

When a Pandemic Strikes Americans Who Are Already Suffering

For the homeless, drug addicts, miners with black lung and people crammed in apartments, Covid-19 will hit hard.

By **Arlie Hochschild** and **Cynthia Li**

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BERKELEY, Calif. — Kamran Abri makes “tent calls” here in Berkeley, where the homeless live in doorways, on streets, under bushes, in parks, and in ramshackle villages under freeway offramps. An energetic young medical student with dark, penetrating eyes, Mr. Abri and a small team visited one such village at dusk last week. There were 20 or so tents sheltering 50 people, with cooking stoves, backpacks, plastic folding chairs and butane canisters strewn about.

“If someone comes down with respiratory symptoms,” Mr. Abri asked us, “how can they quarantine themselves?”

Many homeless people don’t go to doctors — they have no insurance or transportation — and doctors virtually never go to them. While medical authorities have urged people to keep a distance from one another to limit the spread of Covid-19, Mr. Abri said that can be hard for him on his visits to encampments for the homeless.

“It feels strange, almost wrong, not to look them in the eye and touch them,” he said. “Are we supposed to bump elbows with the very people our public systems have abandoned? My first job is to regain their trust, to treat them with dignity.”

So he shakes hands and uses alcohol sanitizer between each handshake, he said, “to protect them from me, in case I’m a carrier, not so much to protect me from them — they’re the ones at greatest risk.”

Survival for a huge swath of Americans is already day to day. Covid-19 makes their lives even more precarious.

Rural America was already coping with an epidemic when the virus struck. Pikeville, a small town in eastern Kentucky, lies within a region racked by deaths from oxycontin, fentanyl and alcohol — “diseases of despair.”

Crystal Newsome, the Pike County Health Department’s emergency response coordinator, has thought of these people, and others like them, as she has prepared the community for Covid-19. “We reach addicts by distributing leaflets on Covid-19 wherever they sell cigarettes,” she said, “which is usually at gas stations.”

The nurse who drives a van around the county as part of the department’s needle exchange now passes out fliers with information on Covid-19.

Ms. Newsome also seeks out former coal miners, many of whom have black lung disease, diabetes or chronic obstructive pulmonary disease. The Health Department has also mailed fliers to religious groups suggesting they put the collection plate on a table instead of passing it hand to hand. The state prisons are cutting family visits but providing free calls out. The town closed the center for the elderly but continues to provide Meals on Wheels at least once a day.

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“We used to talk about the three Cs — clean hands, cover mouth, contain virus,” Ms. Newsome said, “but now we’ve added a fourth C — stay calm.”

Covid-19 is arriving in an America in struggle, increasingly separated by class and circumstance. There are the 38 million Americans living below the federal poverty level, many of whom work several jobs. Over 27.5 million now lack medical insurance — up from the 25.6 million uninsured in 2017 before the Trump administration began its attack on the Affordable Care Act — and millions of others have high co-pays and deductibles and poor coverage.

Infections will spread easily among the more than two million in the close quarters of prisons. Equally at risk will be the corrections officers and staff, often living in communities where prisons provide the only work and where the opioid crisis has packed rural prisons.

Some 10 million undocumented immigrants are afraid to seek medical care for fear of attracting the attention of Immigration and Customs Enforcement, while President Trump's "public charge" rule disqualifies immigrants who use public benefits like Medicaid from obtaining permanent legal status.

The normal challenges of life in Berkeley may seem as daunting for the homeless as the danger of an invisible infection. Last week, we met a woman who set up a tattered sleeping bag and overstuffed roller cart under the awning of an Episcopal church. Wearing a gray knit bear hat and a toothless smile, she gladly accepted a zip-lock bag with toiletries and granola bars. She declined a bottle of hand sanitizer.

"You don't want extra protection against the virus?" we asked. "What virus?" she asked, shying away, as though we had crossed into her personal space.

Mr. Abri found a similar response among the homeless people he meets. "They know Covid-19 could be a threat," he said, "but they are more worried about the City of Berkeley forcing them to move, like in the next day or two. So a potential virus the following week doesn't feel so imminent."

Other Americans, housed and free, live in overcrowded accommodations; in California, 13 percent of rental units hold an average of two or more people per room. And this figure excludes owner-occupied homes with people squeezing in extra family members, leading to the sort of close proximity that spread respiratory ailments.

The threat, though, is not just to the marginalized and medically underserved, but to everyone. Poorly paid, poorly housed workers prepare and deliver the food others buy from supermarkets and online retailers. Many clean public spaces to keep them germ-free for all. Many are fixing roofs, serving food to the elderly in nursing homes and the young in day care. Even if they develop a cough or fever, many continue working to feed their families, potentially exposing others to infection.

The rich may imagine that money itself is a vaccine, as they consult concierge doctors or zip in private jets to island vacation homes. But in highly unequal societies, such as ours, wealth is no protection from illness, according to a series of studies conducted by two British epidemiologists, Richard G. Wilkinson and Kate Pickett. Comparing the 25 most economically equal states in the United States to the 25 least equal, they found that at every level of income, mortality rates were higher in the unequal states.

There's no point thinking you're safe if those most vulnerable are not. Without wallet or passport, Covid-19 spreads across every class and circumstance with alarming ease. We're in this together.

The societal immune system is much like nature's immune system. When a virus enters the body, "first responder" cells alert neighboring cells. These neighboring cells communicate with more distant cells of different colors, origins and roles. They collaborate to contain the infection.

These days, we live with a paradox. Each time we touch a door knob, a subway pole, an elevator button or the hand of someone in need, we may feel a twinge of fear about our connection with others. But connection also saves us.

Connection to local government, neighbors and friends, for one thing. Berkeley has placed 28 hand-washing stations at parks, libraries and homeless encampments. It has distributed 276 kits with hand sanitizer and Covid-19 information for the homeless and 560 kits to local service providers. Gov. Gavin Newsom has also secured 393 rooms in two Oakland hotels to clear out homeless encampments, and is looking for more.

In Berkeley, volunteers are also offering help; since last Sunday, 105 have signed onto a "mutual aid network" to shop and run errands for the housebound. Churches, rich and poor, are active as well. The City Council in nearby Oakland has called for halting evictions.

But a healthy cultural immune system calls for action from — and faith in — the federal government. According to a 2019 Pew poll, 75 percent of Americans think their fellow citizens are losing trust in the federal government. More important, nearly two-thirds also say that this very distrust makes it "harder to solve many of the country's problems." They're right. If we're to quarantine anything these days, it should be the distrust of scientists and medical officials in the "deep state."

For along with local activism, the federal government needs to be on the front line to fight the bigger social illness that Covid-19 lays bare. The homeless need homes. Prisoners need a national rethinking of drug laws, education, and prison privatization. The poor need training and jobs, and the uninsured need medical insurance. Finding answers for all this will bolster our cultural immune system. Now that's strong medicine.

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