February 9, 2021

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Via email

Dear Indianapolis-Marion County City-County Council,

I write on behalf of the National Homelessness Law Center (“Law Center”) to express concern regarding Indianapolis-Marion County’s proposed amendment to Chapter 231, Article V of the “Revised Code of the Consolidated City and County” (“Proposed Ordinance”). Specifically, the Proposed Ordinance authorizes the Office of Public Health and Safety (“OPHS”) to temporarily or permanently close any encampment on any public property or right of way if there is “sufficient temporary housing or shelter space available,” and to regulate charitable distribution to needy individuals. Recent guidelines released by the Centers for Disease Control and Prevention (“CDC”) 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.” See https://www.cdc.gov/coronavirus/2019-ncov/
community/homeless-shelters/unsheltered-homelessness.html. The good news for Indianapolis is that the Federal Emergency Management Agency (FEMA) has recently approved waivers of both its 30 day renewal and 25% match requirements, offering 100% reimbursement for non-congregate shelter (i.e. hotel or motel rooms) 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 Indianapolis has no fiscal constraint to stop it from offering hotel rooms to people experiencing homelessness for the duration of the crisis. As such, we urge the city to reject the proposed amendments as unnecessary, and instead focus its efforts on getting its unsheltered population into individual hotel rooms, at no local cost, for the duration of the pandemic.

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. Our Housing Not Handcuffs report in fact highlights Indianapolis’ existing ordinance, with its strong requirement for provision of adequate alternative housing before an encampment is dismantled. The proposed amendments are a step back from that strong example.

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 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. 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. Indianapolis can look to California and other communities which are procuring 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/. This presents an opportunity not only to ensure the health and safety of Indianapolis’ most vulnerable residents, but also give an infusion of federal dollars to its ailing hospitality industry.

We appreciate that the Proposed Ordinance maintains some protections prior to encampment closure. However, reducing the required alternative to shelter instead of temporary or permanent housing for residents who will be displaced by the closure is a significant step back. Moreover, while the Proposed Ordinance provides for the storage of a person’s individual property, the City is not obligated to extend this protection for single-night shelter stays under 24 hours or when property is destroyed during cleaning or sweeps. Additionally, the Proposed Ordinance issues the director of OPHS wide latitude to declare a camp an emergency if they determine “other circumstances exist that present a significant threat to the public health or safety.” If an encampment is declared an emergency, a person residing in the encampment is not entitled to any of the property or shelter requirements outlined by the Proposed Ordinance. We all share the goal of not having homeless persons sleep in our streets and parks—but the best, most cost-effective, and permanent way to achieve that is to ensure that all who are unsheltered are able to access adequate, alternative housing, not short-term shelter stays that will simply disperse people experiencing homelessness to different public spaces.

Additionally, the Proposed Ordinance’s restrictions on charitable distribution sites focus on the symptoms of addressing homelessness, rather than the underlying homelessness itself. Again, rather than spending energy regulating distribution of charity, the city is better off focusing its efforts to get individuals into hotel rooms, for free, for the duration of the crisis, which will eliminate any need for external charitable distribution.

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, and take advantage of FEMA’s offer to get your entire homeless population into safe housing with no local costs. Only by providing individual housing units will Indianapolis 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 Indianapolis 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