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U.S.

## A Day in the Life of a Doctor Treating Homeless People in the Age of Coronavirus

Dr. Thomas Huggett helped Chicago convert a hotel to house elderly or otherwise at-risk people amid pandemic; he also lives there

*By Joe Barrett / Photographs by Joshua Lott for The Wall Street Journal*

April 23, 2020 5:30 am ET

CHICAGO—At 10 a.m. on a recent day, Dr. Thomas Huggett squared his shoulders and waded into a crowd of homeless people at a dimly lighted shelter on this city's West Side.

Most were elderly or suffered from a variety of ailments that made them particularly vulnerable to Covid-19, the disease caused by the new coronavirus. His only protection was a thin surgical mask as he delivered an unusual pitch he has been making almost daily at different shelters.

“Because you are at risk of getting really sick, we are offering you a hotel room, but you have to stay inside. You can't go in the hallway. You can't go out for a smoke. You'll have your own TV and remote control. You'll have a nice bed and we'll bring you three meals a day. We'll bring your medication to you,” he said.

Then he threw out his final sweetener. “I'll be staying in the hotel too.”

The 60-year-old physician with Lawndale Christian Health Center heads a medical team that has helped the city convert a former boutique hotel just steps from the fancy shops on the city's Magnificent Mile into a shelter for the most at-risk homeless people. The target is those over age 60, or 55 with underlying medical conditions. Right now, they have 137 residents and they aim to eventually have 174.

The hotel is one way Chicago Mayor Lori Lightfoot's administration is trying to close the gap between rich and poor that the pandemic has exposed. The virus is taking an outsize toll in black and minority communities. Some 60% of reported deaths have been among African-Americans in a city where they make up 30% of the population.

For the homeless population, the disparities are even starker—since the crowded sites where they shelter in place can be hotbeds of infection.

Nationwide, cities and states are crafting different solutions to control the virus among their homeless populations. In warmer states, where many homeless people live outdoors, some cities are setting up makeshift shelters with more personal space and access to hygiene. San Francisco's Board of Supervisors last week ordered the city to rent 7,000 hotel rooms for homeless residents.



Homeless people watch television as Dr. Thomas Huggett speaks on the phone in a shelter in a church gymnasium in Chicago.

In Boston, drivers in full gear run vans back and forth to homeless shelters to move out people who are either positive or have been exposed, and are isolating them in a range of pop-up medical tents and wards.

“We’re honestly making this up as we go,” said Joshua Barocas, an infectious diseases doctor at Boston Medical Center.

Dr. Huggett grew up on a farm in Wisconsin, the first member of his family to go to college. After getting a degree in biochemistry at the University of Wisconsin, he went on to medical school at the University of Chicago and later got a master’s degree in public health at Johns Hopkins University.

After practicing for a few years in Wisconsin, he joined the Peace Corps and ran a 200-bed hospital in Malawi in East Africa during the AIDS crisis. Often he was the only doctor at the hospital, doing surgery on patients with a 15% chance of being HIV-positive and no sustainable treatment at the time, he said.

“I understand risks,” said Dr. Huggett, a churchgoing Catholic, who says everyone can’t be Mother Teresa, but we can aspire to do our part based on our talents. “We have to help our

brothers and sisters, that's kind of where I'm coming from."



Franciscan Outreach Director of Shelter Operations Luwana Johnson prepares to board individuals on to a bus taking them to a hotel in Chicago.

Dr. Huggett started his day in his suite on the hotel's 28th floor at 5:30 a.m., by reading a meditation from Father Richard Rohr, the Franciscan priest and author. He then did some stretching and 60 push-ups and 60 sit-ups. "You're supposed to do your age," he said.

Around 9:30, after a quick breakfast of cold cereal and some paperwork and phone calls, he hopped in his 10-year-old Toyota Corolla for the drive to the Franciscan Outreach shelter, where some 20 people were lined up waiting. The shelter, in a long, low former factory building, was filled with beds, each about far enough apart for a person to walk by.

The coronavirus spreads like wildfire in crowded shelters. As many as 40% of residents at some shelters have tested positive for the novel coronavirus, even if they have no symptoms, Dr. Huggett said.

The shelter normally holds 282 people, but would be down to 75 by the end of the day, so there is more room for social distancing, said Luwana Johnson, director of shelter operations. "We need to get these people out of here so they are safe," she said.



Dr. Huggett, center, and Ms. Johnson, left, spoke to a homeless man last week in Chicago.

The hotel where Dr. Huggett works had been facing a prolonged labor dispute and was closed when the city negotiated to take it over last month. The city has set up five shelters in large spaces like field houses and is using two hotels, including Dr. Huggett's, to help ease crowding and treat different categories of homeless people during the crisis.

Initially, Dr. Huggett's hotel took in people from shelters who were suspected of having the virus. But after more testing, it became clear that there wouldn't be enough room.

So the hotel began focusing instead on the people who would be at most risk if they got Covid-19.

That includes people like Lilia Jarin, 71 years old, who was eager to get rolling once she had boarded the bus bound for the hotel. "The last chance for hope," she said with a big smile hidden behind her surgical mask.

Over a lunch of chicken wings and rice at Breakthrough Men's Center, where he keeps regular clinic hours, Dr. Huggett was alerted to a tweet that a SWAT team had been called to the hotel to assist with the removal of a patient. After making a quick phone call, Dr. Huggett said a man had been growing increasingly manic and needed to be involuntarily sent for a psychological evaluation. "The police might have come," but the man was escorted out of the hotel by a doctor without incident, Dr. Huggett said.



Workers prepare lunch at the Breakthrough Men's Center, where Dr. Huggett keeps clinic hours.

Dr. Huggett and the other doctors are trained in calming down agitated patients. "You can de-escalate somebody, even if they have pretty severe mental illness," he said.

Dr. Huggett, who is single and has no children, lives on Chicago's West Side, where violence and drug abuse are problems. He goes to his house to do laundry and tend to his roses, but has been otherwise staying at the hotel since the beginning of April.

Back at the hotel that afternoon, Dr. Huggett settled in at a desk in his room. He answered emails, listened and chimed into conference calls and consulted with other staff, who regularly came through his unlocked door.

Heather Duncan, a nurse practitioner with Lawndale, stopped in after seeing a new arrival who was concerned about his methadone. The man's usual clinic had closed for the day, and he was starting to feel symptoms of withdrawal. "He was getting really itchy to leave," Dr. Huggett said.

"In 30 years of working in homeless shelters, I've never seen this level of anxiety among the patients," Ms. Duncan said. "Many of them have been in shelters for many years. You would think that taking them to a hotel would be a positive, but you're taking them out of their comfort zone."



Dr. Huggett confers with other medical staff in his suite, which doubles as a mini-command center.

Around 4:30, Dr. Huggett finally had a chance to check in with a few patients.

He donned a face shield and gloves and laid out a sterile sheet on the hallway floor to assemble his equipment. Then he knocked on the door of Jack Hall, a 69-year-old former factory worker, who had tested positive for the coronavirus.

Inside, he checked Mr. Hall's temperature, blood oxygen level and pulse. "Let's just put that under your tongue and hold it up there," Dr. Huggett said. When Mr. Hall reached up, Dr. Huggett cautioned: "Now don't...don't touch me."

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Mr. Hall's readings were all normal and his appetite was back, though he said he still had some difficulty breathing.

Mr. Hall had recently asked Dr. Huggett for a vacuum cleaner so he could tidy up his room. He showed the dustpan and broom he got instead. The room was spotless, with a sitting area and large flat-screen TV. "It's very comfortable. No noise," he said. "I don't watch television, I don't listen to the radio. I just sit here and lay down and get some rest. That's what I need."



Dr. Huggett checks the temperature of a man staying at a converted hotel in Chicago.

Still, Mr. Hall was hoping to get some French dressing and more saltine crackers. “I eat a lot of crackers and I drink a lot,” Mr. Hall said. Grape soda is his favorite, so the staff got two cases to avoid running out.

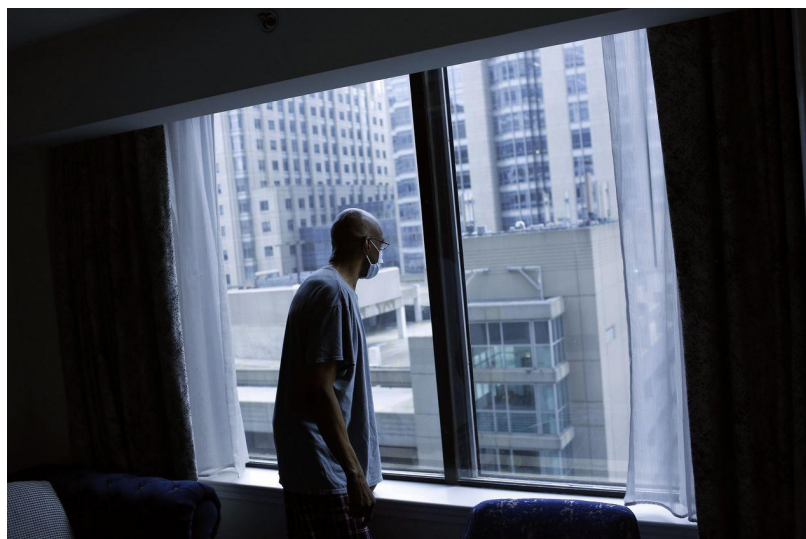
Before he left, Dr. Huggett checked Mr. Hall’s toilet, which Mr. Hall had insisted was broken for two days running. Instead, Dr. Huggett encouraged him to try plunging it—which took care of the problem.

“We’re going to meet these people where they are, whether it’s fixing their toilet or getting them grape soda,” Dr. Huggett said.

He also dropped by to talk to Wayne Smith, 58, who was among the first wave of residents, those with suspected cases of Covid-19. He had been feeling ill while staying in a shelter where 150 to 200 people were sleeping in a room with triple bunk beds.

“It’s really stuffed in there,” he said.

His symptoms have since dissipated, and he tested negative for the virus. But that means his future is uncertain, because the doctors don’t want to send him back into a shelter, where the virus is still prevalent.



Wayne Smith, 58, was among the first wave of residents at the hotel.

He had paperwork spread out showing he had a housing voucher, though the date was expired. Dr. Huggett took a picture of the paperwork and said he would do all he could to find him permanent housing. “We’ll keep on fighting for you,” said Dr. Huggett, who often cites studies showing that stable housing is a key to improving problems from addiction to chronic health problems.

Back in his room, Dr. Huggett called the man who needed his methadone. “Have you thrown up yet?” The man said he was sweaty but hadn’t. “He will,” Dr. Huggett said later. After a series of phone calls, Dr. Huggett secured a dose of methadone that would tide him over to the next day.

That evening, Dr. Huggett served on a panel for nurses who might soon be helping out in shelters that night, and picked up a chicken salad sandwich and carrots at a drugstore on his way back. He ate his dinner while going over charts and preparing for the next day’s intakes.

It was getting close to his 10 p.m. bedtime when Dr. Huggett got a call from the emergency room where the man who had become manic was sent. The man had calmed down and the ER was ready to discharge him, which meant he might be back out on the street, Dr. Huggett said.

Dr. Huggett went over and walked the man back to the hotel. He turned in at 11 p.m.

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— *Jennifer Levitz contributed to this article.*



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