

100 Medical Experts Advocate for More Hotels for the Unhoused, and Quickly

Increase our hotel capacity so that unhoused people can truly socially distance

Tuesday, March 24, 2020

We, the undersigned, are health professionals and medical experts who are committed to the health of all people.

As San Francisco's shelter in place order was being enacted, the City had about 30,000 vacant units and 42,000 empty hotel rooms while at least 8,000 people remained unhoused, either in congregate shelters or on the street.

Currently, the City is moving into hotel rooms only those unhoused San Franciscans who test positive for coronavirus or those who show symptoms of COVID-19. This is a vital start. But it is not enough.

Individuals carrying the coronavirus may be contagious for several days before showing symptoms or show few to no symptoms at all¹. Moreover, the rate of spread for the virus, represented by COVID-19's basic reproduction number (which ranges from 2 to 5 depending on the study²), suggests that if even a single person brings the disease into a shelter, an average of 2 to 5 people will be infected, each of whom would, in turn, infect 2 to 5 more.

If we only provide proper accommodation to people *after* they are noticeably ill, the spread could become exponential.

This is why we believe our City and state must prioritize making sufficient hotel rooms available to allow every unhoused person the opportunity to socially distance fully.

The compromised health already suffered by many unhoused people put them at especially high risk for COVID-19. Common conditions among this population include diabetes, hypertension, cardiovascular disease, autoimmune conditions, chronic

¹ Transmission of Coronavirus Disease 2019 (COVID-19). (2020, March 4). Retrieved from https://www.cdc.gov/coronavirus/2019-ncov/prepare/transmission.html?CDC_AA_refVal=https://www.cdc.gov/coronavirus/2019ncov/about/transmission.html

² Leung, G., & Wu, J. (2020). *Real-time nowcast and forecast on the extent of the Wuhan CoV outbreak, domestic and international spread*. Retrieved from https://www.med.hku.hk/f/news/3549/7418/Wuhancoronavirus-outbreak_AN-UPDATE_20200127.pdf; Yang, Y. E., Lu, Q. E., Liu, M. E., Wang, Y. E., Zhang, A. E., Jalali, N. E., ... Fang, L. E. (2020). Epidemiological and clinical features of the 2019 novel coronavirus outbreak in China. doi: 10.1101/2020.02.10.20021675

illnesses, and increased age³. Respiratory illnesses such as pneumonia and tuberculosis disproportionately harm the unhoused community. COVID-19 is also a respiratory illness. And among vulnerable populations, its mortality rate is particularly high.

The nation of Italy is currently experiencing the world's highest mortality rate for the disease, at around 8%⁴, in part because its population is on average more advanced in years. Yet the impact on Italy could pale in comparison to that on our vulnerable unhoused population.

Social distancing seems to be the only way to protect everyone from such grim statistics. This is why The Centers for Disease Control and Prevention (CDC) has recommended staying away from others who are sick and avoiding crowds⁴.

We know the virus spreads via airborne droplets produced when an infected person coughs or sneezes. The conditions in the city's congregate shelters are ideal for the spread of airborne droplets, putting guests at high risk of infection. While spacing beds out and emphasizing good hygiene are important to slow the rate of transmission, they are not the ideal.

The ideal is housing the unhoused. It is vital that we make enough housing units available with all haste, both to avoid mass illness and to provide this most basic human need. Lack of housing is ruinous to health. COVID-19, which is more dangerous to those already vulnerable, underscores this for us yet again.

Homeless adults with medical and behavioral health needs must also be provided nursing and social work support. We need to prevent isolation, even while socially distancing, and tend to chronic medical needs lest they deteriorate. Therefore, various types of housing, in addition to hotels, should be made available for high-need individuals: from single rooms to board and care facilities, and small living arrangements with common areas so that small groups can avoid total isolation and medical staff can efficiently support their needs. It will be critical to provide enough staffing to provide such services.

We need to recognize that the landscape of public health has changed completely. We need to put our resources toward the interventions that work. In Wuhan, where the first outbreaks are now relatively contained and being studied, experts have found that

³ Health, Homelessness, and Racial Disparities. (2019, April). Retrieved from <https://nhchc.org/wpcontent/uploads/2019/08/health-homelessness-and-racial-disparities.pdf>

⁴ How to Protect Yourself. (2020, March 18). Retrieved from <https://www.cdc.gov/coronavirus/2019ncov/about/prevention.html>

infection rates only drop enough to mitigate spread when true social distancing is enacted⁵.

The Bay Area seems to be taking this lesson to heart. Courageous front-line workers, city officials, and unhoused people themselves are doing their best to protect everyone, and they deserve our unending gratitude.

But in a time when we ask school children to stay home, congregants to worship alone, and workers to prioritize their health, we need to create the same safety for our neighbors experiencing homelessness. It is not only a matter of public health, it is a matter of social justice, a step away from the enduring inequities of the past, in which low-income people of color suffer the brunt of public health disasters time and again.

Right now, with tens of thousands of vacant rooms in the Bay Area, we have a chance and a duty to get it right, before it gets out of hand.

In health and solidarity,

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⁵ Wang, C., Liu, L., Hao, X., Guo, H., Wang, Q., Huang, J., ... Wu, T. (2020). Evolving Epidemiology and Impact of Non-pharmaceutical Interventions on the Outbreak of Coronavirus Disease 2019 in Wuhan, China. doi: 10.1101/2020.03.03.20030593

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-last updated 2pm March 24th, 2020