January 21, 2022

Director LaQuandra S. Nesbitt
Department of Health
899 North Capitol Street, NE
Washington, DC 20002

Director Laura Zeilinger
Department of Human Services
64 New York Ave, NE
Washington, DC 20002

VIA EMAIL ONLY

Dear Directors Nesbitt and Zeilinger:

Not unlike the rest of the world, the District has been dramatically impacted by the onset of the COVID-19 variant Omicron, with infection rates and hospitalizations increasing across the board. However, the impact on people experiencing homelessness, particularly those in the District's emergency shelters has been especially and disproportionately severe. Over the past several weeks, tests in emergency shelters have yielded positive test rates of 60% (CCNV), 39% (Pat Handy temp. shelter for women) and 34% (Pat Handy legacy shelter for men). In one month (Dec 19 through Jan 18), there were *512 additional COVID cases* in the emergency shelters, compared to 673 COVID cases total since April 2020. Yesterday, DC reported the first death of an unhoused person from COVID since last April.

The high infection rate in our emergency shelters results primarily from a combination of the close proximity of shelter residents to each other, and the low vaccination rates of shelter residents. According to the Department of Human Services (DHS), over the past few months (prior to the onset of the Omicron variant), the capacity of the emergency shelters has been increased from the 65% "COVID capacity" level that DHS had previously implemented, up to the current 85% capacity level. Of course, no one could have predicted the rapid spread of the Omicron variant, but the increased capacity levels in the shelters have proven problematic.

As to vaccination rates, the DHS COVID Response Storyboard shows the average rate for fully vaccinated residents in emergency shelters to be only 20%. Although this percentage may not capture vaccinations that occurred outside the shelter system, it is far, far below the 68% fully vaccinated rate for all DC residents. As noted in the recent HUD report "Omicron Surge and Homeless System Response" (Jan 7, 2022), "lower vaccination rates among people experiencing homelessness put them at increased risk of hospitalization from Covid."

To help address the disparate impact of the current Omicron surge on people experiencing homelessness, as well as future variants, we propose the following steps be implemented immediately:[1]

1. **Fully Use PEP-V Sites.** The Interagency Council on Homelessness (ICH) Winter Plan for this hypothermia season includes 800 PEP-V beds across the current four PEP-V sites. Of those 800 slots, there are currently approximately 260 unused beds. This is in part because DHS has limited PEP-V eligibility to those who not only are at high risk of death or serious illness from COVID-19, but who also have been matched for permanent housing. Thus high risk individuals are being denied access to the non-congregate PEP-V sites simply because they are not matched to permanent housing. There may also be other barriers to entry that DC should lift. In order to protect high risk residents, particularly those in congregate settings, from COVID exposure and severe COVID outcomes, DC should remove any eligibility or documentation barrier that is not required by FEMA. As stated in the January 7 HUD report on the Omicron Surge "it is critical that programs use all available tools to limit the impact of COVID-19 on highly vulnerable individuals" including "**fully utilizing available non-congregate sheltering options." (**It should also be noted that residents in the PEP-V sites are fully vaccinated at a rate twice that of residents in emergency shelters.)

2. **Increase Testing in Shelters.** It does not appear based on the DHS testing reports that there is a regular schedule of COVID testing implemented in the emergency shelters, but instead testing is done in response to infection outbreaks. DHS should implement regular and frequent test schedules for all emergency shelters, in particular to catch asymptomatic spread. Additionally, rapid COVID tests should be made available to shelter residents and staff so they are able to test immediately if they are concerned about a prior exposure to COVID.

3. **Provide Quarantine for Close Contacts.** It does not appear that DC is quarantining shelter residents who have been in "close contact" with residents who have tested positive for COVID. This is in direct conflict with CDC guidance: "In certain congregate settings that have high risk of secondary transmission (such as correctional and detention facilities, homeless shelters, or cruise ships), CDC recommends a 10-day quarantine for residents, regardless of vaccination and booster status." It is also a change in DC practice, right when a very contagious variant is spreading through shelters. While we understand the Omicron variant may have increased demand for Isolation and Quarantine (ISAQ) beds, increased need is not a legitimate reason to restrict access, particularly to residents of congregate settings who, because of the design of the setting itself, are unable to adequately protect themselves from infection. To the extent practical,

[1] Since the drafting of this letter, the federal Interagency Council on Homelessness came out with new recommendations specifically related to Omicron and homelessness. The recommendations are very similar to ours: "1) Ensure availability of quarantine, isolation, and protective housing spaces; 2) Strengthen routine testing; 3) Encourage and support vaccinations against COVID-19; 4) Maintain mitigation protocols; and 5) Avoid displacing people experiencing unsheltered homelessness."

and as soon as possible, quarantine space should be made available for anyone who is a close contact for someone who has tested positive for COVID.

4. **Increase Shelter Vaccination Rates.** Efforts to vaccinate shelter residents must be re-doubled—with new strategies and new programs. Concentrated and repeated rounds of pop-up vaccination clinics at each shelter site may be necessary to significantly improve the vaccination rates—as soon as possible. If current partners are unable to expand vaccine access, we are happy to work with you to expand the number of clinics willing to do this critical work.

5. **Stop Clearing Encampments.** Clearing encampments during the pandemic is in direct conflict with CDC guidance as it increase infection rates among those who are homeless, and the general population as well: "Clearing encampments can cause people to disperse throughout the community and break connections with service providers. This increases the potential for infectious disease spread."

6. **Increase Housing Placement Rate and Prevent Evictions to Lower Rates of Homelessness.** Housing is a critical public health intervention, particularly during this pandemic. We urge you to increase the speed in which people are placed in housing and to advocate with the Mayor for a reinstatement of the eviction moratorium and investment of surplus dollars in eviction prevention. We also urge DHS to withdraw termination notices from families in rapid re-housing and sustain them in their housing through the pandemic until they are able to afford their rent without continued assistance.

7. **Reduce Infection in Other Congregate Settings.** COVID cases have exploded in the jail and have increased, to a lesser degree, in St. Elizabeth's Hospital. As you well know, DC residents may move from one of these settings into congregate shelters, and vice versa. It is important to reduce infections in all of these settings to control community spread. We urge you to work closely with affected community members and advocates for these populations and implement their recommendations, including reducing the number of people held in jails, as recommended by the District Task Force on Jails & Justice, and increasing COVID precautions.

We appreciate your attention to these recommendations as well as all of your work to keep DC residents safe during the pandemic. Please reach out to Amber Harding (amber@legalclinic.org) or Wes Heppler (wes.heppler@legalclinic.org) to discuss any of this further.

Sincerely,

Amber W. Harding
Wes Heppler
Washington Legal Clinic for the Homeless

On behalf of

ACLU of the District of Columbia
Black Swan Academy
Bread for the City
Shelley Broderick, Dean Emerita and Joseph L. Rauh, Jr. Chair of Social Justice, UDC Law
DC Fiscal Policy Institute
DC Hunger Solutions
DC Jail & Prison Advocacy Project
DC Justice Lab
DC SAFE
DC Statehood Green Party
Disability Rights DC at University Legal Services
DV LEAP
The Equal Rights Center
Everyone Home DC
Fair Budget Coalition
HIPS
Latino Economic Development Center
Legal Aid Society for the District of Columbia
Legal Counsel for the Elderly
National Community Church
National Health Care for the Homeless Council
National Homelessness Law Center
National LGBTQ Task Force
Neighborhood Legal Services Program of the District of Columbia
Pathways to Housing
Platform of Hope
Positive Force DC
Public Defender Service for the District of Columbia
Rising for Justice
Sex Worker Advocates Coalition (SWAC)
SOME, Inc. (So Others Might Eat)
Talking Drum Incorporated
Tzedek DC
Washington Lawyers Committee for Civil Rights and Urban Affairs
We Are Family Senior Outreach Network