**AB:** Boston Medical Center's campus is right by the Mass Ave and Melnea Cass intersection and is one of several places in the area offering life-saving services to people experiencing homelessness and substance use disorder.

As Miriam points out, there's rarely a single reason as to why people face homelessness. Several are often at play, like a lack of affordable housing, poverty and unemployment, sudden job or income loss, mental illness, substance use disorder, and severe trauma.

But this past year, another factor - an unanticipated factor entered the picture: COVID-19.

*[suspenseful music comes in] [montage begins – local news coverage of COVID-19 outbreak] [music fades out]*

When COVID hit, the public health sector had to adapt quickly to figure out what support for the homeless community looks like during a pandemic.

**MK:** *Last spring when it became clear that Boston was about to be hit by a tremendous problem with COVID infection, I was part of a group of folks who were meeting as concern grew and grew about what was going to happen, really focusing on care of patients who were living on the street and were at risk of COVID because...*

**AB:** Shelters across the city have had to limit capacity in order to comply with COVID safety regulations. But despite their best efforts, people continue to get sick.

Pre-pandemic, people sleeping rough - a term commonly used to describe spending nights outside rather than in shelters - died at *three times* the rate of those staying in shelters in Massachusetts. But with COVID spreading rapidly in congregate setting, those living in shelters are actually more likely to get infected with the deadly virus than they are while living outside.

**MK:** *So, when people are trying to avoid COVID, we obviously recommend that they isolate, that they avoid interactions with others. That's really, really difficult to do if you're homeless.*

**AB:** In early April, 36% of guests at the Pine Street Inn, one of Boston's largest emergency shelters and housing providers, tested positive for COVID-19. Mass testing done at other shelters in Boston and the Greater Boston area showed similar rates of infection.

***MK:** ...And then if people get infected, they also need to isolate so that they don't infect others. So that kind of quarantining and isolating is almost impossible for people who are experiencing homelessness.*

*[soft, minimal music comes in]*

**AB:** It's not possible in shelters. Or while living on the streets. People needed a safe place to quarantine and recover.

***JA:** BMC opened the Eastern pavilion to be able to take patients who were testing positive for COVID and had no place to go...*

**AB:** This is Justin Alves. We heard from him at the top of the episode.

Justin has worked at BMC as a nurse for a little over a year. He's an HIV/AIDS nurse by training and as he puts it, an addiction nurse by necessity.

Recently, he volunteered his services in the East Newton Pavilion, a formerly vacant BMC hospital building outfitted into an emergency COVID recovery unit almost overnight.

***JA:** And so, BMC worked really hard to sort of open this setting and provide shelter and basic care that any one of us would need in order to recover from COVID in a really thoughtful non-judgmental caring way.*

***MK:** One thing that we anticipated but became really clear ...*

**AB:** Here's Dr. Komaromy again.

***MK:** ...was that many of the patients who were coming into what we call the COVID recuperation unit in East Newton Pavilion were people who also had very serious issues with substance use. And also, with behavioral health diagnoses. 50% of people who we admitted said that they were actively using substances at the time they were admitted. And about 80% had a diagnosis of some kind of mental health disorder.*

**AB:** It's important to note that the care provided by staff and volunteers at East Newton Pavilion goes beyond treating COVID symptoms. Many patients there, have also dealt with the realities of substance use disorder and a lack of trust in the medical community.

*JA: I think one of the things that you see all the time is folks who are without homes, folks who have a substance use disorder, they in many ways are taught by our own system that they are not valued, that they are not worthy, that, that they do not belong. And so oftentimes they have feelings of like being upset with us or being angry with us or being confrontational with us that are sort of really deep set in this long-standing mistreatment by the community and by the medical system...*

**AB:** But at ENP, Justin was met with an opportunity to break that pattern of distrust. However, that trust didn't happen right away, Justin explains.

*JA: And so, you did see many folks. They come in, they're sick, they're angry, they're not feeling well. And then as they're at ENP longer, they really get this sense of, okay, this is safe. I'm safe here. I can be vulnerable. I can talk about different things and I'm able to get the help that I need because I trust this person. [hopeful, contemplative music comes in]*

**AB:** Staff and patients were afforded the luxury of time. Patients had no other option but to be under care 24/7. For many, that was enough time to start building trust with staff. And for some, enough time to consider treatment for substance use disorder and forge a path towards recovery.

*JA: And so, my job is not to push you over the line. My job is to be here and to offer you what over the line looks like. What can we do to get you to the next step?*

*And I want to be able to help them as best I can. And when patients feel that, all of a sudden, the game changes. When they're in charge and they know that you're there for them, they can be honest with you and open with you about what they need and what they want in order to get better.*

**AB:** Justin wasn't alone in this experience at East New Pavilion.

**Glory Ruiz:** We went to staff, the East Newton Pavilion COVID recuperation unit.

**AB:** This is Glory Ruiz, the Director of Public Health Programs at Boston Medical Center.

***GR:** We thought it was important to have a presence there because we are very committed to working with this patient population. We understand the struggles they face every day. The average length of stay at East Newton Pavilion was around a week. So that presented a unique opportunity rather than this snapshots of time that we had them when we see them or Project Trust or out on the street.*

*[music fades out]*

**AB:** Providing support for those struggling with a substance use disorder and homelessness is a delicate matter. It takes compassion. And can make all the difference in a patient's experience.

***Luis:** Cuando las personas te tratan bien, tu no te quieres ir del lugar. O sea, te tratan bien y eso es lo que veo.*

*When people treat you well, you don't want to leave that place. And that's what I see.*

**AB:** That's Luis.

***Luis:** Cuando yo llegue ahí, yo no sabía que el lugar tenía tantos beneficios. O sea, por ejemplo, tienen servicios para ayudarte a conseguirte seguro social, tu acta de nacimiento. O sea, te pueden ayudar a conseguir un vasto documentos en papeles... o sea que te hacen falta. Te ayudan a estabilizarte. Y eso fue lo que yo vi ahí.*

*When I got there, I didn't realize the place had so many resources. So, for example, they have services to help you get your social security [card], your birth certificate. You know, they can help you track down a large portion of the documents you're missing. They help you get stabilized. And that's what I saw there.*

**AB:** Luis is soft-spoken and sweet. He's the kind person that will give you the shirt off his back if you're in need. He's also a member of Boston's homeless community.

He received care at East Newton Pavilion after contracting COVID while also struggling with a substance use disorder.

*[soft music comes in]*

But those experiences are only part of his story.

**Luis:** *Y lo que he aprendido, lo aprendí porque yo no usé drogas cuando muchachito. O sea, me gustaba estar en la escuela, absorber. Y por eso, es que estoy donde estoy, y por eso soy quien soy yo hoy en día, yo, Luis.*

*And what I've learned, I learned because I wasn't using drugs when I was a young boy. You know, I liked going to school, to learn and that's why I am where I am and that's why I am who I am today... me, Luis*

**AB:** Originally from Puerto Rico, Luis shares his story of growing up on the island. As a young boy, he loved going to school and absorbing all the new things he could. His love of learning is apparent when he starts rattling off his professional experiences and skills.

**Luis:** *¿Quién soy yo ahora mismo? Bueno, yo te voy a decir así, pues, yo... [a] no usar drogas yo me gradué de electricidad, yo soy chofer de troce, yo soy operador, yo soy bloquero, soy albañil, este, soy plomero, y soy técnico de refrigeración...*

*Who am I right now? Well, I'll tell you like this, so, because I wasn't using drugs, I was certified as an electrician, I'm a truck driver, a machine operator, a blocklayer, a builder, a plumber, and a refrigerator repair technician...*

**AB:** Since arriving in New England, Luis has been through a lot.

**Luis:** *Pero me decaí porque me tropecé con una persona negativa, que son las que te conllevan a que tu decaigas. ¡El no es un amigo! Sin embargo, te conllevó a decaerte. Ahora tienes un problema por no parar a tiempo y pensar: ¿quién yo soy, a donde vengo, a que yo voy, y que yo quiero?*

*I relapsed because I got mixed up with a negative person, the kind that leads you to relapse. That's not a friend! But regardless, he led you to relapse. Now you have a problem because you didn't take the time to think: where am I coming from, where am I going, and I want do I want?*



**AB:** He has, however, found a caring community in Boston. Made up of people like Glory.

*[music fades out]*

**GR:** *And I want to make sure that the message gets out there that yes, they're disproportionately to impact that, but that's not all the story. You know, it's very easy to stereotype. And again, there's always a story. It's a matter of hearing it.*

**AB:** People experiencing homelessness deserve access to healthcare and safe housing just as they do social support.

Homelessness is a condition. It does not define one's identity and neither does a substance use disorder.

And I want to pause here and reflect on a topic that came up consistently with Justin, Dr. Komaromy, and Glory: harm reduction.

*[soft, hopeful music comes in]*

**MK:** *For folks who haven't really worked much with patients who have substance use disorder, which is the clinical term really for addiction, you know, you might think that, 'Oh, you know, it's just a matter of people get gathering the will to stop using, and then they'll just be able to stop.' In fact, substance use disorders are a brain disease and people have really, really strong compulsion to use.*

**AB:** Harm reduction is a set of strategies and ideas aimed at reducing negative consequences associated with things like substance use.

**GR:** *It is not a new philosophy. It is not enabling somebody to use. What it is, is a philosophy where you meet patients, where they are at. And harm reduction can apply to other chronic diseases beyond addiction, such as diabetes management, where you can tell somebody, 'You have this disease', say for example addiction, 'I am your non-judgmental partner in your journey. And I want to hear about what you like about it and where you want to be. And if that means that you are okay using drugs now, that is fine. And I want to make sure that you do it safely so that you can keep yourself health healthy and keep others healthy and use safely.'*

**JA:** *Harm reduction really and truly to me stems from this belief that every single human being is worthy of love and respect and care. And I am not to dictate how*

*or what you do with that love, respect, and care. And so, when people are ready to sort of move or change or do things, that's when they're ready and we can still love and support and care about you until you're ready to do those things.*

**AB:** That non-judgmental approach promotes one of the driving principles behind Winter Walk: everyone, housed or unhoused, deserves dignity and respect.

*[music fades out]*

Now, not every story has a happily ever after ending, and that's not what we are going for here. We're grappling with a heavy subject matter and it's not our goal to sugar-coat reality. However, balance is key. Take it from our guests who find ways to stay hopeful while doing their life-affirming work.

**MK:** *I guess what keeps me hopeful is all the people who I've seen be able to have a better life.*

*[soft uplifting music comes in]*

**MK:** *For some people it's not incremental, it's revolutionary when they're able to find the supports and gather the strength to be able to move away from a life on the street and a life of using. So, it's pretty inspiring.*

**AB:** *[speaking to Glory] You seem to be someone who is hopeful. You know even in the midst of this hard work, what keeps you hopeful?*

**GR:** *My team. I know that is a struggle to sometimes do this work. A lot of us have lost people to addiction. A lot of us have family members who are or have experienced homelessness. So, this is not something that is foreign to us. This is our story. And there's a lot of power in that story. And that makes me very humbled at their power and very proud of them.*

**Luis:** *Los estaff se alegran al ver tu te superas. ¿Qué yo quiero para mi? Yo quiero irme a trabajar, yo quiero ser responsable, que otro me mire como, como cualquier otro ser humano. O sea, no que te pasen por el lado. Están las herramientas para salir. Está de ti de que tu quieras echar pa'lante.*

*The staff is happy to see you overcome [your problems]. What do I want for me? I want to go to work, I want to be responsible, for people to look at me like they*

would anyone else, you know, not for them to pass you by. The tools are there if you want to get out [break the habit]. It's up to you if you want to move forward.

**JA:** *I'm going to steal this from another nurse that I work with. I'm pathologically optimistic. I think the one message I could sum it all up in one sort of simple, simple message is: don't be afraid to love people who you don't know. Because that's really what it's about. It's about not knowing these people and still saying, 'I'm going to love them, anyways. I'm going to love that they exist, that they are here and that they need help.' And really offer that in any way I can.*

*[music fades out]*

**JA:** *I'm going to steal this from another nurse that I work with. Um, I'm pathologically optimistic. I think all nurses by nature are pathologically optimistic. We teach that in nursing school, right. That even when there's nothing left, there's always hope. And I think that that's the one thing that I get to, you know, hold onto always.*

*I think the one message I could sum it all up in one sort of simple, simple message is: don't be afraid to love people you don't know because that's really what it's about, right? It's about not knowing these people and still saying, I'm going to love them, anyways. I'm going to love that they exist, that they are here and that they need help and really offer that in any way I can.*

**AB:** How we think about our fellow community members experiencing homelessness, impacts how we think about the problem of homelessness.

*[theme music comes in]*

And how we think about the problem has an effect on the solutions we generate and what laws, policies and programs we support.

If you take anything from this episode, I hope it's an understanding that people who experience homelessness, especially those experiencing homelessness and substance use disorder, live with the social stigma that comes with it. And if we want to see a community where all are housed and can stay housed, let's work together to change our attitudes about homelessness.

Join us for Episode 2 where we'll meet a formerly unhoused mother of three, and some of our incredible family service and shelter providers working to end family homelessness.

Don't Walk By is a podcast brought to you by Winter Walk Boston - an event and initiative raising awareness and funds towards an end to homelessness in Greater Boston.

Episodes are written and produced by Isabel Hibbard.

Audio production and sound design is by Kevin O'Connell.

This episode was made in partnership with Boston Medical Center.

You can learn more about any of the organizations mentioned in the episode and how you can help at [winterwalkboston.org](http://winterwalkboston.org).

I'm Ari Barbanell, the Executive Director of Winter Walk, and your host.  
Thanks for listening.

*[music fades out]*

**END OF EPISODE.**