

**UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK**

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SANDRA BUTLER; RICKY GIBSON;  
O'BRIEN MORRIS; RICHARD EMMETT;  
ROSELLE DIAZ; KEVIN FAISON;  
SHANIQUA JACKSON; CENTER FOR  
INDEPENDENCE OF THE DISABLED, NEW  
YORK AND COALITION FOR THE HOMELESS,

Case No. 15-CV-3783

Plaintiffs,  
for themselves and on behalf of all others similarly  
situated

- against -

CITY OF NEW YORK, THE NEW YORK  
CITY DEPARTMENT OF HOMELESS  
SERVICES and STEVEN BANKS,

as Commissioner of the New York City Department of  
Homeless Services,

Defendants.

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**DECLARATION OF HELEN STROM**

1. I am the Supervisor of the Benefits and Homeless Advocacy Unit in the Urban Justice Center's Safety Net Project ("SNP"). I make this declaration in support of Plaintiffs' motion for a temporary restraining order and preliminary injunction.

2. The City's efforts to move shelter residents from the "density hotels" that it used to protect all of us from COVID-19 during the pandemic have been a disaster for our clients. The New York City Department of Homeless Services ("DHS") has created a chaotic situation in which many people with very serious disabilities were moved to new sites that could not accommodate them without having their needs assessed. In some cases, DHS moved people to a

congregate site even after we advocated on their behalf and DHS agreed that they should not be moved.

3. I have been employed at the SNP since September 2011. I started as a Legal Advocate and was responsible for conducting in-person legal intakes at soup kitchens and food pantries and representing individual clients in legal issues related to benefits and shelter. In May 2017, I began my role supervising the Benefits Unit in SNP, which in recent years expanded to include a Homeless Advocacy practice. As the Benefits and Homeless Advocacy Unit Supervisor, I oversee a team of eight staff members who represent over a thousand households each year facing critical shelter, street homelessness, and benefits issues. In the past year, our team represented 1,175 households and closed 1,463 cases. This work includes legal representation for people in shelter submitting requests for reasonable accommodations (“RAs”), which I both personally submit and are submitted by other members of our team.

4. During the COVID-19 pandemic, our team has responded to increased crises for homeless people and an increased demand for our services. Throughout the COVID-19 pandemic, we have represented dozens of individual clients with disabilities who needed assistance in securing RAs, including access to less dense settings due to risk of severe illness from COVID-19 or mental health conditions. For clients at risk of severe illness from COVID-19, DHS adopted its *Interim Guidelines for placing clients in single or double rooms during the COVID-19 Emergency* (“*Interim Guidelines*”) (see **Exhibit 1**).

5. When Mayor De Blasio announced on June 16<sup>th</sup> that the City would imminently begin moving people from hotels back to congregate shelter, we immediately began receiving calls from current clients who were extremely concerned about the moves. On June 17<sup>th</sup>, we received our first call from a client who was being transferred without advance notice at 11 PM

at night, and on June 19<sup>th</sup>, we received another call from a client who had similarly been transferred without notice at 11 PM the previous night.

6. Beginning on Thursday June 17<sup>th</sup>, our staff began conducting outreach at hotels across the City. By Sunday June 20<sup>th</sup>, we had created a Know Your Rights flyer (see **Exhibit 2**) to inform people of their rights to request an RA and to receive 48-hour advance written notice prior to transfers that we distributed to residents during our outreach. We conducted outreach at seven different hotels over the course of the following week.

7. Due to the speed at which the transfers were occurring and the lack of information regarding the right to request RAs that we had observed in our outreach, we initiated a volunteer outreach effort on Saturday June 26<sup>th</sup>. We coordinated a network of volunteers, who were provided with detailed outreach instructions and distributed Know Your Rights flyers at hotels scheduled for upcoming moves. At the conclusion of their outreach, the volunteers sent us notes on their conversations and names and contact information for any residents who wanted to apply for an RA but were not previously aware they could do so or needed assistance in filing their request.

8. To date, SNP staff and volunteers have conducted outreach at seventeen different hotels. We focused our efforts on sites that were set to move within days.

9. Many residents we spoke with through our outreach received a DHS Notification of Transfer which falsely informed them, “We are now beginning that process at your temporary hotel shelter, [Name of hotel], and returning the entire program, staff, and **all** clients to their shelter, [name of shelter]. (emphasis added).” A copy is attached as **Exhibit 3**. The notice did not include any information indicating that those in need of an RA could be placed in alternate locations.

10. Many people we spoke to face an elevated physical or mental health risk which would be impacted by the transfer, including asthma, chronic obstructive pulmonary disease (COPD), diabetes, congestive heart failure, post-traumatic stress disorder (PTSD), bipolar disorder, and schizophrenia. Many of the people we met are taking psychotropic medications, which affect the body's ability to regulate heat, and were being sent to congregate sites without air conditioning or HVAC standards in the middle of the summer.

11. The vast majority of density hotel residents that we spoke to were not aware of their right to request an RA and were in fact told the opposite. At many hotels, in addition to receiving the above referenced Notice of Transfer, shelter staff were telling residents that "everyone is going back to congregate."

12. For example, during a few hours of outreach at six different hotels scheduled to be moved the week of June 27, 2021, volunteers collected contact info for approximately 45 people who had serious health conditions and stated that they did not know that they could request an RA. Many of these people told us that after they raised their health-related concerns with staff, they were told by their caseworker, "Sorry, everyone has to go back." On July 5, during a few hours of outreach at two hotels, volunteers spoke with 26 people who needed help with applying for an RA.

13. For the limited number of residents who were aware that they could request an RA, shelter staff in many cases misadvised them and deterred them from submitting them. At at least three sites, residents informed us that shelter staff had told them that they weren't allowed to request an RA for mental health issues. Additionally, at at least three sites, when residents requested RAs, caseworkers informed them that doing so would hold up the processing of any

applications for permanent housing they may have submitted and that they would need to “start all over again” with their housing search at a new location.

14. Many people we spoke with are unvaccinated. Some were immunocompromised and thus the vaccine will not be fully effective for them. Others are not vaccinated because they were concerned about how the vaccine would interact with their health conditions.<sup>1</sup>

15. The majority of the density hotel residents that we met in our outreach and that we represented in requesting RAs were given far less than a week to prepare for transfers. At some sites, residents we spoke to did not even receive the 48-hour written notice required under State law. Some hotel residents we spoke to did not receive any written or formal notice of their moves and were verbally told that they needed to leave. They were told they could bring no more than two bags of belongings, and anything in their units that did not fit in two bags would be discarded and thrown away, even if the client was trying to set up a storage unit. One of our clients was forced to throw away many bags of his belongings because he was unable to open a storage unit in time. In my experience working with HRA, in most cases, it takes approximately two to four weeks for the City to process individuals’ requests for storage payment.

16. In a number of cases, even clients who had been approved for an RA for a single or double hotel room have been transferred back to congregate shelter, and their RA was completely disregarded. This occurred even for people DHS senior officials had told us would not be transferred after we advocated for them.

17. Many shelter residents have informed us that they plan to return to the streets if forced to go back to congregate shelter.

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<sup>1</sup> See Brand, David, *Thousands Being Sent Back to Homeless Shelters in Return to Pre-Pandemic Status Quo*, (Jun. 28, 2021), <https://citylimits.org/2021/06/28/hundreds-of-new-yorkers-sent-back-to-homeless-shelters-in-return-to-status-quo/>.

18. We have repeatedly raised these issues with DHS at the highest levels, including with Commissioner Steven Banks. On Monday June 21, we emailed Commissioner Banks, Administrator Joslyn Carter, and General Counsel Martha Calhoun, to inform them that the Agency's Notice of Transfer was falsely informing residents that they must return to a congregate shelter regardless of disability issues that might entitle them to a reasonable accommodation. We also informed them that we had already spoken with residents at many different hotels who had received such notices and were not aware that they could seek an RA to be placed in an alternate location, including many whom we believed would qualify for an RA. After the Agency indicated that they were moving forward with the transfers, we continued to raise these issues and individual cases with them on a daily basis. Details of some of the cases we raised appear below. Despite the clear pattern of misinformation and chaos, DHS continued with the transfers despite these issues. On June 30, 2021 we reiterated our concerns in a letter to Administrator Joslyn Carter, a copy of which was also sent to Commissioner Steven Banks, Deputy Commissioner Molly Park, and General Counsel Martha Calhoun. This letter also detailed harassment and impeding of our outreach staff by employees of DHS contractors, as detailed herein. A copy is attached as **Exhibit 4**.

19. Below I describe some of the details of our outreach efforts and the advocacy we did for the clients we met or were already assisting.

20. On Friday June 17 I went to do outreach at the Hotel A. I chose this site because we had heard that the Mayor would likely start by transferring residents of midtown hotels. I stood on the sidewalk outside the hotel and spoke to five residents as they came in and out of the building. I asked the residents I spoke to if they knew when they would be transferred to another site. None of them did. More than one said they thought they could stay in the hotel until

September. I asked the residents I spoke to if they knew that they could apply for an RA if they needed one. None of the people I spoke to was aware of this.

21. On Sunday June 20, I went to do outreach at Hotel B. At approximately 8:30 pm I stood on the sidewalk outside the hotel and distributed the KYR flyer to approximately 20 residents as they came in and out of the building. None of the six people that I spoke to there knew what an RA was and none of them knew that they could submit medical documentation of their needs if they thought they could not return to congregate shelter. This site serves people who are both mentally ill and chemically addicted and many of the individuals that I spoke with had some form of chronic health condition or disability. After this visit we advocated to DHS for the clients who had been scheduled for transfer to a congregate site on June 24<sup>th</sup>. For example, **LB** has high blood pressure, asthma, severe COPD, swollen prostate, arthritis, torn ligaments in his neck, back and knees, and also experiences depression, bipolar, and schizoaffective disorders. He asked his caseworker about applying for an RA and she told him she would "see what she can do," and then did not report to work for the two days remaining before the scheduled move. According to the *Interim Guidelines*, LB's conditions are linked to increased risk of severe illness or death if he were to contract the virus that causes COVID-19. After we intervened, DHS agreed to provide him with a provisional RA for a single occupancy room, which is consistent with what LB should be eligible for per the *Interim Guidelines*. Nonetheless, shelter staff came to his room and told him he would have to leave the hotel on June 24<sup>th</sup> with no written notice, no information on where he was being sent, or a departure time. After we intervened again, he was transported to another hotel.

22. Later that night I went to Hotel C. I arrived at around 9:20 pm and stood on the sidewalk outside the hotel. Someone who identified herself as a supervisor immediately came out

and asked what I was doing. I stated that I was distributing flyers with Know Your Rights info. The supervisor stated I could not stand on the sidewalk in front of the building because it was private property. A security guard then came out and again stated that I could not stand in front of the building and threatened to call the police if I did not move immediately. He raised his voice and again threatened to call the police. I moved a little further down the sidewalk so that I was approximately 20 feet from the entrance and he said that was fine. I continued to hand out flyers to people walking by and gave out around 6 flyers.

23. The supervisor again came out with a copy of the flyer in her hand and said that the information that our office was giving out was “conflicting with what [they] were trying to do here.” She said that I needed to leave and again threatened to call the police. I stated that I had moved to where security asked me to move and was still on the public sidewalk. She stated she was security's boss and she was telling me that this was still in front of her property and that if I did not leave, she would call the police. I left around 10 pm after giving out 10 flyers.

24. On Thursday June 24<sup>th</sup>, one of our staff members returned to Hotel C to conduct outreach at approximately 8 p.m. After this visit we advocated to DHS for several clients who had been scheduled for transfer to a congregate site on Friday, June 25<sup>th</sup>. For example, **AM** suffers from schizophrenia, high blood pressure, asthma, depression and arthritis. She was granted a provisional RA for a density hotel placement by DHS and then, in advance of the closure of the density hotel, was given 10 days to submit medical documentation to support it. DHS contacted the doctor prior to the move and confirmed the information would be provided but nonetheless shelter staff and Counsel informed us they would transfer her to a congregate site where she was told she would share a room with 9 other women. After repeated intervention by

our office, DHS agreed to provide the provisional RA. AM was subsequently approved for an RA for a single room on June 29<sup>th</sup>.

25. SNP staff conducted outreach at Hotel D on Monday, June 21<sup>st</sup>. Several residents informed our staff member that shelter staff gave them a deadline for submitting a reasonable accommodation request by June 20<sup>th</sup>, which had caused several residents to believe that they could not submit the RA at that point. After this visit we advocated to DHS for the following clients who had been scheduled for transfer on Thursday, June 24<sup>th</sup> to a congregate site:

**KS** suffers from depression, PTSD, and was scheduled for hip surgery in the near future. KS gave her caseworker a doctor's letter explaining her conditions and her need for a single or double room, but was told she was denied. Her caseworker had stopped working at the site a week before and the new caseworker had just begun meeting with her. On June 22, we requested an RA on her behalf for a single or double occupancy room and followed up on June 23 after receiving no response. On the evening of June 23 (the day before the transfer), the Interim Deputy General Counsel for Homeless Services called to inform us that there was no update but that she thought an RA would not be granted because the Agency "doesn't always grant" RAs for mental illness. After we followed up, we were informed that KS was being granted a provisional RA and that she would be moved the following day to a different, undetermined location. On June 24, despite her provisional RA, KS was loaded onto a large white school bus with others and sent back to congregate shelter in the Bronx, where she was placed in a dorm with 10 other people, insufficient air circulation and no air conditioner. After further advocacy by our office, the Agency offered to move her to a hotel but because she had heard from others that that hotel was closing in a week and because of the intense physical pain to her hip caused by the previous transfer, she declined to move at that time.

**CC** suffers from coronary heart disease, severe anxiety, and depression. She submitted a RA request on June 10 and was granted a provisional RA. According to the *Interim Guidelines*, CC's conditions are linked to increased risk of severe illness or death if she were to contract the virus that causes COVID-19. She then submitted additional medical documentation, filled out by her doctor, on June 19. When we spoke to her, she was extremely anxious regarding her RA determination. We contacted the Agency to confirm the status of her RA on June 22 and received no response. On June 24, she was transferred to a new hotel location, while she awaited the determination on her RA. On June 27, we again contacted the agency to request a determination on her RA, as the uncertainty regarding the determination was triggering and anxiety provoking. To date, neither we nor she have received any response regarding the determination on her RA.

**DR** suffers from diabetes and high-blood pressure, OCD, PTSD and depression. According to the *Interim Guidelines*, DR's conditions are linked to increased risk of

severe illness or death if she were to contract the virus that causes COVID-19. Symptoms of her mental health conditions were exacerbated as a direct result of the hectic, confusing and rushed transfer process. On June 15 she received notice from shelter staff that she would need to complete an RA and provide supporting evidence to secure a single room by June 20<sup>th</sup>. DR's medical and mental health provider, a non-profit agency, informed her that there were no available appointments due to the frantic effort faced by so many people to secure documentation for RA's upon the de-densification effort. Unable to meet the agency's arbitrary deadline, DR experienced intensified anxiety as she was informed that she would need to return to congregate shelter because she had not obtained the documentation by June 20<sup>th</sup>. After we intervened on June 22 and followed up repeatedly on June 23, DHS agreed to provide her with a provisional RA and moved her to a different hotel on June 24<sup>th</sup>.

26. SNP volunteers conducted outreach at Hotel E on June 27. A resident there said they had not spoken with a case manager in months, and that some have a new case manager assignment as of a month ago and have not yet met with that person. Clients who had met with staff reported that they were told DHS does not grant RAs for mental health needs. After this visit we advocated to DHS for the following clients who had been scheduled for transfer to a congregate site on June 29<sup>th</sup>:

**MF** is diagnosed with coronary heart disease and paranoid schizophrenia, which is exacerbated by being in crowded spaces. According to the *Interim Guidelines*, he should be eligible for a single room because his conditions are linked to increased risk of severe illness or death if he were to contract the virus that causes COVID-19. His health provider is assisting with documentation. He was not informed of his right to request an RA prior to our office's outreach. We submitted an RA request on his behalf on June 28 and received no response. After intervention on the morning of the move, the Agency provisionally approved him for an RA and we were able to stop MF's transfer to congregate shelter.

**VP** suffers from schizophrenia and post-traumatic stress disorder, which is exacerbated by being in crowded spaces. He sought out his case manager for an RA request but was unable to reach them. He asked a site supervisor about an RA request and was informed they knew nothing of the process and he had to move regardless of his needs. Our office submitted a RA request for VP on June 28. DHS counsel indicated he would have to move to the congregate site before his RA would be decided. After repeated advocacy, DHS agreed to grant a provisional RA, however the morning of June 29, VP was informed that he had to get on a bus arriving momentarily for transportation back to a congregate setting. After repeated interventions from our office, VP was transferred to a different hotel setting.

**EM** suffers from high blood pressure, bronchitis, obesity, and smoking and also is living with anxiety, schizophrenia, bipolar, depression. According to the *Interim Guidelines*,

these conditions are linked to increased risk of severe illness or death if EM were contract the virus that causes COVID-19. None of the staff or caseworkers have mentioned reasonable accommodations to him and he had no idea what it was and that there was any way to avoid returning to congregate shelter until he spoke to volunteers with our office. He stated that the general message from caseworkers to residents is that "it was going to happen anyway" and that there is no way to avoid it. Our office submitted an RA request on EM's behalf on June 28 and DHS approved a provisional RA; however, EM was transferred back to congregate shelter on Wards' Island on June 29 despite the provisional RA. After continued advocacy by our office, the Agency transported EM from Wards Island to a hotel placement that evening.

**AS** suffers from bipolar depression, anxiety disorder and has trouble breathing without air conditioning. He was recently assaulted and slashed across his face, causing his anxiety to worsen. AS' mental health needs are exacerbated by being in congregate settings and he reports he requires a single occupancy room. Shelter staff never told him he could request an RA. Our office requested an RA on his behalf on the morning of June 29, prior to his transfer back to congregate, and the Agency granted a provisional RA. However, after being approved for a provisional RA, AS was still told by shelter staff to get on the bus back to congregate because DHS would not approve an RA for mental health reasons "or else they would have to approve everyone for an RA." After repeated follow up by our office, at the last minute his transfer to congregate was cancelled and he was moved to another hotel placement.

27. SNP volunteers conducted outreach at Hotel F on June 27. After this visit we advocated to DHS for the following clients who had been scheduled for transfer to a congregate site on June 29th:

**PT** was told that he would be transferred back to a congregate site despite being told by his caseworker previously that he had been approved for less dense setting due to his mental health needs. He is bipolar, has an Assertive Community Treatment (ACT) team assigned to him to assist him with his treatment in the community for his diagnosis with serious mental illness (SMI), and submitted documentation of this to his caseworker several weeks before. After the move was announced his caseworker told him that now everyone was going back to congregate shelter and that he did have to go back. He also has recurring immune system issues and was not vaccinated. Our office submitted an RA request for him on June 28 and he was informed that he did not need to move back to congregate on June 29.

**DW** suffers from asthma, diabetes, and high blood pressure, and his medical conditions are exacerbated by extreme heat. According to the *Interim Guidelines*, these conditions are linked to increased risk of severe illness or death if DW were to contract the virus that causes COVID-19. He had not been able to reach his case manager to request an RA or help him with the process. He also needed assistance with obtaining a storage unit, as he had nine bags of belongings and the shelter had informed him that he would have to throw away seven of them as he was only allowed to bring two bags. Our office submitted an RA request on his behalf on June 28. After follow up, the Agency granted a

provisional RA that evening. However, the next morning, he was told that he needed to get on the bus back to congregate shelter, despite DW advising the Shelter Director that he had a provisional RA. After further intervention from our office, we were able to pause the transfer to congregate shelter and DW was moved to a different hotel setting based on his provisional RA.

28. SNP volunteers conducted outreach at Hotel G on June 27. After this visit we advocated to DHS for the following clients who had been scheduled for transfer to a congregate site on June 29<sup>th</sup>:

**AC** was told he would be transferred to a congregate site with large congregate dorms and no air conditioning. He has congestive heart failure, moderate asthma and high blood pressure. According to the *Interim Guidelines*, these conditions are linked to increased risk of severe illness or death if AC were to contract the virus that causes COVID-19. He had not been vaccinated. He also deals with PTSD and has difficulty in settings with many other people. He needs air conditioning to sleep and uses a humidifier due to his asthma. He was not aware that he could request an RA before speaking to our office. We submitted an RA request for him on June 28 and, after additional follow up from our office, he was provisionally approved for an RA.

**RC** experiences severe anxiety attacks, which have improved significantly since he has been in the hotel. He has hypertension and coronary artery disease and a stent in his heart. According to the *Interim Guidelines*, these conditions are linked to increased risk of severe illness or death if AC were to contract the virus that causes COVID-19. He is not vaccinated because he was worried about the impact of the vaccine on his heart issues. He was unaware he could apply for an RA before we told him. We submitted an RA request for him on June 27<sup>th</sup>, which was provisionally approved.

**WW** is visually impaired and has glaucoma, could not read any of the notices received, and was never told by shelter staff that he could request an RA, nor were the notices made accessible to him by shelter staff. His brother HM, who is also a shelter resident, helps him in the shelter. WW has high blood pressure and has heart conditions, including an irregular heartbeat, which according to the *Interim Guidelines*, are linked to increased risk of severe illness or death if he were to contract the virus that causes COVID-19. He had surgery on both legs and needs surgery for his arms. He uses a cane to walk. He received federal disability benefits and has not been vaccinated due to his fears about how the vaccine would interact with his health conditions. He received only 36 hours' notice of the shelter's return to the congregate site. We submitted an RA request for him on June 27<sup>th</sup>, which was provisionally approved.

**HM** is WW's brother. He has severe asthma and skin cancer. According to the *Interim Guidelines*, these conditions are linked to increased risk of severe illness or death if HM were to contract the virus that causes COVID-19. He also has a metal rod in his knee and cannot walk well. He had surgery on his ear. He is also not vaccinated, was unaware of

the RA application process, and received only 36 hours' notice of the move. We submitted an RA request for him on June 27<sup>th</sup>, which was provisionally approved.

29. SNP volunteers conducted outreach at Hotel H on June 30. After this visit we advocated to DHS for the following clients who had been scheduled for transfer to a congregate site on July 1<sup>st</sup>:

**FN** suffers from PTSD, depression, asthma, and is a smoker. According to the *Interim Guidelines*, FN's medical conditions might be linked to increased risk of severe illness or death due to COVID-19. He was not informed by shelter staff that he could request an RA and only learned that he could do so from SNP volunteers on June 30, the day before his hotel was scheduled to return to a congregate site. After receiving a Know Your Rights flyer from us, he asked his caseworker if she could help him request an RA and the caseworker and supervisor said that there is nothing that they can do to prevent his transfer. He was terrified by this and expressed very clearly to me that he would rather go to the street than go back to the congregate shelter. He was crying on the phone with me when we spoke. We submitted an RA request on his behalf on June 30. The RA was provisionally approved on July 1 but FM was informed by shelter staff that they did not see his RA in the system and that he would need to return to congregate shelter. After repeated advocacy by our office, FM's transfer to congregate was cancelled and he was instead transferred to a different hotel.

**MK** has high blood pressure and asthma, for which he uses an inhaler. He is undergoing testing as a result of irregular heart rhythms. He has hepatitis C and an inflamed liver and his providers have told him he might have COPD. According to the *Interim Guidelines*, these conditions are linked to increased risk of severe illness or death if MK were to contract the virus that causes COVID-19. He suffers from severe depression and has difficulty functioning and sleeping in crowded situations. He is in recovery and doing well but anticipates that going back to a congregate site would put him at risk of relapse. On June 28, he received a notice stating that he needed to submit an RA and supply medical documentation by the following day. The notice set an arbitrary deadline for submitting documents, just one day later and two days before the move. Nonetheless, MK did submit an RA request. Both his caseworker and the caseworkers' supervisor were not available during the one day that he had been provided in order to submit his RA, so he was not able to receive the DHS assistance he was entitled to in securing supporting documentation. MK then sought out another staff member who advised him that she would submit the RA on his behalf. She then misadvised him regarding his rights to a RA by stating that mental health conditions could not be considered as part of the RA. Shelter staff also told him he would be sent to a congregate site. We contacted the agency on July 1, the date of the move, and after repeated follow up by our office, including responding to an email from the agency suggesting that the RA was denied and the case was moving to appeal, we were advised that he would receive a provisional RA. MK was eventually moved to a different hotel location.

**JB** has PTSD, anxiety, and paranoia, and is very concerned that he will not be able to manage in a crowded congregate setting. In the past when he was placed in such a setting, he returned to the street. He also experiences leukocytosis and is prescribed psychotropic medications, which increase his sensitivity to heat and therefore require a placement with air conditioning. JB was told by shelter staff that he was to be transferred to a congregate shelter room with 17 other people. Shelter staff failed to advise him that he could request an RA and he was first notified of this option via volunteers conducting outreach outside his hotel on the day before his move. We submitted an RA request for him on June 30 and he was granted a provisional RA on July 1 after repeated follow up by our office, pausing his transfer.

30. SNP volunteers conducted outreach at Hotel I on June 30<sup>th</sup>. After this visit we advocated to DHS for the following clients who had been scheduled for transfer to a congregate site on July 1<sup>st</sup> and July 2<sup>nd</sup>:

**MC** was not informed by shelter staff that he could request an RA and only learned that he could do so from SNP volunteers on June 30, the day before some of the residents of his hotel were scheduled to return to a congregate site. He is diagnosed bipolar and experiences seizures, suffers from hypercalcemia and borderline diabetes. According to the *Interim Guidelines*, MC would be eligible for a double-occupancy room as his medical conditions might be linked to increased risk of severe illness or death due to COVID-19. We submitted an RA on his behalf on July 30. MC was granted a provisional RA for a double occupancy room after repeated follow up by our office. MC was transferred to a different hotel on July 2.

31. SNP volunteers conducted outreach at Hotel J on July 5. After this visit we advocated to DHS for five clients who had been scheduled for transfer to a congregate site on July 7<sup>th</sup>, including:

**SJ** receives federal SSDI disability payments and suffers from high anxiety, depression, PTSD, bipolar, and 8 herniated disks in his back. When we spoke with him on July 6, he had been informed that he would be transferred to congregate shelter on July 7<sup>th</sup>. The week prior to the transfer, SJ told his caseworker that a congregate setting would significantly aggravate his existing mental health conditions and signed the paperwork for an RA. His caseworker did not give him any receipt or communicate anything to him about submitting documentation or next steps. When he spoke with his caseworker on July 6 at 7 pm, he was told that he would be moved to Brooklyn into a room in a ten-man dorm the following day and there was nothing that can be done about it and that the caseworker would work on the RA paperwork from the shelter. We submitted an RA request on his behalf on July 7 and he was granted a provisional RA and moved to a hotel setting.

**NJ** suffers from serious heart conditions and has 3 stents in his heart that put him at risk of severe illness from COVID-19. According to the *Interim Guidelines*, these conditions

are linked to increased risk of severe illness or death if NJ were to contract the virus that causes COVID-19. When we spoke with him on July 6, he had been informed that he will be transferred to a shelter in the Bronx tomorrow, far from his treatment for his chronic health condition. NJ has regular doctors' visits for his heart condition that are all located in Brooklyn. We submitted a request for a single room RA in Brooklyn or Queens that is accessible to his doctor on July 6 prior to his transfer date on July 7. Senior DHS officials advised that his RA would be accommodated. Despite this, NJ was transferred to a congregate shelter in the Bronx in a room with 12 other people on July 7.

32. In addition to hotel residents reached through our outreach, our office also submitted RA requests on behalf of hotel residents who contacted us via telephone and referrals from other agencies. We also submitted RA requests for existing SNP clients who were at risk of being transferred.

**ES** received notice that he was scheduled for transfer from a density hotel the week of July 5. ES suffers from heart problems (including clogged arteries and abnormal heart rhythms), COPD, asthma, and high blood pressure. According to the *Interim Guidelines*, these conditions are linked to increased risk of severe illness or death if ES were to contract the virus that causes COVID-19 and would render ES eligible for a single occupancy room. He also is diagnosed with Bipolar I and II and his mental health would be seriously impacted by a congregate setting. His asthma and COPD are both aggravated by heat, and he reports he requires an air conditioned setting. When we spoke with him on July 4, ES had been contacting staff and attempting to submit an RA request for the past 3 weeks, but staff had yet to inform him if they submitted an RA for him. After he was unable to reach his caseworker, he provided DHS staff in the hotel with medical paperwork from his doctors 3 weeks prior to the transfer date and they stated that they were going to put it in his file for the caseworker. After he was unable to reach the caseworker, he made a complaint with Coalition for the Homeless and eventually received a call back from his case worker. When he asked his caseworker about whether she had submitted an RA for him based on his medical paperwork, she said that she couldn't help him file one and told him to get in touch with her supervisor, Ms. R. ES repeatedly called Ms. R for days and had not yet heard back from her. We submitted an RA request on ES's behalf on July 3. After repeated follow up, on July 6, DHS informed us that he was approved for an RA for a single room.

**CW** was a resident of a density hotel in Queens. CW has PTSD, essential hypertension and sleep apnea for which he uses a CPAP machine. He had submitted an RA request with his shelter previously requesting a single room along with documentation of his needs from his doctor but had not received a final determination. On June 18, he returned to his hotel at 10 PM and was informed that he needed to immediately pack his belongings and leave that night. He was provided with no written notice or explanation, and was just given a MetroCard and the address for a Holiday Inn in the Bronx where he was expected to travel with all of his belongings at 11 pm at night. Staff assured him that

there would be a single hotel room available at the new location. When he arrived at the Holiday Inn in the middle of the night, the staff was not aware that he was placed there and did not have his information in their system. They did not have any single rooms available nor did they have a copy of his RA. CW slept in a family member's basement that night. On June 19, he contacted our office and we requested a single room placement for CW. The request was previously granted; however, CW was placed in a single room at a congregate site on Wards Island with fresh urine on the floor, a urine-stained mattress, and no air conditioning or ventilation, which has caused aggravation of his sleep apnea. He has not been able to sleep in the heat and has been experiencing difficulties breathing. Our office submitted an RA request for AC on June 23 and submitted further medical documentation in support of this on July 2. To date, the Agency has not advised if his request for AC has been approved.

**MGR** entered shelter in January immediately following placement of a cardiac stent. He takes multiple medications for cardiac care and is diagnosed with Diabetes type-2, HTN, and COPD. According to the *Interim Guidelines*, these conditions are linked to increased risk of severe illness or death if MGR were to contract the virus that causes COVID-19 and would render MGR eligible for a single occupancy room. He also suffers from major depressive disorder, which is triggered by stress. He is unvaccinated and fears the impact of the side effects of the vaccine given his multiple medical needs. With advocacy, he was placed at a density hotel in Brooklyn. He was notified that he would be sent back to congregate shelter on June 30; although shelter staff subsequently told him that the transfer could occur any time between July 1 and July 26. We submitted an RA request on his behalf on June 25 and received no response or acknowledgment. After following up on July 2, we were informed that MGR had provisionally been granted an RA for a single room.

**MR** suffers from Bipolar Disorder and exhibits many symptoms of PTSD and was staying at a density hotel, and was informed that he would be transferred to congregate shelter on Wards' Island on June 29. After being informed of this transfer, MR contacted the Shelter Director on June 22 to express his concerns about the move and that he would rather go to the street. The Director never responded. On June 25, our office submitted an RA request that provided to DHS documentation from his treating mental health providers stating that his symptoms would be severely exacerbated in large spaces and being in close proximity to others, two features of a congregate setting. He identifies as LGBTQ and has experienced homophobic harassment in DHS facilities and fears being assaulted and harassed in a congregate site. After extensive advocacy, DHS denied MR's RA request but provisionally approved him for a double room, as an alternate RA, and agreed to halt his transfer to Wards' Island.

**CR** is currently at a density hotel in Brooklyn. His hotel is scheduled to be transferred in July, but he has not been informed of the specific date. CR is diagnosed with hyperlipidemia, liver disease, and obesity. According to the *Interim Guidelines*, these conditions are linked to increased risk of severe illness or death if CR were to contract the virus that causes COVID-19. He also suffers from General Anxiety, severe depression and PTSD. Our office submitted an RA on his behalf on June 18 and the RA request was

not acknowledged until June 25. Meanwhile CR sought repeatedly to submit an RA and confirm the status of the RA with shelter staff. When he first spoke with his caseworker on June 22 regarding the RA, the caseworker stated that he did not know what process he was talking about and the Shelter Director had to inform the caseworker about the RA process. On June 29, CR received an email from the Clinical Coordinator at his shelter stating that, "unfortunately we would not be able to accommodate you with a single room, as the [Shelter A] is not set up with single rooms, we have a dorm style setting." Our office has still not received a determination on CR's RA request for a single room.

**MGA** is currently at a density hotel in Brooklyn. His hotel is scheduled to be transferred in July but he has not been informed of the specific date. MG has nasopharyngeal cancer and receives chemotherapy and is also diagnosed with congestive heart failure and asthma. According to the *Interim Guidelines*, these conditions are linked to increased risk of severe illness or death if MGA were to contract the virus that causes COVID-19. He also suffers from general anxiety, severe depression and PTSD. He had not received any assistance from his caseworkers in submitting an RA. Our office submitted an RA on his behalf for a single occupancy room on June 29 and it was provisionally granted on June 30.

**MV** is a resident at a density hotel in Manhattan. MV suffers from heart failure, hypertension, obesity, and diabetes. According to the *Interim Guidelines*, these conditions are linked to increased risk of severe illness or death if MV were to contract the virus that causes COVID-19. MV was informed his hotel would be closing in early July and his case manager told him that he would be moving back to congregate unless he could complete a clinical assessment with his doctor prior to July 6. MV was unable to schedule an appointment to complete a clinic assessment with his doctor and was terrified to return to congregate setting due to his health history. Our office submitted an RA request on his behalf on June 24 and were informed that he was approved for a single room RA.

**NB** is a resident at a density hotel in Midtown. She suffers from Lupus, Rheumatoid Arthritis (she is prescribed immune suppressant meds for RA), PTSD, and is a current smoker. According to the *Interim Guidelines*, these conditions are linked to increased risk of severe illness or death if NB were to contract the virus that causes COVID-19. She is not vaccinated. NB was informed her shelter will be closing imminently but has not been provided with a date. The caseworkers at NB's placement had informed her that the hotel would be moving back to congregate but had not assisted in submitting an RA for NB so we submitted one on her behalf on June 25 for a single occupancy room. On June 30, we were notified that NB's RA had been approved. NB was provided written notice on July 2 stating she would be transferred on July 3 and she left the hotel for day. NB returned to the hotel around 5 PM on July 2 and was told she needed to leave immediately to transfer to a new hotel. She stated she could not leave with such short notice and she needed time to pack and clean but was told that she had no choice and needed to leave and the cab was on the way.

**NT** is a resident at a density hotel in Manhattan. We had previously submitted an RA on his behalf when he entered shelter in May 2021. NT suffered three strokes and has

impairments that make complex interactions difficult. On June 22, we contacted DHS to determine the status of his RA because we had never received a final determination. On June 23, the Agency advised that NT had been approved for an RA for a double occupancy room. Despite this, on June 30, NT was provided with the notice stating that he will be moving back to congregate shelter. He also received an RA notice stating that he wouldn't move back and also received a transfer notice that stated that he will be transferred on July 5 to a location "to be determined." NT was incredibly confused upon receipt of all three letters and when he called me, he was terrified that he was being moved back to congregate shelter. NT was verbally informed by staff that he could be moving back to congregate shelter "any time before July 5" and that they will send him to congregate and figure it out once he gets to congregate shelter. After we contacted DHS, the Shelter Director reached out to NT and stated that he would not be transferred back to congregate.

**PK** is a resident at a density hotel in Brooklyn. She suffers from schizophrenia, symptoms of which are severely exacerbated in congregate settings. PK had been informed her shelter will be imminently closing but she had not been provided a date yet, nor had staff offered to assist her in submitting an RA. On June 24, we submitted a RA request on her behalf and were informed that it had been approved on June 29<sup>th</sup>.

**CR** is a resident at a density hotel in the Bronx. In late June, she was informed that her shelter would be relocating any day but was not given an exact date. CR is currently diagnosed with; hyperlipidemia, hypertension, diabetes, obesity, bronchitis, and bipolar disorder. According to the *Interim Guidelines*, these conditions are linked to increased risk of severe illness or death if CR were to contract the virus that causes COVID-19. Her shelter and caseworker had not assisted her with submitting an RA request so our office submitted an RA on her behalf on June 24 for a single occupancy room. On July 29, the Agency advised that CR's RA had been approved. On July 2, she was told by shelter staff that she needed to leave her hotel immediately and sign a notice of immediate transfer. Staff threatened her that she will lose her RA, should she not sign. Our staff overheard shelter staff yelling at CR that she needed to leave. CR was also told that if she did not go to congregate, she would lose any housing applications she was working on. This was also communicated to SNP staff by the site's Supervising Social Worker. Although Agency Counsel stated that CR would be able to continue to work on her housing applications, shelter staff continued to communicate to CR that all housing applications would be lost should she move forward with her RA. After this intense interaction, CR declined the RA because she was terrified of losing access to housing and did not trust that her housing application would continue to be worked on because of DHS shelter staff repeatedly telling her that this would be the repercussion if she received an RA.

33. At the same time it was moving residents of density hotels to other sites, DHS was also moving people from other commercial hotels it was using to shelter homeless single adults prior to the pandemic. This led to further confusion for residents and staff. On June 18, our

staff went to the “non-density” Hotel K in Jamaica and met 12 men who had been told they would be moved with no notice and no explanation of where they were going, including several residents who raised concerns based on their disabilities and health issues. After repeated advocacy at the highest levels of the Agency on the evening of June 18th, including to Administrator Joslyn Carter and General Counsel Martha Calhoun, the transfers were paused at 10:30 PM.

34. On June 21, a resident at Hotel K again informed us that staff again were threatening to move himself and others with no written notice and no information on where they were being transferred to. An SNP staff member travelled to the location and found two men who had just been told they would be transferred that evening and were waiting for a bus with no information regarding their new location. Two Acacia shelter staff members questioned the SNP advocate about what he was doing and complained about it to him.

35. Shortly after, another Acacia employee was observed speaking with a man who later identified himself as “Black.” “Black” approached our SNP staff member and said "we don't do this around here." He tried to get our staff member to go onto the hotel property and in eye-line of Acacia staff members, read the flier with him, and postured at one of the residents being transferred saying "you good? Ok, you're good." He then forcibly took all the fliers from the SNP staff member's hands, despite being asked not to do so. He went back inside the building, was observed talking with Acacia employees and laughing, after which he came out empty handed and stood in front of the entrance to the hotel. After further advocacy at the highest levels of the Agency, the transfers were again cancelled at 12:40 A.M.

36. On June 30, SNP volunteers found a similar scene at Hotel L, which we have since learned was in the process of being converted by DHS into a “reasonable accommodation

hotel” placement. We have been told that this is a new type of shelter at which DHS plans to serve density hotel residents with mental health issues whose hotels had closed while their RAs were under review. Despite the fact that DHS planned to serve single adult men with mental health issues at the site, we met clients there who fit those criteria who nonetheless had been told they would be transferred:

**CM** is diagnosed with schizophrenia and suffers from diabetes, hypertension, panic attacks, claustrophobia, breathing issues and is not vaccinated. According to the *Interim Guidelines*, these conditions are linked to increased risk of severe illness or death if CM were to contract the virus that causes COVID-19. His high blood pressure and breathing issues are impacted by extreme heat. He is prescribed a psychotropic medication. His mental health issues are exacerbated by congregate settings, causing his wellbeing to decline. CM had been informed that he would be imminently transferred although he did not know the exact date. We submitted an RA request for a single room on his behalf on July 2 and he was provisionally approved.

**JS** is diagnosed with bipolar disorder, anxiety disorder, schizoaffective disorder, and borderline personality disorder, which make it difficult for him to be in a crowded setting. He has hepatitis C stage 4, emphysema, cirrhosis, COPD, and hypertension. According to the *Interim Guidelines*, these conditions are linked to increased risk of severe illness or death if JS were to contract the virus that causes COVID-19 and would make him eligible for a single occupancy room. He also takes psychotropic medications which increase his heat sensitivity, requiring provision of air conditioning. Shelter staff did not tell him he could request an RA. He had been advised that he was being transferred to congregate shelter at Bedford Armory as of July 1. Our office submitted an RA on his behalf on June 30 and his RA was provisionally approved.

**RB** is diagnosed with Bipolar depression, PTSD and high blood pressure. He has pins in his right hip, and 14 screws and a metal plate in his left arm. He experiences nightmares and panic attacks when in congregate setting. His high blood pressure and injuries are impacted by extreme heat. Shelter staff had advised him he would receive a week’s notice prior to transfers but was then told he would be moved the following day regardless of pending RAs. After we advocated on his behalf on June 30th, DHS agreed to provisionally accommodate him.

**KS** has cancer, COPD, asthma, and uses a CPAP machine. Despite having an approved RA for a single room, shelter staff told him he would be moved back to a congregate shelter the following day. After we advocated on his behalf, his transfer was halted.

**DT** has a heart condition and two stents. According to the *Interim Guidelines*, these conditions are linked to increased risk of severe illness or death if DT were to contract the virus that causes COVID-19 and would make him eligible for a single occupancy room. After being advised on June 30 he would be moved to a congregate site with one day’s notice, he spoke to his shelter case worker and gave her copies of his medical documents, and she told him she would work on it but he did not hear back. After we advocated on

his behalf on the evening of June 30, his RA was provisionally approved and his transfer was halted.

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Executed on July 8, 2021.

A handwritten signature in cursive script that reads "Helen Strom". The signature is written in black ink and is positioned above a solid horizontal line.

Helen Strom