

COVID-19 cases skyrocket among the US homeless population

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In recent weeks, the number of cases of COVID-19 in homeless shelters in major cities from New York to Chicago, Nashville and Los Angeles has skyrocketed, though these figures present only a limited picture of the true impact on the entire homeless population. Many of these individuals are dying in the shadows, will not be tested or ever added to the COVID death toll.

A January 2020 Homeless Assessment Report (AHAR) by the US Department of Housing and Urban Development (HUD) counted roughly 568,000 people experiencing homelessness in the United States. However, there is every reason to believe this count is a large underestimate. The National Center for Homeless Education reported that 1.5 million students surveyed said they experienced homelessness during the 2017-18 school year, with California at the forefront with 263,000 such students.

HUD found that “Nearly two-thirds (63%) were staying in sheltered locations—emergency shelters or transitional housing programs—and more than one-third (37%) were in unsheltered locations such as on the street, in abandoned buildings, or in other places not suitable for human habitation.”

Homelessness in the US will only grow in the coming months as economic conditions careen toward catastrophe, and millions face the loss of their jobs and housing. With 33 million people now filing for unemployment since the outbreak of the pandemic, thousands of individuals and families are undoubtedly living on the edge of homelessness. The pandemic presents crisis conditions for those without stable shelter who are unable to shelter in place, let alone practice proper hygiene.

Homeless shelters present heightened conditions for disease transmission as many shelters do not implement frequent cleaning or provide access to bathrooms, hot water and hand sanitizers. Many shelters have inadequate

and overworked staff, and residents sleep, eat and participate in activities in groups, which increases the risk of an exposed person transmitting the virus to those nearby. In addition, many shelters are large spaces with cots or beds placed in close proximity. Due to these close quarters, one infected person can quickly spread the virus to hundreds of others.

Last week, results shared by the Chicago Department of Public Health showed that among 1,153 clients and staff tested at 14 shelters, 302 people tested positive for COVID-19.

In New York City, 650 cases and more than 50 COVID-19 deaths have been reported among the 17,000 single adults in its shelter system.

Last Thursday, Los Angeles County Department of Public Health Director Barbara Ferrer said 215 homeless people had tested positive for the virus and that the county was investigating cases at 18 shelters.

Nashville has also become a hotspot for COVID-19 cases among the homeless. The National Rescue Mission and the nearby Nashville Fairgrounds, which is being used as a temporary overflow shelter, reported 119 new cases of the virus within a matter of days.

The Centers for Disease Control and Prevention (CDC), Federal Emergency Management Agency (FEMA) and local agencies have all issued cautions that congregate housing, such as the fairgrounds set up in Nashville, are high risk for COVID-19 transmission. They say that housing in hotels is a safer, though still compromised, option as individuals can better self-isolate and reduce the use of shared space. Meanwhile, city officials scramble to find cost-effective band-aid solutions after cases have been reported.

When asked about the reliance on congregate housing for the homeless in the Nashville area, Dr. Alex Jahangir, the head of the Coronavirus Task Force for Metro Tennessee, stated, “It’s not congregate housing. It’s

partitioned, 46,000 square feet, of a metro-owned facility that's paid for, that's partitioned in a way that allows small groups of individuals to be together and those individuals are together." City officials have no intention of changing course to implement more adequate housing, and rather opt to cut costs at the expense of thousands of lives. These congregate shelters still make people vulnerable to the spread of the virus because of the lack of walls and ample space, as well as the use of shared bathrooms and eating areas.

The recent spike in the numbers of COVID-19 cases in shelters does not reveal the true scope of the impact on the homeless population. Cases are vastly underreported due to a lack of comprehensive testing and the overwhelmingly difficult conditions for testing and tracking the nation's approximately 568,000 homeless.

Vulnerable populations with preexisting conditions will lead to more deaths. In 2019, the National Health Care Homeless Council reported that people who are homeless have higher rates of illness and die on average 12 years sooner than the general US population. Many people living on the street already have diminished health, with higher rates of chronic illnesses or have compromised immune systems, all of which are risk factors for developing a more serious case of COVID-19. The Los Angeles County Department of Medical Examiner-Coroner found that the average age of death for homeless people was 48 for women and 51 for men in Los Angeles County.

CDC recommendations for preventing the spread of COVID-19 are nearly impossible for those living without stable shelter to follow. In many cases, individuals and families living on the streets have no way to bathe or wash their hands. Few encampments have portable toilets or sinks, and people eat, sleep and congregate close to each other.

Public transit stations have also become major lifelines for homeless seeking shelter amid the pandemic with shelters overcrowded and high-risk and with public places such as libraries, parks and churches closed. Last week, New York City implemented a new plan for reducing the number of homeless people sleeping on the subways, closing end-of-the-line stations overnight, with everyone aboard the late trains required to exit. On Monday, New York City officials reported two homeless men were found dead on subway trains in a 12-hour period Friday and Saturday. The Department of Homeless Services said outreach workers had been trying to get both men into shelters. Reports claim both men died of "natural causes."

New York City Mayor Bill Di Blasio enacted a measure shutting down the entire city's subway system every day from 1:00 a.m. to 5:00 a.m., beginning Wednesday so that transit workers can disinfect the city's entire transit system, claiming it would enable the city to fight the coronavirus more effectively. With no real plan put in place by the city to deal with the displacement of the high number of people utilizing the subways as shelter, every night hundreds of homeless are kicked out with no place to go. Many are leaving the subways and boarding the buses that are running for essential workers.

Efforts by federal and state governments to mitigate cases, deaths and spread among the homeless population have been inadequate and chaotic. The bipartisan approved CARES act includes a mere \$4 billion in funding and protections for homeless Americans and more than \$150 billion in other funding that is eligible for use for homeless services, housing and rental assistance, and for the organizations working on the front lines of the COVID-19 pandemic to aid them. The decision is left up to state and local governments on how that money will be distributed.

In California, the richest state in the US with the highest population of homeless, Governor Gavin Newsom has announced plans to acquire 15,000 hotel rooms to house people as part of his statewide initiative dubbed "Project Roomkey," which was established so that FEMA would pay 75 percent of the housing fees to shelter the homeless.

Assuming the project even sees the light of day, the number of hotel rooms allocated for the homeless population covers only a small fraction of the people in shelters and on the street, leaving at least 135,000 experiencing homelessness to navigate through the pandemic on the streets. Similar measures are being implemented or announced in cities across the country. Not only will the haphazard measures do nothing to slow the spread or prevent further infections, but their main purpose is for public consumption and to absolve the cities and states of liability, ultimately resulting in the infection and deaths of untold thousands.



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