A Letter from Hospital Providers Regarding COVID-19 and Homelessness in New York City

April 15, 2020

Dear Mayor Bill de Blasio, Governor Andrew Cuomo, NYC Department of Social Services Commissioner Steven Banks, New York City Emergency Management Commissioner Deanne Criswell, City Council Speaker Corey Johnson, and City Council Member Stephen Levin:

We are frontline workers—physicians, nurses, social workers, and others—from hospitals across New York City writing to express our concerns and recommendations specific to the thousands of New Yorkers who are homeless during the COVID-19 pandemic. These individuals cannot stay home, because they have no home. They are at high risk for contracting and dying from COVID-19.

Homeless New Yorkers are our patients and our neighbors. We commend you for steps you have taken to protect them and to preserve the capacity of our hospitals, such as creating isolation sites for people experiencing homelessness who have symptoms of COVID-19 and developing protocols to keep people with only mild symptoms out of emergency departments.

Many of us have expressed our concerns publicly and privately, and are appreciative that several of these concerns have been addressed. We remain troubled, however, at the slow and still inadequate response to protect homeless New Yorkers. As of April 12, there were already 421 homeless New Yorkers known to be infected with COVID-19 and 23 had died from the disease. Black and Latinx New Yorkers are disproportionately affected by homelessness and incarceration (itself associated with both homelessness and risk of exposure to coronavirus), layering health inequity upon health inequity.

Our specific concerns are as follows:

- **The process for discharging homeless patients from hospitals is still too often inefficient.** Instead of one streamlined system for discharging homeless patients who have symptoms of COVID-19 but do not require hospitalization, hospital staff are asked to navigate multiple systems to obtain isolation beds: through DHS for some patients (those who have been in DHS shelters in the past year or known to street outreach teams)

and NYCEM (OEM) for others (those who are homeless but not in the DHS system or who are newly homeless, some as a direct result of the COVID-19 crisis). As health care professionals, it is unclear to us why DHS would serve one set of homeless patients but not another. From a practical level, hospital staff have faced challenges in placing patients both into DHS and NYCEM isolation beds, including delays in having phone calls answered and returned, inconsistent information given depending on who answers the phone line, and delays in patient acceptance and transportation. In addition, for hospital discharges of patients without COVID-19, DHS referral processes have remained unchanged despite the current crisis (including a multi-step referral and approval process, and discharges only on weekdays between 9AM and 3PM). This places undue burden on already overburdened hospitals while exposing patients to risk of contracting COVID-19 while waiting for discharge. Hospitals need assistance by having a streamlined process, ideally accessible via a single hotline, for discharging all homeless patients as quickly as possible.

- **Not enough has been done proactively to protect people who are homeless and who do not yet have COVID-19.** Ultimately, doing more to protect this vulnerable population would not only save lives, but also reduce use of stretched hospital resources. We note that not only do congregate settings put people who are homeless at risk, but they also put at risk the people working in these settings (particularly when appropriate PPE is lacking) as well as the communities to which they return each day. While we are pleased to hear that 2,500 people will be moved from congregate settings to individual rooms (the 6,000 hotel placements the Mayor announced included 3,500 DHS clients already in hotels), this is not enough. Particularly with FEMA recently approving New York State's plan for non-congregate sheltering "to include homeless persons," NYC should act immediately to move people experiencing homelessness to non-congregate locations.
  - ***Congregate settings such as homeless shelters are potential hotbeds of infection.*** As health professionals, we have witnessed that this novel coronavirus appears to spread more easily than originally anticipated. We are concerned that congregate shelters—where people share dorm-like sleeping, bathing, and eating spaces—simply cannot offer the social distancing necessary to protect people from COVID-19. Settings such as SROs and Safe Havens that may have individual rooms but have shared bathrooms also put people at risk. We recommend that people who do not yet have COVID-19 be moved out of congregate settings into appropriate private rooms with private bathrooms (motels or permanent housing) as soon as possible, as other localities such as Connecticut have done. New clients coming into shelter should also be placed directly in private rooms, without first spending time in congregate settings where they may be exposed.

- ***People who are homeless are particularly vulnerable to infection.*** People who are homeless age prematurely, and those in their 50s have health profiles similar to non-homeless people in their 70s or 80s. There are thousands of homeless people over age 50 in the shelter system. Additionally, people who are homeless of all ages have higher than average rates of chronic medical conditions such as diabetes, hypertension, and lung disease that put them at high risk for poor outcomes related to COVID-19. Patients being discharged from hospitals for non-COVID illness are another particularly vulnerable group. While some groups are more vulnerable than others, as health care professionals we reject the notion that health and safety should be rationed for the homeless population; they all deserve safety. Homeless New Yorkers should be offered single rooms at unoccupied hotels or other locations, with appropriate support services. Congregate settings are simply not safe for those who do not yet have COVID-19.

- **Street sweeps have continued without moving people to individual housing units, against guidance from the CDC.** We have seen firsthand the toll that living without shelter has on the health of our patients and understand the importance of moving these individuals indoors. However, given the current crisis, street sweeps of encampments that move people into congregate settings (including Safe Havens with shared bathrooms) where they will likely be exposed to COVID-19 and cannot adequately social distance, present an immediate danger to their lives. This practice runs counter to the CDC's recommendation that encampments not be cleared unless individual housing units are available. While DHS has asserted that this guidance does not apply to NYC, that is both untrue and illogical. The resources being used for street sweeps could instead be used for practices that enhance public health such as providing greater sanitation, hygiene, and other support services, while focusing on moving people from the streets to individual housing units.

- **Communication has been inadequate.** In our experience, city plans and protocols have been communicated slowly and with insufficient detail, leaving many frontline hospital professionals without essential knowledge needed to safely and efficiently discharge patients who are homeless. Communication about NYCEM beds and with non-H+H hospitals more generally has been particularly sparse. Hospital leaders were sent an email via Greater New York Hospital Association (GNYHA) on 4/14/20 with basic information including a discharge protocol from DHS dated 3/27/20. Critical information about plans and protocols for the homeless population that affect hospitals must be publicly accessible in a central location online, updated regularly, and effectively disseminated.

- **Health services provided to patients in isolation sites are unclear.** We have received little information on how health is being monitored, medications provided, social support given, and basic needs met for our patients being sent to DHS and NYCEM isolation sites. We have heard from some patients that there have been delays in receiving their

necessary medications. We want to be sure that isolation sites are safe places for our patients. The recent communication via GNYHA noted above clarified that patients "cannot require nursing services or medical monitoring as these services are not available in hotels." It remains unclear where homeless patients who do require such services should be discharged. In addition, we have questions about the advisability of discharging patients from isolation sites to congregate shelter settings using the same 7 day plus 72 hours after last fever criteria used for the general population given that duration of viral shedding and transmission risk is not yet well established; the CDC recommends a conservative approach be taken if individuals are being discharged to a setting with others who are at high risk for severe disease.

- **The magnitude of COVID-19 among the homeless population is under-recognized.** Recent reports from Boston and San Francisco based on testing universally at congregate shelters have found COVID-19 infection rates above 30%. Without such universal testing, we will not know the true number of homeless New Yorkers infected. We recommend considering the homeless population as a special group potentially warranting more liberal and rapid COVID-19 testing strategies, both to allow a better understanding of the scope of the crisis and for proper separation of infected individuals (who may be asymptomatic) and those not yet infected. In addition, numbers of infections and deaths from COVID-19 among people experiencing homelessness in NYC should be publicly reported online and updated daily.

As health care professionals, it is our privilege and our duty to care for *all* New Yorkers. We remain concerned about the treatment of some of our most vulnerable patients, those who lack homes. Simultaneously, an outbreak of COVID-19 among people who are homeless could threaten already burdened health systems, showing the critical interconnections between housing and health care. We understand that you are working hard and facing multiple challenges because we are too. We stand in solidarity with those working on the frontlines with homeless services organizations, who we know share many similar concerns. We hope that you will act quickly to address our concerns.

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