NHLC

NATIONAL HOMELESSNESS LAW CENTER

March 2, 2021

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Via email

Dear Council Members,

I write on behalf of the National Homelessness Law Center ("Law Center") to express concern regarding Dallas's clearance of Camp Rhonda and other homeless encampments and 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. *See* https://www.cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/unsheltered-homelessness.html. 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.

The CDC guidelines state in part, "[i]f ***individual housing*** options are not available, allow people who are living unsheltered or in encampments to remain where they are. Clearing encampments can cause people to disperse throughout the community and break connections with service providers. This increases the potential for infectious disease spread." As such, the CDC advises that **communities should not clear any encampments unless they can provide individual housing units for those displaced.** Otherwise, the CDC recommends that these individuals are allowed to remain where they are and provided with necessary sanitation facilities. The Federal Emergency Management Agency has recently approved waivers of both its 30 day renewal and 25% match requirements, offering 100% reimbursement funding for the duration of the pandemic. *See* https://nlihc.org/resource/fema-changes-policy-approve-non-congregate-shelter-reimbursement-duration-emergency, https://nlihc.org/resource/new-executive-order-addresses-urgent-health-and-housing-needs-people-experiencing. **This means communities have no fiscal constraint to stop them from offering non-congregate shelter to people experiencing homelessness for the duration of the crisis.**

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* 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* collecting 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 from droplets that are expelled when a person infected with COVID-19 coughs or sneezes. Recent reports project 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. *See* https://endhomelessness.org/wp-content/uploads/2020/03/COVID-paper_clean-636pm.pdf. 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 CDC personal health recommendations are extremely limited since there are too few private housing and shelter options available, even as the pandemic continues to grow worldwide. Congregate shelters are not necessarily equipped to truly safeguard against the spread of the virus. This is because congregate shelter settings do not allow for the recommended social distancing, air circulation, and sanitation necessary to stem the spread of the virus. 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. *See* Colette Auerswald et al., For the Good of Us All: Addressing the Needs of Our Unhoused Neighbors During the COVID-19 Pandemic (2020), https://publichealth.berkeley.edu/wp-content/uploads/2020/04/For-the-Good-of-Us-All-Report.pdf. 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. Scattering persons with no plan whatsoever for rehousing also potentially increases exposure of both housed and unhoused residents alike. Thus, at a minimum, 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.

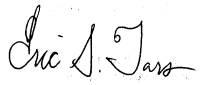
However, transitioning people into individual housing units, such as the many vacant hotel rooms now available, is the best practice and would ensure they would be able to effectively socially distance themselves and have access to adequate sanitation, as well as be easily accessible to health care and other service providers. ***As noted above, FEMA is now providing 100% reimbursement for communities providing non-congregate shelter.*** Communities are recommended to coordinate with local partners and "continue activities that protect people experiencing homelessness, including supporting continuity of homeless services, healthcare, behavioral health services, food pantries, and linkages to permanent housing." 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.

Dallas 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. *See* 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/. Washington, D.C. issued a moratorium on ticketing for emergency no parking violations and for expired license plates, inspection stickers, parking permits, and meters and prepared portable sanitation facilities. *See* https://coronavirus.dc.gov/sites/default/files/dc/sites/coronavirus/publication/attachments/DPW-COVID-19-ONE-PAGER_040720.pdf; and https://dhs.dc.gov/sites/default/files/

dc/sites/dhs/page_content/attachments/COVID%20DHS%20Handwashing%20Stations_04032020%20%281%29.pdf. The costs associated with pursuing these or other practices as part of Dallas's response would be 100% eligible for reimbursement under the CARES Act and subsequent relief legislation and policy.

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 Dallas 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 Dallas 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 etars@nlchp.org or 202-638-2535 x. 120 with any questions or concerns.

Sincerely,



Eric S. Tars
Legal Director