



CAMBRIDGE

THE URGENT CASE FOR PROVIDING
NON-CONGREGATE
SHELTER OPTIONS DURING THE PANDEMIC

Dec 2020

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EXECUTIVE SUMMARY

The Covid-19 pandemic has claimed the lives of 100 people from the Cambridge community since March 2020, with thousands more infected.¹ The winter season of 2020 will present a great challenge to Cambridge, as people cope with multiple threats posed by influenza, Covid-19, and a wave of mass evictions. More than 700 eviction cases have been filed in state housing court for two of the three weeks after Thanksgiving, and while Cambridge's eviction moratorium thankfully remains intact, unhoused residents of nearby municipalities may end up in Cambridge. In lieu of strictly enforced legal protections against eviction, including illegal evictions, the unhoused population in Cambridge will exponentially increase.

Congregate shelters in Cambridge, while they are good resources, are currently unable to provide safe shelter and social distancing at pre-pandemic levels for unhoused individuals and families that they used to serve (Figure 1). For example, Harvard Square Homeless Shelter has closed entirely during the pandemic due to limited capacity to provide a safe space for staff and residents.² Other shelters in the city have reported significant cutbacks and strains in being able to serve the already under-served homeless community.³ Other cities, such as Newark, have provided more rooms for their unhoused residents, allowing people to stay in private rooms for their safety and the safety of others.⁴

If homeless individuals are not given the option to stay in private rooms, rates of Covid-19 transmission and death within homeless communities will rise, and there will be a high chance of transmission to other communities.⁵ For example, the Biogen conference in February is considered to have seeded outbreaks among individuals who

¹ See <https://cityofcambridge.shinyapps.io/COVID19/?tab=cumulative> for the current cases and death tally from Covid-19.

² See <https://www.thecrimson.com/article/2020/3/25/harvard-coronavirus-hshs-closes/> for information of the closure of Harvard Square Homeless Shelter.

³ See <https://www.thecrimson.com/article/2020/9/3/homeless-shelters-coronavirus/> for information on the impact Covid-19 has had on homeless shelters in Cambridge.

⁴ <https://jerseydigs.com/newark-to-continue-using-hotel-to-house-homeless-population-during-pandemic/>

⁵ [https://www.thelancet.com/journals/lanres/article/PIIS2213-2600\(20\)30396-9/fulltext](https://www.thelancet.com/journals/lanres/article/PIIS2213-2600(20)30396-9/fulltext)



were experiencing homelessness, which likely gave rise to thousands of cases through transmission chains.⁶ Contact tracing has not been keeping up with continuous uptick in positive Covid-19 cases across the state.⁷ Medical journals like *The Lancet*⁸ and *The New England Journal of Medicine*⁹ and other medical studies¹⁰ have argued that congregate shelters should either be closed or greatly supported by the practice of placing homeless residents in hotels.

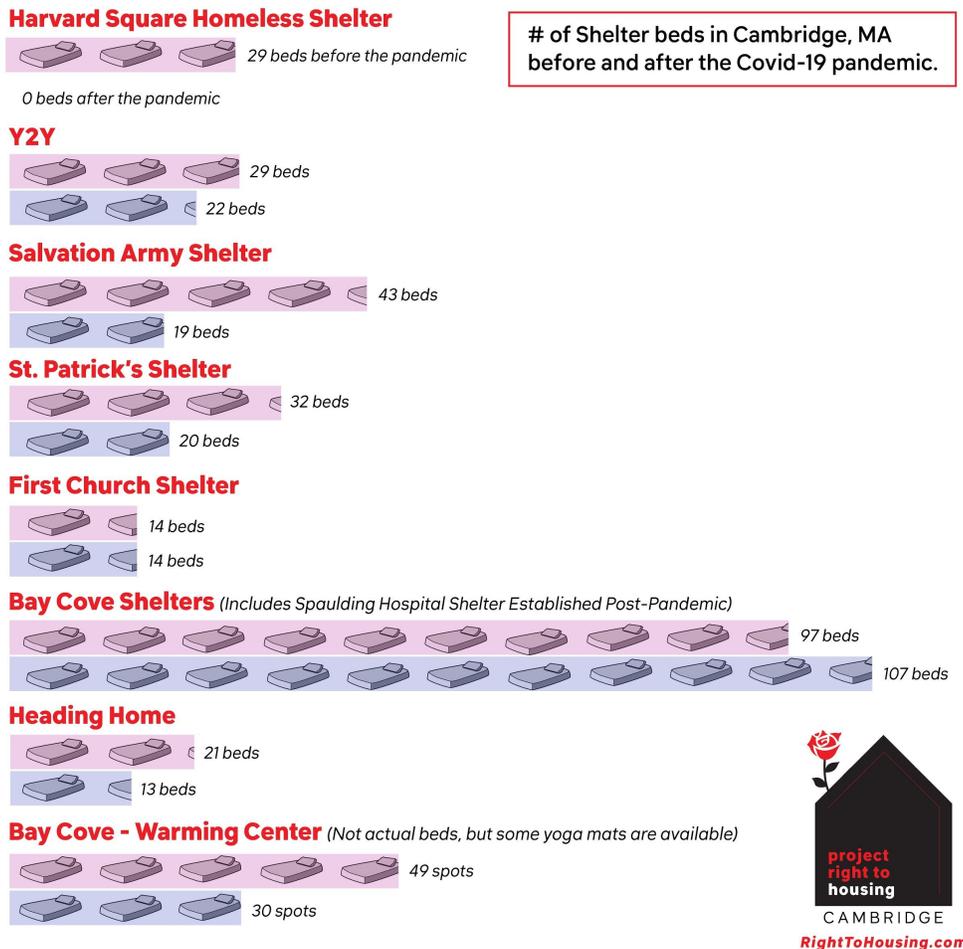


Fig. 1 Number of Shelter Beds in Cambridge, MA Before & After the Covid-19 Pandemic
(as of Dec 15, 2020)

⁶ <https://advances.massgeneral.org/pulmonary/article.aspx?id=1285>
⁷ <https://www.wbur.org/commonhealth/2020/07/09/contact-tracing-frustrated-local-officials>
⁸ [https://www.thelancet.com/journals/lanres/article/PIIS2213-2600\(20\)30396-9/fulltext](https://www.thelancet.com/journals/lanres/article/PIIS2213-2600(20)30396-9/fulltext)
⁹ <https://www.nejm.org/doi/full/10.1056/NEJMcp2002421>
¹⁰ <https://academic.oup.com/cid/advance-article/doi/10.1093/cid/ciaa743/5854739>



Giving unhoused residents access to vacant hotel rooms has overwhelming support across the homeless population during the pandemic. It will provide these residents with a more safe and private housing option while they work with local, state, and federal resources to secure permanent, affordable, and stable housing solutions. Without taking direct action to ensure that all Cantabrigians have access to quality housing, we cannot work with our neighbors to ensure that their other basic needs are met — food, healthcare, mental health counseling, or education. Failing to care for our unhoused population will lead to direct spread of Covid-19 cases as well as direct and perhaps unbearable pressures on basic functions of society, such as ICU bed capacity. In Cambridge, homelessness is also a racial justice issue since 40% of homeless individuals are Black, while only 11% of the total city population is Black. We have an imperative to prevent the pandemic from spawning an insurmountable human rights violation.



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10 REASONS WHY

THE CITY OF CAMBRIDGE SHOULD OFFER NON-CONGREGATE SHELTER TO PEOPLE EXPERIENCING HOMELESSNESS DURING THE COVID-19 PANDEMIC

1. HOUSING IS THE FIRST LINE OF DEFENSE. HOUSING IS HEALTHCARE.

Housing is the first line of defense during the Covid-19 pandemic. It is a matter of life and death, and yet we as a society are currently treating housing as a luxury good. The U.N. Special Rapporteur on the Right to Adequate Housing and MIT Professor Balakrishnan Rajagopal explains that during the pandemic: “Having no home, lacking space for physical distancing in overcrowded living areas or having inadequate access to water and sanitation has become a ‘**death sentence**,’ handed out predominantly against poor and marginalized communities” ([Covid-19 and the Right to Adequate Housing. UN Report, 2020](#)). People experiencing homelessness are twice as likely to be hospitalized, two to four times as likely to need critical care, and two to three times as likely to die from illnesses and health complications from COVID-19 than the general population.¹¹

Within the first month of the pandemic, we saw an alarming rise in Covid-19 infections among shelter staff and homeless residents who use congregate shelters in Boston and Cambridge (CDC, July 2020). In spring 2020, Cambridge shelters reduced capacity, and in April, [one in three homeless individuals](#) tested positive for Covid-19 in

¹¹ Dennis Culhane and others, “Estimated Emergency and Observational/Quarantine Capacity for the US Homeless Population Related to COVID-19 Exposure by County; Projected Hospitalizations, Intensive Care Units and Mortality” (Philadelphia: University of Pennsylvania, 2020), available at <https://endhomelessness.org/resource/estimated-emergency-and-observational-quarantine-bed-need-for-the-us-homeless-population-related-to-covid-19-exposure-by-county-projected-hospitalizations-intensive-care-units-and-mortality/>



Boston (WGBH, April 2020). Unhoused community members have slept outside through the spring and summer, and many will continue to do so in the winter, but the added risk of freezing temperatures is yet another reason that an indoor, private sleeping option is needed. Furthermore, public spaces, such as libraries, that provide daytime sheltering for homeless individuals during the winter will no longer be available, forcing most to spend freezing winter days outside. While the seasonal Bay Cove warming center is open for daytime sheltering during the pandemic, it has limited capacity and is still a congregate shelter that does not offer space to quarantine.

2. HOSPITALS BEDS ARE **NOT** A SUBSTITUTE FOR HOUSING.

As Covid-19 infections among homeless residents rise this winter, there will also be a rise in their rates of hospitalization. Based on CDC reported data for Boston Medical Center in July, homeless individuals comprised 24.3% of non-ICU hospitalizations, 15.9% of ICU hospitalization without mechanical ventilation, 15.1% of ICU hospitalization with mechanical ventilation, and 15.3% of those of who died.¹² Whereas 420 in 1000 homeless individuals were hospitalized in the entire year of 2013, 286 were hospitalized with the coronavirus in March 2020 alone, including 40 in Middlesex County.¹³ Based on their experiences this summer, medical staff at Boston Medical Center have explained how clinicians are likely to lengthen inpatient hospitalizations for homeless individuals who are unable to self-isolate, even if they are not critically ill.¹⁴

This means that because they have no safe home in which to quarantine, some homeless individuals have chosen to stay in hospitals. Even before the pandemic, people experiencing homelessness had limited access to appropriate health care and ended up overutilizing emergency rooms and expensive acute care options that did not

¹² (CDC, July 2020, Table 1)

¹³ https://endhomelessness.org/wp-content/uploads/2020/03/COVID-paper_clean-636pm.pdf

¹⁴ “For example, clinicians’ concerns about patients’ inability to self-isolate resulted in decisions to lengthen inpatient hospitalizations (personal communication, Christopher Manessah, MD, and Deanna Faretra, BMC, April 2020).”



necessarily result in better health outcomes for them.¹⁵ This is why the Massachusetts Housing and Shelter Alliance (MHSA) began the Hospital to Housing (H2H) program to connect homeless individuals with appropriate healthcare and stable housing. Therefore, during the pandemic, if homeless individuals are provided with long-term 24/7 shelter in hotels, then hospitals will not feel pressured to shelter and quarantine Covid-19 positive homeless patients on site.

3. PROVIDING **NON-CONGREGATE SHELTER** OPTIONS DURING THE COVID-19 PANDEMIC IS AN INTERNATIONAL & NATIONAL BEST PRACTICE.

The United Nations recommends that individuals experiencing homelessness should be given the option to stay in hotels during the course of the pandemic.¹⁶ This commonsense solution is considered an international best practice that avoids the haphazard strategy of forcing homeless individuals into a series of congregate shelters, leaving them the unwinnable choice of being outside in the cold or inside and even more vulnerable to COVID-19. This practice has been adopted in countries like France¹⁷ and the United Kingdom,¹⁸ along within U.S. states, such as Los Angeles County, CA,

¹⁵ https://www.mhsa.net/sites/default/files/AR%20%20INDD_2.pdf

¹⁶ Full text of the Recommendation: “House people experiencing homelessness in hotels, motels, second homes, dormitories and/or vehicles for the duration of the crisis and make plans to move people to permanent housing rather than back on to the streets. Homelessness should be tackled through a sharp increase in the appropriation of funding for temporary housing and for the purchase or expropriation of empty or vacant property for permanent housing” (Covid-19 and the Right to Housing, 2020)

¹⁷ Paris Mayor Anne Hidalgo has come up with a series of proposals to protect the homeless this winter, including systematically testing people sent to shelters and requisitioning empty hotels and convention centres to provide emergency accommodation:

<https://www.france24.com/en/20201011-in-greater-paris-40-percent-of-homeless-are-infected-with-covid-19>; Hotel Avenir Montmartre in Paris has offered shelter to people experiencing homelessness, partnering with local charity Emmaus Solidarite are supported by funds provided from the local government:

<https://www.reuters.com/article/us-health-coronavirus-france-homeless-idUSKBN28D1B4>

¹⁸ London Mayor Sadiq Khan acquired hotel rooms for homeless residents as early as March 2020 and has continued to fund this initiative, which offered shelter to 1,700 individuals in hotel rooms paid for by the government.

<https://www.london.gov.uk/press-releases/mayoral/rough-sleepers-to-be-offered-hotel-beds-to-isolate>;
<https://www.guardian-series.co.uk/news/18594108.sadiq-khan-bags-67m-houses-homeless-londoners/>;
<https://www.standard.co.uk/news/politics/sadiq-khan-homeless-hotels-winter-covid19-a4565381.html>



New Haven, CT, Chicago, IL,¹⁹ Washington, D.C.,²⁰ New York City, NY, and Jersey City, NJ.

On October 19, 2020, the Center on Budget and Policy Priorities, the National Alliance to End Homelessness, the National Innovation Service, the National Health Care for the Homeless Council, the National Low-Income Housing Coalition, and the Urban Institute published *The Framework for an Equitable Covid-19 Homelessness Response*. All of these U.S. organizations are in agreement that we need to **“deconcentrate existing shelters by relocating people to non-congregate settings.”**²¹ Moreover, they argue that non-congregate shelter options should be “available 24 hours per day and are low-barrier, culturally responsive, non-discriminatory, welcoming to LGBTQ people, accessible for people with disabilities, allow families to remain together as self-defined, and equitably accessed by people from historically marginalized communities.”²²

4. MASSACHUSETTS IS A RIGHT TO SHELTER STATE AND HAS EXPERIENCE WITH USING HOTELS AS OVERFLOW SITES.

Massachusetts has been a Right to Shelter state since Chapter 450 of the Acts of 1983 was signed by Governor Dukakis. Over the past 37 years, the state and individual cities have upheld their legal responsibility to shelter homeless families in hotels and motels as needed. Typically, hotels have been used as overflow sites under the state’s Emergency Assistance (EA) Shelter system, although under Governor Baker and State HHS Secretary Sudders, this scheme has been less utilized.²³ Since shelter capacity

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<https://www.cnn.com/2020/04/07/empty-hotels-convert-into-coronavirus-quarantines-emergency-housing-to-keep-the-lights-on.html>

20

<https://www.washingtonpost.com/dc-md-va/2020/08/07/dc-pays-millions-place-homeless-hotels-avoid-covid-19-many-rooms-are-empty-others-need-them/>

²¹ <https://endhomelessness.org/wp-content/uploads/2020/04/COVID-Framework-4.29.2020-1.pdf>

²² <https://endhomelessness.org/wp-content/uploads/2020/04/COVID-Framework-4.29.2020-1.pdf>

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https://www.salemnews.com/news/local_news/state-ends-practice-of-using-hotels-as-family-shelters/article_0c2914c4-88de-559c-8896-7b0eb310b233.html



has been significantly reduced, local authorities are legally required to provide eligible homeless families with safe shelter.²⁴

However, the EA system needs to be completely overhauled. Laticia Walker-Simpson, an attorney who specializes in the EA system at Greater Boston Legal Services, argues that the “pandemic has exposed the need for systemic reform for the EA program to operate effectively to mitigate the traumatic human, medical, and social costs associated with homelessness and to transform the ‘Right to Shelter’ from a paper promise into a sustainable reality for our Commonwealth’s neediest families.”^{25 26} This promise is a powerful one, and it should also be used to express the broader truth that all people in the Commonwealth, regardless of wealth, should be guaranteed housing that meets their needs and goals. In fact, since 1948, the Right to Adequate Housing has been part of the Universal Declaration of Human Rights.²⁷

5. FEMA & MEMA FUNDING IS AVAILABLE FOR ESTABLISHING NON-CONGREGATE SHELTERS.

FEMA has thus far provided funding to the state of Massachusetts for using hotels to quarantine and isolate Covid-19 positive homeless individuals and those awaiting test results, i.e. Medical Sheltering. In addition to medical sheltering, FEMA also has a program to support non-congregate sheltering.²⁸ **Program costs can be reimbursed by FEMA at a 75% Federal and 25% non-Federal cost-share.** A non-congregate sheltering program has been effectively funded and implemented in North Carolina and functions as a partnership between the State, counties, and local partners who have secured hotels for non-congregate shelters.²⁹

For example, efforts by the **Massachusetts Emergency Management Agency (MEMA)** and city-hotel partnerships have resulted in hotels being used as isolation and recovery sites for homeless individuals locally and across the state. Hotels contracted

²⁴ Overview of the eligibility requirements can be found here: <https://bostonbarjournal.com/tag/homelessness/>

²⁵ <https://bostonbarjournal.com/tag/homelessness/>

²⁶ <https://www.wbur.org/commonhealth/2017/03/16/eviction-public-health-lara-jirmanus>

²⁷ https://www.ohchr.org/Documents/publications/Fs21_rev_1_Housing_en.pdf

²⁸ <https://www.fema.gov/news-release/20200722/coronavirus-covid-19-pandemic-non-congregate-sheltering>

²⁹ <https://covid19.ncdhhs.gov/information/housing-sheltering/non-congregate-sheltering>



for these purposes across the state of Massachusetts include: Plymouth Best Western Cold Spring, Pittsfield Hilton Garden Inn, Aloft Lexington Hotel, Springfield La Quinta, and Quality Inn Revere.

6. THIS PROGRAM WILL HELP ADDRESS THE ECONOMIC CRISIS IN THE CAMBRIDGE HOTEL INDUSTRY.

Since the beginning of the pandemic, hotel revenues have cratered as travel slows to a crawl and people remain home. RevPAR, or revenue per available room, dropped nearly 90% in May 2020 compared to May 2019, and the miniscule recovery since then is at risk of being wiped out as the pandemic worsens again this winter.³⁰ The hospitality industry is struggling in general, but hotels in particular are facing the brunt of the industry's losses during Covid-19. Across Massachusetts, 603 out of the state's 900 hotels are at risk for closure as a result of this precipitous drop in revenues.³¹ Boston-area hotels in particular are facing massive vacancy rates. The occupancy rates in the city, at below 30%, are five percent lower than Massachusetts as a whole, showing the massive loss these hotels are facing. Looking ahead, it is unclear how new Cambridge hotels, such as 907 Main in Central Square (67 rooms), which just opened for business in September will recover their initial investment without a steady revenue stream and manage to stay in business.

Using hotels to offer non-congregate shelter options to homeless community members solves that issue and then some. The state has already spent millions of dollars on providing hotel-based shelter options during the pandemic - a laudable initiative and an enormous source of potential revenue for hotels in crisis. Troy Flanagan, the senior vice president of The American Hotel and Lodging Association (AHLA), has also expressed support for such partnerships: "Now is a time I think when businesses across the country are looking for nontraditional ways of trying to keep the lights on. Our members

³⁰ <https://www.hospitalitynet.org/news/4098294.html>

³¹

<https://patch.com/massachusetts/boston/most-ma-hotels-will-close-without-government-bailout-report>



are coming together with local and state officials to meet their housing needs.”³² This project could help save an industry that is facing a potentially multi-year contraction.

Moreover, helping the hotel industry now can also help prevent future shortfalls in local and state revenue, which are derived from Municipal Excise Taxes and Local Options Rooms taxes paid by the hotel industry. In Cambridge, these taxes account for 2.3% of Cambridge’s annual budget. If hotels were to close, this means that Boston and Cambridge would lose out on nearly \$90 million in Local Options Rooms tax.³³ An immediate influx of mostly federal funds, supplemented by city funds, into the Cambridge hotel industry can insure that this industry will not completely collapse in the short-term and lead to long-term losses in jobs and tax revenue. Moreover, this program would **not** be just another business bail-out, since public funds would be used for non-congregate sheltering during a public health emergency and would save countless lives.

7. THIS WOULD CREATE NEW JOBS FOR CAMBRIDGE RESIDENTS.

In addition, this program can help with another pressing issue - the massive job losses caused by the pandemic. Nationwide, 22 million jobs were lost in the first months of the pandemic. Massachusetts alone lost nearly 700,000. Right to Shelter will employ many employees who have lost their jobs during the pandemic, especially in the hospitality industry, which directly employs 40,562 people across the state.³⁴ In Boston and Cambridge, this means 13,300 jobs.³⁵ For example, the Kimpton-Marlowe Hotel in Cambridge recently began laying off workers due to decreased revenues.³⁶ These numbers will continue to increase as Cambridge hotels will begin laying off more and more workers. Taking care of the most vulnerable members of our population is an

³²

<https://www.cnbc.com/2020/04/07/empty-hotels-convert-into-coronavirus-quarantines-emergency-housing-to-keep-the-lights-on.html>

³³ <https://www.hospitalitynet.org/news/4098294.html>

³⁴ <https://patch.com/massachusetts/boston/most-ma-hotels-will-close-without-government-bailout-report>

³⁵

<https://www.hospitalitynet.org/news/4098294.html#:~:text=Over%2013%2C300%20people%20are%20employed,sector%20in%20Boston%20and%20Cambridge>

³⁶ <https://www.bizjournals.com/boston/news/2020/08/18/kimpton-marlowe-lays-off-workers-amid-pandemic.html>



important job. Those working in shelters today are doing incredible work, but this program will make sure they don't do it alone - and that will involve employing many without work.

8. OTHER STATES LIKE **NEW JERSEY** HAVE ALREADY DONE THIS.

Cambridge might look to the successful example of Newark, New Jersey, where a smaller and more focused effort quickly brought the most vulnerable members of the community into local hotels.³⁷ Their program continues to house residents today, providing an initial example of what can be done with these resources.³⁸ But it's only a first step, and Cambridge has the opportunity to do much better. Building off of Newark, and building from Cambridge's small, tight-knit community, we can ensure that Project Right to Shelter extends to everyone who needs it in our city.

9. THIS PROGRAM SUPPORTS THE **HOMELESS BILL OF RIGHTS**.

Two bills, introduced midway through 2020 in the State House (S.2735 and H.4688), both aim to produce a bill of rights for people experiencing homelessness.³⁹ These are all rights that housed residents take for granted, and it is far past time that we extend them to all residents of our communities. Unhoused residents must have all of these rights guaranteed to them. Ultimately, the thing that will reduce harm the most is offering shelter to all those who need it, and in doing so alleviating the conditions that necessitate these protections. These are aimed at addressing basic rights that all people deserve, which the [Material Aid and Advocacy Program](#)⁴⁰ lists as follows:

³⁷ Another example has been California Governor Gavin Newsom's launch of Project Roomkey on April 3, 2020, which had the initial goal of securing up to 15,000 hotel rooms across the state to provide non-congregate shelter options for the homeless in the face of the pandemic. The program was funded by a combination of state money and FEMA reimbursement. FEMA in turn agreed to cost-share 75% of all costs for the project, shouldering a large chunk of the necessary expenses of Roomkey - a promising avenue for funding for any similar project. Roomkey was not an effective project, but it does provide a look at how federal funding can be used for projects to house our community.

³⁸ <https://jerseydigs.com/newark-to-continue-using-hotel-to-house-homeless-population-during-pandemic/>

³⁹ <https://malegislature.gov/Bills/191/S2735> and <https://malegislature.gov/Bills/191/H4688>

⁴⁰ <https://www.maapma.org/homelessbillofrights>



THE HOMELESS BILL OF RIGHTS

Use of public spaces in the same manner as any other person

Equal treatment by all state and municipal agencies

Expectation of privacy in personal property in public spaces

Fair interactions with public officials, employees, and officers [of law enforcement]

The ability to rest in public spaces and seek protection from adverse weather or an imminent public health emergency in a manner that does not obstruct human or vehicle traffic

Access to routine and emergency medical care free from discrimination on the basis of housing status; as well as during the state of emergency declared by the governor on March 10, 2020 and for the entirety of the COVID-19 pandemic access testing and health care related to the coronavirus

Voting rights

Freedom to practice one's religion in public

Protection from the disclosure of records provided to homeless shelters and service providers to state, municipal, and private entities, absent valid written authorization to do so.



10. THIS PROJECT IS A FIRST STEP TOWARDS CAMBRIDGE ADOPTING A **TRUE HOUSING FIRST** MODEL.

The eventual goal is for Cambridge to adapt the **Housing First** model. The Massachusetts Housing and Shelter Alliance has long advocated for a Housing First approach to be adapted throughout the state. This approach provides a departure from the current short-signed emergency shelter model to a long-term permanent housing solution. Cambridge has released some RRH (Rapid Re-Housing) vouchers, a solid first step, but we are in need of a solution that helps more people for longer. People who experience chronic homelessness are often also experiencing “complex physical, mental and addiction disabilities made worse by years of living on the streets or in shelters.”⁴¹

A housing-first approach recognizes that no person should have to prove themselves worthy of housing, but is already deserving of a housing situation that fully meets their needs. This approach begins by helping individuals experiencing homelessness to secure the housing that they need. Housing First means centering the experiences, needs, and goals of the homeless individual as this individual expresses them, rather than projecting them; within a housing-first model, clients are given the full ability to decide what kinds of supports they need (ranging from employment, substance use, mental health supports, and others) to create a plan built around their own personal goals. There is no reason that homeless individuals should not be able to decide on and access the care and support that they need. Other countries, such as Finland, have already recognized this.⁴² A wealthy and progressive city like Cambridge is well placed to implement a similar strategy of Housing First and become a leader within the Commonwealth and the country.

⁴¹ https://www.mhsa.net/sites/default/files/AR%20%20INDD_2.pdf

⁴² <https://housingfirsteurope.eu/countries/finland/>;

<https://www.cbc.ca/radio/sunday/the-sunday-edition-for-january-26-2020-1.5429251/housing-is-a-human-right-how-finland-is-eradicating-homelessness-1.5437402>



THE ONGOING RESPONSE TO HOMELESSNESS DURING COVID-19 IN CAMBRIDGE, MA

April 16th, 2020

We, as unhoused members of the Cambridge community, request that the City Manager and the City Council act with the greatest sense of urgency to develop a working plan that better safeguards the health and needs of the unhoused population. The current strategy to use the War Memorial as a temporary shelter is, in our opinion, a disaster in the making. As we have seen recently, COVID-19 spreads extremely quickly in a shelter environment. 397 people were tested at the Pine Street Inn in Boston, and almost 40% of these people tested positive for the virus. These individuals were all asymptomatic carriers- none had displayed any symptoms prior to being tested. This is evidence that the virus is unknowingly being passed along from person to person in a shelter setting. Even if every person entering the War Memorial is tested upon entry and appropriately segregated, it isn't realistic to do that upon every entrance of every person onto the site. Furthermore, since so many people are asymptomatic this is really a moot point. With this knowledge at our backs, we consider it irresponsible, dangerous, and reckless to expect unhoused individuals to go to the War Memorial shelter. At the moment, social distancing and home confinement/self-quarantine are the best weapons we have to combat the spread of the virus. Someone without a stable living environment cannot utilize these best practices. We have heard the converted parking garage at the War Memorial, which will be used to care for individuals with COVID-19, or the open gymnasium marked off with paint on the floor for distancing, described as an "ideal" location to house individuals. Please explain how a concrete parking structure or a gymnasium could ever be described as an "ideal" place for a human being to live. We feel that it is time for the city of Cambridge to step up and utilize its enormous financial resources and influence to provide hotel rooms and/or vacant apartments to members of the unhoused community who want/need accommodations. The unsheltered community wants to be part of the solution to this pandemic. Our lives matter. Please help us be responsible community members. It is impossible to practice proper hygiene and social distancing while being homeless on the streets or in a shelter setting. Housing people in decent, dignified hotel rooms or apartments is the only way to stop the spread of COVID-19. We are all aware of how quickly this virus is spreading. We are asking you to provide hotel rooms and/or vacant apartments for individuals who need them immediately. Thank you.

Figure 2. April 16, 2020 Petition Submitted by Unhoused Residents to the City of Cambridge



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1. A COALITION OF UNHOUSED COMMUNITY MEMBERS, ORGANIZERS, AND ALLIES HAVE BUILT A CAMPAIGN FOR NON-CONGREGATE SHELTER OPTIONS. **THEIR DEMANDS MUST BE MET.**

On April 19, 2020, **121 unhoused Cambridge community members signed a petition requesting the City of Cambridge and the City Manager to provide hotel rooms/dorms for unhoused residents to socially distance and quarantine.**⁴³ In signing this petition, unhoused residents and community organizations were thinking about the broader public health interests of the Cambridge community as the pandemic began. City leadership denied their request and instead stuck with the recently opened War Memorial shelter as the emergency response under Covid-19.

Organizers from MAAP (the Material Aid and Advocacy Program) alongside unhoused community members and allies, wrote a Letter of Solutions and Demands to the Massachusetts governor, state leadership, mayors, town managers, and district attorneys. This letter was signed by fourteen allied organizations, including Families for Justice as Healing, the Massachusetts Bail Fund, Prisoners' Legal Services, and SIFMA Now! It indicates the injustice of state leadership's calls for individuals to stay home for safety concerns, given that the state has not created adequate safe housing options for unhoused people during the pandemic. It also voices the demand for these officials to "[r]apidly provide vacant hotel or dorm and vacant housing (including luxury units) to ensure safety for those in shelters, on the street, and leaving jails and prisons." The letter argues that with a non-congregate housing option, homeless community members will have a wider range of sheltering options to choose from, increase their ability to socially distance, and access social, medical, and housing supports.

MAAP organizers have continued to meet with City Councilors Sobrinho-Wheeler and Zondervan throughout the pandemic to discuss this demand, as well as with City Councilor McGovern, with the City Manager, and with other city leadership to discuss issues facing the unhoused community at the beginning of the pandemic. MAAP also

⁴³ See <https://drive.google.com/file/d/1Jq9ghQnnJZLzpkf4YtVSA4o-sf6OOUB/view>



organized a call-in to bring community members to testify in favor of hotel and dorm housing options for the homeless community at a City Council hearing.

Moreover, the Cambridge Nonprofit Coalition Unhoused Advocacy Group has continued direct advocacy for non-congregate shelter options in hotels and dorms. Alongside the MAAP campaign, it sent a joint letter with the Greater Boston Interfaith Organization (GBIO) to Cambridge leadership, explaining the need for this shelter option and for other resources for unhoused people during the pandemic. Cambridge leadership did not consider this proposal. The Coalition has continued to meet with city leadership to express this demand, recently speaking at the November 12 City of Cambridge hearing, alongside two unhoused MAAP organizers.

Time and time again, by centering the voices and experiences of unhoused community members and building a tireless campaign, these organizations, allies, and individuals have shown that the city's response to the needs of the homeless community has been thoroughly insufficient. City leadership has ignored and overlooked the voices of the very community these programs are designed to support and protect, projecting its own understanding of what this community needs during a pandemic. By doing so, **Cambridge city leaders have lost time and invested funding into programs that were already vetted for failure by the homeless community itself.** However, with the onset of winter weather, the City of Cambridge has a **major opportunity** to respond to requests made by unhoused Cambridge residents.

As MAAP, the CNC Unhoused Advocacy Group, and their co-organizers have shown, voices from the homeless community need to be brought to the forefront of every single policy development being determined for their well-being, and further what the homeless community asks for should not be diluted to suit the comforts of the already housed population. This is the only way to achieve an equitable Covid-19 response for unhoused Cambridge residents.⁴⁴

⁴⁴ See <https://www.nis.us/equity-based-decision-making-framework> for a framework on how to create an equitable response for unhoused residents during Covid-19.



2. INCOMPLETE DATA ON HOMELESSNESS IN THE CITY OF CAMBRIDGE

It goes without question that the only way to support the homeless community in Cambridge in defining and meeting their needs comes with having as close to an accurate count of the homeless population as possible.

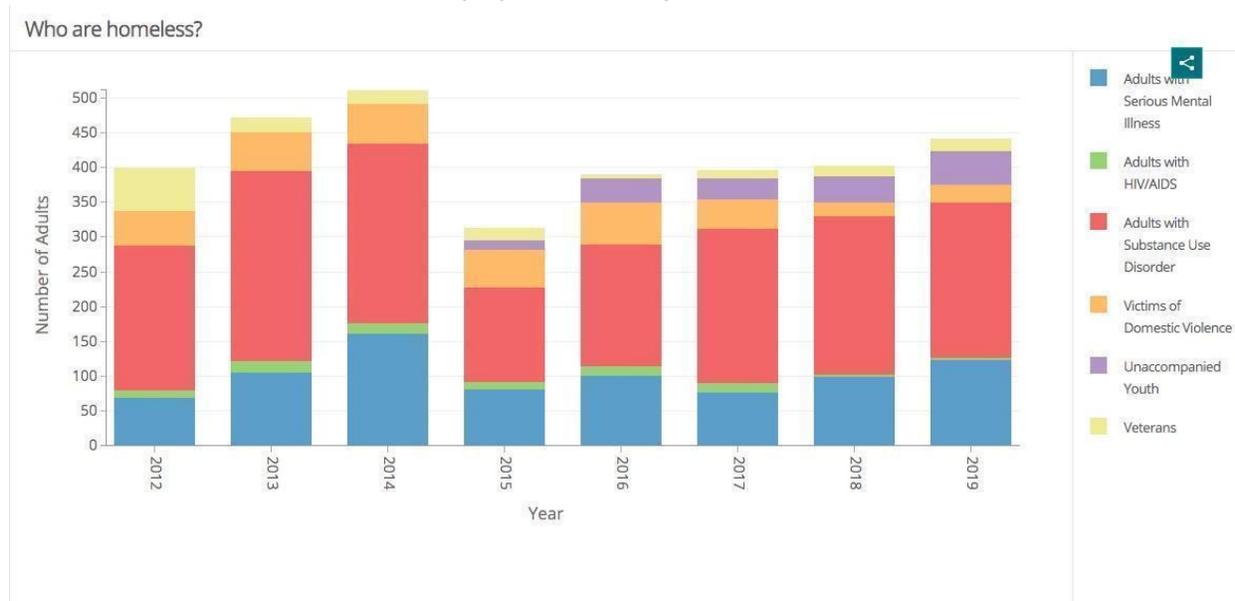


Figure 3. Point-in-Time (PIT) data illustrates sheltered and unsheltered homeless persons on a single night in January each year.

There will always be some level of undercounting, but the city of Cambridge can do more to achieve a more accurate Point-in-Time (PIT) count of unhoused residents. According to the National Law Center on Homelessness and Poverty (NLCHP), the first step to acquire this data is through increasing funding for this census and coordinating nationally with “more consistent and more rigorous methodology.”⁴⁵ Additionally, many incarcerated, institutionalized, hospitalized, “doubled up,” and transitory individuals are often overlooked during the PIT collection period, which often occurs in a single night and only accounts for those visible on the streets, campgrounds, train stations, cars,

⁴⁵ See <https://nlchp.org/wp-content/uploads/2018/10/HUD-PIT-report2017.pdf> for more information about PIT data and the common mistakes that occur when collecting data about the homeless community.



and shelters.⁴⁶ In some PIT collection methods transitory housing is purposefully excluded from the PIT data entirely as it is considered a different type of homelessness and can cause a sharp decrease in the accurate tally of homeless residents.

According to Cambridge's PIT data taken on 01/30/2019, there are 555 unhoused residents in total.⁴⁷ **This figure – “555 unhoused residents” – is a severe undercount.** Immediate action must be taken to get a more accurate read on the homeless situation in the city of Cambridge. This must include data from those at risk of homelessness under the current Covid-19 evictions crisis.⁴⁸ In our estimation and based on the facts available to us, the City of Cambridge does not have adequate information to budget for the needs of its unhoused population since it has not taken the basic steps to understand the count of said population nor the scope of their needs.

⁴⁶ “Doubled up” refers to individuals or families who are staying with friends or family in order to avoid living on the streets or within congregate shelters. Transitory refers to individuals or families who are living in hotel rooms, shelters, or any other type of temporary housing that is suitable for human habitation.

⁴⁷ See https://files.hudexchange.info/reports/published/CoC_PopSub_CoC_MA-509-2019_MA_2019.pdf for the 2019 PIT count in Cambridge, MA.

⁴⁸ See <https://www.urban.org/features/where-prioritize-emergency-rental-assistance-keep-renters-their-homes> for information on at risk communities for housing instability.



MAMAS
Housing Justice Working Group



Boston DSA
Democratic Socialists of America



3. OVERVIEW OF SHELTER RESPONSES IN CAMBRIDGE

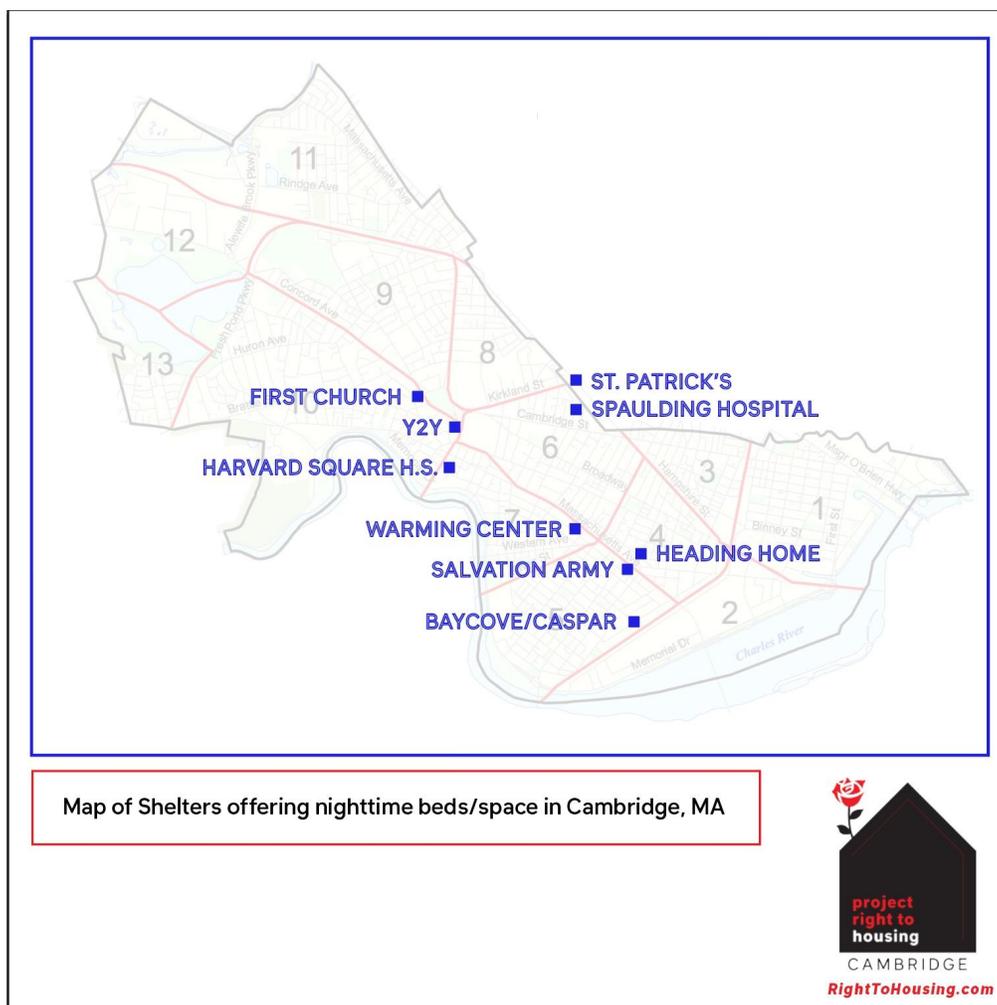


Figure 4. Map of Homeless Shelters in Cambridge, Massachusetts, 2020
 (The seasonal Warming Center does not provide actual beds, but some yoga mats are available)

An overview of this city’s response to the pandemic has been characterized by the sentiment that Cambridge has “gone further than other cities” or “led the region” in terms of protections for homeless Cantabrigians. A key intervention made by the City took the form of the War Memorial shelter, a public-private partnership. The City of Cambridge has provided \$2.1 million in funding to the shelter, while local universities, such as Harvard University and the Massachusetts Institute of Technology have donated \$250,000 each.



Qualitative feedback from people familiar with the facilities reveals that the War-Memorial shelter is not an appropriate or decent environment for human habitation, especially during the pandemic. Cambridge council member Zondervan shared in a Tweet dated April 22, 2020 that among the shortcomings of War Memorial are a lack of PPE, inadequate social distancing during meals, and a lack of privacy. Meanwhile, public comment in an April City Council meeting clarified that War Memorial guests were temporarily banned from the shelter because they had joined the meeting on mobile devices in order to share feedback regarding shelter conditions.

The most distressing news emerges from guest reports of inappropriate behavior from War Memorial security personnel. Guests reported harassment and poor treatment from the guards during their time there. Meanwhile, War Memorial security personnel lack accountability and reportedly act with impunity in their cruelty toward homeless Cantabrigians. Recently, the City Manager of Cambridge has announced that the temporary shelter will shift to a 57-bed location at Spaulding Hospital in December 2020. **However, the two-floor space will not include more private rooms so that each inhabitant can socially distance or isolate with others who make them feel safe.** Non-congregate rooms are imperative to providing safe and healthy shelter for homeless Cantabrigians during the pandemic.

4. A NEW APPROACH – LISTEN TO & FULFILL THE DEMANDS OF PEOPLE EXPERIENCING HOMELESSNESS

In order to treat the homeless community with the respect it deserves, the city council and city manager should make themselves easily accessible to homeless residents to put forth testimonials, proposals, and petitions that include their specific, self-described needs during the pandemic and for securing permanent stable housing in the future. Those who are experiencing an unstable or precarious housing situation must be continuously involved in every possible aspect of the decision making which affects their lives. City council members and the city manager should consider how racial and gender inequality has affected the current homeless community, and council members should ensure that people who self-identify from a further marginalized group have the opportunity to share the specific needs for their specific circumstances. Just as there are varying ways of being homeless, there are also varying impacts that the



experience of homelessness has on each individual, and much of this variation is determined by race and gender.

According to the 2019 Annual Homeless Assessment Report to Congress, people of color, and members from the LGBTQQIAAP community are severely overrepresented in the national homeless census.⁴⁹ **In Cambridge, where black people make up 11% of the general population, they make up 40% of the homeless population.**⁵⁰ It is important for the city of Cambridge to prioritize the needs of those most vulnerable to Covid-19 and children, while also prioritizing the issue of racial and gender inequality with solutions to address it in every conversation between city council members and the community surrounding the issue of homelessness.

The National Innovation Service (NIS) conducted thorough listening sessions for overrepresented minority groups in the homeless community across the United States and has summarized the priorities of each community into separate briefs.⁵¹ Each of these priorities must be considered literally and with the full intent of meeting each priority and need exactly as requested. Across the board, minority communities prioritize access to quality medical care, and request safe, decriminalized, stable housing where self-isolation is possible. Congregate shelters have always been a source of spread for viruses during winter months, and they are difficult environments for unhoused residents to maintain steady employment. Congregate shelters also do not center the specific needs of unhoused individuals who are looking for permanent housing options.⁵²

⁴⁹ See page 10 for disaggregated data on race, gender, and sexuality.

<https://www.huduser.gov/portal/sites/default/files/pdf/2019-AHAR-Part-1.pdf>

⁵⁰ <https://www.maapma.org/homelessbillofrights>

⁵¹ See <https://www.nis.us/covid-19-response-introduction> for each community brief and how to hold an effective listening session with homeless community members.

⁵² See <https://www.urban.org/features/five-charts-explain-homelessness-jail-cycle-and-how-break-it> & https://safehousingpartnerships.org/sites/default/files/2017-01/Breaking%20the%20Cycle%20of%20Homelessness%20-%20Hsq%20and%20Educ%2C%20Stability%20for%20Survivors_0.pdf



PROJECT RIGHT TO SHELTER

1. ELIGIBILITY AND REFERRAL PROCESS

Project Right to Shelter is founded on the right to shelter guaranteed to Massachusetts residents. Accordingly, any person who fits the criteria for homelessness as laid out in Categories 1 and 4 of the federal HUD Final Rule for “Determining Homelessness” should immediately fulfill the requirements for participation in this program.

In order to make participation in Project Right to Shelter as inclusive as possible, we do not recommend that the ability to complete activities of daily living (ADLs) should stand as a requirement for program participation, given the level of care and support that the Cambridge community has the resources to provide to its disabled residents. We also do not believe that a VI-SPDAT should be implemented as a tool to “rank” or “score” the vulnerability of program participants; this creates an extra barrier to supporting the community. Rather, the referral and intake processes should allow each program participant to voluntarily assess and share their health- and care-related needs (related to diet, medication, medical conditions, etc.).

Individuals interested in participating in Project Right to Shelter should be able to place calls through a hotline, by communicating with the Cambridge Multi-Service Center, or by referral through a local service provider. Given that people have a variety of experiences with different service providers and with the Multi-Service Center, it is essential that all these methods of registering in the program are available and functional, and that no single method is prioritized. Once the individual secures temporary housing, the intake process should give the program managers a sense of the forms of care and support that the individual would like to receive during their stay. Intake should involve Covid-19 symptoms screening, orientation to the program participant’s list of rights, and signed confirmation of their acceptance, and an interview explaining different program features and services available to the participant.

2. HEALTH AND SAFETY PROTOCOLS

For the safety of all during the Covid-19 pandemic, which requires social distancing measures and regular sanitation procedures, participants should undergo daily screening for symptoms of Covid-19. A nursing team should be on-site for regular office hours, and the program participants should have access to a harm reduction and overdose team at all hours. While program participants are not asked to remain on-site



during any particular time of day, they are only asked to check in with a staff member when they enter the site, in order to guarantee their well-being. They are asked to report for the screening once every day.

If, during regular screenings or between screenings, an individual shows symptoms consistent with Covid-19, the healthcare professional should provide the participant with a face mask and help them move to their assigned room. They will then notify the lead homeless service provider staff, who in turn will notify the designated site coordinator and document the incident. The person showing symptoms of COVID-19 should be provided all resources necessary to helping them safely quarantine and recover.

3. PROGRAM PARTICIPANTS' LIST OF RIGHTS

The central purpose of this program is to ensure maximum safety, freedom, agency, and comfort of people experiencing homelessness. Because all program guidelines must have this purpose at heart, the program should be structured on the following list of rights.

1. **All program participants have the right to personal space.** Program coordinators will not be allowed arbitrarily into participants' rooms. Similarly, participants have the right to maintain their property in their room without interference. As part of this right, participants are asked to look after their own property, and if they need help securing any property, they should ask for the help of program staff, who should provide any available accommodations. They are asked to respect the privacy of others so that the privacy of all can be maintained.
2. **All program participants have the right to a healthy environment.** Especially during the pandemic, it is essential that all participants feel safe and protected in the program environment. To maintain this environment, all are asked to wear masks and adhere to social distancing in common spaces. Participants can have their health checked at the daily health screening, and they have the right to high-quality care if they experience illness or injury.
3. **All program participants have the right to a safe environment.** No Project Right to Shelter participant should be prevented from benefiting from the program because they feel unsafe. To this end, the environment will be weapon-free, including the lack of armed security. Participants will have the opportunity to securely stow any weapons when entering the program. If anyone feels unsafe during their time as a participant in the program, they should reach out to a staff member or to the conflict de-escalation team. Participants who threaten the basic safety of others must be removed from the program.



4. **All program participants have the right to personal freedom.** People taking part in Project Right to Shelter may enter and leave their room as needed. They may have visitors, and the visitors are asked to adhere to masking and social distancing guidelines. They have the right to privacy regarding their information, to have their dietary needs respected, and to request snacks, supplies, and bring in outside food as they see fit.

5. **All program participants have the right to support.** Program participants deserve a staff that works for their well-being, not for their management or surveillance. In the absence of armed security, which has no place in a supportive program, participants have the right to get support services from a team of on-site staffers, case managers, nurses, and a harm reduction team. Only if interested, they can learn more about housing, educational, and employment opportunities through case management, and they can seek help with mental or physical health issues, including substance abuse, without facing discrimination. Also, program participants have the right to access personal resources from program staff, no questions asked. These resources include hygiene products and basic clothing items. They also extend to Wi-Fi provided to all program participants, in order to help with social connectivity and access to employment and educational resources.

4. STAFF REQUIREMENTS

Project Right to Shelter must be run by staff whose greatest commitment is to the safety, empowerment, and health of the program participants. Daily operations shall be run by a team of site coordinators, who help to delegate tasks, ensure that the participants' needs are being met, communicate between other groups of staff, and help respond to participants' needs. Supportive staff will interact more directly with guests, responding to needs, greeting them at the door, answering questions, and providing supplies.

All sites shall have access to a nurse during regularly scheduled office hours, but for day-to-day health screenings, each site requires a harm reduction and overdose team. These team members respond to immediate health concerns, carry out the daily screenings, and provide support with de-escalation, alongside the supportive staff. In terms of de-escalation, supportive staff and harm reduction team members must be trained in trauma-informed service. Participants have the right to have their needs validated and their perspectives respected during moments of conflict. Armed security presence only makes conflicts more prolonged and inevitable.



5. ACCOMMODATION AND SERVICES

Guests should receive three meals a day at no cost, as well as regular access to smaller snack foods or meals as their individual needs may demand. Dietary preferences or necessary accommodations should be documented during intake if the individual chooses to share them, and vegan/vegetarian meals, soft foods, allergen-free foods should all be made available. Supplies related to personal care and hygiene, such as toiletries, as well as masks for prevention of disease transmission, should also be provided with no cost. Project Right to Shelter should also enable the distribution of some basic garments and other supplies as needed to project participants.

A strength of this program is its ability to place focus upon coordinating access to a variety of support services, so that Project Right to Shelter, a temporary housing solution, can also act as a point of access to more permanent housing, employment, and care opportunities. This point of access should follow the principles of a Housing First model, where the person being supported is able to identify and access the specific kinds of support that they would like. For example, providing guests with case managers, access to mental healthcare and substance use treatment, and support on managing longer-term relationships with service providers seems like a sensible first step toward ensuring that program participants have better access to a housing situation that meets their needs. Local service providers and support organizations should be onboarded and included as partners capable of providing essential resources to program participants. As many program participants may have limited opportunities for socializing and engaging in stress-relieving activities during the pandemic, we support not only the provision of case managers to connect them with vital healthcare-, employment-, and housing-related resources, but also voluntary access to a portal of virtual opportunities related to education and entertainment.

Project Right to Shelter has obvious strengths that present it as the most viable intervention to fulfill the self-identified needs of homeless community members during the Covid-19 pandemic. Most notably, it is meant to be a temporary intervention that does not replace the need for longer-term solutions to housing commodification and homelessness, but rather gives community members the option to stay in non-congregate shelter options and receive necessary resources in the interim. Importantly, because lack of shelter remains a significant threat to survival in the absence of Covid-19, it is essential that service providers and local government work together to coordinate necessary resources ensuring that program participants can exit into decent housing situations that they choose, with access to the care that they may need.

