

August 28, 2020

Chair Aaron Peskin
Land Use and Transportation Committee
Board of Supervisors
City Hall
San Francisco, CA 94102
Erica.Major@sfgov.org

RE: Protections for Occupants of Residential Hotels During COVID-19 Pandemic [Item #1]

Dear Chair Peskin and Supervisors Ahsha Safai and Dean Preston:

Even before the pandemic San Francisco's single-room residential hotels (aka SROs) have been the city's housing of last resort. With shared kitchens and in most buildings with shared bathrooms, it is virtually impossible to 'socially distance' in an SRO. SROs are also home for over 18,000 extremely low-income seniors and persons with disabilities, families, and Persons of Color – many who are also low wage essential workers and formerly homeless people.

With the onset of the pandemic the City of San Francisco recognized the higher risk environment of SROs by adopting heightened cleaning standards and other protocols to prevent the spread of CoVID 19. After a series of inconsistent agency responses to outbreaks in SRO buildings, on May 19, the Board unanimously adopted the present [emergency ordinance](#) requiring the Department of Public Health (DPH) to expedite outreach, support, and testing of SRO residents in the event of a test positive case in an SRO building. To date DPH has implemented only a portion of that ordinance.

At the August 17 hearing on this matter, DPH proposed removing the ordinance's mandate to conduct outreach to SRO residents within 48 hours of a confirmed test positive case in a building and to offer those residents CoVID19 neighborhood based testing. DPH argues that it instead should be free to wait until an 'outbreak' occurs (i.e., multiple tenants are infected) before it conducts outreach and offers testing to SRO residents. We respectfully disagree.

As we testified then, it makes no sense to wait until an outbreak has taken hold before offering testing to SRO residents. SRO cases are increasing and those infections are putting other tenants at risk. The department recently informed us that as of early August there were 538 test positive cases in SROs in 121 buildings – compared with 144 cases in 52 buildings in mid-May. DPH also reported 5 deaths of SRO residents, 3 in the Tenderloin, 1 in Chinatown, and 1 in SOMA. From other sources we are informed of outbreaks where 40 or more residents have tested positive in a single building.

Given the rising case numbers and the looming fall and winter flu season, this is no time to cut back testing for SROs.

But our objection to the Department's proposed amendment is not simply a disagreement over testing priorities. At issue also is the Department's repeated failure to recognize and respect the right of tenants to know and respond to the threats they and their families face.

The challenges recently experienced by tenants at one SRO in Chinatown illustrates the shortcomings of DPH's present approach and practices, shortcomings that have also been experienced by SRO residents in other neighborhoods. The following is a summary of the events and experiences at that one SRO:

- On or before August 5, DPH received a medical report that a tenant of an Chinatown SRO had tested positive for CoVID19. If the emergency order had been complied with that report should have resulted in DPH notifying the owner within 12 hours to begin deep cleaning of common areas and outreach to tenants of the building with 48 hours to offer testing in the neighborhood. DPH failed to meet either standard.
- The owner was not informed of the presence of an infected tenant for several days (perhaps as long as 6 days later).
- Except for the households who tested positive, a majority of tenants were never formally notified by DPH of a test positive case in their building. Instead, DPH waited until August 13 to outreach to tenants to offer testing (but according tenants, even during that outreach DPH staff did not explain the specific urgency to get tested, i.e., that other residents were sick).
- By the time testing was conducted on August 14 (9 days after the first report), 4 residents had already tested positive. 30% residents tested on the 14th (6 out of 20) were also found to be positive. Testing clearly came far too late to prevent an outbreak.
- Tenants who tested positive were not provided the information they needed to access to services that DPH is mandated to offer to enable tenants to fully and successfully quarantine. When offered an 'Isolation and Quarantine' unit to infected tenants, DPH staff refused to inform tenants where such units are located or provide other details, an uncertainty that led at least some tenants declining to relocate. An infected Asian immigrant household cancelled their participation the city's food delivery program because they were provided dairy products which they could not eat.
- Resident reported they that face coverings and cleaning supplies (guaranteed by the ordinance) were not delivered until more than two weeks after the first test positive case.

Unfortunately, the reports of DPH's belated and inadequate responses to this one case in Chinatown are similar or even identical to reports of DPH inadequate responses in SRO outbreaks in the Mission and the Tenderloin.

For example, also in the first week of August, a test positive and symptomatic SRO tenant in the Mission who shared a common bathroom with elderly tenants was provided incomplete information by DPH about the need to move quarantine unit with a private bathroom. Because of the incomplete information the tenant elected not to accept the quarantine unit. He was told he instead could stay in his unit and he was told he would be provided food deliveries the same day. He received no food for five days and had to shop for himself and continued to use the common facilities. He ultimately contacted an SRO collaborative counselor who recommended the tenant accept a quarantine unit where he agreed to move.

We point out these deficiencies in DPH's practices not to blame or question the dedication of any DPH staff member. These are challenging times for all agencies and staff. However, it is precisely because of these acknowledged challenges that DPH must provide more timely and specific information to tenants and engage community partners to assure that tenants have the

accurate information they need. Without that information tenants cannot take effective action to protect themselves, their families, and their neighbors.

For these reasons and given our experiences to date we call on DPH to recognize that tenants have a right to know:

- Immediately upon DPH receiving a confirmed test positive case in an SRO, notice that there is an infection in the building (without identifying the persons who tested positive).
- Full and accurate information about the Right to Recovery program and other resources for appropriate food and health care.
- For tenants who test positive, information about the general location of the I&Q housing available to them.
- Contact information for community organizations that work with and advise SRO tenants about their rights.

These rights are implied if not expressly stated within the emergency ordinance beginning with the requirement that DPH outreach to tenants within 48 hours of a test positive case. Failing to implement that original ordinance, DPH has also failed to adequately engage tenants in SROs impacted by CoVID19 to prevent out breaks and the subsequent adverse impacts on tenants' lives. While DPH has taken steps to partner with community-based organizations to improve communication and contact tracing with SRO tenants, much more needs to be done.

The emergency SRO ordinance should be fully renewed without the weakening amendments proposed by DPH. SRO tenants from all neighborhoods demand access to testing and more effective programs to enable test positive residents to quarantine. And tenants demand the right to know when there is an infection in the confined SRO spaces where they live, eat, and breathe. DPH should move forward and fully implement the emergency ordinance in letter and spirit, recognizing the right of SRO tenants to be more fully engaged and informed about the imminent threats they face in their buildings and the best alternatives for how they can protect themselves and their neighbors.

Respectfully submitted,

Central City SRO Collaborative
Mission SRO Collaborative
SRO Families United Collaborative
Chinatown Community Development Center
Senior and Disability Action

August 30, 2020 (Updated)

Chair Aaron Peskin
Land Use and Transportation Committee
Board of Supervisors
City Hall
San Francisco, CA 94102
Erica.Major@sfgov.org

RE: Protections for Occupants of Residential Hotels During COVID-19 Pandemic [Item #1]

Dear Chair Peskin and Supervisors Ahsha Safai and Dean Preston:

Even before the pandemic San Francisco's single-room residential hotels (aka SROs) have been the city's housing of last resort. With shared kitchens and in most buildings with shared bathrooms, it is virtually impossible to 'socially distance' in an SRO. SROs are also home for over 18,000 extremely low-income seniors and persons with disabilities, families, and Persons of Color – many who are also low wage essential workers and formerly homeless people.

With the onset of the pandemic the City of San Francisco recognized the higher risk environment of SROs by adopting heightened cleaning standards and other protocols to prevent the spread of CoVID19. After a series of inconsistent agency responses to outbreaks in SRO buildings, in May the Board unanimously adopted the present [emergency ordinance](#) requiring the Department of Public Health (DPH) to expedite outreach, support, and testing of SRO residents in the event of a test positive case in an SRO building. To date DPH has only implemented a portion of the provisions of that emergency ordinance.

At the August 17 hearing on this matter, DPH proposed removing the ordinance's mandate to conduct outreach to SRO residents within 48 hours of a confirmed test positive case in a building and to offer those residents CoVID19 neighborhood based testing. DPH argues that it instead should be free to wait until an 'outbreak' occurs (i.e., multiple tenants are infected) before it conducts outreach and offers testing to SRO residents. We respectfully disagree.

As we testified then, it makes no sense to wait until an outbreak has taken hold before offering testing to SRO residents. SRO cases are increasing and those infections are putting other tenants at risk. This past Friday, DPH for the first time publicly posted data on SRO cases. This data shows a significant increase in CoVID19 cases in SROs: since the passage of the ordinance. Since May 18, the number of SRO cases increased from 170 to 502 – a 195% increase. * From other sources we are informed of outbreaks where 40 or more residents have tested positive in a single building.

Given the rising case numbers and the looming fall and winter flu season, this is no time to cut back testing for SROs.

* The previous version of this letter dated August 28 cited data provided to our coalitions by Dr. Cohen several weeks ago. We update this letter with revised data published on DPH's website later on August 28.

But our objection to the Department's proposed amendment is not simply a disagreement over testing priorities. At issue also is the Department's repeated failure to recognize and respect the right of tenants to know and respond to the threats they and their families face.

The challenges recently experienced by tenants at one SRO in Chinatown illustrates the shortcomings of DPH's present approach and practices, shortcomings that have also been experienced by SRO residents in other neighborhoods. The following is a summary of the events and experiences at that one SRO:

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Unfortunately, the reports of DPH's belated and inadequate responses to this one case in Chinatown are similar or even identical to reports of DPH inadequate responses in SRO outbreaks in the Mission and the Tenderloin.

For example, also in the first week of August, a test positive and symptomatic SRO tenant in the Mission who shared a common bathroom with elderly tenants was provided incomplete information by DPH about the need to move quarantine unit with a private bathroom. Because of the incomplete information the tenant elected not to accept the quarantine unit. He was told he instead could stay in his unit and he was told he would be provided food deliveries the same day. He received no food for five days and had to shop for himself and continued to use the common facilities. He ultimately contacted an SRO collaborative counselor who recommended the tenant accept a quarantine unit where he agreed to move.

We point out these deficiencies in DPH's practices not to blame or question the dedication of any DPH staff member. These are challenging times for all agencies and staff. However, it is

precisely because of these acknowledged challenges that DPH must provide more timely and specific information to tenants and engage community partners to assure that tenants have the accurate information they need. Without that information tenants cannot take effective action to protect themselves, their families, and their neighbors.

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Respectfully submitted,

Central City SRO Collaborative
Mission SRO Collaborative
SRO Families United Collaborative
Chinatown Community Development Center
Senior and Disability Action

From: [Angulo, Sunny \(BOS\)](#)
To: [Major, Erica \(BOS\)](#)
Subject: Fwd: Proposed Relaxation of SFDPH SRO COVID-19 Emergency Ordinance. Permissible Medical Experiments. The Hippocratic Oath.
Date: Sunday, August 30, 2020 11:08:05 PM

From: rjsloan <rjsloan@yahoo.com>
Sent: Saturday, August 29, 2020 8:35 PM
To: Colfax, Grant (DPH)
Cc: Supervisor Peskin; Safai, Ahsha (BOS); Preston, Dean (BOS); Press Office, Mayor (MYR); Board of Supervisors, (BOS)
Subject: Proposed Relaxation of SFDPH SRO COVID-19 Emergency Ordinance. Permissible Medical Experiments. The Hippocratic Oath.

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29-Aug-2020

To:

Dr. Grant Colfax, M.D.
San Francisco Department of Public Health
101 Grove Street
San Francisco, CA 94102
[\(415\) 255-3525](tel:(415)255-3525)

Dr. Grant Colfax,

Regarding "Protections for Occupants of Residential Hotels During Covid-19 Pandemic:"

On 19-May-2020, the SFBOS unanimously adopted the present Emergency Ordinance requiring the SFDPH to expedite outreach, support and testing of SRO residents in the event of a coronavirus positive test in a San Francisco county SRO residence.

At the 17-Aug-2020 hearing on this matter, your department proposed removing the ordinances' mandate to conduct outreach to SRO residents within 48 hours of a confirmed coronavirus test positive case.

SFDPH staff, under your leadership and reporting to the City's Executive Branch, is arguing that it should be free to await an outbreak within an SRO building (defined as three [3] tenants testing positive) BEFORE you initiate meaningful outreach to notify neighbors, offer additional building-wide testing, deep cleaning, and other mitigation

efforts including adequate mask distribution--all purportedly designed to halt community coronavirus spread in dangerous congregate-living and congregate-care settings.

For your Department of Public Health to sit back and wait for additional community spread before acting indicates to this constituent further proof that you are imposing a de facto herd-immunity experiment on un-consenting Human residents including innocent children and the mentally ill living in socio-economic containment zone neighborhoods (and the associated essential workforce). Proof of my suspicion lies in the lack of action demonstrated by your DPH in the 538 KNOWN positive coronavirus cases to-date across 121 San Francisco SRO hotel buildings.

This stance argued and practiced in real-time by your department is a serious ethical violation of your medical Hippocratic oath to 'do no harm.' I will be pursuing this line of inquiry to it furthest conclusion.

As a reminder, here are the ten codes that must inform medical research (even de facto public health research) which emerged from the Nuremberg Trials:

1. The voluntary consent of the human subject is absolutely essential.
2. The experiment should be such as to yield fruitful results for the good of society, unprocurable by other methods or means of study, and not random and unnecessary in nature.
3. The experiment should be so designed and based on the results of animal experimentation and a knowledge of the natural history of the disease or other problem under study that the anticipated results will justify the performance of the experiment.
4. The experiment should be so conducted as to avoid all unnecessary physical and mental suffering and injury.
5. No experiment should be conducted where there is an a priori reason to believe that death or disabling injury will occur; except, perhaps, in those experiments where the experimental physicians also serve as subjects.
6. The degree of risk to be taken should never exceed that determined by the humanitarian importance of the problem to be solved by the experiment.
7. Proper preparations should be made and adequate facilities provided to protect the experimental subject against even remote possibilities of injury, disability, or death.
8. The experiment should be conducted only by scientifically qualified persons. The highest degree of skill and care should be required through all stages of the experiment of those who conduct or engage in the experiment.
9. During the course of the experiment the human subject should be at liberty to bring the experiment to an end if he has reached the physical or mental state where continuation of the experiment seems to him to be impossible.

10. During the course of the experiment the scientist in charge must be prepared to terminate the experiment at any stage, if he has probable cause to believe, in the exercise of the good faith, superior skill and careful judgment required of him that a continuation of the experiment is likely to result in injury, disability, or death to the experimental subject.

RJ Sloan
(415) 465-3261
RJSLOAN@YAHOO.COM

CC: San Francisco Board of Supervisors
Land Use and Transportation Committee
Chair, Supervisor Aaron Peskin, et. al..

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https://en.wikipedia.org/wiki/Nuremberg_Code

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<https://www.ushmm.org/information/exhibitions/online-exhibitions/special-focus/doctors-trial/nuremberg-code>

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RE: Protections for Occupants of Residential Hotels During COVID-19 Pandemic [Item #1]

Dear Chair Peskin and Supervisors Ahsha Safai and Dean Preston:

My name is Diana Flores and I am writing in support of renewing the present SRO Emergency Ordinance, requiring the Department of Public Health (DPH) to prioritize outreach, supportive services, and testing of SRO residents.

Through our outreach and education work, we continue to see/hear how the uncertainty of a possible outbreak in an SRO building results in high levels of toxic stress, anxiety, and depression experienced by tenants. Tenants who believe their immigration status poses a barrier from accessing resources, depend more than ever on community based partners to help them navigate COVID-19 services.

According to DPH data, the # of cumulative cases in SRO residents has been steadily increasing since this ordinance went into effect. However, the number of cumulative deaths is an inadequate measure of the life altering impacts of said infections. The risk markers of SRO buildings, such as increased exposure, crowded situations, and enclosed spaces, are the same the CDC identifies as the top factors that increase community spread and individual risk (CDC , 2020). Potential health implications means that Latinx under the age of 54, who survive COVID-19 may be facing a tough recovery and long-term poor health (WebMD, 2020)

Moreover, there are sharp racial and ethnic differences in personal experiences with COVID-19 and in concerns about spreading or catching the virus, including job or wage loss (PEW Research Center, 2020). We echo the need that SRO residents consistently have full and accurate information about the Right to Recovery program and other resources for appropriate food and health care. We believe more transparency around the turnaround of the service connection to the program is needed in order to better understand if loss of wages continues to be a disproportionate burden when considering isolation and quarantine procedures (Berkeley IGS Poll, 8/6/20).

Given how widespread the virus is in SF, and to mitigate the impacts of a possible "third wave" of infections, this ordinance must remain in effect in its entirety. We need DPH to be ready to manage sequential infections as we approach the flu season (Mission Local, 8/26/2020). This ordinance must continue to address the loopholes in how the arrangements for I&Q are completed. The number of COVID-positive SRO residents that have stayed at an I&Q site needs to be independently validated, and not self-reported. Oversight and enforcement of sanitation standards as well as organizing to address increased tenant harassment are some of the ways in which we have been key partners in this crisis. In order to continue to be advocates during this pandemic, adequate resources must be made available so that SRO Collaboratives can be true partners in education and outreach efforts.

Diana R. Flores

Director of Community Engagement and Organizing Programs
Mission SRO Collaborative