

OPINION

Chelsea, city of the working Latino immigrant, emerges as a COVID-19 hotspot

More than the coronavirus performing as the ‘great equalizer,’ it should be hailed as the ‘great revealer.’

By **Marcela García** Globe Staff, Updated April 7, 2020, 3:48 p.m.



A man in a protective mask stands in front of signs promoting social distancing and employment opportunities at a supermarket in Chelsea, Mass., April 3. MICHAEL DWYER/ASSOCIATED PRESS

While on a quick errand to Chelsea last weekend, I was surprised to see so many people still outside, at the bus stop or walking around — only a handful wearing masks or practicing physical distancing.

It's more shocking to think of those scenes now, in light of what the latest COVID-19 state data show. As of Tuesday, [there were 315 reported cases of COVID-19 in Chelsea](#). That represents a rate of nearly 79 cases per 10,000 inhabitants. With over 40,000 residents, 66 percent of them Latino, Chelsea has by far the highest incidence rate of COVID-19 cases in the state. For comparison, consider that Hyde Park — with a population of 35,000 residents, the Boston neighborhood with the highest incidence per capita — [has a rate of about 30 cases](#).

“After Chelsea, the next highest number is in Brockton, with a rate of roughly 45 cases per 10,000 people,” said Joan Quinlan, vice president for community health at Mass. General Hospital, where 35 to 40 percent of COVID-19 patients are Latino and at least 40 percent have limited English proficiency. Those numbers reflect an “absolute epidemic,” Joseph Betancourt, MGH’s chief equity and inclusion officer, [told WBUR](#). Outside of this crisis, Latinos typically represent about 9 percent of the hospital’s patients.

Whereas the numbers are staggering, Gladys Vega, executive director of the nonprofit [Chelsea Collaborative](#), saw the pandemic hitting the city hard. She’s been working nonstop for the past few weeks fielding requests for assistance. “People are not asking me for cash to pay the bills,” Vega said. “They’re only asking for food, diapers, and formula. . . . We’ve been fielding hundreds of food requests a day.” Vega believes the number of cases is grossly underestimating the scale of the epidemic in Chelsea.

Much like it’s playing out in places like Queens, N.Y., the virus is having a disproportionate impact in places where the immigrant working class lives. Not only are these immigrants — mostly Latino, many of them here without legal status — the most economically vulnerable, but a high proportion of them already [have limited access to](#)

[health care](#) and other public support networks. Working from home is a privilege that they simply don't have.

To some degree, Latino immigrants have always been an invisible population. But the virus is indifferent to workers in the underground economy. More than the coronavirus performing as the "great equalizer," it should be hailed as the "great revealer." Immigrants can't remain an invisible problem when a public health crisis is overwhelming the state. And it's only going to get worse for this population unless we start paying attention.

Chelsea is a densely populated community, and most residents live in overcrowded housing. "On Friday, a young undocumented woman came to us to get food," Vega said. "She told me she had lost her job at a laundromat and that she had tested positive for the virus two days before. I said to her, 'You should not have come! You could have called me and I would have added you to my food distribution list.' "

Vega then asked her where she lived and the young woman said she lived with eight other people in a three-bedroom apartment. Then she revealed to Vega that she hadn't told her roommates about her positive test. "I said to her, 'Listen, you have to tell them you have the virus.' " First thing next morning, Vega received a call from the woman, who told her she followed Vega's advice about notifying her housemates but that she was promptly kicked out of the apartment. " "Thanks to you, I have no place to go,' she said to me. I felt so bad and guilty," Vega told me in tears. "She said to me, 'You made me feel like I'm a leper.' "

In Chelsea, it seems as if people are not taking the pandemic seriously, while also being unable to isolate properly because of overcrowded housing. Vega thinks there should be a strictly enforced curfew in Chelsea.

I have been going to Chelsea to do my own food and medical supply deliveries for a friend who has fallen ill, probably with the coronavirus. What's worse, my friend's

husband is one of those Latino patients currently hospitalized at MGH with the coronavirus. He's in his early 40s and hooked to a ventilator.

My friend had all the symptoms of the virus — fever, difficulty breathing, chest pains. But a doctor at her clinic in East Boston did not recommend a test for her because there were none available, and she wasn't in critical condition. Plus, she doesn't drive. They live in an apartment with their three kids, my friend's sister, and her baby. Mercifully, my friend is improving but unable to go out or work.

Quinlan said the city of Chelsea is developing plans to properly isolate people by dedicating hotel rooms or other places as quarantine sites. MGH, she said, is already identifying Spanish-speaking providers to redeploy them to Chelsea, and testing expansion is also in the works.

Deep crises reveal our societal fault lines, and nowhere is that more clear than in Chelsea. The coronavirus is spreading rapidly there and revealing a forgotten population that can no longer remain invisible.

Marcela García is a Globe editorial writer. She can be reached at marcela.garcia@globe.com. Follow her on Twitter [@marcela_elisa](https://twitter.com/marcela_elisa).

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