

# Esperanza Health Centers 2020 Annual Report



**ESPERANZA**  
health centers

## Our Mission

To deliver health and hope for Chicago's underserved communities.

## Our Values

### **CARING, QUALITY, FAMILY**

Esperanza Health Centers is a Federally Qualified Health Center that operates five primary care clinics on the Southwest side of Chicago, delivering care to more than 45,000 patients annually. By providing a full range of bilingual and culturally appropriate primary and specialty care, behavioral health, and wellness services, we are improving health equity and reducing barriers to care for the primarily Latino patients we serve.

Since 2004, Esperanza has been delivering care of the highest quality regardless of immigration status, insurance status, or ability to pay.

# Frontline Stories

On March 8, 2020, Illinois reported its first case of community transmission of COVID-19. Within days, public schools were closed, bars and restaurants shut their doors, and a statewide shelter-in-place order was issued by Governor J.B. Pritzker. Terms like “social distancing,” “N-95,” and “flattening the curve” entered our collective vocabulary seemingly overnight, while across Chicago, life ground quickly to a halt.

While some Chicagoans settled comfortably into lives of quarantine and working from home, another story was unfolding in poorer neighborhoods throughout the city. Here, crowded housing made social distancing impossible. Crippling unemployment threw entire families into turmoil. Those working in jobs deemed “essential” risked daily exposure as disease spread relentlessly through their workplaces and communities. And neighborhood health centers, like Esperanza, suddenly found themselves on the front lines of a pandemic with only a handful of tools against an inscrutable virus.

These are the stories of what Esperanza witnessed during the early days of the COVID-19 pandemic, and what we did in response.



# CARMEN VERGARA

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**RN-BSN, MPH**



Monday, March 9, 2020 is an unseasonably warm day in Chicago, laden with drizzle as the city struggles to emerge from winter. Carmen Vergara, Chief Operations Officer at Esperanza Health Centers, is driving back from the Container Store. Beside her, a small plastic bag holding the weapons she's just purchased to launch Esperanza's assault against an emerging global pandemic: a half dozen plastic egg timers.

COVID-19 is just beginning to dominate news headlines and Facebook feeds everywhere. February's reassurances that "ordinary Americans" face a vanishingly small risk of infection are giving way to more dire projections. Still, many are struggling to see a genuine threat. Only 650 cases are known across the entire nation; ten times more flu cases were diagnosed in the previous three weeks alone. Of the 26 deaths linked to coronavirus, most are isolated to Washington state and a Seattle nursing home. In Illinois, just 11 cases have been identified, all associated with overseas travel. None has been fatal.

Meanwhile, winter sports leagues are still playing. The United Center reassures sports fans the arena is "cleaned and sanitized before and after every event." President Trump announces he will continue to hold rallies despite the CDC's lukewarm cautions against large crowds. When Italy institutes its first population lockdown – some 16 million people in Lombardy and neighboring provinces – CNN wonders if such actions are "draconian."

And yet earlier that day, with little fanfare, Illinois Governor J. B. Pritzker declares a state of emergency. With a master's degree in public health, as well as a degree in nursing, Vergara recognizes a public health crisis coalescing before her eyes.

Which brings us to the digital timers. "The idea is to give staff an easy way to remember to wipe down our check-in kiosks every hour," she explains. "And doorknobs. High touch areas where the virus could lurk. This is where we start."

Vergara has been feeling a gnawing sense of dread all weekend. For several weeks, she's been inundated with calls and emails, fielding nervous inquiries from staff and colleagues about how Esperanza will best prepare for the oncoming pandemic. But it is last Friday's call from the Chicago Department of Public Health that makes her feel in her gut the scale of a looming disaster. They ask how Esperanza is "mobilizing," and how recently it reviewed its emergency operations plans. When staff convene on Monday morning to discuss a COVID-19 task force, it's quickly apparent there are far more questions than answers.

How does the virus spread? Will an N95 mask protect us? What about a surgical mask? How long does the virus

survive on open surfaces and is airborne transmission possible? How many patients in the waiting room is too many?

"Clear answers aren't anywhere," Vergara says. "Not the CDC, not the WHO, not the Department of Health. And for the first time I think, This is going to be bad."

The next few days become a dizzying blur of staff meetings, expert consultations, online research, and fitful sleep. Calls to Esperanza begin pouring in. "People are really afraid," she explains. "They don't know what to do, how to be safe, and trying to get that information in Spanish is next to impossible." But having patients walk into the clinic looking for information is becoming increasingly dangerous. On a typical day, the Esperanza waiting room is bustling with patients and staff, always a good number of children playing rambunctiously or quietly reading. But now with the specter of COVID-19 hanging everywhere, that vibrant scene has become something else – a cause for dread and alarm.

So the conversation turns to the question no one at Esperanza looks forward to answering: Will we need to cancel thousands of appointments for the foreseeable future? If there is to be any chance of curtailing the virus's spread, people can't gather anywhere, including at the doctor's office. Yet many of Esperanza's patients can't afford to have their appointments cancelled, especially now. A large percentage have serious, chronic conditions which, if left untreated or poorly managed, will likely heighten their risk of dire consequences from COVID-19.

A cruel irony becomes apparent: drastically reducing the number of patients allowed in the clinic may slow the spread of the virus for some, but it will put others directly in the epidemic's crosshairs.

As patient numbers drop significantly, the focus shifts to the truly daunting task of creating a telehealth system capable of handling remote visits for 27,000 patient – something no health center has ever done. "If patients aren't coming to the clinic," Vergara says, "then we'll have to go to them." If they can pull this off, it will be a milestone moment for Esperanza as it fights the pandemic and struggles for its own financial survival.

But another, even greater challenge is already bearing down: COVID-19 testing. "Except for hospitals, no one on the Southwest side is doing it," Vergara explains. And if Esperanza wants to offer testing community-wide, it can't be done inside the clinics. "We'd have to set aside exam rooms only for coronavirus testing, and federal guidelines would require us to fully disinfect the room after each patient is tested, and then leave the room empty for two hours before the next patient can be brought in. So we could test, what, 15 people a day at most?"

So the decision is made to do testing outside in tents. In the winter. But with limited supplies and federal recommendations that only people with certain symptoms or risk histories be tested, it will become necessary to triage hundreds, maybe thousands of people a week to determine who can receive a test. And there are other challenges. "Are providers going to be willing to be in that tent all day, potentially exposing themselves to the virus again and again?" Vergara wonders. "With all the uncertainty about transmission, who's going to be willing to do that?"

And that's not all. As the governor announces that schools across the state will be closed for the rest of the month, another item is added to her ever-growing list of urgent tasks: Create on-site daycare for Esperanza staff. "Design a daycare plan? Really?" she says with a desperate laugh. "Not exactly what my master's in public health prepared me to do!"

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March 19. It's now ten days since Vergara brought the bag of egg timers to her office. Nurses are staffing a new COVID-19 triage hotline, assessing callers' symptoms and directing them to testing tents set up four days ago at two of Esperanza's clinics. Sometimes the wind threatens to blow the tents over. That's when people get tested in their cars.

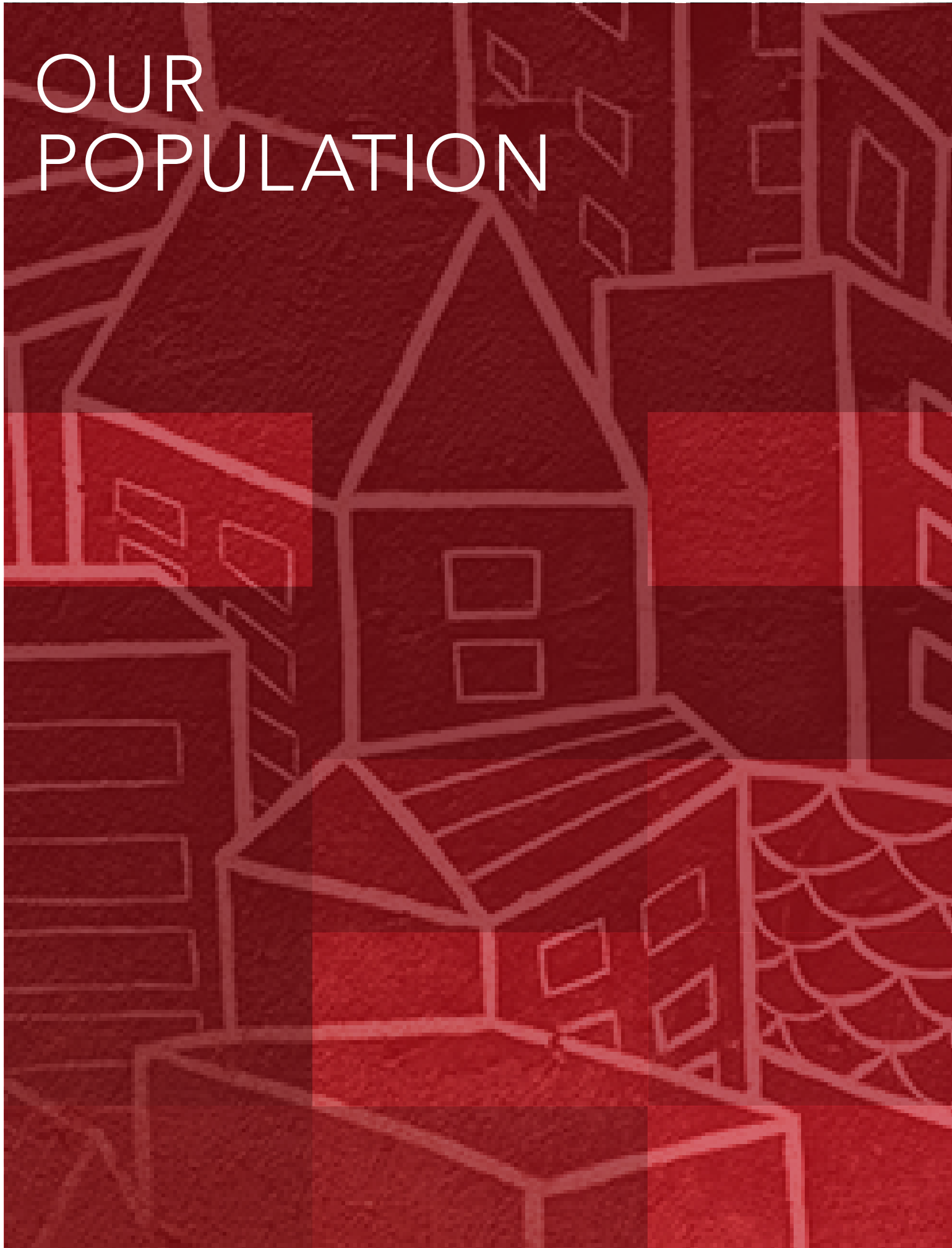
Telehealth sessions began yesterday. So far 43 of Esperanza's 27,000 patients have had virtual sessions.

Vergara spent two full days designing a daycare operation and vetting it with childcare experts, before scrapping it when employees were assigned to work from home. Now she'll turn her attention to the myriad internal policies that need to be overhauled so that staff will have the support they'll need to work through the pandemic.

"I'm just running on adrenaline," Vergara says. "I'm not even processing. I'm just hunkering down every day with the Chief Medical Officer, putting together whatever guidelines we can find, and making decisions based on that.

"I go to bed every night with a knot in my stomach, not knowing if..." She thinks for a moment before continuing. "I have to rely on my experience and training, then hope I'm doing the right thing."

# OUR POPULATION



Total Patients

45,548

Total Encounters

172,070

Race/Ethnicity

Asian	0.4%
Black/African American	2.0%
Hispanic/Latino	89.0%
White	3.8%
Unreported	4.8%

Age

0-17	30%
18-29	19%
30-44	24%
45-59	19%
60+	8%

Income

(as percent of poverty guideline)	
100% and below	69.9%
101%-150%	11.7%
151%-200%	3.7%
Over 200%	1.0%
Unknown	13.6%

Insurance Status

Private	17.4%
Medicaid	40.5%
Medicare	3.7%
None	38.4%

Gender

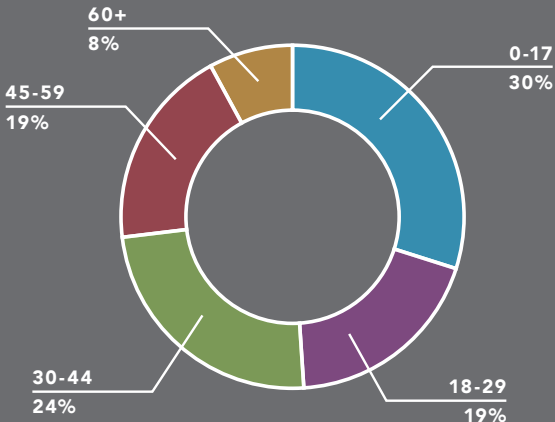
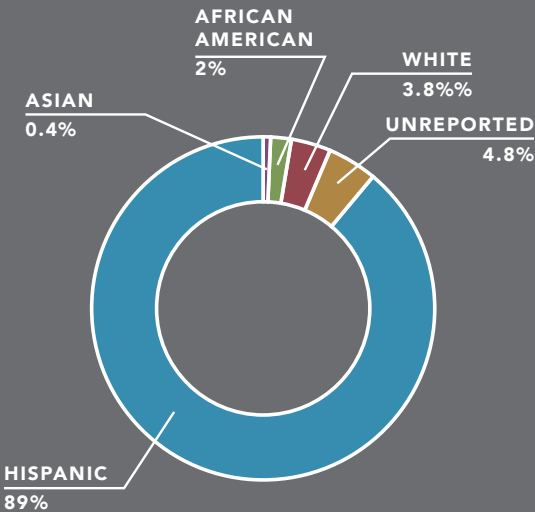
Male	44.2%
Female	55.7%
Transgender	<1%
Other/Unknown	<1%

Top Zip Codes

60632	24.7%
Brighton Park, Archer Heights, Gage Park	
60629	21.4%
Chicago Lawn, Gage Park, West Lawn	
60623	12.9%
Little Village/South Lawndale	
60609	7.9%
Back of the Yards	
60608	6.5%
Pilsen, Lower West Side	
60804	3.6%
Cicero	
60652	2.7%
Ashburn	
60638	2.0%
Clearing, Garfield Ridge	
60636	1.8%
West Englewood	
60402	1.3%
Berwyn	
All other zip codes	15.2%

Preferred Language

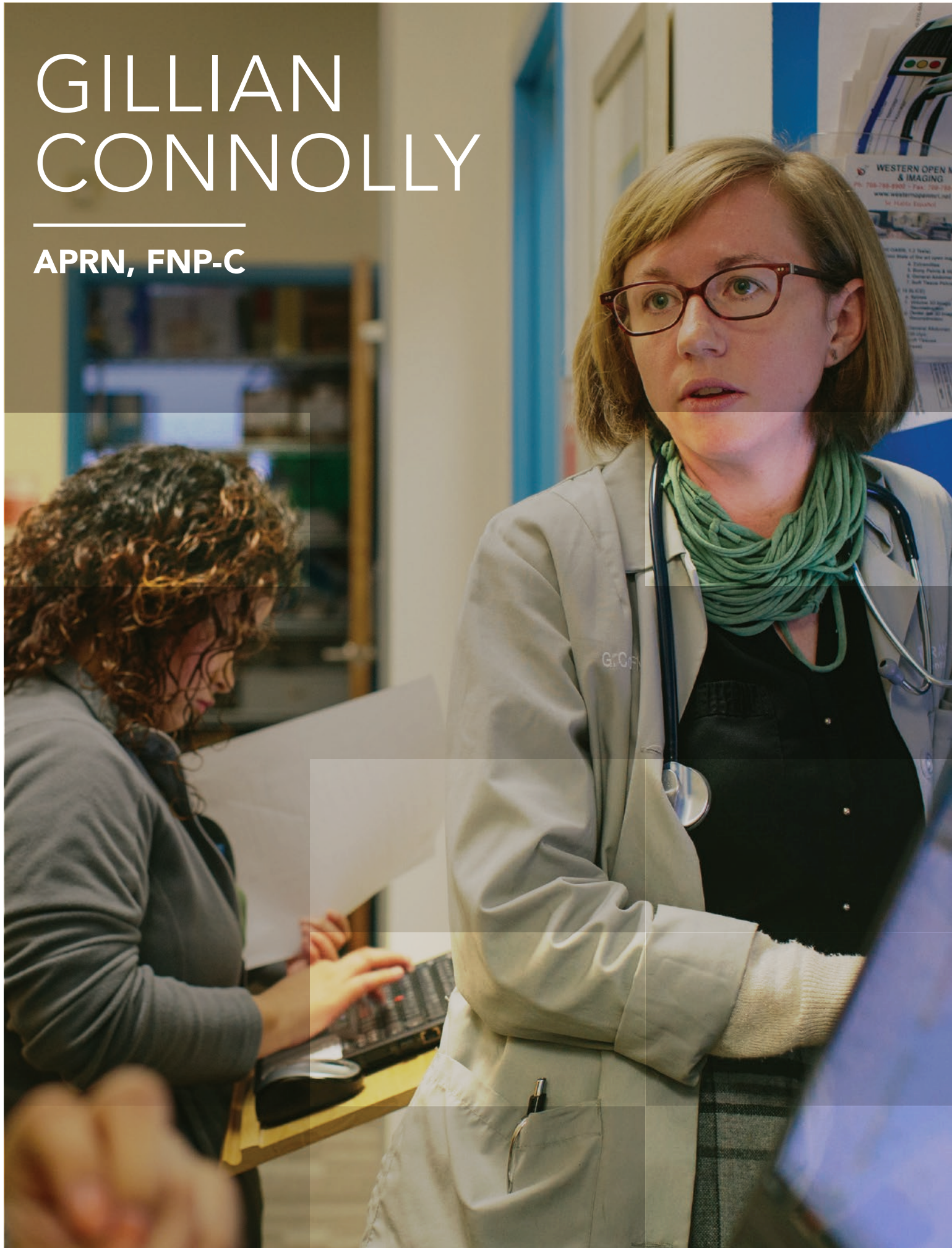
English	33.2%
Other	66.8%





# GILLIAN CONNOLLY

APRN, FNP-C



Gillian Connolly, one of Esperanza's advanced practice registered nurses, sits at a makeshift desk in one corner of her bedroom in her small West Town apartment. She's staring at her laptop screen, where her patient Gerardo appears, holding a lamp up to his face. She says to him in Spanish, "Open your mouth wide for me." He does, and things look good. "Now if you could point your phone's camera sort of up your nose, that would be great."

Perhaps most people imagine "telehealth" as something vaguely futuristic, with sleek high-tech devices tracking a patient's vital signs while a white-clad medical professional monitors everything with an antiseptic gaze. But for Esperanza, it's a decidedly personalized affair.

Now Connolly asks Gerardo to lie on the couch, then instructs him where to palpate his abdomen. "Any pain at all?" she asks. Gerardo says no. "Great. Now, I'd like you to touch down by your ankles, feel if there is any swelling." Nope – a good sign for Gerardo's hypertension. Every now and then a two-year-old hovers just outside Connolly's closed bedroom door, letting it be known she wants in, until Connolly's husband swoops in and whisks the child off to another room.

Connolly is at her laptop for most of the day, seeing her typical daily panel of 20-plus patients. She started doing telehealth session about a week and a half ago. "I'm instructing my patients to perform a lot of the examinations I would do in person," she explains. "But I'm also watching them carefully. Are they breathing normally? Are they coughing a lot? Are they talking the way they normally talk?"

Although telehealth began only recently at Esperanza, it already appears to have the potential to be a game changer. "I'll tell you, my patients love it," Connolly gushes. "Several of my patients with chronic illnesses who hadn't followed up in six months or a year, this works for them, and they follow through. And other patients, when I'm telling them to poke themselves or feel their ankles, they just think it's hilarious."

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The sudden explosion of COVID-19 in Chicago necessitated cancelling thousands of in-clinic appointments at Esperanza, as well as at community health centers across the city. Telehealth became an essential tool for preserving access to health care for hundreds of thousands of low-income, underinsured patients who rely on community health centers, yet few had more than a glancing familiarity with delivering care remotely.

When Esperanza first rolled out its new telehealth system on March 18, the behavioral health team were the first to test drive it. "Why us first?" muses Jessica Boland, Esperanza's Director of Behavioral Health. "We just thought, counselors don't really have to do physical exams, take vital signs, draw blood, manipulate an arm or a leg. It's primarily conversation. So it's already a good fit. And, you know, when the Chief Medical Officer comes to you and says, can you get this going fast, well, decision made."

Boland chuckles. "So yeah, I basically had to learn telemedicine in two days. And then I had to teach everyone else." The chuckle becomes a belly laugh.

For those two days, she teamed up with Jeff McInnes, Esperanza's Director of Billing and Patient Access, who not only has the lion's share of tech knowledge at the organization but knows Medicaid rules the way you and I might know the lyrics to our favorite songs. That knowledge would be key.

"Essentially, for Medicaid to pay for a remote counseling session, the patient had to come in to our clinic and have a session with someone who was somewhere else," Boland explains. "Well, our counselors are here. So it could only work if the patient is sitting with me and talking to a specialist we don't have on staff. But we don't see a huge demand for that. And in any case, patients shouldn't be coming into our clinic now when everyone's sheltering in place."

Fortunately, Illinois decided to ease those restrictions in light of the epidemic, clearing the way for Boland and McInnes to roll up their sleeves and start researching technology platforms that would finally allow patients to participate in telehealth sessions from home. They were in territory well beyond their job descriptions, just like many others at Esperanza tasked with devising and implementing new ways to deliver care in a sustained emergency. But in 48 hours, they were ready.

"We got all the staff set up," Boland says. "It worked right from the start. Patients could talk to counselors from their



living rooms. And counselors could do this remotely, so they could also shelter in place. Just like that, no disruption in care. Or at least, a tremendous improvement. My staff told me it was really draining the first week, until they got the hang of it."

For every remote session, patients can choose between using a video platform or just speaking on the phone. "The younger patients, teens, 20s, they tend to go for video," Boland says. "I suppose they're used to Facetime and things like that. Most older adults opt for the phone." She suddenly adopts a stern gaze. "I have two anecdotal hypotheses to explain this." Her trademark chuckle resurfaces. "One, they may not be as technologically savvy as younger people. And two, a lot of older adults get quite dressed up when they come in for an appointment. So maybe they choose not to use video because they're not in a place where they can put on their best face."

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A few days after the behavioral health staff inaugurated Esperanza's telehealth system, the primary care providers, including Connolly, stepped into the fray as well. The learning curve was steep, and often in unexpected ways. "I'm fluent in Spanish, but there are some tech words that aren't in my vocabulary," Connolly says with a wry smile. "One of my patients was telling me his email address, and it included a word I'd never heard before. Turns out it's 'underscore' in Spanish. I didn't know it, and I have to say I still don't know it."

While providing healthcare remotely is especially critical now, doing so has its challenges. "Most of our patients are pretty low income, and a lot don't have great internet connections," Connolly explains. "Some don't have internet at all, or a smart phone. You get the 75-year-old man who doesn't really know how to operate his cell phone. You get the 10-year-old helping his grandmother get her internet set up. And sometimes, if the connection is poor, the video function won't work. So we have to do the whole session by phone. Not ideal, but we can do it."

In addition to her regular patients, Connolly reserves several slots every day for people calling Esperanza's COVID-19 triage line. "People call, about 100 a day, with concerns about coronavirus, sometimes with symptoms," Connolly explains. "Whether they're an established patient or not doesn't matter, one of our nurses talks to them. Some are directed to testing. Some, very few, are directed to a hospital emergency room. But some really need a more thorough medical visit sooner rather than later. So that person's contact info is forwarded to me. Then I do a full telehealth session with them."

For some, the convenience of these virtual healthcare visits is a literal lifesaver. "One of my patients, she needed help with a skin infection. On its own, not a huge deal. But she has a three-month-old and a husband with pancreatic cancer who's currently undergoing chemotherapy. So it's pretty important she stay home as much as possible, to make sure she doesn't bring the virus back to her baby and husband."

Connolly takes a moment to reflect on the situation she, like so many in medical professions, has suddenly found herself in. "I am six months pregnant, so I got pulled from the front lines sooner than most. I want to do more, but I recognize I shouldn't be the one physically on-site. But allowing me to take care of my patients in a way we can both shelter in place, to protect my patients and myself and my community, that's been rewarding.

"And from talking to so many people, it's clear to me we're providing a service for this whole chunk of the city that isn't getting information, isn't being offered testing. A lot of primary providers aren't going out of their way to reach out to people. We are."

# FINANCIALS





## Revenue

	2020	2019
Patient Service Revenue	\$11,737,283	\$9,598,732
Care Coordination Fees	\$600,642	\$583,186
Shared Savings Revenue	\$0	\$183,038
Capitation Revenue	\$192,227	\$140,577
<b>Total Revenue</b>	<b>\$12,530,152</b>	<b>\$10,505,533</b>

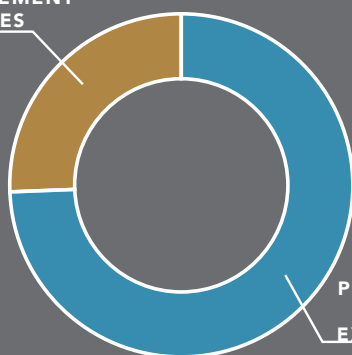
## Support and Other Revenues

Government Grants	\$4,001,795	\$2,930,630
Private and Community Grants	\$957,555	\$1,837,289
Other Grants	\$1,029,978	\$0
Contributions	\$468,777	\$598,112
Pharmacy Income	\$5,452,151	\$4,176,190
Income Investments in MHN ACO, LLC	-\$73,130	\$380,652
Other Income	\$454,047	\$740,660
Special Events, Net	\$101,291	\$112,986
Net Assets Released from Restriction - Operating	\$134,881	\$246,227
<b>Total Support and Other Revenue</b>	<b>\$12,527,345</b>	<b>\$11,022,746</b>
<b>Total Revenue, Support, and Other Revenue</b>	<b>\$25,057,497</b>	<b>\$21,528,279</b>

## Expenses

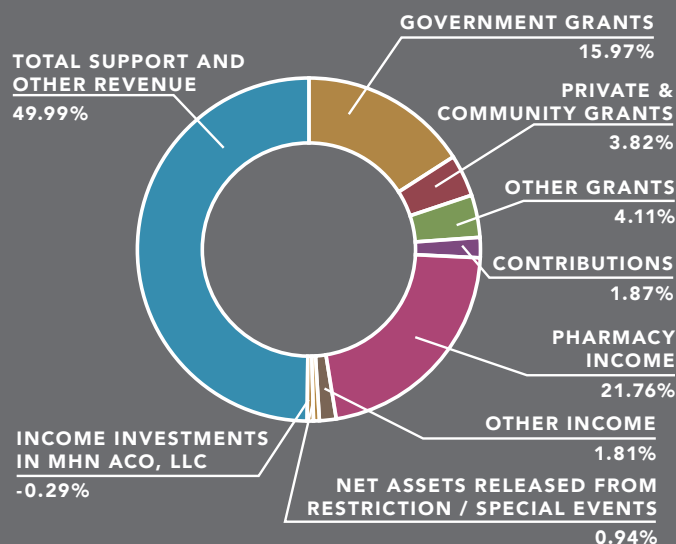
Salaries, Payroll Taxes, and Benefits	\$15,392,716	\$11,910,963
Professional Fees and Contracted Services	\$1,865,888	\$1,737,477
Medical Services and Supplies	\$621,155	\$915,078
Pharmacy Expense	\$3,190,511	\$2,415,690
Information Technology	\$350,516	\$344,981
Equipment, Repairs, and Maintenance	\$235,563	\$606,064
Staff Development	\$242,884	\$337,307
Occupancy	\$555,157	\$592,150
Office and Telephone	\$251,673	\$211,513
Insurance	\$123,146	\$102,400
Interest	\$678,583	\$645,370
Travel	\$17,114	\$47,036
Membership Dues and Subscription	\$165,865	\$137,011
Advertising	\$60,957	\$40,758
Depreciation	\$576,582	\$78,183
Miscellaneous	\$772,271	\$260,687
<b>Total Expenses</b>	<b>\$25,100,581</b>	<b>\$20,382,668</b>
<b>Excess (Deficit) of Revenues over Expenses</b>	<b>-\$43,084</b>	<b>\$1,145,611</b>

MANAGEMENT  
EXPENSES  
25.65%



PROGRAM  
SERVICE  
EXPENSES  
74.35%

TOTAL SUPPORT AND  
OTHER REVENUE  
49.99%



GOVERNMENT GRANTS  
15.97%

PRIVATE &  
COMMUNITY GRANTS  
3.82%

OTHER GRANTS  
4.11%

CONTRIBUTIONS  
1.87%

PHARMACY  
INCOME  
21.76%

OTHER INCOME  
1.81%

NET ASSETS RELEASED FROM  
RESTRICTION / SPECIAL EVENTS  
0.94%

INCOME INVESTMENTS  
IN MHN ACO, LLC  
-0.29%

## Assets

2020

2019

### Current Assets

Cash and Cash Equivalents	\$5,578,894	\$3,845,565
Assets Limited to Use	\$918,624	\$4,285,209
Patient Accounts Receivable	\$1,149,649	\$1,253,068
Grants Receivable	\$462,480	\$745,651
Pharmacy Receivable	\$1,173,955	\$792,727
Current Portion of Pledges Receivable	\$74,273	\$132,962
Other Receivables	\$328,920	\$215,730
Prepaid Expenses	\$353,214	\$352,635
<b>Total Current Assets</b>	<b>\$10,040,009</b>	<b>\$11,623,547</b>
Investment in MHN ACO, LLC	<b>\$2,181,453</b>	<b>\$2,458,008</b>

### Property and Equipment

Land	\$3,343,089	\$3,343,089
Building	\$13,356,264	\$12,764,812
Leasehold Improvements	\$662,929	\$61,652
Medical Equipment	\$262,680	\$262,680
Furniture and Equipment	\$921,364	\$889,576
Total @ Cost	\$18,546,326	\$17,321,809
(Accumulated Depreciation)	-\$752,314	-\$175,734
<b>Total Net Property &amp; Equipment</b>	<b>\$17,794,012</b>	<b>\$17,146,075</b>

### Other Assets

Deferred Compensation Plan Assets	\$102,011	\$40,687
Note Receivable	\$11,982,000	\$11,982,000
Grants Receivable	\$75,000	\$225,000
Pledges Receivable, Net of Current Portion & Discount	\$53,834	\$73,164
<b>Total Other Assets</b>	<b>\$12,212,845</b>	<b>\$12,320,851</b>
<b>Total Assets</b>	<b>\$42,228,319</b>	<b>\$43,548,481</b>

## Liabilities and Net Assets

2020

2019

### Current Liabilities

Accounts Payable	\$676,263	\$647,277
Construction Costs Payable	\$0	\$1,731,245
Accrued Liabilities	\$1,684,696	\$1,622,082
Refundable Advance	\$1,137,522	\$0
<b>Total Current Liabilities</b>	<b>\$3,498,481</b>	<b>\$4,000,604</b>

### Long-Term Liabilities

Deferred Compensation Obligation	\$102,011	\$40,687
Deferred Rent Obligation	\$65,147	\$65,147
Notes Payable	\$27,056,327	\$27,800,000
(Unamortized Debt Issuance Costs)	-\$511,414	-\$528,689
<b>Total Long Term Liabilities</b>	<b>\$26,712,071</b>	<b>\$27,377,145</b>
<b>Total Liabilities</b>	<b>\$30,210,552</b>	<b>\$31,377,749</b>

### Net Assets

Without Donor Restrictions	\$11,892,767	\$11,935,851
With Donor Restrictions	\$125,000	\$234,881
<b>Total Net Assets</b>	<b>\$12,017,767</b>	<b>\$12,170,732</b>
<b>Total Liabilities and Net Assets</b>	<b>\$42,228,319</b>	<b>\$43,548,481</b>

A portrait of Jessica Boland, a woman with dark, wavy hair, smiling at the camera. She is wearing a grey cardigan over a black top and a red lanyard. The background is a blurred outdoor scene with bare tree branches and a building.

# JESSICA BOLAND

—  
LCSW

Jessica Boland is talking to her computer.  
"Well, how about the stairway?" she asks. "Will that work?"

Boland is actually talking via her laptop to Rhonda, one of her long-standing patients, who's wandering around her apartment with Boland on her phone's screen. The two are trying to get a telecounseling session started, but Rhonda

lives with her husband and her adult daughter in a tight two-bedroom in Chicago's south suburbs. Everyone's at home, sheltering in place. Unless she goes in a closet and speaks in a whisper, privacy here is not an option.

No, the stairway's no good. Rhonda doesn't want the people across the hall to overhear. She'll go out to the back yard, assuming her neighbors aren't sitting out on their back patio.

They're not, and the session gets underway.

Rhonda's predicament is hardly unique among Boland's patients. "We have a lot of extended families living in small apartments," Boland explains. "So where can you be by yourself for 30 minutes or an hour? It's an issue. More than a few of my patients have done sessions from their cars."

Remote mental health counseling has been a great boon to Rhonda, according to Boland. "She sees me and also psychiatry," she explains, "She really has a lot going on. She's always had a lot of trouble coming to her regular visits in the clinics, even though she's really committed to her treatment and really likes coming to her sessions. But she always has to borrow a car. So of course she has to cancel a lot."

Now Rhonda doesn't need a car – or a bus or a train, for that matter. She hasn't missed a session in three weeks. The change in her is unmistakable. "Her voice, her affect is so different," says Boland with a warm smile. "In the past she was usually very guarded, very withdrawn. Now she's brighter, talking about positive things, rather than this went wrong, this went wrong, this went wrong. She's the best I've ever seen. I'm not saying it's all the result of our sessions, but clearly she's feeling very supported right now."

Part of that change may be due to the ease with which telecounseling allows Boland to try innovative approaches to Rhonda's therapy. "She has a lot of conflict with her daughter, lots of arguing about family allegiances," Boland explains. "It has a big impact on her mental health. For a long time I've wanted to do a session with both of them, but it's been hard enough for just Rhonda to get here. Coordinating an appointment when her daughter's working and going to school was never going to work. But last week, Rhonda was brave enough to invite her daughter to join her in the session. She just invited her into the room. So simple."

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As frightening headlines about COVID-19 stream every hour from every direction, Boland has not been surprised by the spike in anxiety among many of her patients. "They're worried about getting the virus," she says. "They're worried about their family members, about losing their jobs, about paying their rent."

While the pandemic has exacerbated long-standing mental health problems for some, for others the pandemic is the mental health problem. "We've had a number of

new patients who've come to us just because they need help dealing with the stress and fear they're experiencing with the epidemic," Boland explains. "I shouldn't say 'just'. These are huge issues. We're going to see a lot of PTSD in the wake of this thing, as we always do with any wide-scale disaster."

Counterintuitively, the drastic shelter-in-place order has also been therapeutic for some of Esperanza's behavioral health patients. "Teenagers with social anxiety issues, everything at school triggers them," Boland explains. "Well, now they have to stay home, they can't go to school. They're doing incredibly well."

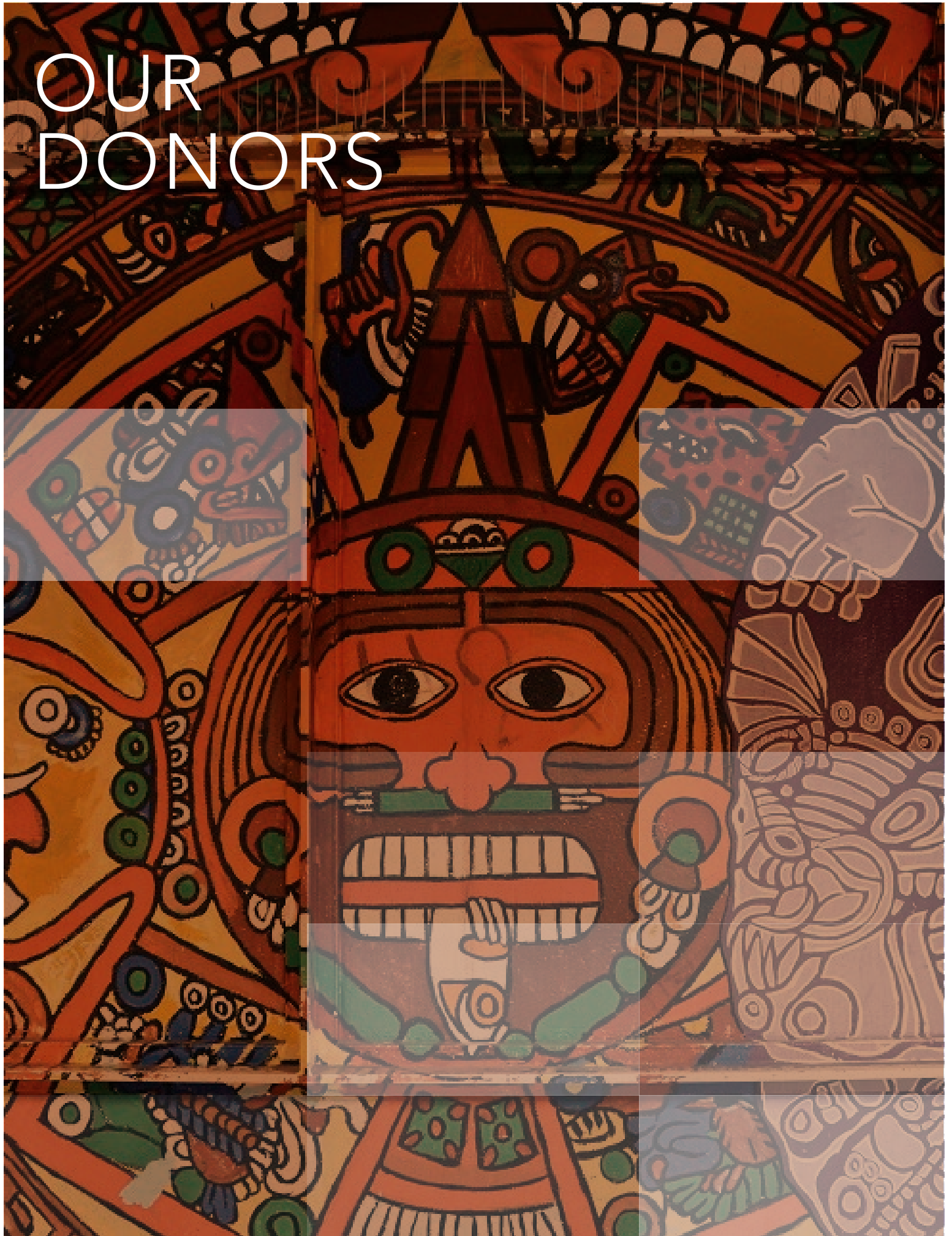
Boland also sees how some patients feel a greater willingness to share difficult personal information when they're sitting at home rather than in a clinician's office. One of her patients, Camila, is a 15-year-old high school sophomore who's been working with Boland for about a year. Camila has always been quite shy and reserved, so it didn't surprise Boland that she opted for a phone-only session with no video. "And as we're talking, she began opening up about the fact that she's starting to be attracted to girls," Boland explains. "She's dating a classmate, in fact. Her family is very traditional, very conservative Mexican-American, and she's heard them say some not-so-supportive things about same-sex relationships. We had this really robust, really in-depth conversation. A huge step forward for her. And I honestly think not sitting there in my office and having me looking at her let her open up a lot more."

From Boland's point of view, the two frantic days spent creating Esperanza's telehealth system may have an enormous payoff. "Our no-show rate has dropped significantly," she says. "Patients don't have to coordinate getting out of work, getting out of school, finding childcare, finding transportation. If our mission is to make health care as accessible as possible to folks who face a lot of barriers, well, here we are."

The pandemic gave community health centers a unique opportunity to develop a truly effective telehealth system, but the regulatory changes that allowed this innovation are, for now, temporary. "There's a lot of bureaucratic red tape that has made telehealth unuseful to a community health center for a long time," she says with sudden force. "But now that we see how well it works, how it serves the interests of patients, of health care providers, of the city, of the state, of everyone, they will have to find a way to keep this going. They can't walk this back."



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# FRANCISCO ZAMORA

—  
RN



Francisco Zamora sits in the spare room of his Ashburn starter home, his laptop open in front of him, his phone to his ear. He is about to deliver bad news.

"Hi, this is Francisco from Esperanza. Is this Cristina?"

Zamora began working as a registered nurse at Esperanza Health Centers only a few days ago, and like many members of the staff, he's been assigned to work remotely as the epidemic rages in the neighborhoods around Esperanza's clinics.

"How are you doing today, Cristina. Can you confirm your date of birth for me?"

He's calling to tell Cristina she's tested positive for coronavirus. She's the first patient he has to break the news

to. There will be a few hundred more in the months to come. Telling patients they have tested positive is, for now, his full time job.

He's already gone over everything in Cristina's medical record. Mid-twenties. Two small children. No diabetes, no hypertension, no serious underlying health conditions. She's about a month overdue for her annual wellness check, but Esperanza hasn't been doing those since the epidemic hit and all non-urgent in-clinic visits had to be cancelled.

"Cristina, I got your lab results for your coronavirus test,

and they came back positive." Zamora sits silently for about ten seconds, listening intently. "How are you feeling today? Do you feel like you have any symptoms? ... Any fever? Any coughing? Any shortness of breath? ..."

He listens intently again, typing on his laptop. "I completely understand," he says. "You're doing everything right. Having a separate area in your house where you're staying, that's perfect. I know that must be hard, especially not being with your kids right now. I have kids, too."

He makes another note. "Yes," he finally says, "I think it would be a good idea to have your kids tested. I can set up an appointment for them if you want." Zamora types a few more notes into Cristina's record, listening in silence for quite some time. "Fourteen days, that's the recommendation. And even though you're not having any symptoms, I always recommend drinking a lot of hot tea, taking some hot showers and really breathe in the steam. Or just sit in the bathroom and run the shower. Really helps open up your lungs... I know it's scary, but you're young, you're in great health, everything should be OK. If you do start having symptoms, make sure to call us right away... we're here for you, Cristina."

He finishes his notes and closes Cristina's record. Then he clicks on a file called "COVID Results," where all the new coronavirus test records appear. There's a long list of red names, indicating patients who have tested positive. Zamora selects five. That should keep him busy until lunch.

---

A few weeks later, Zamora is taking a break in the middle of the afternoon, thinking back on being tossed into the middle of a pandemic from his first moment on his new job. Originally he was hired to provide hands-on counseling and care to patients struggling to keep their diabetes under control, but COVID-19 came along before his start date and priorities changed. All of the nurses working in the diabetes program were redeployed. Zamora understood he'd begin his new career with very different duties.

"Hopefully one day this will all come to an end," Zamora says with a weary tone. "But for now, it's been all COVID."

Zamora previously worked at Esperanza as a medical assistant from 2012 to 2016, then went off to get his nursing degree. After a brief move to California ("I needed to do my own thing for a while," he explains with a laugh) he returned to the Southwest side health center. "I grew up in a Mexican-American family, and my father was an immigrant. Knowing that I'm here helping my community is really inspiring to me."

His current role, while not the one he signed up for, is particularly meaningful. "COVID is really scary," he

says. "And especially for a lot of our patients, if they're undocumented, or don't have the resources to get the care they need. We are calling them, staying in touch, giving them everything we can. Just staying on the line with them. Our patients really appreciate just having someone out there."

"I've had patients pray with me, pray for me, bless my whole family. They are so grateful."

Zamora is careful about giving patients time to digest the news he delivers. "I tell them the test is positive, and then I just pause, maybe five seconds, maybe more, just to let it sink in. But it can be so difficult to process, when there's so much anxiety around it. I've been on the phone with someone 15, 20 minutes, and after the entire conversation, they say, 'So I'm positive?' Then I go back through everything again to make sure they understand."

Zamora delivers test results to as many as 30 people a day. In addition to providing clinical guidance, he makes it a priority to give everyone what he calls "positive vibes." That isn't always easy to do. "I've had several patients where everyone in the family comes up positive," he explains. "Most people can't really isolate at home, especially in our neighborhoods."

"The city has this program set up, free housing for people who are positive and need to self-quarantine," he continues. "So I offer it to everyone. Well, not one patient has accepted it. They tell me, oh no, we have enough room. I know that's probably not true. There's fear that your father or your abuela is going to die away from the family. In our culture, you don't pull away from people who are sick. You stay with them. I couldn't stay away from my parents."

Most difficult, though, have been the times he's had to contact patients who have already lost family members to the epidemic. "That was really a curve ball for me," he says. "One particular patient, her husband had just passed away from COVID literally an hour before I called. She was in her mid-20s, I think, three kids. She might have been in a state of shock, because she wasn't crying or anything. She hadn't told her kids yet that their father had died. She was very scared. She kept asking, 'How am I going to tell my kids?'"

"Then she said, 'I have three very clean bedsheets. If I wrap my kids in the sheets, and I wear a mask, can I hug them when I tell them?' And I couldn't give her the OK for that, because I had to stick to the guidelines."

Zamora is quiet for a minute. "That was the hardest call I ever had to do. When I was a nursing student, I had three patients die right in front of me. That wasn't as difficult as this."



# PEDRO PEREZ

—  
PCY





"For Esperanza, the fog is free," says Pedro Perez, flashing his characteristic 500-megawatt smile. He's president of PCY General Services, Inc., the company he started a dozen years ago just as the fledgling Esperanza Health Centers – then Centro de Salud y Esperanza – was looking to contract with a new maintenance and repair service. "Other companies charge \$1500, \$3000 a month for the fog. But not me, not for Esperanza."

We'll get to the fog in a bit. For now, suffice it to say it's part of keeping everyone at Esperanza – patients, visitors, and staff – safe from coronavirus. And as the pandemic has emerged and exploded on Chicago's Southwest side, no one's been more important to ensuring that safety than Perez.

Most stories about people on the "front lines" of the fight against COVID-19 feature doctors, nurses, and researchers, with occasional nods to community leaders and volunteers working in a variety of critical social services. But it's hard to think of anyone more willing to put themselves routinely in the path of the virus than Perez and his 11-person crew. In addition to daily cleaning and maintenance across Esperanza's clinics, where the lion's share of coronavirus testing on the Southwest side happens, they go wherever there's been a known exposure to the virus. Whether it's an exam room, a waiting area, a reception desk, or an administrative office, they're on-site to clean and disinfect all the things public health officials have warned the rest of us to stay away from.

"Sure, we were afraid at first," Perez says. "Who wouldn't be? But you know, you get the information, you learn what to do. I had to train all of my employees in using PPE, in using the right chemicals to disinfect, the right techniques, everything. And I had Carmen there to make sure we got everything right. And to encourage us not to be afraid."

Perez spends much of his time tracking a target he can never locate. "OK, so it's an exam room where someone with COVID got a test," he begins. "I don't know exactly where the virus will be. I wasn't in the room when the patient was there. So. Start with the door. The doorknob. The garbage can, the desk, the chair, the other chair, the exam table. The floor. Everything but the ceiling. I don't think the patient touched the ceiling." He explodes in the laugh anyone working at Esperanza has heard reverberating down the halls dozens of times before.

"And then...we gotta fog," he says with a glint in his eye. "Bring out the fogging machine." It's a portable, battery-powered contraption loaded up with chemicals proven to kill coronavirus. With the flip of a switch, the chemicals are transformed into a thick mist Perez can direct. "Fog everything. All around the room. Everything in the room. If you have carpet, fog the carpet. You can't vacuum up

respiratory droplets. Fog the carpet."

In addition to fogging areas where there have been known exposures to the virus, Perez insists on fogging Esperanza's waiting rooms every night. "It takes maybe 20 to 30 minutes," he says. "It's total protection. And I don't charge anything. I mean, it's my community, you know?"

If you stopped by Esperanza most any day since the epidemic began, you would have found Perez there with a mop, a rag, a spray bottle, or a fogger in his hand. "I'm the president of the company, but I like to be on my knees cleaning," he says. "I like to be there with my team to help out."

An added incentive: one of his crewmembers is his daughter. "She's working at the Brighton Park clinic," he says, a sudden warmth infusing his tone. "It's where most of the COVID testing is happening. I could be afraid for her. But I know she's doing everything she was trained to do. I know she's going to be OK."

Still, Perez knows it's impossible for him to be on top of everyone in his crew. "I can't be right behind all of my workers all the time, like children in daycare. My crew knows that if they are in the clinic without a mask or gloves, I'm going to kick their butt. They have to wear them all the time."

Perez's insistence on safety has not gone unnoticed at Esperanza. "The other day, the site director at the Brighton Park clinic, she told me she feels more safe inside the clinic than anywhere else in the community," Perez says with a grin. "That was a real compliment, you know?"

After several weeks on the literal front lines of the epidemic, Perez hired a professional consultant to provide him with all the most up-to-date protocols on coronavirus infection control. "They gave me everything, all the directions," he says, that mesmerizing smile emerging again. "And we were already doing exactly what their protocol said. We are doing it right. We are going to kill this fucking virus."

# EPILOGUE

A close-up portrait of a middle-aged man with a balding head, a mustache, and a goatee. He is smiling broadly, showing his teeth. He is wearing a blue and white checkered button-down shirt under a dark jacket. The background is a plain, light gray.

It's noon on the first day of July, and Chicago is a picture postcard: 85-degrees, low humidity, no clouds, and a light westerly breeze. Staring into the piercing blue sky above the city's Southwest side, precisely halfway through 2020, it's easy to think, at least for a minute or two, that everything is right in the world today.



Dan Fulwiler, Esperanza's President and Chief Executive Officer for the last 12 years, would probably rather nap than rhapsodize over the weather. He's got virtual meetings stacked back to back all afternoon. That's been par for the course over the past four months. Before today's barrage begins, he's claiming a few idle minutes by stretching out on the sofa in his Ukrainian Village apartment, his Maltese mix Bruno sacked out by his side.

"It's not really fatigue," he says, looking, well, fatigued. "It's decision fatigue. Since COVID began, we've been making like 15 decisions a day. Big decisions, the kind we would usually take a few weeks to talk through. But time has just been compressed. I mean, we decided one night we had to do drive-through testing, when no one else down here was doing it. But we knew we had to. So just like that, we're all in, come hell or high water."

Bruno stretches and repositions himself into a more compact curl of fluff. "And then from that decision, a whole cascade of other decisions follows," Fulwiler continues. "It's been a little crazy."

As Fulwiler and his tight-knit crew guided a multi-site community health center through the beginnings of an unprecedented public health emergency, perhaps no skill became more important than improvisation. Yet that's a word you're unlikely to find enshrined in any organization's strategic plan. "The truth is, nobody could have put a plan in place for an FQHC to get through COVID," he explains. "Sure, we have our emergency response plans, and we think through all sorts of disasters when we're putting them together. And we have our long-range plans. But when something like this happens, you can't possibly imagine all the contingencies ahead of time. You just can't."

So what's kept Esperanza on course, when it could easily have spun haphazardly from one breaking point to another? "We've tried to guide ourselves by what we believe we have to do, rather than what we believe we can do. If someone last year had said, 'I'll give you two days to make telehealth available to all of Esperanza's patients,' I probably would have said we can't possibly do that. But then we had to. So we did."

The past four months have also taught Fulwiler the importance of self-reliance. "When it came to putting together guidance, direction, a strategy for our community, we had no one to rely on except the community," he says. "We didn't get it from the CDC. We didn't get it from the president. They didn't show us a way forward. So what did we do? We talked with dozens of community organizations around the Southwest side, ones we've already been working with for years, to get their advice, their suggestions, their priorities. And they sought out ours. That's how we charted a course."

Throughout, Fulwiler has leaned especially heavily on his Chief Operations Officer, Carmen Vergara. "She has been so steady," he says, his voice softened with astonished admiration. "She's almost preternaturally poised no matter what, and it was no different with this crisis. So as we moved forward, she would not only implement the big decisions but all the hundred other details that came after."

"And her voice has been so important. I mean, she grew up right here in Little Village, lived here almost her entire adult life. And she's a nurse. And she's got a master's in public health. So she knows the science, she knows the community, she knows healthcare administration. She's the triple threat. The communities here don't need to hear me talk about how to care for themselves and their families. They need to hear her. And her speaking out on the radio, on television, on the mayor's Racial Equity Rapid Response Team, it's been invaluable."

Across the many soul-stirring days since the pandemic erupted, when Fulwiler has had to be at the center of so much activity, he's been paradoxically gratified to learn that often he's entirely unnecessary. "In the early weeks of the crisis, I made sure I was on-site at the clinics a lot," he says. "We knew so little about the virus, about how effective PPE really was, and I thought if the staff are going to be literally risking their lives, I need to be there, too. So I'd go in a clinic, bring donuts, and people would say a quick, 'Hi, Dan' and keep right on going. They were focused on what they knew they had to do, what they were committed to doing. I made no difference to anybody. I was irrelevant."

"Because here's the thing," he says with sudden vigor, sitting up on the edge of the couch. "Their commitment is what's relevant. Our culture is what got us through. Not me. Not senior leadership." He stops and then lets out a sheepish grin. "I'm going to sound like a talking Annual Report, but what are Esperanza's values? Caring, Quality, Family. That's our culture. That's what got us through."

It's almost time for his meeting, so he rouses himself from the sofa. Bruno, meanwhile, sleeps on. "We're facing so many uncertainties," he says with a sigh. "I have no idea where things will be in six months. But I do know we're over the starting line of the marathon. That's something. So off we go."



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