



**COVID-19 Working Group**

**New York City**

[www.covid-19workinggroupnyc.org](http://www.covid-19workinggroupnyc.org)

15 April 2020

**To:** Governor Andrew M. Cuomo  
Mayor Bill De Blasio  
Dr. Howard Zucker, Commissioner of Health, NYS  
Dr. Oxiris Barbot, Commissioner, NYC DOHMH  
Dr. Demetre Daskalakis, Deputy Commissioner for Communicable Disease, NYC DOHMH  
Dr. Mitchell Katz, CEO, New York Health + Hospitals (H+H)  
New York City Council Speaker Corey Johnson  
New York City Council Health Committee Chair Mark Levine  
New York City Council General Welfare Committee Chair Stephen Levin  
New York City Council Hospital Committee Chair Carlina Rivera

**From:** Dr. Wafaa El-Sadr, MD, MPH, MFA, ICAP at Columbia University  
Mailman School of Public Health  
Guillermo Chacón, Latino Commission on AIDS  
Ayman El-Mohandes, MBBCh, MD, MPH, Dean, CUNY Graduate Center  
of Public Health & Health Policy  
Linda P. Fried, MD, MPH, Dean, Mailman School of Public Health, Columbia University  
Mark Harrington, Treatment Action Group  
Charles King, Housing Works  
James B. Krellenstein, The PrEP4All Collaboration  
Shelly Nortz, Coalition for the Homeless  
Chris Norwood, Health People  
Joseph Osmundson, NYU  
Grant Roth  
Stephen Shea, MD, MS, Professor of Medicine and Epidemiology, Columbia University  
Virginia Shubert, SBPA  
Kimberleigh Smith, Callen-Lorde Community Health Center  
Christian Urrutia, The PrEP4All Collaboration  
Terri Wilder #MEAction

**Re: Proposal to Create Safe Spaces for Vulnerable Persons and Those with Presumed or Confirmed COVID-19 and Mild to Moderate Disease**

We write to urge that individuals with a high risk of exposure or presumed or confirmed COVID-19 with mild to moderate disease who are unable to self-isolate at home be offered the option – by New York State or NYC – of safe spaces where they can voluntarily be isolated in a supportive environment. This would provide the affected individuals with the support they need while at the same time would prevent transmission to their families and loved ones. Asking individuals with highly transmissible infection to stay home in a situation where they are unable to self-isolate or do not have the supports they need to accomplish this is inadvisable. Likewise, individuals vulnerable to poor COVID-19 health outcomes due to age or underlying conditions must have alternatives to institutional settings or shared living arrangements where they face a high risk of exposure.

Evidence from New York City Department of Health and Mental Hygiene (DOHMH) [data](#) on COVID-19 shows that certain communities – especially Hispanic/Latino and Black/African-American communities – are facing a [disproportionate burden of disease](#). The COVID-19 case rate by zip code maps show overlap with some of the poorest areas in the city. Individuals from these communities tend to live in crowded situations in small quarters making it very difficult to self-isolate at home and may lack access to food, medicines or social support. Currently, [hundreds of New Yorkers](#) are dying at home each day, and it's unclear whether some of these lives could have been saved, if they had better access to monitoring of their health. Other countries have established safe spaces for individuals with mild or moderate COVID-19, where they receive care and support including medical supervision. This may have contributed to controlling the spread of this infection among the patients' household members. Safe spaces will also enable such individuals to get security of mind knowing that they are receiving medical supervision. For others who indicate that they are able to self-isolate in their homes, it is crucially important that a careful assessment be made to ensure that they will have what they need to be able to do so safely and effectively.

Those with COVID-19 who are unable to self-isolate due to living in highly crowded residences lacking private space, or those unable to care for themselves at home, could be housed at the many empty [hotel rooms and empty university dormitory rooms and – if available – underused overflow facilities](#) across the City where individuals could get supportive services, food and medical monitoring. Currently there is underused capacity as well at the [Javits Center or aboard the U.S.N.S Comfort Center](#). These facilities are professionally staffed, equipped, and underutilized at this time. By monitoring patients in a safe space, individuals who improve can be professionally cleared to return home. If patients develop more severe symptoms they can be directly admitted to a hospital, removing strain on the hospital Emergency Departments.

###