LEGAL AID FOUNDATION OF LOS ANGELES
Justice • Equity • Hope

7000 S. Broadway
Los Angeles, CA 90003
213-640-3950
213-640-3988 fax
www.lafla.org

Writer's Direct Line (213) 640-3983

VIA EMAIL ONLY

December 21, 2020

Hon. Mayor Eric Garcetti
Office of the Mayor
Los Angeles City Hall
200 N. Spring St.
Los Angeles, CA 90012
eric.garcetti@lacity.org

Greg Good
President, Board of Public Works
Los Angeles City Hall
200 N. Spring St., Room 361
Los Angeles, California 90012
greg.good@lacity.org

Enrique Zaldivar
General Manager, Bureau of Sanitation
1149 South Broadway, 9th Floor
Los Angeles, CA 90015.
enrique.zaldivar@lacity.org

Dear Mayor Garcetti, Mr. Good, and Mr. Zaldivar:

The Legal Aid Foundation of Los Angeles and Schonbrun Seplow Harris Hoffman and Zeldes LLP represent individuals residing in homeless encampments that are currently subjected to "comprehensive cleanups" by LA Sanitation. These cleanups displace unhoused residents from their homes for the duration of the cleanups, and during that time, it is impossible for individuals to shelter in place. Although the City has largely suspended this displacement to help mitigate the risk of COVID-19, LA Sanitation has gradually begun to displace people again during these cleanups. That displacement continues unabated and is even ramping up, despite the fact that Los Angeles is facing a devastating and worsening public health crisis.

Given the unprecedented and uncontrolled level of community spread of COVID-19 and the catastrophic strain it is placing on our health system, there is no public health justification for continuing this displacement at this time. Doing so puts unhoused residents at risk, to say nothing of the risk to city workers, contractors, and the general public. The City must suspend all displacement of unhoused residents during "comprehensive cleanups," for as long as the Governor's and the City's most recent Shelter-in-Place orders remain in effect.

Background

In March 2020, the Centers for Disease Control and Prevention issued guidance related to reducing the risk of COVID-19 among people experiencing homelessness.[1] The guidance provides specific instructions for mitigating risks for people living in homeless encampments, which as you know, is where the majority of unhoused residents in Los Angeles reside. The guidance specifically provides that "[i]f individual housing options are not available, allow people who are living unsheltered or in encampments to remain where they are."[2] The guidance further notes that "clearing encampments can cause people to disperse throughout the community and break connections with service providers. This increases the potential for infectious disease spread."[3] Shortly thereafter, the State of California issued similar guidance.[4]

Consistent with this guidance, the City made what we believe was a life-saving decision to allow residents to keep their tents up during the day and consistent with this, to suspend the displacement of unhoused residents during comprehensive cleanups.[5] Pursuant to this policy, the City has still conducted spot cleanings every day; however, according to LA Sanitation, the only difference between these cleanings and pre-COVID-19 operations is the displacement of individuals for the duration of the cleanups.[6]

In July, the Los Angeles City Council voted 10-4 to resume displacing people during comprehensive cleanups in the Special Enforcement and Cleaning Zones (SECZ) around A Bridge Home ("ABH") shelters.[7] Members of the City Council reasoned there were beds available in the shelters and that they had made promises to housed residents before the pandemic that the cleanings would occur. Other members acknowledged that the intent of the SECZ was to displace people living around the shelters. At the time of the vote, there were only 2,335 cases diagnosed that day, the daily

[1] *See* Decl. of Swartzberg, Exh. 3, "Interim Guidance on Unsheltered Homelessness and Coronavirus Disease 2019 (COVID-19) for Homeless Service Providers and Local Officials," Centers for Disease Control and Prevention, https://www.cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/unsheltered-homelessness.html (May 2020).
[2] *Id*.
[3] *Id*.
[4] *See also* State of California, Recommended Strategic Approaches for COVID-19 Response for Individuals Experiencing Homelessness," March 2020, available at https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/COVID-19/Protocols-Homeless-Pop.pdf.
[5] As Mayor Garcetti has noted, rates of known infections among people experiencing homelessness have remained lower than feared at the beginning of the pandemic. This is true, however, only for unhoused residents who are unsheltered. According to the most recent available data from LA DPH, rates of infection are disproportionately high for unhoused residents in shelters, *see* Declaration of John Swartzberg, attached as Exhibit A.
[6] Testimony of Howard Wong, Chief Environmental Compliance Inspector, Bureau of Sanitation, to the Los Angeles City Council, July 29, 2020.
[7] *See* Los Angeles City Council File 20-0147.

case rate in Los Angeles County was declining,[8] and critically, there were ample hospital and ICU beds available.

Immediately after the motion passed, LA Sanitation resumed comprehensive cleanups at SECZs around Los Angeles, including in SECZs that launched in the middle of the pandemic. Cleanups are currently scheduled to be conducted weekly in each SECZ,[9] and the City continues to displace individuals throughout Los Angeles.

On December 1, 2020, the City Council voted to expand the number of locations where individuals would be displaced during CARE+ cleanups, to include three discrete encampments in Council District 15. There was no discussion before the vote, let alone any consideration of whether the displacement of individuals during the cleanup was necessary or safe, even though the five-day average daily infection rate had climbed to over 4,000 new cases per day.

To date, the City has displaced residents for cleanups at two of these additional locations. The City has not yet conducted a comprehensive cleanup at the largest encampment in Council District 15, which is located at Lomita and McCoy. A cleanup here would displace more than 60 residents of the encampment, including a number of our clients. Many of the residents have disabilities and chronic health conditions that make them particularly vulnerable to COVID-19. Based on past cleanups, a comprehensive cleanup at this location will displace individuals for the full eleven hours allotted for cleanup.

Since The City Council Voted To Resume Cleanups, The Threats Posed By The COVID-19 Pandemic Have Increased Dramatically

Since the City Council voted to resume the displacement of individuals during the cleanups in July, the COVID landscape has changed dramatically. Even in just the three weeks since the City Council voted, without discussion, to expand displacement, the increase in COVID cases and deaths has been devastating and far more significant than anticipated. Daily COVID cases have broken records for rates of transmission nearly every day since the vote occurred. ICU capacity in Southern California has fallen to 0% and remained there for days. The County has issued a memorandum outlining its strategy for rationing care, and there are credible reports that ambulances are waiting upwards of six hours to bring in critically ill patients. Los Angeles stands to be the epicenter of the current pandemic, and forecasts suggest this catastrophe will continue and worsen as a result of the upcoming holidays.

COVID-19 cases are also increasing among people experiencing homelessness. Since the City Council voted to resume displacement, there have been COVID-19 outbreaks at no less than 18 ABH

[8] *See* Los Angeles Department of Public Health (LA DPH), "LA County COVID-19 Surveillance Dashboard," available at http://dashboard.publichealth.lacounty.gov/covid19_surveillance_dashboard/ (last accessed on December 18, 2020).

[9] Although cleanups are noticed by permanent signs in the SECZ which states that individuals must leave the area for the day, once a week, the City routinely cancels comprehensive cleanups or conducts the cleanups in only one discrete area in the SECZ. When that occurs, the City City provides no notice to residents of the encampment. As a result, residents in the encampment have no idea whether they are required to leave the area each week and are frequently displaced even though the City does not conduct a cleanup.

sites, and there are currently outbreaks at at least 15 ABH shelters, including all four ABH sites in Council District 15.[10] There have been significant COVID outbreaks among contractors that work at the comprehensive cleanups and dramatic increase in the number of cases among law enforcement officers, who are also present at the comprehensive cleanups. [11]

On December 10, 2020, 12,819 individuals in LA County tested positive for COVID-19, 74 individuals passed from the virus,[12] and the City displaced residents on Gulch Road in San Pedro to conduct a cleanup. The cleanup displaced all residents of the encampment from 6:00 am to at least 1:30 p.m. The same day, the LA DPH also announced there was an outbreak of COVID-19 at the ABH Shelter on Beacon Street.[13]

On December 17, the same day the state announced that the Southern California Region had 0% ICU capacity remaining, LA Sanitation conducted a comprehensive cleanup at Figueroa Place and West E. Street in Wilmington. The cleanup brought more than 15 City employees and contractors into the encampment, and approximately 8-10 individuals who are residing in the encampment were displaced for more than four hours. That day, 14,418 individuals in Los Angeles County were diagnosed with COVID-19 and 102 individuals died.[14] Shortly thereafter, LA DPH announced another outbreak at the ABH Shelter in Wilmington, which is where individuals at these encampments had been instructed to go.[15]

Displacing Individuals During Comprehensive Cleanups Violates CDC and State of California Guidance and Places them in Unnecessary and Foreseeable Danger

Continuing these cleanups despite the rapidly deteriorating conditions in Los Angeles creates a significant and foreseeable danger to the individuals who are displaced. As early as March 2020, the Centers for Disease Control has cautioned against clearing encampments and dispersing individuals into the community unless there were individual housing units.[16] A number of City Council members indicated during the July 29, 2020 hearing that they believed that the CDC guidance did not apply to temporary, rather than permanent displacement; however, none of the members offered any evidence or support for this position. Nor did they do so at the latest hearing on December 1, 2020.

In the absence of evidence or guidance from LA DPH, we consulted Dr. John Swartzberg, a clinical professor emeritus at the University of California at Berkeley's School of Public Health and a

[10] LA DPH, "Locations and Demographics: Los Angeles County Homeless Service Settings Meeting the Criteria of at Least one Laboratory-Confirmed COVID-19 Case," (last accessed 12/21/2020), available at http://publichealth.lacounty.gov/media/Coronavirus/locations.htm#peh-settings. *See also*, data provided by LA DPH, on file with the Legal Aid Foundation of Los Angeles.
[11] *Id*.
[12] *See* LA County COVID-19 Surveillance Dashboard, *supra* note 8.
[13] Locations and Demographics, *supra* note 10, accessed on 12/17/2020.
[14] LA County COVID-19 Surveillance Dashboard, *supra* note 8.
[15] Locations and Demographics, *supra* note 10, accessed on 12/19/2020.
[16] Although the City has participated in Project Roomkey to provide hotel and motel rooms, that project was never intended to provide individual units to all unhoused individuals. It also fell well short of its goal to provide shelter to all individuals who were COVID-vulnerable. And the program has been winding down since September 2020. *See e.g.*, https://projectroomkeytracker.com/, last accessed on 12/20/2020.

physician with board certifications in internal medicine and infectious disease, about this specific question. His declaration is attached to this letter.

According to Dr. Swartzberg, **"the Centers for Disease Control guidance against clearing encampments applies with equal force to this sort of temporary displacement of individuals from encampments for the duration of a cleanup, as it does to the permanent displacement of individuals from a specific location."**[17]

As outlined in his declaration, displacement creates significant risk for residents of the encampments, even if that displacement is for a short duration. Moreover, the current risk of contracting COVID-19 is far more significant than any public health benefit that may be derived from that displacement.

Dr. Swartzberg's opinion is consistent with the City of Los Angeles's own assessment of the risk of these encampment cleanups at the beginning of the pandemic. That assessment, initially made when the rate of infection was much lower and community spread was not uncontrolled, led to the suspension of displacement during encampment cleanups in the first place. It applies with even greater force now, given the far more significant risk of infection, hospitalization, and death, which is greater today than it has been at any other moment in this pandemic.

Conducting Cleanups that Displace Unhoused Residents Violates Their Rights Under the United States and California Constitutions

The City's continued displacement of unhoused residents during these cleanups constitutes a "state-created danger."[18] Placing unhoused residents in that danger violates their rights under the Due Process clauses of the U.S. and California Constitutions,[19] which "protect[] a citizen's liberty interest in her own bodily security."[20] It is a "well established" that "where the state action "affirmatively place[s] the plaintiff in a position of danger," that is, "where state action creates or exposes an individual to a danger which he or she would not have otherwise faced," this violates their right to substantive due process.[21]

Displacing unhoused residents from their encampments during the current surge places them directly in harm's way.[22] Individuals who reside at the encampments have no choice but to vacate their shelter for the duration of the cleanup, even as all levels of government, from the State to the City of Los Angeles, are counseling residents to shelter in place. This displacement lasts for hours and frequently occurs even when the City does not intend to conduct a cleanup.[23]

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[17] *See* Swartzberg Decl.
[18] *Hernandez v. City of San Jose*, 897 F.3d 1125, 1133 (9th Cir. 2018) (violation of due process where law enforcement shepherded protestors into a location that subjected them to danger from violent counter-protestors, because doing so "left [them] in a situation that was more dangerous than the one in which they found him").
[19] U.S. Const., Amend. 14; Cal. Const. Art. I, Section 7.
[20] *Kennedy v. City of Ridgefield*, 439 F.3d 1055, 1061 (9th Cir. 2006).
[21] *Id.*
[22] Swartzberg Decl.
[23] *See supra* note 9.

The danger created by the City's actions is foreseeable. [24] The Centers for Disease Control and Prevention has counseled against this dispersal since the beginning of the global pandemic, and the City recognized that risk by suspending cleanups in the first place. It is also preventable. On the other hand, continuing to displace individuals under these circumstances constitutes "deliberate indifference,"[25] to the danger this displacement poses and in turn, to unhoused residents' constitutional rights.

The City Council Vote on December 1, 2020 Would Not Withstand Legal Scrutiny

To the extent LA Sanitation is operating pursuant to the December 1, 2020 vote by the Los Angeles City Council to resume comprehensive cleanups at three discrete encampments in Council District 15, that decision by the City Council was arbitrary and capricious and entirely lacking in evidentiary support.[26]

While the City of Los Angeles and the City Council have considerable discretion to "make and enforce within its limits all local, police, sanitary, and other ordinances and regulations not in conflict with general laws,"[27] it may not abuse that discretion.[28] When it does, those acts are subject to judicial review.[29]

Here, the City Council's vote to resume cleanups at these specific locations, after suspending cleanups in response to the current pandemic, will not withstand judicial scrutiny. Members of the City Council failed to consider evidence related to COVID-19 at the time they voted to resume the cleanups at these specific locations, even though the City Council had previously acknowledged the threat of COVID-19 on individuals residing in encampments and had voted in the first instance to suspend enforcement of a related provision of LAMC 56.11 specifically because of that threat.

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[24] The risks caused by this displacement is not limited just to the duration of the cleanups. As evidenced elsewhere, property is routinely seized during these cleanups, and although the vast majority of items seized during these comprehensive cleanups are destroyed, items that are stored are transported to a storage facility. Obtaining property after it is seized can take upwards of a week and requires individuals to take public transit or obtain other assistance to reclaim their belongings. All of this unnecessarily increases individuals' exposure to COVID-19. In addition, the seizure of individuals' property also increases the risk of other adverse health outcomes, which can increase demand for medical care, at a time when there is literally no way to fill that demand. *See* Swartzberg Decl.

[25] *Hernandez*, 897 F.3d at 1136 (denying qualified immunity on the ground that it was well established that "directing someone involuntarily into dangerous conditions" violated their constitutional rights).

[26] *See Dominey v. Dep't of Pers. Admin.*, 205 Cal. App. 3d 729, 736 (1988) (arbitrary and capricious standard applies to quasi-legislative acts).

[27] Cal. Const. Art. I, Section 17.

[28] *See Manjares v. Newton* (1966) 64 Cal.2d 365, 370.

[29] *See Carrancho v. Cal. Air Resources Board* (2003) 111 Cal.App.4th 1255, 1265; *County of Los Angeles v. City of Los Angeles,* (2013) 214 Cal. App. 4th 643, 653 (Court that an agency has adequately considered all relevant factors, and has demonstrated a rational connection between those factors, the choice made, and the purposes of the enabling statute"); *see also Santa Clara County Counsel Attys. Assn. v. Woodside* (1994) 7 Cal. 4th 525, 540 ("mandamus is available to available to compel a public agency's performance or correct an agency's abuse of discretion….").

Moreover, the City Council considered no relevant evidence or even provided any justification for resuming comprehensive cleanups at these specific locations. Council Member Buscaino offered only one vague statement about one of the encampments in the motion itself, but that statement was demonstratively untrue at the time the City Council voted on the motion. And the vote was taken without any further justification, discussion, or debate.

While the abuse of discretion standard is highly deferential, the City Council's actions on December 1, 2020 to approve comprehensive cleanups at these discrete locations, without taking into account any evidence related to the threat to the individual members of the encampments or the public at large, was "so palpably unreasonable and arbitrary as to show an abuse of discretion as a matter of law."[30] As such, it is more likely than not that the vote would not withstand judicial scrutiny.

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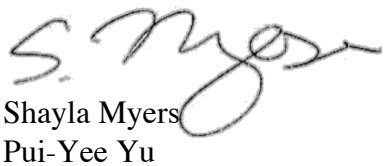
Regardless of whether it was safe or consistent with public health guidance in July 2020 or even on December 1, 2020 to begin displacing individuals during comprehensive cleanups, the current rates of infection and the absence of medical resources to address this crisis is unprecedented at any other time in the pandemic. There is simply no public health justification for continuing the displacement of unhoused residents at this time. Doing so places unhoused residents and the community at significant, unnecessary, and foreseeable risk.

The displacement of individuals during comprehensive cleanups must cease for the duration of the most recent state and local stay at home orders. Comprehensive cleanups are conducted pursuant to authorizations from the Board of Public Works and the Bureau of Sanitation, both of which fall under the Mayor's authority. Moreover, the Mayor has significant authority related to the current state of emergency. Therefore, it is well within your power to do so.

We look forward to hearing from you by December 24, 2020 regarding the issues raised in this letter. We can be reached at 213-640-3983.

Sincerely,



Shayla Myers
Pui-Yee Yu
Legal Aid Foundation of Los Angeles

Catherine Sweetser
Schonbrun Seplow Harris Hoffman & Zeldig LLP

CC: Aura Garcia, Vice President, Board of Public Works
Dr. Michael R. Davis, Pres. Pro Tem, Board of Public Works
Jessica M. Caloza, Board of Public Works
M. Teresa Villegas, Board of Public Works
Mike Feuer, City Attorney

[30] *Campbell v. Barnes*, Case No. 30-2020-1141117 (Dec. 11, 2020) at 26 (quoting *Carrancho*) (granting writ of habeas corpus and writ of mandate related to the failure to take sufficient action to protect inmates and detainees within the Orange County jail system against transmission of COVID-19).

Exhibit A

DECLARATION OF DR. JOHN SWARTZBERG

I, Dr. John Swartzberg, declare and state as follows:

1. I am a clinical professor emeritus at the University of California at Berkeley's School of Public Health and a physician with board certifications in internal medicine and infectious disease. I have close to 50 years of experience in those fields spanning both clinical and academic work. I am also a past director of the UC Berkeley–UCSF Joint Medical Program and I continue to teach in that program. I am also the hospital epidemiologist and chair of the infection control committee at the Alta Bates Medical Center in Berkeley, California. My curriculum vitae is attached to this declaration as Exhibit 1.

2. I have been closely following developments in the spread of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), the virus that causes the disease commonly referred to as COVID-19. I have also been interviewed for articles on the subject in numerous publications, including the New York Times, the Guardian, and Forbes, and the LA Times, among others.

3. SARS-CoV-2 is highly infectious and carries a significant risk of causing severe symptoms and even death. It is estimated to be about seven times as infectious as influenza, a disease that annually causes tens of thousands of deaths in the United States, and its mortality rate is likely many times greater than seasonal influenza. Serious illness occurs in approximately 20 percent of cases.

4. The virus appears to pass from person to person primarily through respiratory droplets (by coughing or sneezing), and through aerosols that are transmitted from person to person, including by asymptomatic transmission. Contact with surfaces that have been contaminated with droplets is also a possible means of transmission; but most studies suggest that the primary means of transmission is in the air by large, medium, and very small droplets.

5. The current rates of infection in California, and in particular, Southern California, are unprecedented. [1] We are currently in the middle of a significant surge in cases, and this is the most dangerous moment of the pandemic to date. I understand that the Southern California region has just reached 0% of ICU beds presently available. As has been widely reported, if hospitals reach capacity of ICU beds or hospital beds in general, the rates of death are most certainly going to increase significantly.

6. When hospitals fill up, mortality rates from other diseases also go up. Currently, UCLA and UC Irvine's emergency rooms both have wait times of hours if not days for admission to the hospital.[2] This will increase the likelihood of death from other illnesses, such as cardiac or stroke events.

7. Given the current rates of infection in Los Angeles County, it is imperative that the City and County take steps to reduce the rates of infection, especially among people who are high risk of needing to be hospitalized, admitted to the ICU, or placed on a ventilator, as those patients put the most strain on the healthcare system[3].

8. People who are unhoused are at high risk for both contracting COVID-19 and suffering adverse outcomes like hospitalization and death.

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[1] According to the Department of Public Health, 1 in 100 people in Los Angeles County are currently infected with COVID-19. Los Angeles County Department of Public Health, https://twitter.com/lapublichealth/status/1338952059576610818.

[2] Victoria Rodriguez & Yifan Gu, UCLA Emergency Room Nurses Experiencing Increased Burnout as the Pandemic Continues, Daily Bruin (Dec. 6, 2020); Ian Wheeler & Roxana Kopetman, Some Orange County Ambulances Are Waiting Hours for ER Beds, (Dec.11, 2020).

[3] CDC, "People with Certain Medical Conditions", available at https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html (explaining that people with certain medical conditions are at risk of severe illness and "[s]evere illness from COVID-19 is defined as hospitalization, admission to the ICU, intubation or mechanical ventilation, or death").

9. People are at higher risk of serious illness and death from COVID-19 if they have underlying chronic health conditions, such as heart disease, diabetes, or compromised immune systems. People who are unhoused have much higher rates of these underlying conditions, meaning that they are much more likely than the general population to suffer serious illness, including death, from COVID-19.[4]

10. I have reviewed data from the Los Angeles Department of Public Health related to rates of COVID among people experiencing homelessness, and current data for Los Angeles County supports this conclusion. A true and correct copy of the data I reviewed is attached as Exhibit 2. Notably, although the number of identified cases of COVID-19 among people experiencing homelessness is slightly lower than the general population, the current death rate for unhoused people is 2.4%. This is higher than the death rate for the population overall.[5] Although the difference of only 0.4% may seem insignificant, at 41,290 counted in the Los Angeles homeless count in 2020, the difference translates into an additional 165 people lost (not taking into account excess deaths not counted as COVID deaths).

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[4] Culhane, D., Treglia, D., Steif, K., et. al (2020, March), Estimated Emergency and Observational/Quarantine Capacity Need for the US Homeless Population Related to COVID-19 Exposure by County; Projected Hospitalizations, Intensive Care Units and Mortality, *available at* https://endhomelessness.org/wp-content/uploads/2020/03/COVID-paper_clean-636pm.pdf; National Health Care for the Homeless Council, *Covid 19 and the HCH Community: Needed Policy Responses for a High-Risk Group*, https://nhchc.org/wp-content/uploads/2020/03/Issue-brief-COVID-19-HCH-Community.pdf

[5] Los Angeles Department of Public Health, COVID-19 Data Dashboard, "Cumulative Case Fatality Rate," *available at* http://dashboard.publichealth.lacounty.gov/covid19_surveillance_dashboard/, last accessed on December 14, 2020.

11.People who are staying in congregate settings, including homeless shelters, homeless shelters, are also at higher risk of infection.[6] When people are gathered in close proximity to each other, especially if they are there for extended periods of time or in enclosed spaces, the virus can spread quite rapidly. With regards to contracting COVID-19, Homeless people who are able to shelter in place outdoors away from others are safer than those gathered indoors in a congregate setting.

12.Tragically, we have already seen multiple situations where congregate shelters have created clusters of infection. For example, a shelter in San Francisco was reported to have had seventy confirmed cases of SARS-CoV-2, even though the shelter had already taken steps to reduce occupancy to less than half of its normal capacity.[7] The same is true of New York City's shelter system, which, as of over a week ago, had already seen nearly 400 people test positive for the virus.[8] In San Diego, there was an outbreak of 55 cases at the San Diego Convention Center.[9] I understand that numerous congregate shelters in Los Angeles have had outbreaks of COVID-19, including at least two outbreaks at Union Rescue Mission. Based on information I have reviewed, there have been outbreaks at the majority of new A

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[6] Julia H. Rogers, et. al, *Characteristics of COVID-19 in Homeless Shelters: A Community-Based Surveillance Study*, Annals of Internal Medicine, *available at* https://www.acpjournals.org/doi/10.7326/M20-3799.

[7] Thomas Fuller, "Major Outbreak in San Francisco Shelter Underlines Danger for the Homeless,"The New York Times (April 10, 2020), available at https://www.nytimes.com/2020/04/10/us/coronavirus-san-francisco-homeless-shelter.html.

[8] Nikita Stewart, "'It's a Time Bomb': 23 Die as Virus Hits Packed Homeless Shelters," The New York Times (Apr. 13, 2020), available at https://www.nytimes.com/2020/04/13/nyregion/new-york-coronavirus-homeless.html.

[9]Gary Warth and Paul Sisson "Coronavirus outbreak detected at San Diego Convention Center homeless shelter," San Diego Union-Tribune (Dec. 10, 2020), available at "https://www.sandiegouniontribune.com/news/health/story/2020-12-10/coronavirus-outbreak-detected-at-san-diego-convention-center-homeless-shelter (noting that cases increased from the 27 previously-reported cases to 120 currently-reported cases within a week, a more than four-fold increase).

Bridge Home ("ABH") shelters, including outbreaks at all three ABH shelters in the San Pedro/Harbor City area. I understand there are currently outbreaks at both shelters in San Pedro, and a hold was temporarily placed on new residents due to COVID-19 cases at the ABH shelter on Beacon St.[10]

13. In my expert opinion, pushing people who are living in homeless encampments to move into congregate shelters increases their risk of contracting the virus (or transmitting it to others if they already have it). Plainly put, from an infectious disease perspective, forcing people into congregate settings like shelters is significantly more dangerous than letting people remain unsheltered.

14. My opinion in this regard has only strengthened during the course of the pandemic. In February and March, we believed that symptomatic people were the source of the transmission. Efforts such as screening people for symptoms and testing symptomatic people were used in congregate settings to try and keep people safe. Since mid-spring, it has been clear that sharing air, even with asymptomatic people, is the primary source of infection. The CDC has found that about 40% of people infected with SARS CoV2 are asymptomatic, and that asymptomaticallyinfected people are more likely to transmit the virus than symptomatic people. Now that we know that asymptomatic people are likely to transmit the virus, it is even more imperative to urge people to shelter in place where they are, rather than leaving their tents to join a congregate setting.

15. This conclusion appears to be supported by the data I reviewed from the Los Angeles County Department of Public Health. According to the data I was provided, as of November, although only 28% of the homeless population in Los Angeles is

[10] Donna Littlejohn, *San Pedro Homeless Encampment Gets a Comprehensive Clean-Up,* Daily Breeze (Dec. 10, 2020), *available at https://www.dailybreeze.com/2020/12/10/san-pedro-homeless-encampment-gets-a-comprehensive-cleanup/*

sheltered,[11] more than 55% of all COVID-19 cases reported among people experiencing homelessness were among people who are currently sheltered, compared to only 33% of cases that occurred among people who were not in any form of shelter and instead, residing in tents or encampments. This means that diagnosed COVID-19 cases among people experiencing homelessness are overrepresented in homeless shelters. This is consistent with the prevailing science about the way COVID-19 is spread.

16. The best solution to protect public health and the safety of people who are houseless is to secure individual housing units for those individuals and families, as many state and local governments around the country are doing by, for example, leasing hotels.

17. On March 22, the Centers for Disease Control issued guidance on addressing the risks of COVID-19 among people who are experiencing homelessness. A true and correct copy of that guidance is attached as Exhibit 3. With regard to homeless encampments, that guidance states: "Unless individual housing units are available, do not clear encampments during community spread of COVID-19. Clearing encampments can cause people to disperse throughout the community and break connections with service providers. This increases the potential for infectious disease spread."

18. In my expert opinion, failing to follow this guidance by clearing encampments will put lives at risk by increasing transmission of the virus among a vulnerable population (particularly if people are pushed to move into congregate shelters) and creating conditions that could lead to worse health outcomes for people who are subject to encampment sweeps. This, in turn, will increase the likelihood that the virus will spread throughout the wider community, further straining local hospitals and health care facilities.

[11] Los Angeles Homeless Services Authority, "2020 Greater Los Angeles Homeless Count," available at https://www.lahsa.org/documents?id=4558-2020-greater-los-angeles-homeless-count-presentation, last accessed on December 14, 2020.

19. I understand that prior to the COVID-19 pandemic, the City of Los Angeles conducted "comprehensive cleanups" of homeless encampments, which required individuals to move all of their belongings out of a given area, in order to allow the City of Los Angeles to remove trash. In some instances, the City would powerwash the sidewalks or use bleach to disinfect the sidewalks. I understand that since March, the City has halted these cleanups as well as stopped enforcing the rule that required individuals to vacate their tents during the day. This was done to allow individuals the opportunity to shelter in place, consistent with the Centers for Disease Control and State of California guidance and the Shelter in Place orders in place in California, Los Angeles County, and the City of Los Angeles.

20. I also understand that the City has recently begun conducting these comprehensive cleanups in select locations throughout Los Angeles. The cleanups require people to move all of their belongings and relocate from the area they are staying, from 6 or 7 AM to 3 or 5 PM. Any belongings that cannot be cleared from the area before the cleanup commences are confiscated and either immediately destroyed or transported to a storage facility that is not readily accessible to individuals without having to take public transportation or walk a significant distance.

21. In my expert opinion, the Centers for Disease Control guidance against clearing encampments applies with equal force to this sort of temporary displacement of individuals from encampments for the duration of a cleanup, as it does to the permanent displacement of individuals from a specific location.

22. By displacing individuals from their specific encampments, even for a short amount of time, people may congregate together on the edges of the encampment site, which could result in the spread of the virus among themselves. Or they may disperse into the community during the time they are displaced from the location where they were previously sheltering in place. As a result, they may either bring

coronavirus with them or, they may become infected by SARS CoV-2 and then bring it back to the other vulnerable members of the encampment.

23. Even if this displacement may last only a few hours, this is more than enough time to contract or transmit the virus. This is especially true, given the current rates of infection reported in Los Angeles.

24. In addition, conducting encampment sweeps and confiscating the belongings of people who are houseless, such as tents, sleeping materials, and food can increase the risk of adverse outcomes from COVID-19 for those who are subject to the sweep. Taking away a person's shelter, even informal shelter like tents, will foreseeably increase that person's exposure to the elements. Likewise, taking away belongings like food and medicine can worsen a person's overall health. These actions put someone at danger of developing a more aggressive infection that is less responsive to treatment.

25. Finally, even taking individuals' belongings and transporting those belongings to another location is concerning, because doing so would require them to use public transportation or otherwise come in contact with others to obtain their belongings. This does not appear to have any public health justification and certainly increases the risk of spreading COVID-19, both within an encampment and the community at large.

26. Given these risks, as well as the current rate of community spread of COVID-19 and the low hospital resources available right now, any purported public health benefit of such a cleanup that has been identified by the City of Los Angeles is greatly outweighed by the current threat of COVID-19. Moreover, there are far more effective measures to address any public health risks the City may have identified, which would not result in displacement of individuals or the loss of individuals' belongings.

27. First, the only effective way to prevent an outbreak or to halt the spread of diseases that are transmitted through contact with fecal matter, such as, for example,

salmonellosis, dysentery, or norovirus, is to ensure adequate access to restroom facilities, including toilets and hand sanitizing stations. This can be achieved by providing an adequate number of portable toilets for all residents at the encampment or by allowing individuals to shelter in place in areas where there is already existing access to public facilities (such as in parks). Norovirus is very difficult to eradicate if it occurs, and sweeping or even power washing the ground beneath tents would not be effective at halting the spread of norovirus.

28. Vaccination campaigns can also be effective at halting the spread of diseases such as influenza, hepatitis A, and tetanus. A vaccination campaign has much more chance of being successful at preventing these infectious agents than sweeping the ground where a tent used to be.

29. Sweeping or even power washing the ground or cleaning it with bleach will also not halt the spread of murine typhus. While I understand there have been cases of murine typhus reported in Los Angeles, including one case at City Hall and some cases at homeless encampments, I have not heard of any cases of murine typhus being found in the San Pedro area. If they were identified, as the vector for typhus is typically fleas, displacing individuals from the area and washing the sidewalk with bleach would not prevent typhus.

30. The cleanups that have been proposed will also not stop incursions by rats if such infestations were to exist. The best way to prevent rats from invading an encampment is to tightly seal up food, which can be achieved with sealed plastic bins, coolers, or what would be most effective of all, bear boxes, so that people can keep their food where rats cannot get at it. Sufficient rat-proof trashcans and daily trash pickup from areas where individuals are living outside would also help prevent infestations. Relocating individuals in order to sweep or power wash sidewalks will not be nearly sufficient to get rid of rats. If these cleanups result in the

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disposal of belongings such as sealed bins and coolers used to store food, this will only encourage the spread of rats by depriving people of a secure place to store their food items.

31. Finally, no cleanup will prevent the spread of tuberculosis. Tuberculosis is an airborne disease, and so the only way to prevent its spread is to isolate the person who is infected and ensure that they get treatment.

32. Any public health benefit that could exist from a comprehensive cleanup that displaces individuals, even for hours at a time, is vastly outweighed by the danger posed by them by COVID-19. This is especially true during a time when COVID-19 is spreading in the community at such a rapid and uncontrolled pace, the rates of hospitalizations and deaths are increasing dramatically, and Los Angeles is on the verge of overrunning its healthcare system.

I, JOHN SWARTZBERG, declare under penalty of perjury under the laws of the State of California and the United States that the foregoing is true and correct and that this declaration was executed on December 17, 2020, in Lafayette, California.

JOHN SWARTZBERG, M.D.

EXHIBIT 1

UCB-UCSF Joint Medical Program
570 University Hall #1190
Berkeley, CA 94720-1190

Phone 510 643-0499
Fax 510 643-8771
E-mail jes@berkeley.edu

John Swartzberg, MD, FACP

Education

1962 - 1966 University of California Berkeley, CA
BA
- Pi Sigma Alpha Honorary Society

1966 - 1970 University of California Los Angeles, CA
MD

1970 - 1973 University of Colorado Denver, CO
- Internship and Residency in Internal Medicine

1973 - 1975 Stanford University Palo Alto, CA
- Postdoctoral Fellowship in Infectious Diseases

Board Certification

1973: Board Certified in Internal Medicine

1975: Board Certified in Infectious Diseases

Academic Appointments

1976 – 1984: Assistant Clinical Professor of Medicine, University of California, San Francisco

1984 – 1990: Associate Clinical Professor of Medicine, University of California, San Francisco

1984 – 1990: Associate Clinical Professor of Health and Medical Sciences, University of California, Berkeley

1990 – Present: Clinical Professor of Medicine, University of California, San Francisco

1990 – 2011: Clinical Professor of Health and Medical Sciences, University of California, Berkeley

2012 – Present: Emeritus Clinical Professor, University of California, Berkeley

Work Experience

1975 – 2001: Internal Medicine Private Practice. Berkeley, CA

1975 – 2010: Infectious Disease Consultant. Berkeley, CA

1975 – Present: Hospital Epidemiologist, Alta Bates Hospital, Berkeley, CA

1976 – 2010: Infectious Diseases Consultant, UCB Student Health Service

1990 – 2003: Associate Director, UCB-UCSF Joint Medical Program

2001 – Present: Chair, Editorial Board, UCB Wellness Letter & Health After 50 Newsletter and berkeleywellness.com

2001 – 2010: Director, UCB-UCSF Joint Medical Program

2003 – 2016: Member, Scientific Advisory Board, Clorox Corporation

2010 – 2017: Chair, Scientific Advisory Board, OnLife Corporation

2012 – Present: Member, Board of Regents, Samuel Merritt University

Professional Societies and Organizations

Fellow, American College of Physicians

Member, Infectious Disease Society of America

Committees and Organizations

2008 – Present: Member, Editorial Board, American Journal of Medical Quality

2007 – 2013: Advisory Board, UC Berkeley Extension

2005 – Present: Interdisciplinary MPH Program Faculty Advisory Group

2005 – 2011: Preventive Medicine Advisory Committee

2001 – 2003: UCB School of Public Health Strategic Planning Committee

1975 – present: Chair, Infection Control Committee, Alta Bates Hospital

1992 – 2011: Co-chair or Member, Curriculum Committee, UCB-UCSF Joint Medical Program

2001 – 2011: UC Office of the President Medical Student and Workforce Advisory Committee

2003 – 2100: Chair, Appointments and Promotions Committee, UCB-UCSF Joint Medical Program

2003 – 2011: Member, UCB School of Public Health Curriculum Committee

2002 – 2011: Deans Advisory Council, UCB

2006: Chancellor's Pandemic Flu Preparedness Task Force

2006 – Present: Chairman of the Corporate Board, Bay Area Albert Schweitzer Fellowship

2007 – 2016: American Journal of American Epidemiology editorial board

2014 – 2017: Executive Board, UC Berkeley Emeriti Association

2017 – Present: President, UC Berkeley Emeriti Association

2020 – Present: Consultant on Covid-19 issues to the Ford Motor Company, McKesson Corporation, CooperVision, Maxim Corporation, Pac 12 Medical Advisory Board

Publications

Swartzberg JE (ed.) The Wellness Report: Eating for Optimal Health, 2009 - 2017

Swartzberg JE (ed.) The Wellness Report: Dietary Supplements, 2009 - 2017

Swartzberg, JE, Pereira, W (eds.) The Wellness Report: Men's Health, 2009 - 2017

Swartzberg, JE, Stachel, L (eds.) The Wellness Report: Women's Health, 2009 - 2017

Swartzberg, JE, Krauss, R (eds.) The Wellness Report: Controlling Your Cholesterol, 200 2017

Rees, Rachel K, Swartzberg, John E. Feline-transmitted Sporotrichosis: A case study from California. *Dermatology Online Journal* 17 (6): 2, 2011

Shortell, S, Swartzberg, JE. The Physician As Public Health Professional in the 21st Centu *Journal of the American Medical Association* 300: 2916-2919, 2008 (Dec.)

Ng C and Swartzberg JE. Evaluation of hospital policies regarding surgeons infected with bloodborne pathogens. *Infection Control and Hospital Epidemiology* 2005; 26(4):410-4.

Lashof, J. C., Margen, S., Swartzberg, J. E., & Herskowitz, I. (2002). Regulating natural health products [4] (multiple letters). *Science*, *296*(5565), 46-47.

Swartzberg, John E. and Margen, Sheldon (eds.) The Complete Home Wellness Handbook. New York: Rebus, 2001.

Steinbach A; Swartzberg J; Carbone V. " The Berkeley Suitcase Clinic: homeless services by undergraduate and medical student teams." Academic Medicine, 2001 May, 76(5):524.

Swartzberg J and Margen S. Eat, Drink, and Be Healthy: The Harvard Medical School Gui to Healthy Eating (Book Review). Am J of Epimiol. 2001. 154(12): 1160-1161.

Chen, J. L., Barrett, T., Jamasbi, R. J., Morley, B. P., & Swartzberg, J. E. (2002). Infections associated with intra-spinal catheter-pump systems for severe pain management [2]. *Journa of Hospital Infection*, *50*(4), 322-323. doi:10.1053/jhin.2001.1156

Swartzberg, John E. and Margen, Sheldon (eds.) The UC Berkeley Wellness Self-Care Handbook. New York: Rebus, 1998.

Wertz RK, Swartzberg JE. Computerized interpretation of minimum inhibitory concentratio antimicrobic susceptibility testing. Am J Clin Pathol. 1981 Mar; 75(3):312-319.

Swartzberg JE, Maresca RM, Remington JS. Clinical study of gastrointestinal complication associated with clindamycin therapy. J Infect Dis. 1977 Mar; 135 Suppl: S99-103.

Swartzberg JE, Maresca RM, Remington JS. Gastrointestinal side effects associated with clinidamycin. 1,000 consecutive patients. Arch Intern Med 1976 Aug;136(8)876-879.

Swartzberg JE, Krahenbuhl JL, Remington JS. Dichotomy between macrophage activation and degree of protection against Listeria monocytogenes and Toxoplasma gondii in mice stimulated with Corynebacterium parvum. Infect Immun. 1975 Nov; 12(5):1037-1043.

Swartzberg JE, Remington JS. Transmission of Toxoplasma. Am J Dis Child. 1975 Jul; 129(7):777-779.

Swartzberg J, Kern F Jr. Hepatitis B antibody. JAMA 1973 Apr 23; 224(4): 527.

Swartzberg JE, Heibron D, Hinman F Jr. Disuse and increased function of the dog ureter. Effect on length. Urol Int. 1971; 26(1):51-64.

Media and Honors

National book tour for The Complete Home Wellness Handbook, 2001 – 2003.

Television: Multiple appearances: local, state (La Times), national (CNN, PBS), and international (BBC, Euronews, Eurovision)

Radio: Multiple times annually for local radio news and NPR.

Teacher of the Year, UC Berkeley School of Public Health: 1998

Consultation

Dreyer's Ice Cream: 2001

Bay Area Rapid Transit: 2012, 2015, 2020

McKesson Corporation: 2020

CooperVision: 2020

Ford Motor Company: 2020

Pac 12 Covid-19: 2020

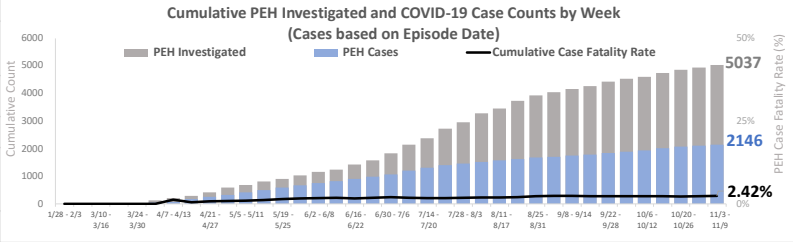
Maxim Integrated: 2020

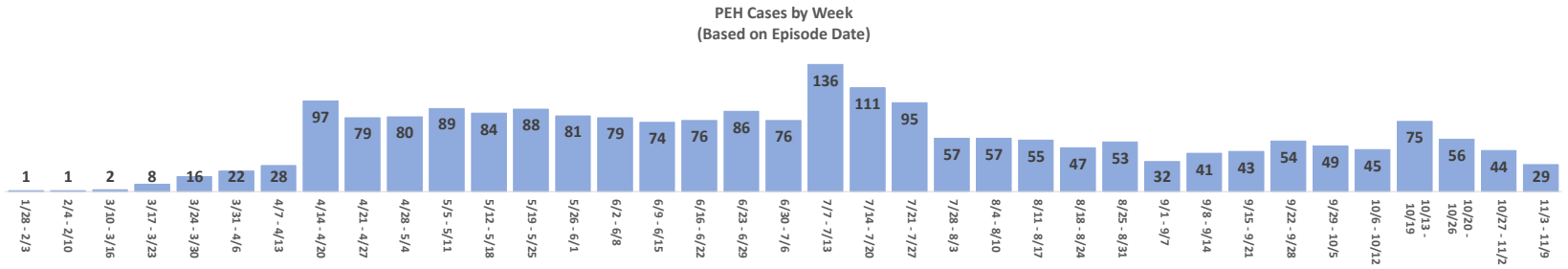
EXHIBIT 2

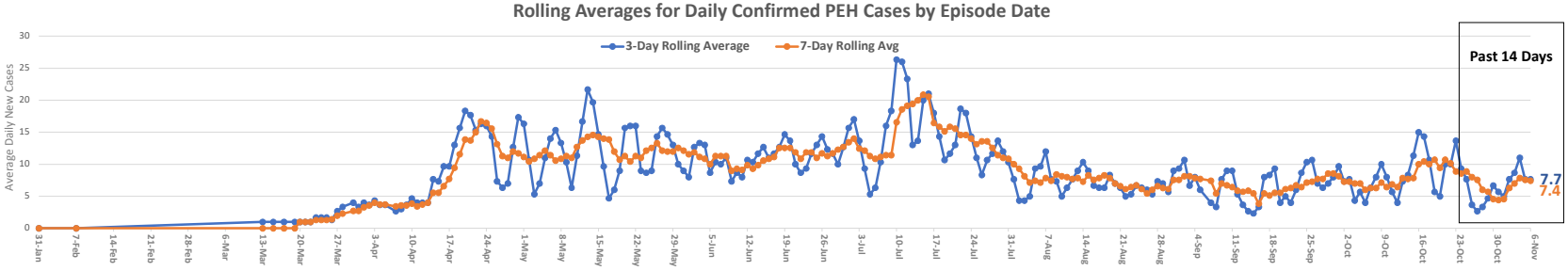
People Experiencing Homelessness (PEH) Weekly Summary Report on COVID-19

Weekly Data Range: 11/3/2020 to 11/9/2020

	New PEH	Total PEH
Overall PEH Reported to DPH (Cases, PUIs, Negatives)	**98**	**5037**
Lab Confirmed Cases	**New Cases**	**Total Cases**
Verified PEH[1]	48	2068
Presumed PEH[2]	19	78
Total PEH Cases[3]	**67**	**2146**



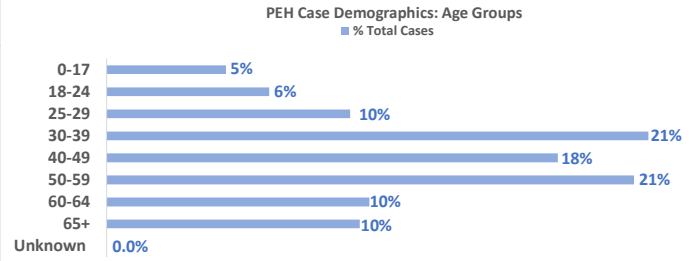




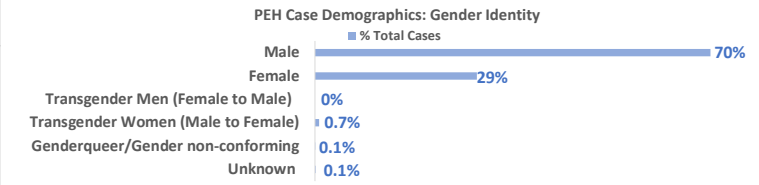
Note: Rolling Average is the unweighted average of daily new PEH cases for each 3-day and 7-day period, respectively.

DEMOGRAPHICS

Age Groups	Cases			Deaths		
	New	Total	%	New	Total	%
0-17	3	100	5%	0	0	0%
18-24	5	136	6%	0	1	2%
25-29	5	204	10%	0	2	4%
30-39	15	454	21%	0	3	6%
40-49	12	378	18%	1	8	15%
50-59	16	442	21%	1	17	33%
60-64	6	220	10%	0	12	23%
65+	5	212	10%	0	9	17%
Unknown	0	0	0.0%	0	0	0%

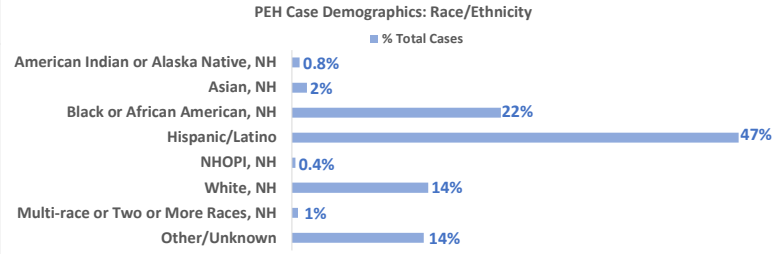


Gender Identity	Cases			Deaths		
	New	Total	%	New	Total	%
Male	44	1508	70%	2	42	81%
Female	20	617	29%	0	10	19%
Transgender Men (Female to Male)	0	0	0%	0	0	0%
Transgender Women (Male to Female)	0	16	0.7%	0	0	0%
Genderqueer/Gender non-conforming	0	2	0.1%	0	0	0%
Unknown	3	3	0.1%	0	0	0%



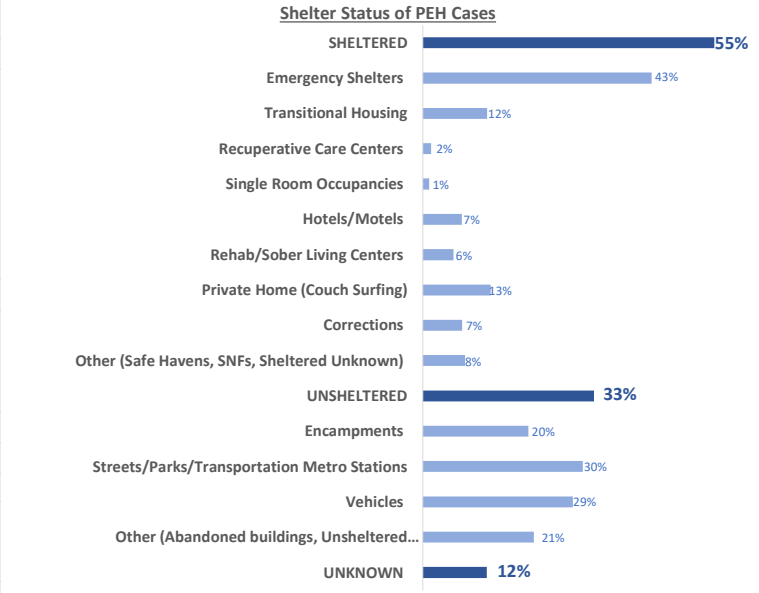
Race/Ethnicity	Cases			Deaths		
	New	Total	%	New	Total	%
American Indian or Alaska Native, NH	0	17	0.8%	0	0	0%
Asian, NH	0	34	2%	0	1	2%
Black or African American, NH	13	469	22%	1	11	21%
Hispanic/Latino	34	1003	47%	0	26	50%
NHOPI, NH	0	8	0.4%	0	0	0%
White, NH	12	306	14%	1	12	23%
Multi-race or Two or More Races, NH	0	13	1%	0	0	0%
Other/Unknown	8	296	14%	0	2	4%

Note: NH= Non-Hispanic



PEH COVID-19 Case Origination

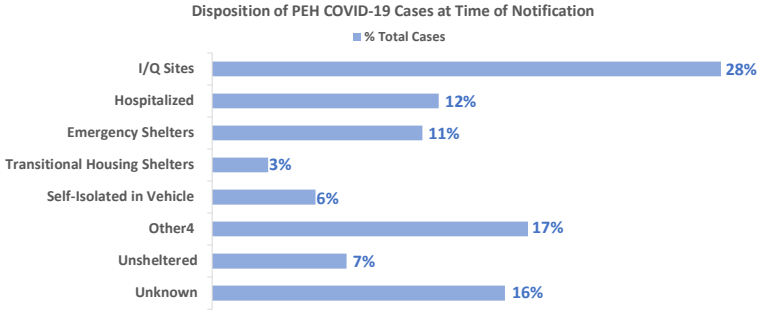
Shelter status at time of suspected COVID-19 exposure	Cases			Deaths		
	New	Total	%	New	Total	%
SHELTERED	**41**	**1188**	**55%**	**2**	**27**	**52%**
Emergency Shelters	*4*	*516*	*43%*	*1*	*14*	*52%*
Transitional Housing	*5*	*145*	*12%*	*0*	*4*	*15%*
Recuperative Care Centers	*1*	*19*	*2%*	*0*	*1*	*4%*
Single Room Occupancies	*0*	*14*	*1%*	*0*	*0*	*0%*
Hotels/Motels	*2*	*88*	*7%*	*0*	*0*	*0%*
Rehab/Sober Living Centers	*1*	*69*	*6%*	*0*	*2*	*7%*
Private Home (Couch Surfing)	*16*	*153*	*13%*	*0*	*2*	*7%*
Corrections	*1*	*89*	*7%*	*0*	*0*	*0%*
Other (Safe Havens, SNFs, Sheltered Unknown)	*11*	*95*	*8%*	*1*	*4*	*15%*
UNSHELTERED	**17**	**698**	**33%**	**0**	**15**	**29%**
Encampments	*3*	*140*	*20%*	*0*	*2*	*13%*
Streets/Parks/Transportation Metro Stations	*5*	*212*	*30%*	*0*	*4*	*27%*
Vehicles	*8*	*199*	*29%*	*0*	*6*	*40%*
Other (Abandoned buildings, Unsheltered Unkn	*1*	*147*	*21%*	*0*	*3*	*20%*
UNKNOWN	**9**	**260**	**12%**	**0**	**10**	**19%**
Total PEH	**67**	**2146**	**100%**	**2**	**52**	**100%**

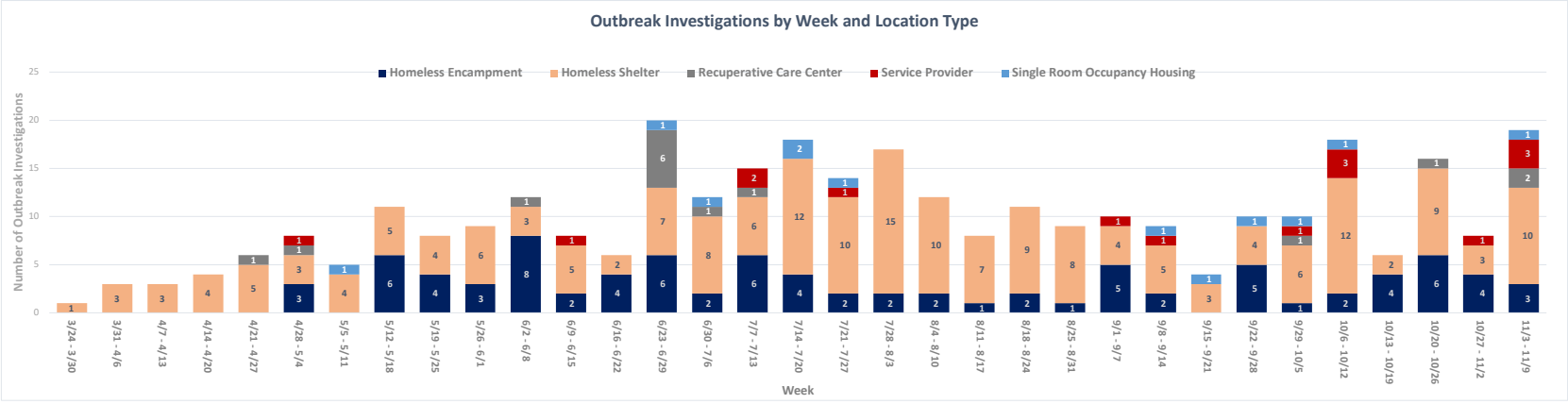


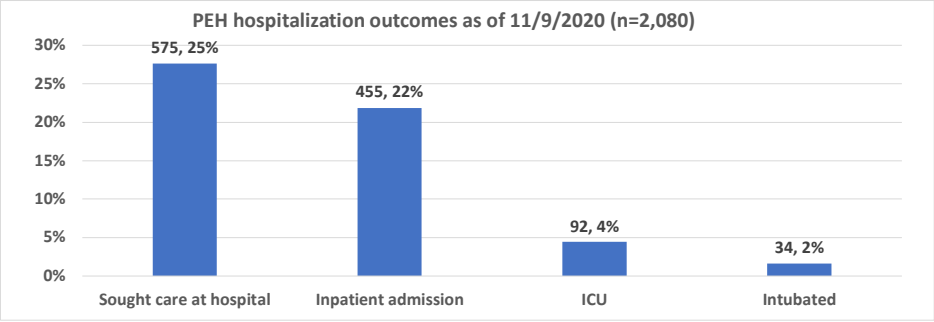
Staff or Volunteers at Shelters	Cases		Deaths	
	New	Total	New	Total
Shelter Staff (Non-residents)	11	235	0	2

Initial Disposition of PEH COVID-19 Cases

Where PEH cases were referred to or were located on date they were reported to DPH PEH Team	New Cases	Total Cases	%
I/Q Sites	8	591	28%
Hospitalized	10	263	12%
Emergency Shelters	3	244	11%
Transitional Housing Shelters	4	65	3%
Self-Isolated in Vehicle	4	120	6%
Other[4]	25	367	17%
Unsheltered	6	156	7%
Unknown	7	340	16%
Total PEH	**67**	**2146**	**100%**







Hospitalization Outcomes:

These include data from all PEH who were ever hospitalized due to/during COVID-19 infection.

Hospitalization and matching case data were pulled at 2pm on 11/09/2020.

"Sought Care at Hospital" includes PEH individuals whose initial report to DPH indicated they were sent to a hospital as well as those admitted to the hospital later in their disease course. The data do not include hospital visits later in the disease course that did not lead to admissions.

"Inpatient admission," "ICU" and "Intubated" categories include data from all hospital inpatient admissions in Los Angeles County related to COVID-19.

1. Homeless status and COVID-19 cases verified as of week ending 11 AM on 11/9/2020.
2. Presumed PEH are those whose homeless status is still under investigation.
3. PEH totals and breakdowns include both verified PEH cases and presumed PEH cases unless otherwise specified, and does not include staff at shelters and other facilities.
4. Includes private residences (e.g. couch surfing), Single Room Occupancy hotels and or motels.

PEH COVID-19 Cumulative Case Fatality Rate is the proportion of PEH cases with COVID-19 related deaths among known PEH cases. This does not include non-resident staff at shelters or other facilities.

New cases are those newly reported to DPH/PEH Team since last report.

Numbers reported may vary slightly weekly and may not be additive due to records occasionally being closed as false reports or other re-categorization changes based on investigation updates.

Excludes data from Long Beach and Pasadena.

EXHIBIT 3

Centers for Disease Control and Prevention

Interim Guidance on Unsheltered Homelessness and Coronavirus Disease 2019 (COVID-19) for Homeless Service

COVID-19 (Coronavirus Disease)

MENU >

Homelessness

Interim Guidance

Updated Aug. 6, 2020

Print

This interim guidance is based on what is currently known about coronavirus disease 2019 (COVID-19). The Centers for Disease Control and Prevention (CDC) will update this interim guidance as needed and as additional information becomes available.

Printer friendly version

Summary of Recent Changes

A revision was made on 5/10/2020 to reflect the following:

- Revisions to document organization for clarity
- Description of “whole community” approach
- Clarification of outreach staff guidance
- Clarification of encampment guidance

People experiencing unsheltered homelessness (those sleeping outside or in places not meant for human habitation) may be at risk for infection when there is community spread of COVID-19. This interim guidance is intended to support response to COVID-19 by local and state health departments, homelessness service systems, housing authorities, emergency planners, healthcare facilities, and homeless outreach services. Homeless shelters and other facilities should also refer to the Interim Guidance for Homeless Shelters. Community and faith-based organizations can refer to the Interim Guidance for Communities of Faith for other information related to their staff and organizations.

COVID-19 is caused by a new coronavirus. We are learning about how it spreads, how severe it is, and other features of the disease.

Lack of housing contributes to poor physical and mental health outcomes, and linkages to permanent housing for people experiencing homelessness should continue to be a priority. In the context of COVID-19 spread and transmission, the risks associated with sleeping outdoors or in an encampment setting are different than from staying indoors in a congregate setting such as an emergency shelter or other congregate living facility. Outdoor settings may allow people to increase physical distance between themselves and others. However, sleeping outdoors often does not provide protection from the environment, adequate access to hygiene and sanitation facilities, or connection to services and healthcare. The balance of risks should be considered for each individual experiencing unsheltered homelessness.

Community coalition-based COVID-19 prevention and response

Response

Planning and response to COVID-19 transmission among people experiencing homelessness requires a "whole community" approach, which means involving partners in the response plan development, with clearly outlined roles and responsibilities. Table 1 outlines some of the activities and key partners to consider for a whole-community approach.

Table 1: Using a community-wide approach to prepare for COVID-19 among people experiencing homelessness

Connect to community-wide planning
Connect with key partners to make sure that you can all easily communicate with each other while preparing for and responding to cases. A community coalition focused on COVID-19 planning and response should include: • Local and state health departments • Outreach teams and street medicine providers • Homeless service providers and Continuum of Care leadership • Emergency management • Law enforcement • Healthcare providers • Housing authorities • Local government leadership • Other support services like case management, emergency food programs, syringe service programs, and behavioral health support • People with lived experiences of homelessness People with lived experiences of homelessness can help with planning and response. These individuals can serve as peer navigators to strengthen outreach and engagement efforts. Develop an advisory board with representation from people with current or former experiences of homelessness to ensure community plans are effective.
Identify additional sites and resources
Continuing homeless services during community spread of COVID-19 is critical. Make plans to maintain services for all people experiencing unsheltered homelessness. Furthermore, clients who are positive for COVID-19 need to have access to services and a safe place to stay, separated from others who are not infected. To facilitate the continuation of services, community coalitions should identify resources to support people sleeping outside as well as additional temporary housing, including sites with individual rooms that are able to provide appropriate services, supplies, and staffing. These sites should include: • Overflow sites to accommodate shelter decompression and higher shelter demands • Isolation sites for people who are confirmed to be positive for COVID-19 by laboratory testing • Quarantine sites for people who are awaiting testing, awaiting test results, or who were exposed to COVID-19 • Protective housing for people who are at increased risk for severe illness from COVID-19 Depending on resources and staff availability, housing options that have individual rooms (such as hotels/motels) and separate bathrooms should be considered for the overflow, quarantine, and protective housing sites. In addition, plan for how to connect clients to housing opportunities after they have completed their stay in these temporary sites.

Communication

Outreach workers and other community partners, such as emergency food provision programs or law enforcement, can help ensure people sleeping outside have access to updated information about COVID-19 and access to services.

- Stay updated on the local level of transmission of COVID-19 through your local and state health departments.
- Build on existing partnerships with peer navigators who can help communicate with others.
- Maintain up-to-date contact information and areas frequented for each person.
- Communicate clearly with people sleeping outside.

  - Use health messages and materials developed by credible public health sources, such as your local and state public health departments or the Centers for Disease Control and Prevention (CDC).
  - Post signs in strategic places (e.g. near handwashing facilities) providing instruction on hand washing and cough etiquette .
  - Provide educational materials about COVID-19 for non-English speakers, those with low literacy or intellectual disabilities, and people who are hearing or vision impaired.
  - Ensure communication with clients about changes in homeless services policies and/or changes in physical location of services such as food, water, hygiene facilities, regular healthcare, and behavioral health resources.
- Identify and address potential language, cultural, and disability barriers associated with communicating COVID-19 information to workers, volunteers, and those you serve. Learn more about reaching people of diverse languages and cultures.

Considerations for outreach staff

Staff training and policies

- Provide training and educational materials related to COVID-19 for staff.
- Minimize the number of staff members who have face-to-face interactions with clients.
- Develop and use contingency plans for increased absenteeism caused by employee illness or by illness in employees' family members. These plans might include extending hours, cross-training current employees, or hiring temporary employees.
- Assign outreach staff who are at increased risk for severe illness from COVID-19 to duties that do not require them to interact with clients in person.
- Outreach staff should review stress and coping resources for themselves and their clients during this time.

Staff prevention measures

- Encourage outreach staff to maintain good hand hygiene by washing hands with soap and water for at least 20 seconds or using hand sanitizer (with at least 60% alcohol) on a regular basis, including before and after each client interaction
- Advise staff to maintain 6 feet of distance while interacting with clients and other staff, where possible.
- Require outreach staff to wear masks when working in public settings or interacting with clients. They should still maintain a distance of 6 feet from each other and clients, even while wearing masks.
- Advise outreach staff to avoid handling client belongings. If staff are handling client belongings, they should use disposable gloves, if available. Make sure to train any staff using gloves to ensure proper use and ensure they perform hand hygiene before and after use. If gloves are unavailable, staff should perform hand hygiene immediately after handling client belongings.
- Outreach staff who are checking client temperatures should use a system that creates a physical barrier between the client and the screener as described here.
  - Where possible, screeners should remain behind a physical barrier, such as a car window, that can protect the staff member's face from respiratory droplets that may be produced if the client sneezes, coughs, or talks.
  - If social distancing or barrier/partition controls cannot be put in place during screening, PPE (i.e., facemask, eye protection [goggles or disposable face shield that fully covers the front and sides of the face], and a single pair of disposable gloves) can be used when within 6 feet of a client.
  - However, given PPE shortages, training requirements, and because PPE alone is less effective than a barrier, try to use a barrier whenever you can.
- For street medicine or other healthcare staff who are providing medical care to clients with suspected or confirmed COVID-19 and close contact (within 6 feet) cannot be avoided, staff should at a minimum, wear eye protection (goggles or face shield), an N95 or higher level respirator (or a facemask if respirators are not available or staff are not fit tested), disposable gown, and disposable gloves. **Masks are not PPE and should not be used when a respirator or facemask is indicated.** Healthcare providers should follow infection control guidelines.
- Outreach staff who do not interact closely (e.g., within 6 feet) with sick clients and do not clean client environments do not need to wear personal protective equipment (PPE).
- Outreach staff should launder work uniforms or clothes after use using the warmest appropriate water setting for the items and dry items completely.

Staff process for outreach

- In the process of conducting outreach, staff should
  - Greet clients from a distance of 6 feet and explain that you are taking additional precautions to protect yourself and the client from COVID-19.
  - If the client is not wearing a mask, provide them with one.
  - Screen clients for symptoms by asking them if they feel as if they have a fever, cough, or other symptoms consistent with COVID-19.
  - Children have similar symptoms to adults and generally have mild illness
    - Older adults and persons with medical comorbidities may have delayed presentation of fever and respiratory symptoms.
    - If medical attention is necessary, use standard outreach protocols to facilitate access to healthcare.
  - Continue conversations and provision of information while maintaining 6 feet of distance.
  - If at any point you do not feel that you are able to protect yourself or your client from the spread of COVID-19, discontinue the interaction and notify your supervisor. Examples include if the client declines to wear a mask or if you are unable to maintain a distance of 6 feet.

Considerations for people experiencing unsheltered homelessness

Help clients prevent becoming sick with COVID-19

- Consider the balance of these risks when addressing options for decreasing COVID-19 spread. Those who are experiencing unsheltered homelessness face several risks to their health and safety.
- Continued linkage to homeless services, housing, medical, mental health, syringe services, and substance use treatment, including provision of medication-assisted therapies (e.g., buprenorphine, methadone maintenance, etc.). Use telemedicine, when possible.
- Some people who are experiencing unsheltered homelessness may be at increased risk of severe illness from COVID-19 due to older age or certain underlying medical conditions, such as chronic lung disease or serious heart conditions.
  - Reach out to these clients regularly to ensure they are linked to care as necessary.
  - Prioritize providing individual rooms for these clients, where available.
- Recommend that all clients wear masks any time they are around other people. Masks should not be placed on young children under age 2, anyone who has trouble breathing, or is unconscious, incapacitated, or otherwise unable to remove the mask without assistance.
- Provide clients with hygiene materials, where available.
- Discourage clients from spending time in crowded places or gathering in large groups, for example at locations where food, water, or hygiene supplies are being distributed.
  - If it is not possible for clients and staff to avoid crowded places, encourage spreading out (at least6 feet between people) to the extent possible and wearing masks.

Help link sick clients to medical care

- Regularly assess clients for symptoms.
  - Clients who have symptoms may or may not have COVID-19. Make sure they have a place they can safely stay in coordination with local health authorities.
  - If available, a nurse or other clinical staff can help with clinical assessments. These clinical staff should follow personal protective measures.
  - Provide anyone who presents with symptoms with a mask.
  - Facilitate access to non-urgent medical care as needed.
  - Use standard outreach procedures to determine whether a client needs immediate medical attention. Emergency signs include (this list is not all inclusive. Please refer clients for medical care for any other symptoms that are severe or concerning to you):

        - Trouble breathing
        - Persistent pain or pressure in the chest
        - New confusion or inability to arouse
        - Bluish lips or face
    - Notify the designated medical facility and personnel to transfer that clients might have COVID-19.
- If a client has tested positive for COVID-19
    - Use standard outreach procedures to determine whether a client needs immediate medical attention.
    - If immediate medical attention is not required, facilitate transportation to an isolation site.
    - Notify designated medical facility and personnel that the client has tested positive for COVID-19.
    - If medical care is not necessary, and if no other isolation options are available, advise the individual on how to isolate themselves while efforts are underway to provide additional support.
    - During isolation, ensure continuation of behavioral health support for people with substance use or mental health disorders.
    - In some situations, for example due to severe untreated mental illness, an individual may not be able to comply with isolation recommendations. In these cases, community leaders should consult local health authorities to determine alternative options.
    - Ensure the client has a safe location to recuperate (e.g., respite care) after isolation requirements are completed, and follow-up to ensure medium- and long-term medical needs are met.

Considerations for encampments

- If 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.
- Encourage those staying in encampments to set up their tents/sleeping quarters with at least 12 feet x 12 feet of space per individual.
    - If an encampment is not able to provide sufficient space for each person, allow people to remain where they are but help decompress the encampment by linking those at increased risk for severe illness to individual rooms or safe shelter.
- Work together with community coalition members to improve sanitation in encampments.
- Ensure nearby restroom facilities have functional water taps, are stocked with hand hygiene materials (soap, drying materials) and bath tissue, and remain open to people experiencing homelessness 24 hours per day.
- If toilets or handwashing facilities are not available nearby, assist with providing access to portable latrines with handwashing facilities for encampments of more than 10 people. These facilities should be equipped with hand sanitizer (containing at least 60% alcohol).

COVID-19 Readiness Resources

- Considerations for food pantries and food distribution sites
- Visit cdc.gov/COVID19 for the latest information and resources
- Information for health departments
- Guidance for homeless service providers
- COVID-19 fact sheets for people experiencing homelessness (at the bottom of the page)
- Department of Housing and Urban Development (HUD) COVID-19 resources
- CDC's COVID-19 stress and coping information

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