

From: [John Avalos](#)
To: [Fielder, Jackie \(BOS\)](#); [Sauter, Danny \(BOS\)](#); [Sherrill, Stephen \(BOS\)](#); [Lurie, Daniel \(MYR\)](#); [Chan, Connie \(BOS\)](#); [Mandelman, Rafael \(BOS\)](#); [Engardio, Joel \(BOS\)](#); bilal.mahmoud@sfgov.org; [Dorsey, Matt \(BOS\)](#); [Melgar, Myrna \(BOS\)](#); [Chen, Chyanne \(BOS\)](#); [Walton, Shamann \(BOS\)](#)
Cc: [Crayton, Monique \(BOS\)](#); [Quintin Mecke](#)
Subject: GAO, item #1 Family length of shelter stay policy
Date: Thursday, April 17, 2025 7:34:48 AM

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Dear Chair Fielder and item # 1 co sponsors
Supervisors Chen, Melgar, and Walton,

Thank you for your leadership in support of immigrant families and for this resolution to protect immigrant families from dislocation from shelter.

To the Mayor Lurie and the entire Board of Supervisors,

We are not living in ordinary times. The Trump Administration has upended the rule of law, casting aside constitutional protections and the principles of due process—especially for immigrants without any regard for their humanity.

This resolution is not just about the length of family stays in shelters. It is about recognizing the moral imperative before us. When we dislocate immigrant families from shelter, we are not simply moving people—we are exposing them to family separation, detention, and deportation. We are pushing them out of sanctuary and into the grasp of a federal government that is actively working to erase their

presence.

I know there are many immigrant families still waiting for shelter, desperate for a safe place to land. The answer cannot be to rotate families in and out of shelter like a revolving door. The solution is not to shorten stays—it is to expand the availability of shelter and to build a housing ladder so that no family, ever, has to worry about being pushed out onto the street.

San Franciscans have long prided ourselves on being a compassion city. We have successfully defended our sanctuary city before the U. S. Supreme Court. But sanctuary means nothing if our local policies put immigrant families at risk. To deny shelter in this political climate is not just unjust— it is compliance with fascist executive orders.

History teaches us what happens when people look away from growing authoritarianism —the extermination of Jews, of queer and trans people, Roma, and dissidents in the holocaust. 80 years ago Europeans said: We didn't know. But they did know just as we do know now what the streets mean for immigrant families.

The only way to fight fascism is for all of us to stand together and protect the people it seeks to erase. That is the social contract, we all share as a city and as people of conscience.

For the good of our city, our values, and our shared

humanity—please, support this resolution. Expand shelter. Protect families. Stand for what is right and safeguard your legacy and that of the City of St Francis.

Respectfully,

John Avalos

Council of Community Housing Organizations

415-359-8367

From: Kim, Rachel
To: Valerie, Heather (WCC)
Subject: Public Comment Re: Resolution 250237
Date: Thursday, April 17, 2025 1:35:48 PM

This message is from outside the City email system. Do not open links or attachments from untrusted sources.

Dear Ms. Crayton,

I attended the 4/17 Government Audit and Oversight Committee meeting but was unable to give verbal public comments. I would like to submit my written public comments below. Thank you!

I am a pediatric resident at UCSF, and my primary care clinic is at San Francisco General Hospital. Many of our families are currently facing homelessness and live in shelters. These families rely on shelters to be able to provide their children with a safe place to live and sleep. The 90-day policy has created real fear and anxiety for these families because they have nowhere else to go, and it is not for lack of trying. I do not know of a single family who is housed in a shelter and is not actively looking for more permanent housing. If these families lose their places in shelters, they will be forced to live on the streets, and those are absolutely unacceptable living conditions for any person, especially a child. I understand that there are policies for extensions in place, however I question the need to have restrictive policies that cause undue stress and worry for these families. Any possibility at all that these families may face unsheltered status is unacceptable, and any policy that allows for this should not be in place. Below I outline the risks that unsheltered homelessness pose for children.

Unsheltered homelessness is associated with significantly higher mortality from injuries including motor vehicle accidents, falls, drowning, and chronic disease. Imagine taking care of a 2-year-old on the streets. It would be nearly impossible to keep them safe. Unsheltered status is also associated with worse food insecurity, higher rates of tuberculosis, depression, suicidality, schizophrenia, and lifetime mental illness. Most of this data is from studies involving adults because childhood unsheltered status is particularly abominable and is not easy to study. However, I would argue that childhood health is at even a higher risk of being harmed by unsheltered status.

There are real and serious threats to the physical and mental health of children whose families are told they must leave shelters. We have seen parents with infants who are being told they will be evicted from shelters. For context, babies are extremely temperature sensitive. They do not have enough subcutaneous tissue or body mass to regulate their body temperature, and if a family with an infant is forced to live outside, the immediate health and safety of that infant is acutely threatened. It is not an understatement to say that homelessness is a life-or-death situation for an infant. We know that adverse childhood experiences (or ACEs) have significant effects on long term health and well-being through adulthood in a dose dependent manner, meaning the more ACEs a person has, the higher their risk for health issues is, including cancer, heart attacks, chronic lung disease, and mental health problems. Studies have shown that children who experience homelessness have significantly higher rates of ACEs and corresponding health issues. Children who are unsheltered are also more likely to experience depression and difficulty regulating their emotions.

Children's bodies are not built to be able to withstand unsheltered homelessness—I cannot stress enough how dangerous it is to be a child who is unsheltered. Children are more sensitive to temperature, infectious disease, stress, malnutrition, and dehydration. This 90 day limit is a huge threat to the health of the children in San Francisco who are unhoused, it should be replaced by a policy that protects all children from becoming unsheltered.

Stories from our primary care clinic:

1. A single (Asian language)-Speaking mother presented to clinic with her 3 month old for a WCC. MOC was raped by a family member, and the rape resulted in this pregnancy. However, the assailant died before the baby was born, so the mother was not eligible for a shelter serving survivors of DV. She has no other living family in the area. Her baby is medically fragile with significant genetic syndromes. The dyad has been staying in a family shelter and was served an eviction notice stating that the family would be discharged without alternative shelter. The family is connected to Compass and is on waitlists for more permanent housing, however none are available. The mother endorsed passive SI upon receiving the letter, shared feelings of hopelessness and desperation as she contemplated caring for her child alone on the street.
2. A Spanish-Speaking mother presented with her 6 month old and 2 year old for the baby's WCC. The family (including FOC) is currently sheltered in a hotel via Compass, and was served an eviction notice stating they would need to leave in early February. The family was on waitlists for housing and have applied to Dahlia lotteries, however no housing was available. The mother stated she is managing as best she can, taking the children to the park every day and hoping something can be done about the letter, as she can't imagine being back on the street with her babies. The 6 month old had flu like symptoms at her visit, and mom was scared that he might get sick or die out in the cold weather.
3. A Spanish-Speaking mother presented for a WCC and follow up for her 4 month old with a traumatic brain injury. The family has experienced homelessness off and on for over a year and does not have family or community who can support them. Caregiver disclosed experiencing SI the last time the family lost housing, and experienced receiving the eviction notice to leave shelter by early February as a traumatic stressor. MOC endorsed elevated mood sx and fear for how her children's physical health and her own mental health will deteriorate once she, child, and older sib are living outside again. The family is working with Compass and is on the waitlist for housing placement, however none are available at this time.

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All the best,

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[She/her/hers](#)
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