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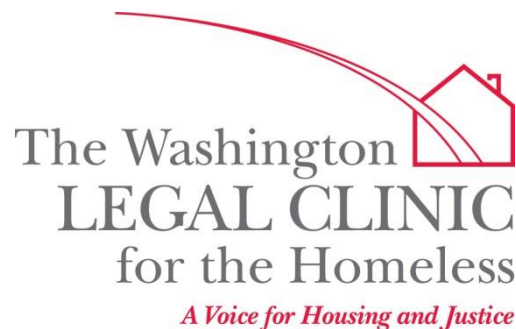
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April 24, 2020

The Honorable Muriel Bowser  
Mayor, District of Columbia  
1350 Pennsylvania Avenue, NW  
Washington, DC 20004

VIA EMAIL

Dear Mayor Bowser:

Unfortunately, COVID-19 has further intensified the health, racial, and economic disparities that exist within our country. Unsurprisingly, people experiencing homelessness and in congregate settings are among the most vulnerable populations. In DC, the virus is spreading quickly throughout the homeless community, with no sign of it slowing. Lack of testing and safe spaces to socially distance have exacerbated the situation. As of yesterday, 8 homeless residents have died from the virus and 139 have tested positive, although many more have probably contracted it. In the last five days of data, the number of positive cases among the District's homeless population has spiked by 53 percent, 2.5 times higher than the general population's increase. We implore you to pivot significantly in your approach to controlling the virus within this community.

**In order to save lives and control the virus, we are asking that you immediately offer non-congregate setting placement to all people living in congregate homeless shelters or on the street.** This virus ties all of our collective fates together more tangibly than ever—if we do not control the spread of COVID-19 within the homeless community, we will not control the spread in DC. People experiencing homelessness in DC are more likely to be elderly, Black, and suffer health conditions that place them at high risk of death or serious complications from COVID-19. Failing to control transmission of the virus in this community will lead to a significant death toll.

We acknowledge the work of many community members, government officials, and nonprofit workers to keep communities safe during the public health emergency, including those experiencing homelessness. We know that solutions have not been easy without clear guidance or sufficient financial support from the federal government. We know that how the virus is transmitted and how best to control it is ever-evolving.

We have been in regular communication with the Department of Human Services and are well aware of the initiatives they have undertaken in this public health emergency.

Unfortunately, as seen throughout the country, those initiatives will not be sufficient to prevent catastrophic illness and death within the homeless population. There is no screening to catch asymptomatic individuals other than testing; however, asymptomatic people spread the virus easily in congregate settings.

It is not possible to control the virus in any congregate setting. It is certainly impossible in DC where we still have far too many people in the congregate shelters to practice social distancing. We were shocked to see the high numbers of homeless people continuing to reside in crowded shelters. Like DHS, we had hoped that relocating medically vulnerable individuals and those needing quarantine might lower the head count in shelters enough to provide adequate social distancing space. However, that has not been the case. Out of nearly 4000 individuals experiencing homelessness<sup>1</sup>, only 112 high risk or medically vulnerable persons have been placed in hotels and 227 individuals were in quarantine as of April 21.

People living on the streets of DC are also at increased risk. Individuals living in larger encampments, like in NoMa or under the Whitehurst Freeway, are not able to be six feet apart from each other. Encampment residents have reported lack of access to drinking water and showers. While the addition of handwashing stations and portable bathrooms were welcomed, we have heard reports of the handwashing stations running out of water and the portable bathrooms being insufficient in number and placed too far from encampments. It has also been reported that DC has begun to clear encampments again, in violation of the CDC protocol for unsheltered residents.<sup>2</sup>

In other parts of the country, jurisdictions are starting to recognize the threat that congregate settings pose to the homeless population. Even though Boston officials were using similar screening procedures to DC, officials decided to test everyone in a shelter last week and found 146 out of 400 residents - almost 40% - to be positive. All of them were asymptomatic.<sup>3</sup> San Francisco also had nearly the same protocols we do, and 100 out of 144 people in one shelter - 70% - tested positive. The Mayor there was ordered to immediately secure 7000 hotel rooms for people experiencing homelessness.<sup>4</sup> Durham recently took control of a hotel and placed 250 homeless persons in it after concluding it was impossible to do social distancing in a congregate shelter.<sup>5</sup> The Berkeley School of Public Health released a report this week concluding that it is impossible to practice social

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<sup>1</sup> We can tell by reviewing the HUD Point in Time (PIT) numbers from 2019 that there are far more than 112 high risk individuals experiencing homelessness. According to the PIT, 648 (16.8%) of individuals are over the age of 62 and 815 (21.1%) have chronic health conditions.

[https://dhs.dc.gov/sites/default/files/dc/sites/dhs/page\\_content/attachments/2019%20BDC%20PIT%20Results%20%281%29.pdf](https://dhs.dc.gov/sites/default/files/dc/sites/dhs/page_content/attachments/2019%20BDC%20PIT%20Results%20%281%29.pdf)

<sup>2</sup> “Unless individual housing units are available, do not clear encampments during community spread of COVID-19.” <https://www.cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/unsheltered-homelessness.html>

<sup>3</sup> “All these things we are recommending for social distancing, you can't do that when you walk into a shelter,” O'Connell said. ‘I think it is a real failure on our part, and we need to fix it quickly.’”

<https://www.cnn.com/2020/04/17/us/boston-homeless-coronavirus-outbreak/index.html>

<sup>4</sup> “Several members of the Board of Supervisors said the city had failed to heed warnings that ‘congregate’ shelters such as MSC-South were fertile ground for the spread of the virus. ‘I am sorry,’ said Supervisor Dean Preston, addressing shelter residents directly, ‘that after weeks of warnings, only the confirmed outbreak in your shelters spurred action from all of us.’” <https://www.npr.org/2020/04/15/834707256/san-francisco-legislators-call-on-mayor-to-commandeer-hotel-rooms-for-homeless>

<sup>5</sup> “Wendy Jacobs, who chairs the board, said the decision is in accordance with the Centers for Disease Control and Prevention guidelines to keep people safe through social distancing, ‘It’s not possible to do that in a shelter,’ Jacobs told the INDY. ‘Any congregational setting is ripe for the spread of the virus.’” <https://indyweek.com/news/durham/durham-county-moves-250-shelter-residents-into-the-rtp-marriott/>

distancing in congregate shelters or on the street and recommending that homeless persons be placed in hotel rooms or single-occupancy units.

**Recommendations:**

1. Immediately offer a COVID-19 test to every person who lives on the street or in a congregate setting.<sup>6</sup>
2. Immediately offer a transfer for every person who lives on the street or in a congregate setting into a private and non-congregate setting, such as a hotel room, a private dormitory unit, or a vacant housing unit. Develop a system to screen and place people who become homeless during this time into private settings. In these non-congregate settings, provide food, staffing, other basic needs, and medical assistance as appropriate.<sup>7</sup> Ensure that residents are checked in on regularly.<sup>8</sup>
3. Retain non-congregate placements until COVID19 is no longer a pandemic or epidemic, and has been nationally contained by widespread access to a vaccine. Simultaneously work to quickly place people into safe, affordable housing to limit the number of individuals who eventually return to congregate settings.

It is critical that DC move its goal posts in order to save lives and protect the public health. The government must not allow any challenges to prevent an expedient effectuation of these recommendations. For instance, DC hotels are only at 9.5% occupancy, which means that there are almost 30,000 vacant hotel rooms available today. While there is a cost to renting those hotel rooms, it can be largely offset by federal relief funds, including FEMA funds.<sup>9</sup> If hotels are resistant to this partnership, DC should be forceful about enforcing its anti-discrimination laws and its powers under the public health emergency<sup>10</sup>. DC should also partner with local universities, colleges, and other entities with individualized rooms, such as dorms, that can serve as sheltering space.

These recommendations focus on the urgent need to halt sickness and death within DC's vulnerable communities *today*. However, in the scope of long term planning, DC must commit more than ever to ensuring that all DC residents have access to safe and deeply affordable housing.<sup>11</sup> We also recommend revisiting plans for renovating shelters in light of this crisis to determine whether shelter configurations need to be altered to better protect the health of residents.

Please reach out to me at [patty@legalclinic.org](mailto:patty@legalclinic.org) to set up a time to discuss our recommendations.

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<sup>6</sup> This is now recommended by the CDC. <https://www.reuters.com/article/us-health-coronavirus-usa-homelessness/coronavirus-spreads-easily-in-u-s-homeless-shelters-cdc-says-idUSKCN2243IY>

<sup>7</sup> We also implore DC to release the locations and services available at each site in order to allow for effective and transparent oversight to ensure a high level of services and care.

<sup>8</sup> As we know, people's health can rapidly deteriorate with this virus, and we want to avoid what happened in New York. <https://thecity.nyc/2020/04/how-homeless-with-mild-covid-symptoms-died-on-citys-watch.html>

<sup>9</sup> <https://www.fema.gov/news-release/2020/03/31/coronavirus-covid-19-pandemic-non-congregate-sheltering>

<sup>10</sup> D.C. Code § 7-2304 found at <https://code.dccouncil.us/dc/council/code/sections/7-2304.html>

<sup>11</sup> This includes preventing homelessness through the expansion of programs like the Emergency Rental Assistance Program; significantly expanding the pool of affordable housing by ensuring that public housing units are repaired and made available for occupancy, using the nearly 10,000 vacant housing units in DC, investing more money in tenant vouchers and building new deeply affordable housing; and ensuring landlords cannot discriminate against voucher holders or unfairly use credit or rental history against applicants.

Sincerely,



Patricia Mullahy Fugere  
Executive Director

Cc: Rashad Young, City Administrator  
Christopher Geldart, Acting Director, Department of Public Works  
Laura Zeilinger, Director, Department of Human Services  
Phil Mendelson, Chair, DC Council  
Brienne Nadeau, Ward 1 Councilmember, Chair, Committee on Human Services  
Anita Bonds, At-large Councilmember  
David Grosso, At-large Councilmember  
Elissa Silverman, At-large Councilmember  
Robert White, Jr., At-large Councilmember  
Mary Cheh, Ward 3 Councilmember  
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