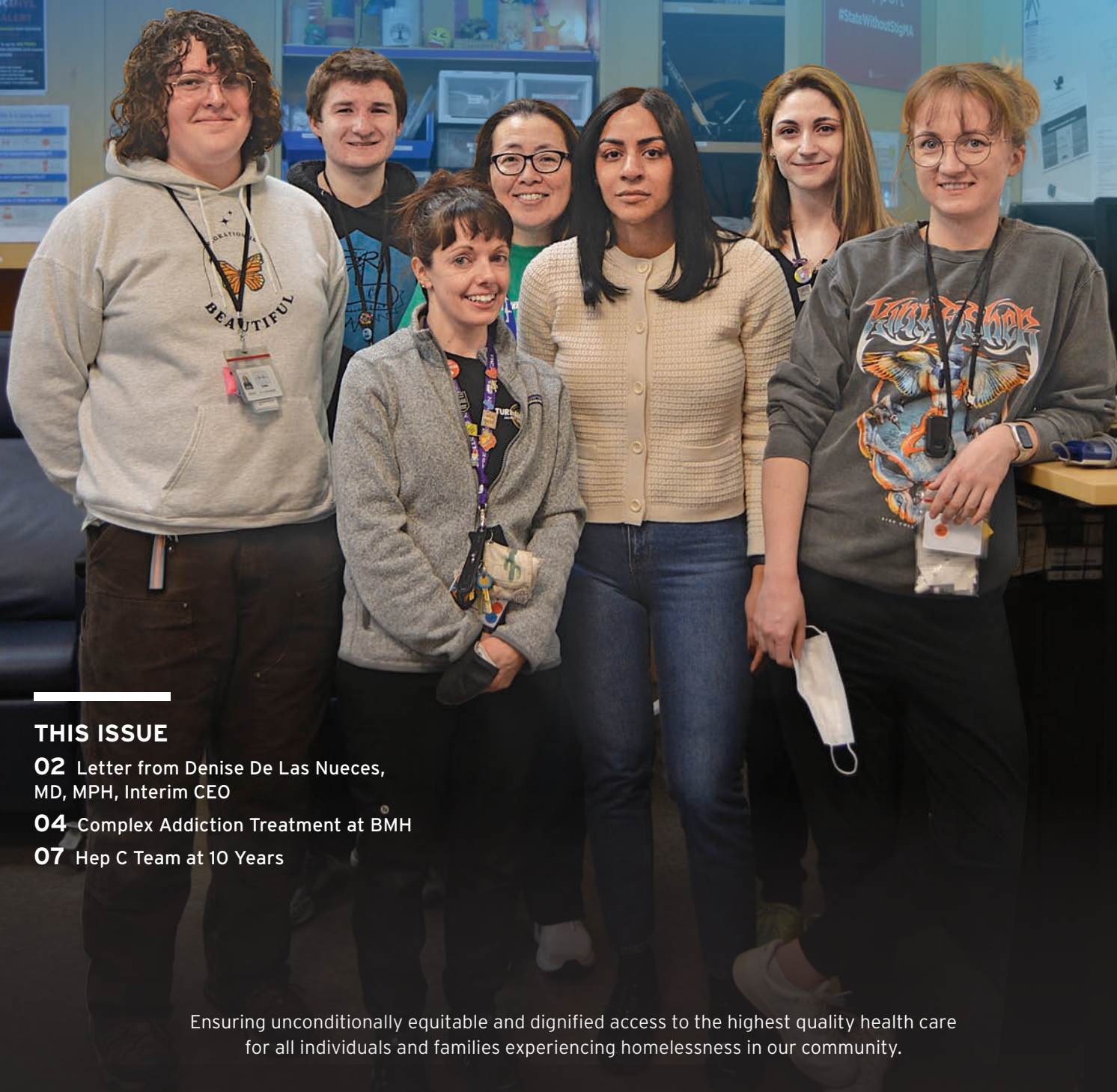




BOSTON HEALTH CARE *for*
the HOMELESS PROGRAM

THE VIEW FROM THE BRIDGE

SUMMER 2024



THIS ISSUE

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MD, MPH, Interim CEO

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Ensuring unconditionally equitable and dignified access to the highest quality health care
for all individuals and families experiencing homelessness in our community.



REFLECTIONS FROM DENISE DE LAS NUECES, MD, MPH, OUR CHIEF MEDICAL OFFICER & INTERIM CEO

It's been six months since I transitioned into the Interim CEO role, and what a whirlwind these past few months have been! I've been deeply moved by the support of BHCHP staff, our partners, and the BHCHP donor community for the words of encouragement, the optimism of so many during a challenging time, and most of all, your commitment to BHCHP and our collective mission. It is a privilege for me to lead a community that I respect so deeply.

Since joining the program as a physician in 2012, I've sincerely believed that there is something truly special about BHCHP, something that sets us apart from other clinical settings in Boston and elsewhere. These past several months as Interim CEO have only further solidified my conviction about BHCHP and the work of our program. The BHCHP staff community consistently steps up amidst many challenges to offer a form of care that lets us show up compassionately, persistently, and patiently for individuals and families in great need. I'm inspired by the skills and background of BHCHP staff who could work anywhere but choose to serve our patient population. I love that we all have this collective, problem-solving, creative and collaborative spirit, and that our program does so much good for those in need. That love and pride I feel for BHCHP and for our broader

BHCHP community is what has kept me here for the last 12 years, and what makes me feel so privileged to be in the role I am in today.

I know this is a stressful time for patients experiencing the trauma of homelessness and for those of us who serve this special population. Here at BHCHP, we have experienced a budget deficit and a recent leadership transition, on the heels of a global pandemic and widespread shortages in the clinical workforce. Our community faces an affordable housing crisis, an overdose epidemic on our doorstep, and the challenges of dismantling systemic racism.

Despite these challenges, our leadership team remains remarkably stable and most senior managers have spent decades with our program, including Dr. Jim O'Connell, BHCHP's President and founding physician, who continues to guide us with his wisdom and indomitable spirit. Our staff community continues to do great work providing high-quality and equitable patient care, all while trying to make it through each day advocating for our patients and one another as best we can. As we face those challenges today as a staff and donor community, I want us all to reflect on how BHCHP started out as a small but mighty pilot program back in 1985, and how impressive a program it has eventually grown into.

Our staff community has worked hard to inject our program with vibrancy and dynamism over the past nearly 40 years. The ideas, advocacy, and proposals for new programming have kept us always evolving, always stretching in new ways to meet the ever-changing needs of our patients. Staff continue to bring their passion, desire for justice and equity, and commitment to our patients, to our mission and to their profession. They bring a sincere dedication day in and day out, whether they are serving meals, providing housekeeping, getting someone into detox or housing, connecting families to insurance benefits, managing our credentialing, billing and accounting, providing a vaccination, wound care, dental care or primary care—all working

together to make this incredible program possible. Because of our staff's expertise and relentless desire to offer the best possible care to our patients, we provide top-notch health care services—from HIV and Hepatitis C care to evidence-based harm reduction and addiction services and everything in between.

This is hard work, and it has been the collective wisdom, dedication and teamwork of our staff, partner, and donor communities that has made it all possible. I'm confident that all of us, working together and committed to our mission, will overcome the challenges we face today so that we can continue to provide the critical services we do for individuals and families in need.

Our Board of Directors is working hard on finding a permanent CEO who can continue the great work of my predecessors. Until a permanent CEO is hired, my pledge to the BHCHP community—all of you—is that we will continue to thoughtfully lean into this ever challenging, deeply meaningful and always impactful work and continue to center our mission of ensuring unconditionally equitable and dignified access to the highest quality health care for homeless-experienced patients and families in Boston.

I am grateful for the support, trust and confidence that the BHCHP community has placed in me over the past several months, and I remain committed to our program and to our community. I want to take this opportunity to express my deep gratitude to you—our family of donors—who have supported us so generously in this shared journey with our patients. It is your generosity that allows us to be responsive to health crises and the changing needs of our patients, innovative in creating cutting-edge programs, and present to our patients whether in our clinics, respite program or on the streets. As we approach the 40th anniversary of BHCHP in 2025, I trust that with our collective efforts we will continue to fulfill our important mission.

Thank you for always being there.

PAM SPROUSE, DIRECTOR OF HARM REDUCTION SERVICES

“Fearless” is how people who know Pam Sprouse describe her. When BHCHP was commissioned to run a 500-bed COVID hospital in the Boston Exhibition and Convention Center in 2020, it was Sprouse who was tapped by then-CEO Barry Bock to create a patient activities program that would be engaging enough to make COVID+ people experiencing homelessness stay quarantined and isolated.

“Those early days were really terrifying because we didn’t fully understand COVID,” said Bock, who today serves as special liaison to the CEO. “Pam was fearless about stepping into this unusual, unfamiliar space, allowing herself to be uncomfortable,” he said. “She turned a cavernous convention center into a community—a healthy, healing environment,” said Bock.

Two years later Bock asked Sprouse to fill the role of director of BHCHP’s harm reduction services team. The team cares for patients with substance use disorder or in various stages of recovery, particularly people in the Mass/Cass area. The position is one of BHCHP’s most challenging because the patients have many needs and are very vulnerable. Sprouse agreed to take on the role, which Bock still marvels at. “I’ve been doing this work for a long time and I feel comfortable in the spaces where we work,” he said. “But I find Mass/Cass very challenging.”

When safety concerns forced BHCHP to pull its outreach teams from Mass/Cass last summer, the harm reduction team lost its base of operations. “Pam didn’t get upset, she worked with the Boston Public Health Commission to find a different site,” explained Sam Ciarocco, BHCHP’s director of trauma services. BHCHP readied the new location quickly, only to find out days later that it would have to be dismantled. The team would ultimately operate out of the lobby of BHCHP’s South End building, not an ideal situation. Many of the patients from Mass/Cass followed the harm reduction team to its new location. “These are

patients who never would have come inside for care before, but Pam and her team have done such an outstanding job of building relationships, that now they are,” said Ciarocco. “Pam was able to pivot quickly when big changes happened that impacted the core of their work and figure how to keep doing it in a more challenging environment with as little disruption as possible.”

BHCHP holds support groups for staff who have experienced vicarious trauma in their work and Sprouse is always quick to leverage these services for the harm reduction team. These groups include grief sessions when several patients have died in a short period of time and team-building meetings for staff cohesiveness. “Pam’s always trying to find ways to uplift her team,” said Ciarocco. “She’s mindful of decreasing burnout and this helps reduce staff turnover. When you retain staff, you’re improving continuity of care which improves outcomes.” Sprouse is also quick to recognize when a team member needs extra support. “She’ll pull someone aside and have a one-on-one with them,” said Evan Russell, the former co-director of harm reduction services with Sprouse. “She makes people feel seen and heard and that they’re not alone. Isolation can be a common feeling for someone doing this kind of work, especially street outreach.”

“PAM MAKES PEOPLE FEEL SEEN AND HEARD AND THAT THEY’RE NOT ALONE.”

Evan Russell, NP

Sprouse is as caring towards patients as she is towards staff members. Ciarocco met Sprouse in the Mass General Hospital emergency department (ED) several years ago when Ciarocco was a social worker there. At the time, Sprouse’s job at BHCHP involved regularly visiting the Mass General ED. An elderly gentleman

with severe toe frostbite would often come into the ED, seeking warmth and food, but never healthcare. His toes were gangrenous and would emit a foul stench which he was very self-conscious about. Providers worried that without treatment, he would become septic and die. Ciarocco had a feeling that Sprouse could connect with him, so she asked her to visit him in the ED.



Pam Sprouse, Director of Harm Reduction Services at BHCHP

After buying him chicken tenders from the cafeteria, Sprouse approached his wheelchair, and crouched down, so her face was near his. Ashamed of the smell of his feet, he objected that she was too close. She told him she didn’t care about the odor—that she wanted to see his face and vice versa. She asked him what she could communicate to the medical team about what he wanted, rather than what they thought he should want. After talking for a while, he agreed to be admitted for tests and x-rays, although he refused to have surgery. Sprouse ended up visiting him several more times in the ED, and he eventually conceded to having several toes amputated.

Soft spoken, humble, and an excellent listener, Sprouse has taken on some of the most difficult challenges BHCHP has faced, and done it with professionalism, compassion, and a spirit of collaboration. We are so proud to work alongside Pam and the amazing harm reduction team! ■

COMPLEX ADDICTION TREATMENT AT BARBARA MCINNIS HOUSE RESPITE PROGRAM

Unfortunately, overdose is now the leading cause of death among our patients. So, over the years, we have created a variety of accessible, effective substance use disorder (SUD) services, from office-based addiction treatment (OBAT) to intensive support for people being released from jail. Our integrated approach treats SUDs in conjunction with other serious health issues, including mental health disorders, HIV, and hepatitis C. And we regularly publish our discoveries about the medical and behavioral health needs of unhoused people living with SUD and how to best meet those needs.

The impact of the opioid epidemic on our patient population has been staggering. In a recent study from researchers at the BHCHP Institute, led by Travis Baggett, MD, BHCHP's director of research, and Danielle Fine, MD, of the Division of Medicine at Massachusetts General Hospital, drug overdose accounted for 1 out of 4 deaths in a cohort of 60,000 patients who received care in our program from 2004 to 2018—an 81% increase over 14 years. These findings highlight the urgency of designing clinical services that meet patients where they are, including recovery services for those who are ready for treatment and harm reduction services for those who continue to use drugs.

At our Barbara McInnis House (BMH) inpatient respite program, for many years we have seen patients struggling with active SUD, who are admitted for serious medical needs, but are at risk of adverse health outcomes by leaving prematurely. To mitigate this risk, last June, the BMH launched an innovative Complex Addiction Treatment (CAT) team to provide specialized care to respite patients with SUD. The trained CAT staff includes a physician, a nurse practitioner, nurses, a behavioral health provider, a case manager, and harm reduction technicians who provide sedation monitoring. All CAT team members use best practices from

addiction medicine, harm reduction, and trauma-informed care. The aim is to retain in care patients with active SUD for whom cessation of drug use is not an option at this time. These respite patients are cohorted, so they do not cause trauma for BMH patients who are not using drugs. All of BHCHP's program-wide policies prohibiting the onsite possession or use of drugs remain in effect within this CAT program.

THE TRAINED CAT STAFF INCLUDES A PHYSICIAN, A NURSE PRACTITIONER, NURSES, A BEHAVIORAL HEALTH PROVIDER, A CASE MANAGER, AND HARM REDUCTION TECHNICIANS WHO PROVIDE SEDATION MONITORING.

Providing consistent and intentional communication among the staff and patients around the goals and expectations of the CAT program has allowed for its smooth integration.

Omar Marrero, director of BMH and a social worker, has noted the increased openness of CAT patients with SUD, sharing details with their clinician and staying the prescribed time in respite. Omar describes one CAT respite patient struggling with SUD and serious medical conditions who would repeatedly leave the BMH prior to medical discharge. His stay in the CAT respite program has been the longest he has remained in respite, receiving lifesaving medical care. And now, he has begun talking about his recovery from SUD.

As with all parts of our program, we will collect and evaluate data—including patient input—from our CAT program to inform and improve upon our care. We are hopeful these CAT services will be another successful, innovative, evidence-based model of care that we can share with other respite facilities with patients who experience similar struggles.

We are incredibly grateful to the CAT team. It has expanded our harm reduction work into the respite program, providing compassionate, dignified health care to patients with active SUD, ensuring the best health outcomes. ■



Some members of the CAT Respite Team (from left) Amelie Aguilar, NP, Jana Pruitt, RN, Sara Zumbach, RN, Georgia Thomas-Diaz, LMHC, Joanna D'Afflitti, MD, MPH, Xinwen Zhang, EMT, Omar Marrero, LICSW, and Christy Sheehan, RN

A HEARTY WELCOME BACK TO OUR HER SATURDAY CLINIC



HER clinic staff (from left, standing) Tehya Johnson, NP, Jasmine Thermitus, Lyssa Armand, Shirley Berard, Suzanne Armstrong, NP, Sam Ciarocco, LICSW, Sharaye Ragland, Emily Gregonis, RN, Gloria Batista, RN, Vennela Chukka, Ana Nealon, Kristina Best-Ramos, LICSW, & Melinda Thomas, PA

"I'LL NEVER FORGET YOUR FACE. IT WAS ONE SATURDAY WHEN YOU WOKE ME UP OUTSIDE AND YOU BROUGHT ME IN. I WAS ABLE TO GET WARM, NEW CLOTHES, AND GET SOME SERVICES THAT DAY. IT WAS REALLY COLD AND YOU GUYS SAVED MY LIFE."

HER patient

Those words, from a female patient who attended our HER Saturday clinic, are music to the ears of Shirley Berard, BHCHP's Women's Health Program Coordinator. After 20 years working at BHCHP, Shirley is deeply grateful to know that a woman in need benefited from HER Saturday, one of BHCHP's most innovative programs for our female identifying patients.

Our HER Saturday women-only clinic (**HER**, an acronym for **H**ealth, **E**mpowerment and **R**esources) was launched seven years ago on Valentine's Day. It quickly became one of our most popular clinics, averaging up to 150-200 women each session. In early 2020, the pandemic caused its abrupt shutdown, to the deep chagrin of its patients, staff

and volunteers. Now, after four long years, HER Saturday has resumed, reinventing our community of women into a safe, engaging and comforting space each Saturday morning. Most women come from our shelter partners where we run health care clinics, such as at Woods Mullen Shelter, Pine Street Inn Women's Shelter, Rosie's Place, Women's Lunch Place, and many also come from our street outreach.

On March 23, the newly relaunched HER Saturday clinic was abuzz in the lobby of 780 Albany Street. The following week, Joyce Deliyiannis, an expert hair stylist, was happily chatting with a patient while cutting her hair. Joyce has devoted her Saturday mornings to the HER clinic since the beginning, giving complimentary haircuts to patients, always with a welcoming smile and shared sense of purpose.

"For me, volunteering at HER Saturday is more than just a commitment; it's a source of my joy and fulfillment. Being part of the relaunch is exciting because I can reconnect with this community and contribute to make a difference in the lives of these women. Kindness is contagious and kindness is free. The feeling of unity at the HER clinic is what keeps me coming back."

As in the past, BHCHP's HER Saturday clinic will continue to offer a wide range of services—including medical care, behavioral health, and case management, along with other engaging and relaxing activities such as haircuts, nail care, yoga and dance, meditation, games and more. Also available for consulting are BHCHP's domestic violence advocate and benefits coordinator who connect patients to external resources to help get

them back on their feet. The combination of these services in a safe and communal space gives our female patients a sense of dignified and respectful care. Shirley and the HER Saturday team look forward to reconnecting with past participants and welcoming new attendees, such as migrant women experiencing homelessness primarily speaking Haitian-Creole and other languages.

When asked to reflect on the reopening of HER clinic, Shirley said "I love the patients. They keep me going. Saturday was one of my favorite days to come to work because it was my opportunity to come in and have fun. It's a place in the community that's providing services to women only who are suffering from homelessness and possibly substance use, and it's a good place for social engagement and for them to come together as a community."

We share the joy that radiates from the HER Saturday clinic as staff and volunteers can look forward to having regular engagement with our female patients once again. Sincere congratulations to the HER Saturday team for successfully bringing back this beloved program.

As you may know, our program relies heavily on private support to innovate and create new programming like HER Saturday to engage and build trust with our patients to meet their needs. We are deeply grateful for your ongoing financial support and commitment to our patients and work. ■



Longtime volunteer Joyce Deliyiannis providing haircut and styling service to a patient

GOING THE EXTRA MILE FOR BHCHP



By Kevin Koncilja

For the past 10 years, I have volunteered with the Paulist Center's Wednesday Night Supper Club, a weekly soup kitchen that has helped people in need for over 50 years. Last fall, a fellow volunteer recommended that I read the book "*Rough Sleepers*" by Tracy Kidder. I downloaded the audiobook and left for a family vacation in Michigan.

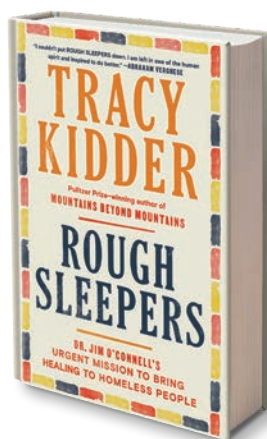
I listened to the entire book over a three-day period. On the last day, I was running a 30-mile-long run in Sleeping Bear Dunes park (I'm an ultra runner). I became lost in the many stories of people helped by Dr. O'Connell and Boston Healthcare for the Homeless. As someone who has volunteered and lived in downtown Boston, I found myself guessing the pseudonyms used in the book as I pictured people who I have served dinner to over the past decade. When I reached the part of the story when a patient died, I broke down in tears as I was running up one of the sand dunes. As I reached the top of the dune, a couple and family

taking photos of the scenery looked at me with concern, and I immediately realized two things 1.) this story was far too emotional for the public place that I was in, but more importantly, 2.) I wanted to do something with the feeling that I had while hearing this story.

Growing up, my parents always encouraged me to help others when possible and I have long dedicated myself to serving those who are part of the unhoused community. After finishing *Rough Sleepers*, I found out that BHCHP had a team for the Boston Marathon and I applied to join the team. I am excited to represent the charity on April 15th and help raise much needed funds for the 10,000 patients served annually by BHCHP. I believe that food, housing and healthcare are all human

rights. Through my volunteering, I am happy to help with the first part. And on this team, I am excited to help with the last.

I am truly grateful for the stories shared in *Rough Sleepers* because it reminds us that compassion and kindness are key in creating the small miracles that make life worthwhile. I am honored to be part of creating a small miracle for BHCHP through my support and hope that you can consider giving today to strengthen this program. ■



SPOTLIGHT ON OUR HEPATITIS C

In 2013, our then Chief Medical Officer, Dr. Monica Bharel et al, conducted a research study using data from the BHCHP Institute and published in the *American Journal of Public Health*. Among its many findings and conclusions, it noted that (i) homeless individuals were at an increased risk for exposure to the hepatitis C (HCV) virus, and that (ii) an astounding 23% of BHCHP's patients were living with HCV. Once diagnosed with the virus, BHCHP clinicians would then refer patients from our shelter clinics, respite program and on the street to HCV specialists elsewhere, but treatment did not always happen. Sadly, many patients succumbed to untreated HCV. It was clear BHCHP needed to do more to combat the disease and make treatment more accessible within our patient population.

According to the CDC, hepatitis C (HCV) is a liver disease caused by the hepatitis C virus. Most people who get infected will develop a chronic infection that, if left untreated, can cause serious health issues of the liver including disease, failure, cancer and even death. Some people live with HCV without any symptoms, while others experience severe symptoms and sickness. The hepatitis C virus is usually spread by contact with blood from an infected person. This can happen through sharing personal items and drug injection items, some healthcare exposures, unregulated tattoos or body piercings, and sex with an infected person.

However, there's good news: HCV IS preventable and IS curable!

With a stroke of good fortune, at the same time our HCV numbers were increasing, a highly-effective and tolerable HCV medication had just been developed. This prompted a study by the Kraft Practitioner Program to conduct a needs survey of our HCV-infected patients. They indicated that they would more likely seek HCV treatment if it were offered at BHCHP where they had a trusted relationship with their provider, rather than go to another unknown HCV specialty-based office setting.

TEAM-SERVING OUR PATIENTS FOR 10 YEARS (2014-2024)

And so, in 2014, in keeping with our mission to provide access to high quality health care to our patients, BHCHP senior leadership supported the formation of our own HCV team. BHCHP was one of the first community health centers in Greater Boston to offer this treatment. Headed by Maggie Beiser, MS, ANP-BC and including Claire Carlo, MD, Joe Wright, MD, Peter Smith, MD and Sandy Sheble-Hall, RN, the young team met with nine patients at our main clinic at 780 Albany Street and started HCV medications with their first two patients in February 2014.

THE TEAM NOW INCLUDES SEVENTEEN CLINICIANS, TWO CASE MANAGERS, A DATA MANAGER, AND THREE SPECIALIZED SUPPORT NURSES AT OUR SHELTER PARTNER CLINICS.

Now, fast forward ten years and the growth and accomplishments of the BHCHP's HCV Team are remarkable! The team now includes seventeen clinicians, two case managers, a data manager, and three specialized support nurses at our shelter partner clinics. The team also links **care for people leaving Suffolk County House of Correction** through BHCHP's RISE team. Our sincere gratitude to the Massachusetts Department of Public Health for their substantial funding on this work.

Other HCV Team accomplishments over the past 10 years include:

- » Engaging with 2,033 individuals in over 2,200 instances.
- » Treating 1,372 individuals in over 1,472 courses of treatment with an **overall cure rate of 86% among those for whom we have cure labs.**
- » Publishing 7 peer-reviewed articles.

- » Achieving an HCV screening rate of 74%—**one of the highest HCV screening rates across the Massachusetts League of Community Health Centers.**
- » Recognition in 2021 by the International Network on Health and Hepatitis in Substance Users as the **best innovative model of HCV care for Persons Who are Using Drugs (PWUDs) in North America.** INHSU helped us create an infographic to describe our work.
- » As of January 2024, our treatment success shows our **HCV prevalence now stands at 8.9%** (or about 865 people).
- » As testament to BHCHP's expertise in HCV care, our Director of Hepatitis C Services, Maggie Beiser has been named by the federal Centers for Disease Control (CDC) and Health Resources and Services Administration (HRSA) to serve on their joint Advisory Committee on HIV, Viral Hepatitis, and STD Prevention and Treatment. Maggie has been a remarkable leader of the HCV team!

The HCV team is deeply committed to their patients. According to Khadija Muse, a case manager on the team, "Our patients experience many barriers and daily struggles, and the HCV case manager's role is to mitigate as many of those barriers as possible. The case management aspect is crucial to the success of the treatment, as we coordinate many parts of the treatment from referral to treatment completion. We interact with many care teams throughout BHCHP to coordinate care and make it possible for our patients to successfully complete their treatment. It's an all hands-on deck process!"

Buoyed with their successes and dedication, the **HCV team continues to proactively engage BHCHP's clinical teams and individual patients who need treatment.** As Khadija said, our patients face so many challenges experiencing homelessness (violence, trauma,



Some members of the Hep C Team (from left, standing) Claudia Lopez, Samantha Rawlins-Pilgrim, MD, Aaron Murray, Jordana Laks, MD, Maggie Beiser, NP, Ryan Gould, RN & Khadija Muse

overdose, HIV risks, anxiety) and it's difficult for them and their providers to prioritize HCV care. But the HCV team remains committed to their goal to eliminate HCV within the patients we serve. We congratulate the HCV team on their brilliant success! ■

2,033

INDIVIDUALS ENGAGED

1,372

INDIVIDUALS TREATED
OVER 1,472 COURSES
OF TREATMENT



**BEST INNOVATIVE MODEL
OF HCV CARE FOR PERSONS
WHO ARE USING DRUGS
(PWUDs) IN NORTH AMERICA**

2021 International Network on Health
and Hepatitis in Substance Users



Connect with BHCHP Online

Read about our work, learn how to get involved, and support our work at www.bhchp.org | **THANK YOU!**



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UPDATES FROM THE BHCHP EMERGING LEADERS



Members of the Emerging Leaders Board on the balcony of 521 Overlook at Fenway Park

Last November our enthusiastic **Emerging Leaders Board** held their biggest fundraising event of the year—the fabulous annual ELB Fall Soirée—at the 521 Overlook at Fenway Park. We're grateful to the hardworking members of the ELB, the generous event sponsors and the hundreds of Boston area young professionals who attended. During the evening, emceed by the wonderful Brianna

Borgi of WCVB, with the backdrop of the iconic ballpark, folks enjoyed delicious food, socializing and dancing. They heard from speakers about BHCHP's impact and important work in our community and from our inspiring honorees.

At the Soiree, the ELB presented our Change Maker Award to Bill & Joyce Cummings of the Cummings Foundation for their remarkable and longstanding philanthropic work impacting so many lives. We are forever grateful to Bill Cummings for attending and sharing his lessons learned and the importance and deep joy of giving back to society.

Also honored were Building Impact with our Leader in Service Award for their innovative approach to mobilizing companies and their employees to become informed about issues in their communities and make a difference through volunteerism. The ELB awarded Collegium Pharmaceutical with our

Sox for Socks MVP for collecting and donating over 1,000 sets of new white socks for our patients.

Thank you to all who made the evening such a spectacular success! We hope to see everyone at the 2024 Fall Soirée.

More ELB News - Please join us in welcoming these 11 new members to the Emerging Leaders Board: Virginia Albert, Leena Aurora, Valerie Bertolami, Sunint Bindra, Monica Germain, Amy Ouellette, Emily Procknal, Aditya Raju, Tara Sullivan, Mahvish Zakaib and Mark Zuccaro. They will join co-chairs: Olivia Benjamin & Nina Kalluri, and returning members: María Álvarez-Tólccheff, Michelle Brignac, Rachel Broderick, Wyatt Hogan, Aaron Kanzer, Sarah Kendall, Steven Mauzy, Jenni Mehl, Elizabeth Pacelle, Aline Snietka, Peter Trainor and William Walsh. We are excited to see what's in store for the ELB in 2024! ■

FOR MORE INFORMATION about the ELB, visit www.bhchp.org

Do you have feedback about our newsletters? Contact us!
Call us at (857) 654-1044 Email us at info@bhchp.org

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