[Delete before sending:

Rules for use:

1. You are free to use only with edits in highlighted boxes – any alterations to base text must be confirmed with NLCHP first, contact Rajan Bal at [rbal@nlchp.org](mailto:rbal@nlchp.org).
2. CC: Tristia Bauman at [tbauman@nlchp.org](mailto:tbauman@nlchp.org) and Rajan Bal at [rbal@nlchp.org](mailto:rbal@nlchp.org) on any emails or make sure both get a copy of any hard copy letter sent so we can track.
3. Let Rajan know if any response is received, if policy is changed, or, after a week or so, if no policy is changed. We will be developing an online self-reporting tracking sheet, at which point this process will change.]

Date

City/County/State Official

Address (email or physical)

Dear [CITY/COUNTY/STATE OFFICIAL],

I write on behalf of [ORGANIZATION (“Abbreviation”)] and the National Law Center on Homelessness & Poverty (“Law Center”) to inform you that recent guidelines released by the Centers for Disease Control and Prevention (“CDC”) state that homeless encampments should not be evicted during the COVID-19 pandemic unless the city can offer individual housing units to people experiencing homelessness.[[1]](#footnote-1) This step is necessary to curb the spread of the virus and to protect against avoidable hospitalization and death among both housed and unhoused people.

[Local org description]

The Law Center is the only national legal advocacy organization dedicated solely to ending and preventing homelessness. We have published numerous reports, including *Housing Not Handcuffs 2019: Ending the Criminalization of Homelessness* (“Housing Not Handcuffs 2019”), <https://nlchp.org/housing-not-handcuffs-2019/>, which includes a section about the negative impact of criminalization policies on public health, and *Tent City, USA: The Growth of America’s Homeless Encampments, and How Communities are Responding* (“Tent City, USA”), which collects best practices, model policies, and case studies from across the country on how to constructively address homeless encampments. *See* <https://nlchp.org/wp-content/uploads/2018/10/Tent_City_USA_2017.pdf>.

According to the CDC, COVID-19 primarily spreads from person-to-person, between people within six feet of each other and droplets that are expelled when a person infected with COVID-19 coughs or sneezes. Recent reports indicate that homeless individuals infected by COVID-19 would be twice as likely to be hospitalized, two to four times as likely to require critical care, and two to three times as likely to die of COVID-19 than the general population.[[2]](#footnote-2) To prevent contracting and transmitting COVID-19, people are encouraged to wash their hands properly and frequently, avoid close contact with others, and to stay home if they are feeling sick.

For people experiencing homelessness, options for following these recommendations are extremely limited. There are too few private housing and shelter options available, even as the pandemic continues to grow worldwide, and congregate shelter settings [like local mass shelter options] do not allow for recommended social distancing, air circulation, and sanitation necessary to stem the spread of the virus. Displacing encampment residents from their private tents and vehicles – where they can self-isolate – to crowded congregate shelters will create a breeding ground for COVID-19 and rapidly increase the number of people requiring hospitalization and intensive care.

[Add any further description of local practices, examples of harms, details of concerns, quotes from local directly impacted individuals, etc.].

Helping unhoused people to properly shelter in place – even if those shelters are tents or vehicles – will help to “flatten the curve,” decrease the demand for services from hospitals, and enable communities to lift shelter-in-place orders sooner than if people experiencing homelessness are not sheltered-in-place.[[3]](#footnote-3) Single-occupancy units like hotel rooms “should be employed as prevention to prevent viral spread, not just for quarantine or isolation” and should not be dependent on a positive COVID-19 test result.[[4]](#footnote-4) These units should be provided “with accommodations to make them appropriate for [people experiencing homelessness], including safe transportation, storage of personal belongings, accommodations for pets and/or families, trauma-informed protocols, and adopting a low-barrier approach.”[[5]](#footnote-5)

An approach that emphasizes congregate emergency shelter facilities instead of individual housing units will only further the spread of COVID-19. Congregate emergency shelters expose people to communicable disease, infestations, and parasites that are more easily spread in crowded conditions. Moreover, safe physical distancing is not practicable in high-density congregate settings. When people are not on their beds or cots, such as when they get food, use the restroom, or go outside, they would not be able to maintain adequate physical distance from other residents. Shared bathrooms, shared drinking fountains, and shared eating facilities increase the number of shared surfaces that people staying in congregate shelters must touch during daily routines. The increased contact with other people and shared surfaces also increases the risk of COVID-19 infection and increases the risk that multiple people will become infected in a short time. In San Francisco, 144 residents in a single shelter were tested and five were found positive for COVID-19. Less than one week later, 92 of those residents tested positive for COVID-19, along with 10 shelter staff workers.[[6]](#footnote-6)

Transitioning people into individual housing units, such as the many vacant hotel rooms now available, is the best practice and would ensure they would be able to effectively socially distance themselves and have access to adequate sanitation, as well as be easily accessible to health care and other service providers. Communities are recommended to coordinate with local partners and ensure “continued linkage to homeless services, housing, medical, mental health, syringe services, and substance use treatment, including provision of medication-assisted therapies.”[[7]](#footnote-7) Failing the availability of individual rooms, the CDC states encampments should be left in place, provided with information on COVID-19, encouraged to space out tents, and provided with sanitation facilities.[[8]](#footnote-8) The guidelines also specify that any individual experiencing homelessness who is diagnosed with COVID-19 should be provided with isolation housing so they can recover and not infect others.[[9]](#footnote-9)

With the passage of the federal CARES Act, there is no excuse for not implementing these approaches immediately. The CARES Act specifically sets aside $4 billion “to prevent, prepare for, and respond to coronavirus, among individuals who are homeless or receiving homeless assistance.”[[10]](#footnote-10) This money would be used to reimburse [CITY/COUNTY/STATE] for costs associated with responses to coronavirus for people experiencing homelessness. Furthermore, [CITY/COUNTY/STATE] would be able to “deviate from applicable procurement standards when procuring goods and services to prevent, prepare for, and respond to coronavirus.”[[11]](#footnote-11) [CITY/COUNTY/STATE] should work with its [COUNCIL/MAYOR/GOVERNOR] to affirm these provisions of the CARES Act to financially enable local organizations and service providers to take steps now to respond to this crisis.

[CITY/COUNTY/STATE] can look to practices from other communities when crafting its response. For example, California is working to procure hotel and motel rooms to safely isolate people experiencing homelessness and reduce the risk of COVID-19 spread.[[12]](#footnote-12) The costs associated with pursuing these or other practices as part of [CITY/COUNTY/STATE]’s response would be eligible for reimbursement under the CARES Act. [Add any examples of local responses you would like to showcase] [For further examples of positive practices, the Law Center has been tracking community responses to COVID-19 for people experiencing homelessness. *See* <https://nlchp.org/coronavirus/>] [DELETE THESE HIGHLIGHTED SECTIONS IF YOU DO NOT WISH TO PRESENT OTHER PRACTICES AS REFERENCE]

These approaches are necessary for the current crisis, but they are also best practice for the long term, from both a public health and fiscal policy perspective.We urge you to follow the CDC recommendations as well as the Law Center’s Encampment Best Practices and Procedures found in the Tent City Report. Only by providing individual housing units will [CITY] stop this wasteful and harmful cycle and combat the spread of COVID-19 among people experiencing homelessness. This is not a matter of charity, but of public health that will not only benefit people experiencing homelessness, but the housed members of your community who will have hospital beds available to them when they need them, instead of having those beds unnecessarily occupied by people who were swept from encampments and subjected to increased risk of infection. If [CITY] would like, we would be happy to work with you to develop and implement solutions that work for everyone. Please feel free to contact us at [local contact] or at tbauman@nlchp.org or 202-638-2535 x. 102.

Sincerely,

[LOCAL SIGNER] Tristia Bauman

[POSITION, ORGANIZATION] Senior Attorney, NLCHP

1. *See Interim Guidance on Unsheltered Homelessness and Coronavirus Disease 2019 (COVID-19) for Homeless Service Providers and Local Officials*, centers for Disease Control & Prevention, <https://www.cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/unsheltered-homelessness.html> (May 2020). [↑](#footnote-ref-1)
2. *See* Dennis Culhane et al., Estimated Emergency and Observational/Quarantine Capacity Need for the US Homeless Population Related to COVID-19 Exposure by County; Projected Hospitalizations, Intensive Care Units and Mortality (2020), <https://endhomelessness.org/wp-content/uploads/2020/03/COVID-paper_clean-636pm.pdf>. [↑](#footnote-ref-2)
3. *See* Colette Auerswald et al., Berkeley Pub. Health, For the Good of Us All: Addressing the Needs of Our Unhoused Neighbors During the COVID-19 Pandemic (“For the Good of Us All”) (2020), <https://publichealth.berkeley.edu/wp-content/uploads/2020/04/For-the-Good-of-Us-All-Report.pdf>. [↑](#footnote-ref-3)
4. *Id.* [↑](#footnote-ref-4)
5. *Id.* [↑](#footnote-ref-5)
6. *See id.* [↑](#footnote-ref-6)
7. *See Interim Guidance on Unsheltered Homelessness and Coronavirus Disease 2019 (COVID-19) for Homeless Service Providers and Local Officials*, centers for Disease Control & Prevention, <https://www.cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/unsheltered-homelessness.html> (May 2020). [↑](#footnote-ref-7)
8. *Id.* [↑](#footnote-ref-8)
9. *Id.* [↑](#footnote-ref-9)
10. *See* Coronavirus Aid, Relief, and Economic Security “CARES” Act, H.R. 748, 328 (2020), <https://www.congress.gov/116/bills/hr748/BILLS-116hr748enr.pdf>. [↑](#footnote-ref-10)
11. *Id.* [↑](#footnote-ref-11)
12. *At Newly Converted Motel, Governor Newsom Launches Project Roomkey: A First-in-the-Nation Initiative to Secure Hotel & Motel Rooms to Protect Homeless Individuals from COVID-19*, Office of Governor Gavin Newsom (Apr. 3, 2020), <https://www.gov.ca.gov/2020/04/03/at-newly-converted-motel-governor-newsom-launches-project-roomkey-a-first-in-the-nation-initiative-to-secure-hotel-motel-rooms-to-protect-homeless-individuals-from-covid-19/>. [↑](#footnote-ref-12)