Observations From an E.M.T. on Skid Row During the COVID-19 Pandemic

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Skid Row sits in downtown Los Angeles, nestled between affluent city neighborhoods. Today, people still manage to spill out from every corner, with its overcrowded population of around 4,400, or "too many", as the city limit mural reads upon arrival.

When I took a job as an Emergency Medical Technician on the COVID-19 response team in late 2020, I expected to see a community heavily affected by the pandemic. However, responding for COVID-19 purposes soon became an afterthought in the light of other challenges that had already taken over the community. My second day on the job, I resuscitated a man who had overdosed. From that moment, I internalized the gravity of a community dealing with COVID-19 compounded with a significantly more dire drug and homeless epidemic.

Each day, a registered nurse named Julie and I would cart around supplies to the streets lined with tents and administer COVID tests. We also performed wound care and provided other medical treatments as well. Many individuals would only test with the offer of extra incentives like snacks or the rare, coveted blankets the city gave us to pass out. Others grappled with misinformation about the pandemic, worrying that we were trying to steal their DNA or perpetuate a government scam.

We came to know many of the individuals by name. When one of the individuals, John*, tested positive for COVID, we searched up and down the streets for hours for him. We found him crunched up into a small ball in his own feces, muttering to himself, with a mixture of salty sweat and tears streaming down his bloodshot eyes. COVID had not even crossed his mind. We offered up the idea of a quarantine site–the Sheraton Hotel– complete with food, a shower, and a TV all to himself. COVID-19 alone allowed us the jurisdiction to get John off the streets, but the idea of him getting on suboxone for his addiction for those two weeks raised the stakes tenfold for us to get him there immediately. Contracting COVID-19 meant shelter, often for the first time for many of these individuals. It was as if the government had decided that they deserved housing just this once, in the moment where efforts to keep them isolated from the rest of society were paramount. The twisted irony left many individuals looking to test positive so they could have access to a real bed and shower.

When the vaccines arrived in LA, I spent hours every day vaccinating many people who lived on Skid Row. Like with testing, the government provided incentives for people to get vaccinated. However, some residents still did not want to receive the vaccine and declined quarantine housing when they tested positive. They adapted to the presence of COVID-19 in their environment and tolerated our presence as a temporary annoyance. For the majority, though, COVID-19 was a unique opportunity to acquire necessities like shelter.

Two years later, in January 2023, as the bomb cyclone showered down on all of California, I thought about the rain wreaking havoc on Skid Row and the other unsheltered communities in the state. A virus could unlock shelters for them, even if only to keep them from spreading the disease to the rest of the city. Did intense storms fail to meet the shelter criteria? I already knew experiencing drug addiction did not qualify, as chronic wounds and hypothermia and overdosing in the middle of the sidewalk did not. I often felt that public health officials did not address the root cause of the challenges faced by people on Skid Row – their lack of housing was ignored, and they were quickly abandoned by the health systems that were supposed to support them. For instance, I had seen ambulances drive away right after they saw a patient be resuscitated. The only time when public officials cared was when they got COVID. That additional red line on a COVID test opened the door to shelter and resources, but those resources were temporary and did nothing to address the long-term challenges faced by residents of this community.

*Name changed to protect patient privacy.