A RESPONSE TO THE COVID-19 PANDEMIC
SHELTER IN PLACE REQUIRES SHELTER
Dear Readers,

It is essential that everyone remain stably housed throughout this pandemic. As you know, COVID-19 is not the reason we have more than 500,000 people experiencing homelessness on any given night in America. Homelessness is a result of the lack of affordable homes, housing discrimination, and declining incomes that existed long before this pandemic. COVID-19 has exposed the cracks in our system and exacerbated the suffering of millions, particularly low-income people.

Several recent developments give hope. Some state and local leaders on both sides of the aisle have softened the blow of the pandemic by issuing eviction and foreclosure moratoriums, using hotel rooms as alternatives to congregate shelter for those without homes, providing some rental assistance, and releasing incarcerated individuals to return to their families. These measures will help those suffering the most – people with the lowest incomes – but much, much more is needed.

NLIHC continues to advocate for the bold federal response that is needed to protect low-income renters with the least incomes in the United States have affordable and decent homes.

The key part of our work is through public education and engagement. NLIHC is committed to sharing resources and tools that help individuals become informed advocates. Tenant Talk is one of the many resources we provide to the public.

It has never been clearer that housing is healthcare.
My name is Mindy Woods, and I am on the Steering Committee for the Resident Action Project, a tenant advocacy organization fighting for housing to be a human right in Washington state. In 2011, my son and I lost our apartment and spent eight months couch-surfing, staying in a motel, and living in a YWCA shelter. It was during that time that I was asked to testify before a Housing Committee, and my journey as a housing advocate began.

Three years later I experienced homelessness again when my landlord decided to no longer accept Section 8 rental assistance. I was a low-income tenant on a fixed income, and I felt powerless and devastated. This further fueled my commitment to fight even harder for better tenant protections and safe, healthy, and affordable housing for us all.

I am excited to join the National Low Income Housing Coalition board, and to use my lived experience to collectively build power for change and create the opportunity for everyone to have a home.

Meet Loraine Brown
Community Board 8; Chair, Census 2020 Task Force; Member of City-Wide Council of Presidents-Resident Advisory Board- NYCHA (Manhattan, New York); Boston Housing Authority-RAB Secretary, Past President 334 East 92nd Street, and NAACP Member

Over the past six decades, I have dedicated my life to change. I always want to be part of the solution instead of the problem. My early efforts included involvement as a “freedom rider-fighter,” sitting at counters, protesting, lobbying, advocating for fair housing, voting, and advancing education equality. In 1978, I successfully expanded the MESA (Mathematics, Engineering, Science, Achievement) programs to cover all University of California and California State University campuses, providing opportunities for Black and Chicano students in the sciences. As a Board Member of NYCHA’s CCOP-RAB and member of the Community Board, I deeply care about all of NYCHA’s residents and the City, and I regularly respond to requests for assistance locally and throughout the country. I am here to serve and be the voice for the voiceless.

I am a three-time cancer survivor and, during my second episode (pre-ACA), I lost my house and retirement savings from medical debt and suffered homelessness. Section 8 saved and changed my life. Having been a homeowner, landlord and tenant, I understand and respect all perspectives. My goal as a new NLIHC board member is to learn how to engage and activate change with the tools provided by NLIHC. My focus is to empower all residents to be self-sufficient and to better partner with our elected officials on the local, state, and federal level. My focus is to end homelessness and make sure that all residents and policy-makers understand the benefits and power of Section 3 resident-owned businesses.

I am most humbled and honored to be able to participate in the work and principles of the Coalition set forth by its founder, Cushing Dolbeare. I will do my best to continue in this privileged position to learn and empower all housing residents. I look forward to a very rewarding association with NLIHC, the residents and other members of the Board.
ON THE STREETS are at GREAT RISK

Many people experiencing homelessness are at high risk of contracting coronavirus. Having no shelter of their own to “stay at home,” they cannot control their environment, take preventive measures, or isolate, self-quarantine, or recover. Many people experiencing homelessness also have underlying medical conditions.

The Centers for Disease Control and Prevention (CDC) recommends preventative measures to avoid spreading the coronavirus, such as washing hands, maintaining a social distance of six feet from others, covering one’s mouth and nose with a face cover, and cleaning and disinfecting frequently touched surfaces daily. Crowded shelters and encampments, outdoor sleeping arrangements, and housing instability make it difficult for people experiencing homelessness to engage in these preventive measures as well as to maintain their general wellbeing. Wellness activities like getting enough sleep and accessing nutritious food are even harder during the pandemic due to food shortages and shelter closings.

The CDC has warned that people over the age of 65 may be at higher risk of becoming seriously ill from COVID-19. Not only is the older adult homeless population growing, but studies show that living without a home can accelerate the negative health effects of aging. According to the most recent HUD data, on a single night in 2019, over 100,000 individuals over the age of 45 were homeless.

The CDC has also warned that people with serious, pre-existing medical conditions are more likely to become seriously ill from COVID-19. Many people experiencing homelessness have underlying medical conditions. Some had serious illness before they became homeless, which led to a loss of income and to economic insecurity. Others develop serious medical conditions as a result of homelessness due to sleeping outside and/or in crowded settings.

People experiencing homelessness who contract COVID-19 are 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 than others in the general public. Researchers estimate that without an investment of $15.5 billion to protect people without homes, as many as 20,000 could require hospitalization and nearly 3,500 could die from COVID-19. Congress provided $4 billion for homelessness response in the CARES Act; they must now pass the additional $11.5 billion that is needed.

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Moving Away from Congregate Shelter

People experiencing homelessness are more vulnerable to an outbreak of highly communicable diseases like COVID-19. Without a permanent place to call home, people experiencing homelessness are more often exposed to potentially infected objects and people. Unsheltered persons often lack a restroom for frequent handwashing and personal hygiene and essential laundry facilities, a tremendous challenge when frequent washing is critical to prevent the spread of the disease. The problem is worse as public spaces such as libraries, cafes, or community centers are often currently closed. Emergency shelter provides some protection from the disease, but shelters commonly have tight quarters and require many people to share facilities like showers and laundry.

Crowded Spaces Spread Disease

Many shelters are underfunded and lacking staff and supply shortfalls that make it harder to maintain sanitary conditions. Adhering to the CDC shelter guidelines requiring more space between beds and more cleaning would help prevent rapid spread of the disease. But shelters have very limited space, so distancing each bed or creating improvised isolation rooms can also mean more people will be unsheltered due to reduced capacity. Sending people out onto the streets exposes them to unsanitary conditions in encampments. To help shelters manage these challenges, Congress provided $4 billion in Emergency Solutions Grant (ESG) homeless assistance funding in the CARES Act that passed in March. An additional 811.5 billion in much-needed homeless assistance is included in the HEROES Act that passed the House of Representatives on May 15.

Motel Sheltering Using FEMA Funds

Generally, FEMA does not provide Public Assistance (PA) funding for emergency sheltering in non-congregate environments such as hotels, motels, or dorms, unless congregate sheltering is unavailable. Given the heavy usage and stress the current homeless shelter system is under, FEMA has determined that certain non-congregate sheltering costs will be reimbursable under this program.

North Carolina was one of the first states to get approval for FEMA-funded non-congregate sheltering. Having recent, extensive experience working with FEMA during the recovery from Hurricanes Florence Matthews, state lawmakers and advocates were able to quickly create a request with the state public health department. The state government then released program guidance that stated all current shelter residents met the FEMA-approved definition of “high-risk individuals,” and would be eligible for non-congregate shelter in motel or hotels.

Although the guidance was broad, the state did not receive formal FEMA approval for the expanded definition of “high risk,” creating questions about reimbursement. Without formal FEMA approval, there is a chance that FEMA could refuse to reimburse organizations for the costs of arranging and maintaining non-congregate sheltering. Without a more forceful guarantee from the federal government, many localities are not heeding the expanded guidance and are moving only medically high-risk, COVID-19-positive, or exposed individuals into non-congregate shelter.

All residents of congregate shelter in the state of Connecticut are also eligible for non-congregate shelter. This was made possible through a broad public health order by Connecticut’s health commissioner stating that deconcentrating of shelters is a necessary public health measure. That order was used as the basis of Connecticut Governor Ned Lamont’s request to FEMA to cover this broad population, and shelter and homeless service providers worked quickly to prioritize the needs of people experiencing homelessness. Approximately 1,000 people from over 60 shelters will be moved into 15 hotels.

Important CDC Guidance for Shelter Operations

The CDC recently released guidance for homeless shelter providers on how to operate during the pandemic based on what is known about the coronavirus. The CDC advises shelters to stay open, deeming them an essential function of the community. The CDC recommends that shelters should close only if the health department, public housing authority staff, and homeless service providers determine together that remaining open is a significant risk to public health.

The CDC states that shelters should not exclude people who are having symptoms or test positive for COVID-19. The person presenting symptoms should be provided a mask and have access to non-emergency medical care as needed. Shelter providers should ensure they have a separate place where symptomatic individuals can safely stay within the shelter without spreading infection or others or should be provided shelter at an alternate site such as a hotel or motel.

Congregate sheltering poses a severe risk to individuals experiencing homelessness, many of whom are more likely to have pre-existing medical conditions that make contracting coronavirus more severe. The general public is also at greater risk when there are outbreaks in the homeless community. One way to reduce this risk is for shelter residents to be moved to safer non-congregate sheltering, such as hotels and motels, which allows for self-isolation and prevents the coronavirus from rapidly spreading to others.

After massive COVID-19 outbreaks in shelters in Boston and San Francisco, many cities and states have decided to move people experiencing homelessness to non-congregate sheltering. In San Francisco, after over 100 residents tested positive for the virus at a shelter, city officials unanimously passed an emergency ordinance to lease 7,000 hotel rooms for people experiencing homelessness, whether or not they had been exposed to the disease.

Governor Gavin Newsom of California announced in April that thousands of people without homes would be relocated to hotel rooms through a state program called “Project Roomkey.” Similar efforts are underway in other states. At the time of this writing, seven states have plans for FEMA reimbursable, non-congregate sheltering of individuals experiencing homelessness and others needing space for social isolation. Additional shelters are moving forward with non-congregate plans in places where FEMA has not approved a statewide program.

Many communities have experienced challenges moving people into non-congregate shelters quickly. Some issues that have arisen include lack of funding, hampered mobility of people experiencing homelessness, NIMBYism (Not In My Backyard) opposition in neighborhoods where the non-congregate shelters would take place, lack of access to critical services, or limited room capacity. Some communities have creatively addressed these challenges with success. For example, the City of New Haven, CT, moved the most vulnerable people experiencing homelessness into hotels first. Wraparound services and meals were brought to them.

As eviction moratoriums end and the unemployment rate increases, the number of people experiencing homelessness could dramatically increase. While there is still much unknown about the virus, advocates must work with elected officials to ensure the needs of individuals experiencing homelessness are included in all their disaster planning. Getting individuals experiencing homelessness out of shelters and into hotel rooms will go a long way to ensure that this vulnerable population is protected.
An issue in all congregate shelters is the challenge of practicing social distancing to mitigate the effects of COVID-19. NNEDV states that many shelters have been asked to decrease their populations by 50% to decrease the risk of infection. Denying shelter to domestic violence survivors can upend their lives, so all shelters, including shelters for domestic violence victims and survivors, should be seeking ways to move survivors and their families into motel rooms and dorms.

More funds and guidance are needed to address domestic violence survivors’ housing needs during the COVID-19 pandemic. NLHIC will continue to advocate for increased funding for federal housing programs, including those that serve domestic violence survivors. Meanwhile, there are steps shelter providers and groups serving domestic violence survivors can take with the resources already being provided. Organizations working with domestic violence survivors should visit NNEDV’s online resource library for more information on what they can do to serve their populations now.

If you are in an unsafe situation, contact the U.S. National Domestic Violence Hotline at 1-800-799-7233 and TTY 1-800-787-3324.

## The Pandemic and Vulnerability to Parental Violence

Domestic violence survivors are not always adults. The perils that survivors might face also apply to children if they are in an abusive home. The pandemic will likely lead to further parental violence due to lack of options for youth to be outside of homes. For example, Cook Children’s Medical Center in Fort Worth, TX, reported they typically see about six child-abuse fatalities each year, but already have three those past two months since shelter-in-place orders went into effect. Dr. Nina Agrawal, a child abuse pediatrician based out of Columbia University, writes in the New York Times that we as a nation may face an epidemic of child abuse in the coming months. Dr. Agrawal notes that children often report the abuse to their mothers, but the perpetrator remains in the house because he is the primary breadwinner. Dr. Agrawal links this unfortunate fact to housing insecurity and is concerned “that our current reality—the lack of opportunities to seek refuge outside the home combined with the difficulty of finding new living arrangements when money is tight—makes it even less likely that young victims will be able to escape their abusers.” This reality will leave even more youth choosing between an abusive home or fleeing into homelessness.

### Food Insecurity During the Pandemic

Many children are experiencing greater food insecurity during this pandemic. Already, far too many households, especially households with children, must choose between rent and food. About half of all school children are eligible for the free school lunch program, meaning they live in a household with an income at or below 130% of the poverty level or their household receives food stamps. In some states, almost three-fourths of children are eligible. With widespread school closures across the country to maintain social distancing during the COVID-19 pandemic, these 30 million children are missing nutritious meals more than they were before. Many also struggle to do remote learning because they lack computers or internet access. And many of their parents have lost jobs and income due to lockdowns.

## Important Increases in SNAP Funding

There is some hope for the food insecure. Many cities have offered mobile lunch sites where families can pick up lunches for their children. Additionally, while greater housing affordability would allow households to have more money for food, the United States Department of Agriculture (USDA), which administers the Supplemental Nutrition Assistance Program (SNAP), has encouraged states to increase the benefits for current SNAP holders to the maximum allowable. Fortunately, all states have adopted this practice. States can also submit a request to provide meal replacement benefits through SNAP to households with children who attend a school that has closed and would have received a free or reduced price meal. So far more than 30 states have been approved to provide benefits under this provision.

## Dire Consequences School and University Closures

Schools all over the country have closed. The New York Times recently reported that approximately 1.5 million school-aged children are experiencing homelessness in the U.S., the highest recorded in more than a dozen years. There was a 15% increase in students who are unsheltered “homeless” (more than 102,000) over a one-year period. Many of these students are staying in places not meant for human habitation, such as abandoned buildings and cars. Many homeless students live with other families, leading to overcrowding. The pandemic could leave children even more vulnerable to health problems or spreading the coronavirus as they have to spend more time on the street or in crowded homes.

Colleges and universities have had to close as well, and while many of them closed while students were on spring break in the hope that many were either at home or could go home, many students have nowhere but campus to shelter. Many college students rely on campus cafeterias for their food needs and are likely to face food insecurity, as are students in K-12 schools. Many students also rely on university employment for their living expenses, but campuses have suspended all jobs not deemed essential. Some schools, such as Harvard, have returned a portion of student’s financial aid to assist them with relocation and living expenses.
Considerations for Immigrant Households

The pandemic proves particularly dire for many of our immigrant neighbors due to the administration’s new “public charge” rule.

The public charge rule, established in 1882, sought to allow the government to deny a U.S. visa to anyone who might become a “public charge” but did not define what “public charge” means. In 1999, the rule was narrowed to mean that anyone who might rely on public assistance in the form of TANF, SSI, and emergency-Medicaid. Often, however, immigrants do not receive public assistance due to their legal status, so this rule was not regularly applied during immigration applications.

The Supreme Court ruled that the Department of Homeland Security (DHS) may allow USCIS to move forward with the new public charge rule follows this trend as it allows the United States Citizenship and Immigration Services (USCIS) to forbid immigrants who might rely on assistance from being admitted into the U.S. or to apply for citizenship, adding to the definition of public charge. The Housing Choice Voucher program, Section 8 Project-Based Rental Assistance, and public housing, as well as the Supplemental Nutrition Assistance Program (SNAP; or food stamps) and other programs. This rule will also have a chilling effect on current immigrants who might require SNAP or housing assistance, as they will fear retaliation. HUD has recently worked to expand this restriction, advancing a rule to also ban federally assisted housing to entire households with mixed-immigration status. These are households in which some members of the households are eligible for assistance and others are not; currently their assistance is prorated, but under the new rule the whole family would lose its assistance.

The Supreme Court ruled that the Department of Homeland Security (DHS) may allow USCIS to move forward with the new public charge rule, but a federal court in Illinois has blocked its implementation in the state, leaving the door open to other such rulings. Other states and organizations have filed a total of nine lawsuits yet to be decided. NLHIC is committed to blocking the rule from full implementation and will work with our partners in advocating for immigration justice, including the National Immigration Law Center, National Housing Law Project, Asian Americans Advancing Justice-Los Angeles, the National Health Law Program, and the Western Center on Law and Poverty, and many others to oppose rule changes that impose restrictions on immigrant households.

Go to https://protectingimmigrantfamilies.org/ for more information on the rule and how to get involved!

Two of the most important programs that received expanded funding through the CARES Act are the Community Development Block Grant (CDBG) and the Emergency Solutions Grant (ESG) homeless assistance grants. Both CDBG and ESG are not covered by the public-charge rule, and these programs can be accessed by immigrant households, even those who might be undocumented.

The Crucial Importance of Halting Evictions

As the COVID-19 pandemic forces many businesses to close temporarily or indefinitely to maintain social distancing practices, employees are being laid off by the millions. There have been nearly 39 million new unemployment claims as of May 21, and the people making these claims will join the millions of rent-burdened households or find their pre-existing rent burdens worsened.

Many states and localities have responded with policies to address these rent burdens and housing instability. One commonly implemented policy is an eviction moratorium, but not all eviction moratoriums are the same. In some states and localities landlords can be forbidden from serving an eviction notice to a tenant, others instructed courts to suspend eviction hearings, and some sheriffs’ departments have been ordered not to serve any evictions. Many of these policies have been coupled with similar foreclosure moratoriums to protect homeowners and landlords from losing their properties.

The best source for identifying if your community is covered by an eviction moratorium is being maintained by Eviction Lab. View their list of state and local policies by visiting www.evictionlab.org.
COMMUNITY DEVELOPMENT BLOCK GRANTS

The CARES Act provided $8 billion to the Community Development Block Grant (CDBG) program. This new money allocated to cities and states can be combined with any leftover CDBG dollars from previous years to prevent, prepare for, and respond to COVID-19. CDBG Funds can be used for a broad range of uses including rental assistance for up to three months per household. Advocates should encourage their state and local governments to use these dollars for emergency rental assistance and to target needs of people experiencing homelessness.

FEMA DISASTER RELIEF FUND

The Disaster Relief Fund - a crucial tool for affordable housing advocates working to ensure people with the greatest needs are protected during the COVID-19 crisis, but much more is needed.

PUBLIC HOUSING AND OTHER PROGRAMS

The public housing operating fund received $685 million to continue normal operations and take other necessary actions to respond to the coronavirus. Public housing agencies (PHAs) – through the end of the 2020 calendar year – can combine their capital and operating funds for additional flexibility in responding for the pandemic. This flexibility may be extended another 12 months if needed.

PHAs are having to cover more rent for voucher holders facing a loss of income. Congress provided $1.25 billion to tenant-based rental assistance agencies to help public housing agencies facing a significant increase in voucher costs so that vouchers can be renewed rather than terminated, and another $850 million for administration costs and other expenses related to supporting assisted households and participating landlords.

The CARES Act created the Coronavirus Relief Fund (CRF) and allocated $150 billion to it, including $3 billion for territorial governments and D.C. and $8 billion for tribal governments. These funds can be used very broadly to cover expenses created by the pandemic, such as addressing the needs of people experiencing homelessness and low-income renters impacted by the pandemic. CRF funds cannot be used to replace already-allocated state funds.

Other funding provisions for housing advocates to note in the CARES Act include:

- $46 billion to project-based rental assistance to maintain normal operations and take other necessary actions while impacted by coronavirus;
- $300 million to Native American Housing Programs, including $200 million for Native American Housing Block Grants and $100 million for the Indian Community Development Block Grant Act to prevent, prepare for, or respond to coronavirus;
- $85 million for Housing for Persons with AIDS (HOPWA) to address operations, rental assistance, and other actions to prepare for and respond to coronavirus;
- $60 million for Housing for the Elderly, including $10 million for service coordinators; and
- $15 million for Section 811 Housing for Persons with Disabilites.

By far the largest allocation of federal funds to respond to the crisis was $500 billion for the Paycheck Protection Program (PPP) to help small businesses keep their workers on their payrolls. This was intended to convert into larger loans for payroll, rent, utilities, and other operating costs that would be forgiven if businesses are able to maintain their workforce during the crisis. Like the CRF, however, these funds can be used very broadly to cover expenses created by the pandemic, such as addressing the needs of people experiencing homelessness.

Lastly, those getting unemployment insurance can receive $600 in addition to whatever they receive under regular unemployment insurance. This provision will not serve everyone though, as many people on fixed incomes cannot receive unemployment insurance, so rental assistance is still desperately needed.

No funds were provided to USDA rural housing programs in the CARES Act.

CRITICAL HOUSING RESOURCES & PROTECTIONS PROVIDED IN HEROES Act

SENIORS MUST ACT ON ESSENTIAL HOUSING SUPPORTS

Please vote for the $2 billion in additional Congressional actions as the passage of this article and the date you are reading it. For the latest information, visit: https://bit.ly/2AFPFY2 and

The $2 billion included in the “Coronavirus Aid, Relief, and Economic Security (CARES) Act” to protect our lowest-income renters and people experiencing homelessness was an important first step, but many more resources are needed.

Millions of renters were already struggling to make ends meet before the pandemic, and now many are facing job losses and reduced income. COVID-19 outbreaks are happening in shelters and homeless encampments with enormous consequences for both our unhoused neighbors and some of our country’s already overwhelmed hospitals.

For the next negotiated spending package, NLIHC identified the following top priorities, all of which are included in the “Health and Economic Recovery Omnibus Emergency Solutions (HEROES) Act” recently passed on the House:

- An additional $1.15 billion in Emergency Solutions Grant (ESG) funding to decongest emergency homeless shelters and provide short-term rental assistance and housing stability services;
- $100 billion in emergency rental assistance and eviction prevention to help keep America’s lowest-income households housed—estimates needed to see: https://bit.ly/2AFPFY2; and
- A uniform, national moratorium on evictions and foreclosures to address the current patchwork of moratoria at all levels of government.

While these asks may seem large, so is the need. These are not handouts, but lifelines, and unless Congress wants to face an even greater homelessness crisis coming out of and after this pandemic, they must pass these necessary provisions. While national advocates across the country support these measures, and supportive agencies like the National Association for the Homeless and National Association of States United to End Homelessness (NASEH) do as well.

The HEROES Act passed the House of Representatives on May 15. The Senate will likely pass a very different spending package, but these housing resources and solutions MUST be included in final package negotiated between the two bodies of Congress and the White House.

Advocates should contact their members of Congress to urge them to prioritize these essential protections in the next coronavirus package. Find your members of Congress and send them an email at: https://bit.ly/2AFPFY2.

See all of NLIHC’s recommendations to Congress for the next coronavirus relief package at: www.nlihc.org/responding-coronavirus.
Now more than ever, we must say clearly and unequivocally: Black Lives Matter. We must recognize that calling for racial justice, while important, isn’t enough – we must work to create it through actions, through policies and programs that protect and value Black lives and make racial equity a reality.

In Solidarity,