

**Public Hearing
Committee of the Whole
“Advancing Year Round Access to Shelter Policy and
Prevention of Homelessness Amendment Act of 2015”
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My name is Amber Harding and I am an attorney at the Washington Legal Clinic for the Homeless. The Legal Clinic envisions – and since 1987 has worked towards – a just and inclusive community for *all* residents of the District of Columbia, where housing is a human right and where every individual and family has equal access to the resources they need to thrive. My testimony will focus on the need to replace DC General with family shelters that maximize privacy and safety and can be easily converted into affordable housing when the need for shelter drops drastically over the next 5 years.¹

Mayor Bowser has made it a top priority of her Administration to “close DC General and replace it with smaller, more dignified community-based emergency housing located across DC.” We fully support this goal. DC General is not a place that anyone should ever have to live, not even for a short period of time, and DC has for far too long allowed homeless children and their parents to suffer from poor conditions, poor design, and poor services when they deserve better. As the Interagency Council on Homelessness Strategic Plan Guiding Principles state: “...people who have lost their homes ...deserve to be treated with dignity and respect. DC aims to provide person-centered, trauma-informed care that respects the dignity and ensures the safety of all individuals and families seeking assistance.” To this end, **we believe that DC General replacement units must at a minimum each have private bathrooms, refrigerators for medicine and food, and some equipment to prepare meals—and DC must at the same time preserve the current apartment-style inventory to serve the needs of large families and families with disabilities who cannot stay in the replacement units.**

The Mayor, via this bill, is asking the DC Council to lower the standard for DC General replacement units from “apartment-style” to private rooms. We believe that apartment-style shelters are the best environment for families. It is a long way to fall from apartment-style to private rooms. DC has been required to place families in apartment-style shelters since 1988 for good reason.² The private room fallback language didn’t get added until 2010, when the Fenty Administration proposed the private room language to *legalize* DC General. The law defines private rooms as just that, with no requirements around how families will bathe, eat, or take care of other basic necessities.

Shared living spaces create a host of problems for families that apartment-style settings do not. Shared spaces:

¹ The ICH Strategic Plan strives to lower family shelter units from 915 to 215 by 2020 with annual investments in affordable housing. See http://ich.dc.gov/sites/default/files/dc/sites/ich/page_content/attachments/ICH-StratPlan2.7-Web.pdf (Table 9).

² *Reid v. DC*: “The District has [long] been prohibited from placing homeless families in congregate shelters. This prohibition, dating back to 1988, is premised on an understanding that families have special needs that are best served by affording them apartment-style shelter—i.e., housing units with cooking facilities, bathroom facilities, and sleeping quarters.”

- Increase conflicts;
- Increase the risk of outbreaks of scabies, bedbugs and communicable diseases such as tuberculosis, or even more simply, colds and flu;
- Cause children and adults with health problems or disabilities to have declining health—with our current limited stock of apartment-style shelter units, such families often must wait months before an apartment-style shelter unit is available to accommodate their needs;
- Re-traumatize those who have experienced some kind of trauma or violence prior to coming to shelter (which is the majority of families³) due to increased conflict and the absence of privacy and security.⁴
- Can cause children to suffer from sleep deprivation and social withdrawal if they are unable to control interpersonal contact.⁵

Families have serious concerns about sharing bathrooms with other families, primarily the impact on their family’s health, concerns about cleanliness, the logistics of middle of the night bathroom needs or getting the whole family ready to leave in the morning, and serious safety considerations. It is especially difficult for transgendered individuals, fathers with young daughters, and mothers with young sons to find a safe way to bathe and go to the bathroom in gender segregated group bathroom facilities. I’ve also represented DC General families in disability rights lawsuits related to the need for private bathrooms. One mom with a disability lost her bowels in the walk from her room to the bathroom on a nearly daily basis and had to rely on her teenage daughter to help clean her up—even that humiliating task had to be done in shared spaces. Another family had a little girl who couldn’t bathe herself and had a compromised immune system. Her father began to sponge bathe her in their room after she contracted a urinary tract infection that resulted in hospitalization. 80% of the families we surveyed said it was critical to have a private bathroom and shower even if they were in shelter for less than 3 months.

The ability to store food and medicine and do some basic food preparation is the next highest priority for our clients. Families at DC General are often unable to eat the food that is brought in, either because of religious or dietary restrictions or because it is inedible. Allowing families to engage in basic food preparation in their rooms reduces the operating costs of the facilities because food doesn’t have to be brought in. Cooking and eating meals together is also a critical tool to create and maintain family cohesion. According to numerous studies, children who sit down for meals at home with their families have better outcomes in life: less obesity, better nutrition, less delinquency, better educational outcomes, better psychological well-being, and more positive family relationships.⁶ 89% of the families we surveyed said they needed space in their room to store food even if they are only in shelter for less than 3 months, the remaining 2% said that food storage could be done in shared space. 70% said that private cooking space (full or partial kitchen) was critical even in the first 3 months.

Lowering the standard for family shelter design should not be undertaken without good policy support for it, and the Administration has not provided this. They have pointed to data on length of stay to demonstrate that families stay longer in apartment-style settings than in private rooms. But that data shows that the shortest length of stay occurs in hotel rooms, which each have private bathrooms, microwaves, and refrigerators. The longest stays occur at Park Road shelter, which has five times the length of stay of one of the other apartment-

³ For instance, in DC, by age 12, 83% of homeless children have been exposed to at least one serious violent event.

⁴ Elizabeth K. Hopper et al., *Shelter from the Storm: Trauma-Informed Care in Homelessness Services Settings*, 3, OPEN HEALTH SERVICES and POL’Y J. 80, 82 (2010) (defining trauma as “an experience that creates a sense of fear, helplessness, or horror, and overwhelms a person’s resources for coping.”)

⁵ See generally Gary W. Evans & Wachs, T.D. (Eds.), *Chaos and It’s Influence on Children’s Development: An Ecological Perspective* (2010), American Psychological Association.

⁶ “Do Family Meals Really Make a Difference?” Eliza Cook and Rachel Dunifon, <http://www.human.cornell.edu/pam/outreach/upload/Family-Mealtimes-2.pdf>.

style shelter, but has the smallest units of any apartment-style shelter—all efficiencies and one bedrooms. What apartment-style feature causes an increased length of stay if it isn't bathrooms, food storage or cooking, or number of bedrooms? The more likely reasons for any disparity are: 1) the DC government's prioritization of DC General and hotel residents for housing resources; 2) the diversion of families with higher housing barriers (large families, domestic violence survivors and families with disabilities) into the apartment-style shelters; and 3) service disparities among the different shelters. In our experience, homeless families are strongly motivated to move out of emergency shelters and improve their children's lives, no matter the design of the building.

While I don't believe that this Administration has any intention of recreating DC General, it is troubling to see this Mayor, who has invested historic resources, both human and fiscal, in ending homelessness, put to paper the same standard for family shelter that legalized the shelter we are trying to close down. We should not take lightly an effort to lower the standard for homeless families to less than what you or I would stand for for our families should we face a homeless crisis. If the Administration can demonstrate that there are serious cost constraints, then the law should reflect a standard that acknowledges that reality while protecting families. We believe that rooms with private bathrooms and some ability to store food and prepare meals will cost less than apartment-style shelters and will protect homeless families.

If we can agree that the most supportive and safe environment for families provides access to private bathing and cooking space, then we can start talking about how to solve any siting or fiscal challenges. I feel confident that this Administration, with your support, will be able to either find additional dollars outside of housing or homeless services to fund the development of safe shelter or will creatively design spaces within its current budget to meet the standard we've articulated.