References

#	Quote	Reference
1.	There is a strong correlation between family income and the number of years of **school** that a child could be expected to finish. Specifically, a child could be expected to finish 1.3 more years of school for each additional $10,000 in family income.	"Decreased Quality of Life," **National Law Center on Homelessness and Poverty, not dated.**
2.	Dr. Yvonne Rafferty, of Pace University, wrote an article which compiled earlier research on the **education** of homeless children, including the following findings: a. p42: Fox, Barnett, Davies, and Bird 1990: 79% of 49 homeless children in NYC scored at or below the 10th percentile for children of the same age in the general population. b. p43: 1993: 13% of 157 students in the sixth grade scored at or above grade level in reading ability, compared with 37% of all fifth graders taking the same test. c. p44: Maza and Hall 1990: 43% of children of 163 families were not attending school. d. p44: Rafferty 1991: attendance rate for homeless students is 51%, vs. 84% for general population. e. p44: NYC Public Schools 1991: 15% of 368 homeless students were long-term absentee vs. 3.5% general population.	
3.	The National Center for Health Statistics, using data from more than 40,000 households, issued a report that looked at the individual influences of poverty, race and family structure on US children's health. The report found that poverty had by far the largest influence on children's **health**. Families living at or below 150% of the poverty level were 3.6 times as likely to have children with fair or poor health as families living above that income level.	
4.	Dr. Leonard Rubin also researched the **health risks** of homeless children and found that the frequency of a wide variety of health problems was much larger for homeless than for domiciled children.	
5.	Dr. James Wright, of Tulane University, found that the median age of homeless clients in the Health Care for the Homeless database was 34 years, and the median life expectancy was 51 years. By contrast, the median life expectancy of a 34 year old in the general population at the time the report was written was 77 years[5]. This means that being homeless contributed to a **decrease in life expectancy of 26 years**!	
6.	The Center on Disease Control published a report on the correlation between **infant mortality** and poverty, and found that "in 1988, the infant mortality rate was 60% higher and the post neonatal mortality rate was twice as high as those for women living above poverty level."	
7.	A study by the Taylor Institute surveying recent investigations on the relationship between poverty and abuse found "large and consistently high percentages of women on AFDC currently abused by partners. The studies also document that the majority of women on welfare are past victims of **domestic violence**."	
8.	A report by Dr. Stephanie Riger, of the University of Illinois at Chicago, cited a recent study which found that 63% of 436 homeless and low income housed mothers had been victimized by **domestic abuse**. The report points out that this is in contrast to 9% of women in the general population, according to the National Crime Victimization Survey.	
9.	**Play is essential for the physical and mental health of the child.** a. Establish programmes for professionals and parents about the benefits of play from birth onwards. b. Ensure basic conditions (nutrition, sanitation, clean water and air) which promote the healthy survival and development of all children. c. Incorporate play into community programmes designed to maintain children's physical and mental health. d. Include play as an integral part of all children's environments, including hospitals and other institutional settings.	**"IPA Board of Directors Position Statement"** (International Association for the Child's Right to Play)
10.	**Play is part of education.** a. Provide opportunities for initiative, interaction, creativity and socialisation through play in formal education systems. b. Include studies of the importance of play and the means of play provision in the training of all professionals and volunteers working with and for children. c. Strengthen play provision in primary schools to enhance learning and to maintain attendance and motivation. d. Reduce the incompatibilities between daily life, work and education by involving schools and colleges, and by using public buildings for community play programmes. e. Ensure that working children have access to play and learning opportunities outside of the system of formal education.	
11.	**Play is an essential part of family and community life.** a. Ensure that play is accepted as an integral part of social development and social care. b. Promote measures that strengthen positive relationships between parents and children. c. Ensure that play is part of community-based services designed to integrate children with physical, mental or emotional disabilities into the community. d. Provide safe play environments that protect children against abduction, sexual abuse and physical violence.	

#	Quote	Reference
12.	**Children need opportunities to play at leisure.** a. Provide time, space, materials, natural settings, and programmes with leaders where children may develop a sense of belonging, self-esteem, and enjoyment through play. b. Enable interaction between children and people of all backgrounds and ages in leisure settings. c. Encourage the conservation and use of traditional indigenous games. d. Stop the commercial exploitation of children's play, and the production and sale of war toys and games of violence and destruction. e. Promote the use of co-operative games and fair play for children in sports. f. Provide all children, particularly those with special needs, with access to a diversity of play environments, toys and play materials through community programmes such as pre-school play groups, toy libraries and play buses.	
13.	**The needs of the child must have priority in the planning of human settlements**. a. Ensure that children and young people can participate in making decisions that affect their surroundings and their access to them. b. When planning new, or reorganising existing developments, recognise the child's small size and limited range of activity. c. Disseminate existing knowledge about play facilities and play programmes to planning professionals and politicians. d. Oppose the building of high-rise housing and provide opportunities to mitigate its detrimental effects on children and families. e. Enable children to move easily about the community by providing safe pedestrian access through urban neighborhoods, better traffic management, and improved public transportation. f. Increase awareness of the high vulnerability of children living in slum settlements, tenements, and derelict neighborhoods. g. Reserve adequate and appropriate space for play and recreation through statutory provision.	
14.	a. Many studies demonstrate the contribution of **domestic violence** to homelessness, particularly among families with children. A 1990 Ford Foundation study found that 50% of homeless women and children were fleeing abuse (Zorza, 1991). b. More recently, in a study of 777 homeless parents (the majority of whom were mothers) in ten U.S. cities, 22% said they had left their last place of residence because of domestic violence (Homes for the Homeless, 1998). c. In addition, 46% of cities surveyed by the U.S. Conference of Mayors identified domestic violence as a primary cause of homelessness (U.S. Conference of Mayors, 1998).	**NCH Fact Sheet #8,** Published by the National Coalition for the Homeless, April 1999
15.	A sizable portion of the welfare population experiences **domestic violence** at any given time; thus, without significant housing support, many welfare recipients are at risk of homelessness or continued violence. In states that have looked at domestic violence and welfare receipt, most report that approximately 50-60% of current recipients say that they have experienced violence from a current or former male partner (Institute for Women's Policy Research, 1997). In the absence of cash assistance, women who experience domestic violence may be at increased risk of homelessness or compelled to live with a former or current abuser in order to prevent homelessness.	
16.	a. Families with children are the fastest growing subgroup of the homeless population nationally and represent more than half of the homeless population in many cities. b. Lack of a permanent dwelling deprives children of one of the most basic necessities for proper growth and development and poses unique risks for homeless children that compromise their health status. c. Pediatricians are encouraged to be aware of this growing population of children and include them in their health care delivery practices, social services, and advocacy efforts.	**"Health Needs of Homeless Children and Families",** (RE9637), American Academy of Pediatrics, Committee on Community Health
17.	a. Each year an estimated 2.5 to 3 million people lack access to a conventional dwelling or residence, and it is estimated that families with children account for up to 43% of the homeless population. b. Although there is disagreement concerning the exact number of homeless persons, there is consensus that the numbers are large and continuing to grow. In 1994, requests for emergency shelter increased in 30 major cities by an average of 13%, with 9 of 10 of the cities reporting an increase in requests from families. c. In 87% of those cities, emergency shelters may have to turn away homeless families with children because of limited resources; 73% of the surveyed cities identified homeless families with children as a group for whom shelter and other services were particularly lacking. d. There were 1900 shelters counted by HUD in 1984; by 1988, there were 5400 shelters. In 1984, 21% of the homeless requiring emergency shelter were families; that percentage increased to 40% in 1988.	

#	Quote	Reference
18.	a. In some cities, children account for an average of 60% of homeless family members (eg, San Antonio, TX; St Louis, MO; Minneapolis, MN; and Kansas City, MO), and in New York, NY, and Trenton, NJ, children are estimated to account for as much as 75% of homeless family members. b. Of the 30 cities surveyed by the US Conference of Mayors, 27 (90%) reported increases of families with children among the homeless population.	
19.	a. …in many cities, public agencies contract with private hotels to provide temporary housing to homeless people. A 1990 study of public shelter use in New York, NY, and Philadelphia, PA, showed a disproportionate impact of homelessness on minorities, especially black families. b. In both cities about 7% of black children had spent time in a public shelter between 1990 and 1992, in contrast to less than 1% of white children.	
20.	a. Whereas maternal education is a potent predictor of children's poverty in the United States, and homeless children are far more likely to be impoverished, the link between maternal education and homelessness is not clear. Fifty-three percent of homeless families are headed by young, single women, the majority of whom have graduated from high school or finished some college. b. In one study, 89% of homeless mothers had been physically or sexually abused, 67% during childhood. c. A significant percentage had also abused alcohol or drugs.	
21.	Common acute problems in homeless children include upper respiratory tract infections, scabies, lice, tooth decay, ear infections, skin infections, diaper rash, and conjunctivitis.	
22.	In addition, the incidence of trauma-related injuries, developmental delays, and chronic disease, eg, sinusitis, anemia, asthma, bowel dysfunction, eczema, visual deficits, and neurologic deficits is notably higher for homeless children than for others.	
23.	In a Los Angeles study, it was found that homeless families were more likely to use emergency services for preventive and sick care than were domiciled poor families. Moreover, access to care is a formidable barrier for such families.	
24.	It is estimated that 30% to 50% of the nation's 220,000 to 280,000 **school**-age homeless children do not attend school. Of those in school, sporadic attendance, grade repetition, and below-average performance (designated as having special needs) are common. The rate of developmental problems is two to three times higher in homeless children than in poor children who are not homeless.	
25.	Although iron deficiency anemia is found to be two to three times more common in homeless children than in children who are not homeless, the most prevalent nutritional problem appears to be obesity. Since refrigeration storage and cooking facilities are not available, fast-food restaurants and convenience stores are often the most common sources for food for homeless individuals. As a result, their diets often contain an excessive amount of carbohydrates and fats. Hunger is another common problem, with a significant number of homeless children lacking sufficient caloric intake.	
26.	Access to health care, particularly preventive health care, is impaired for homeless families. Health becomes a lower priority as parents struggle to meet the family's daily demands for food and shelter. Families are so often relocating that there is no opportunity to develop an ongoing relationship with a health care provider. When there is an acute problem, hospital emergency rooms, visiting public health nurses, and clinics usually are relied on to provide episodic and fragmented care. Continuity of care is nonexistent and care is rarely comprehensive, resulting in high rates of under-immunization and other unmet health needs.	
27.	Living in a shelter not only separates families from their usual sources of support in the community but also imposes severe hardships in carrying out daily sustenance activities. Despite the fact that families with children are the fastest growing segment of the homeless population, 53% of shelters in 30 major surveyed cities often cannot house families together.	
28.	Rarely are homeless families housed in their originating neighborhoods. Schooling for children is therefore interrupted and often the family is separated from social networks and institutional support systems, such as day care and health care.	
29.	Within temporary living situations, refrigeration storage, cooking facilities, opportunities for privacy, bathrooms, quiet quarters for reading and studying, storage space, telephones, and appropriate bedding may not be unavailable. Sanitation, safety, and stability are often lacking. These impediments create unique health and social problems for homeless children.	

#	Quote	Reference
30.	Recommendations: a. **Pediatricians** should be aware that homelessness is a pervasive societal problem and children need permanent dwellings. They should be knowledgeable about the existence of homelessness in their own communities and are encouraged to become involved in local relief and advocacy programs. Pediatricians need to be supportive of collaborative efforts on behalf of homeless children. b. Pediatricians should be involved in the development of national guidelines regarding health and safety standards for temporary residences that house children and families that can be distributed to all states, local governments, and agencies involved with issues of homelessness. c. Pediatricians should educate social service agencies about the medical problems for which homeless children are at risk, and they should work with these agencies to develop comprehensive systems of care and to strive to ensure that every homeless child and family has a medical home. d. Comprehensive and coordinated services should be integral to all efforts on behalf of homeless children and families; this is especially critical for children with chronic illnesses and mental health problems. e. Pediatricians should encourage federal, state, and local governments to support and provide adequate funding for comprehensive homeless prevention programs (including mental health and dental care) to ensure a continuum of care for homeless children and their families. f. Pediatricians should encourage federal, state, and local governments to appropriate sufficient monies to fund primary health care grants for the provision of comprehensive health care for all homeless people, with a focus on continuity of preventive care. g. Pediatricians should encourage Congress to fund additional mental health grants for community-based organizations that serve homeless children. h. As welfare and health care reform move forward, pediatricians should ensure that monitoring systems be devised that will track potentially untoward, as well as positive, effects of these reform initiatives.	
31.	a. A **school** can provide a special place where homeless children can go for a chat with a counselor or other sympathetic person, or simply some quiet time between the chaos of a shelter and the start of the school day b. It should also offer privacy so that children can seek help without fear of being overheard. If possible, the room should remain available in the evening so students have a safe place for homework or play. c. A school may also provide these resources: • Nutritious meals, including dinner for students who participate in after-school activities. • Storage space for personal belongings. • Clothing, second-hand or new items solicited from apparel companies. • Personal hygiene items and bathing facilities. • Health services or clinic referrals. • Information on public assistance and services.	**"School Programs and Practices for Homeless Students,"** Wendy Schwartz, ERIC Clearinghouse on Urban Education, New York, NY
32.	…**demographic** groups who are more likely to experience poverty are also more likely to experience homelessness.	**"NCH Fact Sheet #3,"** Published by the National Coalition for the Homeless, 2-99
33.	In 1998, the U.S. Conference of Mayors' survey of homelessness in 30 cities found that children under the age of 18 accounted for 25% of the urban homeless population (U.S. Conference of Mayors, 1998).	
34.	a. The **number** of homeless families with children has increased significantly over the past decade; families with children are among the fastest growing segments of the homeless population. b. Families with children constitute approximately 40% of people who become homeless (Shinn and Weitzman, 1996). c. In its 1998 survey of 30 American cities, the U.S. Conference of Mayors found that families comprised 38% of the homeless population (U.S. Conference of Mayors, 1998).	
35.	a. When looking at the issue of homelessness from the perspective of **education**, there seems to be little that can be done to significantly impact the problem because the immediate solution will come only through the provision of adequate affordable housing. b. Yet, if we fail to do what we can about educating homeless children, then as a nation, we may forfeit our opportunity to make a dramatic difference in the lives of hundreds, thousands, or hundreds of thousands of children and youth.	**"Making the Grade: Successes and Challenges in Educating Homeless Children and Youth",** 1996 Position Document of the National Assoc. of State Coords for the Education of Homeless Children & Youth
36.	According to the National Law Center on Poverty and Homelessness, a majority of service providers and shelter operators surveyed considered it a problem for homeless children to be evaluated for special **education** programs and services, to participate in after-school events and extra curricular activities, to obtain counseling and psychological services, and to access before- and after-school care programs.	

#	Quote	Reference
37.	a. Today, families with children represent the fastest growing segment of the homeless population, constituting approximately 40% of people who become homeless (Shinn and Weitzman, 1996). b. A 1996 survey of 29 U.S. cities found that children accounted for 27% of the homeless population (Waxman and Hinderliter, 1996).	**"America's Homeless Children. Will their Futures be Different?"** 1996 Pat Van Doren, Illinois Coalition to End Homelessness
38.	a. Families who become homeless are often forced to move frequently. b. Length-of-stay restrictions in shelters, short stays with friends and relatives, and/or relocation to seek employment make it difficult for homeless children to attend **school** regularly. c. In addition, guardianship requirements, delays in transfer of school records, lack of a permanent address and/or immunization records often prevent homeless children from enrolling in school. d. Homeless children and youth who are able to enroll in school frequently face another obstacle: inability to get to their school because of lack of transportation. e. Homeless families may not have a family car or money for public transportation, and many shelters are unable to provide transportation. f. Children who miss school frequently fall behind very quickly. g. Without an opportunity to receive an education, homeless children are much less likely to acquire the skills they need to escape poverty as adults.	
39.	a. The General Accounting Office estimated in 1989 that 41,000 to 107,000 children are literally homeless on any given day, with 39,000 to 296,000 more in "doubled up" or shared housing. b. While most of the information on children and the effects of homelessness are related to shelters because they are the only accessible population, many others live in cars or "doubled up" with friends or family. Some studies have suggested that residential instability, either from homelessness or other housing problems put these children at twice the risk to becoming homeless adults, perpetuating the cycle. c. While nearly 70% of homeless families in shelters are only there for 3 months or less, one in four families are homeless from 3 months to 3 years. d. While long periods of homelessness can be more detrimental to a child's health, any length of homelessness can be associated with many short term and long term effects:	**"The Consequences of Inadequate Housing"**
40.	**Infections**: a. Children who are homeless are at significantly increased risk of infections compared other children, even housed poor children. b. In one study, homeless children had a 42% chance of having an upper respiratory infection over a given period of time, compared to 22% for the general population of children. c. Multiple respiratory and ear infections can lead to hearing problems, language delays and even poor school performance. d. Other contagious infections, such as diarrhea, have been shown to be more 5 times more frequent in children in shelters than compared to other children in the same area. e. Homeless children can even contract more serious infections like tuberculosis, a lung infection which requires months of expensive medicines and can affect the entire body if it goes untreated. f. In addition, children in shelters have high rates of such breathing problems as asthma.	
41.	**Nutrition**: a. Homeless families often want for food. One study documented that 21% of children in shelters felt they did not get enough to eat in the last 4 days or more of every month because of lack of money. b. This lack of food can have long term effects, especially iron deficiency anemia, a disease that is associated with behavioral problems and decreased cognitive development. Homeless children are 7 times more likely to be iron deficient than housed children.	
42.	**Psychological:** a. Perhaps the most disturbing of the effects homelessness has on children are the delays in their development, like walking, talking and playing. b. One study demonstrated that only 5% of children entering shelters had a developmental delay, requiring specialist evaluation, similar to 7% of poor, housed children. c. However, in one study, half of children in homeless shelters had one or more developmental delays. d. Similarly, 45% of school age children in homeless shelters were found to need special **education** evaluation, yet only 22% actually received this important testing or placement. e. Moreover, about half of children in shelters missed one week of school in 3 months and 20% missed over 3 weeks in three months, significantly more than poor housed children. f. Children who change shelters often must change schools too, disrupting continuity in learning. g. The psychological health of children can also be devastated by homelessness. Half of all children in shelters show signs of anxiety and depression. When compared to poor, housed children, homeless children show significant behavioral disturbances, like tantrums and aggressive behavior.	

#	Quote	Reference
43.	**Lack of Routine Health Care**: a. Since the very word homelessness implies transiency, it makes sense that many homeless children lack a regular place for health care. This has many results, the most frightening of which is lack of immunizations against such deadly diseases such as polio, whooping cough, and meningitis. b. Children in shelters have shown as high as a 70% rate of delay in immunizations in comparison to 22% among poor, housed children. c. Many homeless families are unable to visit or even identify a regular clinic. In some homeless shelters, over 44% of families use the ER or clinics in hospitals as their only care.	
44.	**Injuries**: a. One of the preventable problems in children is injuries. b. In one survey of homeless mothers, 20% responded that their child needed to be seen at an ER for an injury or fall. c. Six percent of children reported either a fracture or a fall (being "knocked unconscious") and 14% report having a burn serious enough for a scar to form. d. These injuries put homeless children at needless endangerment of life and limb.	
45.	a. Recent evidence confirms that homelessness among families is increasing. b. Requests for emergency shelter by families with children in 30 U.S. cities increased by an average of 15% between 1997-1998 (U.S. Conference of Mayors, 1998). c. The same study found that 32% of requests for shelter by homeless families were denied in 1998 due to lack of resources. d. Moreover, 88% of the cities surveyed expected an increase in the number of requests for emergency shelter by families with children in 1999.	**"NCH Fact Sheet #7,"** Published by the National Coalition for the Homeless, June 1999
46.	a. The shrinking supply of affordable housing is another factor underlying the growth in family homelessness. The gap between the number of affordable housing units and the number of people needing them is currently the largest on record, estimated at 4.4 million units (Daskal, 1998). b. The affordable housing crisis has had a particularly severe impact on poor families with children. Families with children represent 40% of households with "worst case housing needs" -- those renters with incomes below 50% of the area median income who are involuntarily displaced, pay more than half of their income for rent and utilities, or live in substandard housing (U.S. Department of Housing and Urban Development, 1998). c. With less income available for food and other necessities, these families are only an accident, illness, or paycheck away from becoming homeless. d. More recently, the strong economy has caused rents to soar, putting housing out of reach for the poorest Americans. Between 1995 and 1997, rents increased faster than income for the 20% of American households with the lowest incomes (U.S. Department of Housing and Urban Development, 1999). e. As a result, more families are in need of housing assistance. f. From 1996-1998, the time families spent on waiting lists for HUD housing assistance grew dramatically. For the largest public housing authorities, a family's average time on a waiting list rose from 22 to 33 months from 1996 to 1998 - a 50% increase. g. The average waiting period for a Section 8 rental assistance voucher rose from 26 months to 28 months between 1996 and 1998. h. Excessive waiting lists for public housing mean that families must remain in shelters or inadequate housing arrangements longer. i. Consequently, there is less shelter space available for other homeless families, who must find shelter elsewhere or live on the streets.	

#	Quote	Reference
47.	a. Homelessness severely impacts the **health** and well-being of all family members. b. Compared with housed poor children, homeless children experience worse health; more developmental delays; more anxiety, depression and behavioral problems; and lower educational achievement (Shinn and Weitzman, 1996). c. A recent study of the health status of homeless children in New York City found that 61% of homeless children had not received their proper immunizations (compared to 23% of all New York City two-year-olds); 38% of homeless children in the City's shelter system have asthma (an asthma rate four times that for all New York City children and the highest prevalence rate of any child population in the United States); and that homeless children suffer from middle ear infections at a rate that is 50% greater than the national average (Redlener and Johnson, 1999). These illnesses have potentially devastating consequences if not treated early. d. Deep poverty and housing instability are especially harmful during the earliest years of childhood; alarmingly, it is estimated that almost half of children in shelter are under the age of five (Homes for the Homeless, 1998). e. School-age homeless children face barriers to enrolling and attending **school**, including transportation problems, residency requirements, inability to obtain previous school records, and lack of clothing and school supplies. f. Parents also suffer the ill effects of homelessness and poverty. One study of homeless and low-income housed families found that both groups experienced higher rates of depressive disorders than the overall female population, and that one-third of homeless mothers (compared to one-fourth of poor housed mothers) had made at least one suicide attempt (Bassuk et al., 1996). In both groups, over one-third of the sample had a chronic health condition.	
48.	a. Homelessness frequently breaks up families. b. Families may be **separated** as a result of shelter policies which deny access to older boys or fathers. Separations may also be caused by placement of children into foster care when their parents become homeless. In addition, parents may leave their children with relatives and friends in order to save them from the ordeal of homelessness or to permit them to continue attending their regular school. c. The break-up of families is a well-documented phenomenon: in New York City, 60% of residents in shelters for single adults had children who were not with them; in Maryland, only 43% of parents living in shelters had children with them; and in Chicago, 54% of a combined street and shelter homeless sample were parents, but 91% did not have children with them (Shinn and Weitzman, 1996).	
49.	a. Without affordable, decent housing, people cannot keep their jobs and they cannot remain healthy. b. A recent longitudinal study of poor and homeless families in New York City found that regardless of social disorders, 80% of formerly homeless families who received subsidized housing stayed stably housed, i.e. lived in their own residence for the previous 12 months (Shinn and Weitzman, 1998). c. In contrast, only 18% of the families who did not receive subsidized housing were stable at the end of the study. d. As this study and others demonstrate, **affordable housing** is a key component to resolving family homelessness. Preventing poverty and homelessness also requires access to affordable health care, so that illness and accidents no longer threaten to throw individuals and families into the streets. e. Only concerted efforts to meet all of these needs will end the tragedy of homelessness for America's families and children.	
50.	Baby walkers are a common cause of injuries in young children in which children in walkers fall down stairs or off porches. Falls resulting in severe or fatal injuries are usually due to falls from second story or higher windows. The mean height for a fatal injury is 5-6 stories. Window screens are made to pop out for safety reasons, and do not serve as a barrier to prevent children from falling out of windows.	"**Falls – Scope of the Problem**," Harborview Injury Prevention and Research Center, 1997, U. of Wash.
51.	**CITIES REPRESENTED** (USCM Task Force Members): Boston, Burlington, Charleston, Charlotte, Chicago, Denver, Detroit, Los Angeles, Louisville, Miami, Minneapolis, Nashville, New Orleans, Norfolk, Philadelphia, Phoenix, Portland, Providence, Salt Lake City, San Antonio, San Diego, Seattle, St. Louis, St. Paul, Trenton (NYC, Atlanta, San Francisco not included) **HUNGER** • 9% of respondents reported increase in food assistance requests. • Causes of hunger: 14 respondents included cost of housing in list of causes. **HOMELESSNESS** 80% of the survey cities report an increase in requests for emergency shelter – average increase was 15% (17% for families). The 15% increase is highest annual increase since 1990. • 50% of the cities reported that the length of time people remain homeless has increased. This is	**Highlights of 2000 US Conference of Mayors' Homelessness Report**, National Coalition for the Homeless, 3-4-01 Newsletter

#	Quote	Reference
	particularly true in cities with tight rental markets. • Demographics: Mentally Ill (22%), substance abusers (37%), 26% employed in full or part-time jobs (highest percentage ever); 15% veterans; 56% children (although this number is the same as last year, it is significantly higher than years before 1999, and more than twice what the national survey showed). • Beds/Units: Emergency shelter beds for families up 26%; Transitional housing units up by 38% (40% for families); SRO unit up 11%. • 27% of the shelter requests by homeless families go unmet. In 68% of the cities emergency shelters may have to turn away homeless families due to lack of resources. • Causes of homelessness: All but one city included lack of affordable housing on list. Other commonly mentioned issues – mental illness, low paying jobs, substance abuse, domestic abuse. **HOUSING** • Requests for assisted housing by low-income families increased 68% in the surveyed cities. • The average wait for public housing was 16 months. Average wait for Section 8 was 23 months. Average wait for vouchers 29 months. • 29% of eligible low-income households currently served by assisted housing in surveyed cities. • On average, low income households spend 51% of income on housing. **IMPACT OF THE ECONOMY ON HUNGER AND HOMELESSNESS** • Many respondents highlighted increase of housing costs as a result of the booming economy.	
52.	a. You **do not need a permanent address** to enroll your child in school. b. You have a **choice** of school placement. Your child **may remain at the same school** she/he attended before becoming homeless, **or enroll** at the school serving the attendance area where you are receiving temporary shelter. c. Your homeless child **cannot be denied** school enrollment jut because school records or other enrollment documentation are not immediately available. d. Your child **has a right to participate** in all extracurricular activities and all federal state, or local programs for which your child is eligible, including food programs; before- and after-school care programs; vocational education; Title I; and other programs for gifted, talented and disadvantaged learners. e. Your child may have a **right to transportation services** to and from school. f. Your child **cannot be isolated or separated** from the mainstream school environment solely due to homelessness. g. If you do not agree with the educational placement of your child, you and your child have the right to receive **prompt resolution of any dispute**. h. Your state has the responsibility to **ensure that barriers** to enrollment, attendance and success in school of your homelessness child **are removed**. The federal Stewart B. McKinney Homeless Assistance Act protects the educational rights of homeless children and youth to ensure equal access to the same free, appropriate public education, including a public preschool program, as provided to all other children and youth. If you experience any problems with your child's enrollment or attendance at school you should immediately contact your state or local coordinator for education for homelessness children and Youth, or call the National Law Center on Homelessness and Poverty, 202-638-2535.	**"What You Need To Know About The Education of Homeless Children",** National Law Center on Homelessness and Poverty
53.	**TB Transmission in San Francisco**: Despite the recent decline in total number of TB cases in San Francisco, TB continues to persist as a health hazard in the homeless and single room occupancy (SRO) hotel community. Homeless shelters and SROs are among the most likely places where TB can be transmitted in San Francisco. TB incidence and census tract measures indicate high TB rates in the Tenderloin, South of Market, Chinatown and the Mission District similar to those found in Sub-Saharan Africa. TB outbreaks in SRO hotels have been confirmed by DNA fingerprinting. SRO hotels located in these areas of the city are therefore at risk for transmission in the facilities. There are approximately 20,000 inhabited SRO rooms that are affordable to low-income residents (those earning less than $800/mo). Among the many challenges TB Control faces is the identification of people with contagious TB disease. SRO management/staff can assist in this process by providing access to high-risk populations or community focus points for education. One in three hotel tenants is infected with the TB germ. This represents the high potential for future TB disease and transmission in this population. Overcrowding can increase TB transmission in the hotel population. Poor building ventilation and high rates of susceptible individuals (i.e. HIV infected	"**Tuberculosis Infection Control Guidelines For Single Room Occupancy Hotels (SROs) Owners, Operators and Tenants**" First Edition, Fall 2000 San Francisco Tuberculosis & Homelessness Task Force. A Project of: American Lung Association of San

#	Quote	Reference
	individuals) also contribute to the spread of TB in hotels. Tenants who stay in SROs often face multiple obstacles in ensuring an adequate quality of life. UCSF research indicates that SRO tenants in the Tenderloin/South of Market areas also suffer from high rates of recent or current hospitalizations for all causes (30%), current or past substance abuse (30%), and mental illness. These factors greatly contribute to persistent poverty and chronic health problems leading to TB exposure and disease. Source: Bangsberg, D., Tulsky, J. (1999, January). Presented at meeting of the TB & Homelessness Task Force, San Francisco, CA.	Francisco & San Mateo Counties & San Francisco Department of Public Health TB Control Section, Ward 94, San Francisco General Hospital
	PEDIATRIC TUBERCULOSIS: Fact Sheet a. Tuberculosis (TB) is an airborne infection caused by the bacterium Mycobacterium tuberculosis. Although TB primarily affects the lungs, other organs and tissues may be affected as well. For decades the incidence of TB had been on the decline. It increased, however, in the late 1980's and early 1990's. Since 1992, the trend has reversed, and the rate has begun to decline again. Between 1992 and 1997 the incidence of tuberculosis cases among children 14 and younger born in the United States decreased 25 percent, while the total number of cases in all ages decreased 38 percent. b. Cases of active tuberculosis and asymptomatic TB infection in children are of great concern. They indicate that transmission of tuberculosis has occurred recently. Many adults who develop active tuberculosis were infected many years ago, when their immune systems were stronger and able to protect them. Children, particularly infants, could have been infected only recently because of their age. When a child is diagnosed with active tuberculosis, it means that someone close to them, almost always an adult, must have active tuberculosis and is possibly transmitting the disease to others as well. c. Diagnosis of tuberculosis in children is difficult and poses problems that are not present in adults. Children are less likely to have obvious symptoms of tuberculosis. d. Tuberculosis in infants and children younger than 4 years of age is much more likely to spread throughout the body through the bloodstream. In addition, children are at much greater risk of developing tuberculous meningitis, a very dangerous form of the disease that affects the central nervous system. For these reasons, prompt diagnosis and immediate treatment of tuberculosis are critical in pediatric cases. e. In general, the same methods are used in treating tuberculosis in children as are used in treating tuberculosis in adults. Your local TB Control Division will inform you about the recent medically approved guidelines for treatment. f. The best method to prevent cases of pediatric tuberculosis is to find, diagnose, and treat cases of active tuberculosis among adults. Children almost never contract tuberculosis from other children or transmit it themselves. Adults are usually the ones who pass tuberculosis on to children. Successful identification and treatment of adult cases of tuberculosis will reduce the number of cases of pediatric tuberculosis. g. Some groups of children are at greater risk for tuberculosis than others. These include: • children living in a household with an adult who has active tuberculosis • children living in a household with an adult who is at high risk for contracting TB • children infected with HIV or another immune-compromising condition • children born in a country that has a high prevalence of tuberculosis • children from communities that are medically under-served	SF TB and Homelessness Task Force

Related Articles

11-27-00 Washington Post

A City Open To All .Comers

SAN FRANCISCO – Every weekday at 5:30 a.m., Veronica Augustine wakes up next to her two littlest girls, Ciana and Carla. She then opens her bedroom door, steps into the hotel's hallway and knocks on the next door down. Her three oldest--Shatara, Dennis and Donta--stir awake. They have the big room--it's 10 feet by 12 feet. As usual, one of the boys has slept on the floor.

Everyone gathers in Mom's room for breakfast. Boxes of cereal are stacked in coolers behind a small table. This corner of her bedroom passes as the kitchen. There's no stove, no refrigerator, no hot plate. Dishes are done in the small washstand.

Augustine and the girls dress in one room, the boys in the other. They take their showers in the evenings to avoid the morning rush in the bathroom down the hall. Preparing for work, Augustine dons a business suit that she accents with modest jewelry. Then she and her children--ages 17 to 5--head out to the bus stop.

The Augustines share two adjacent rooms in what San Franciscans call an SRO--single resident occupancy--hotel. Most of these hotels are more than a half-century old; they were built as hives for the working men who streamed to this city to toil at the wharves and the railway lines.

They were never meant for families.

In fact, San Francisco makes it illegal for families to live in SROs. But the hamstrung city government asks: What is our alternative? Enforce the law and kick them out?

Thanks to boom times and what some here accusingly call the "dot-com displacement," a growing number of families such as the Augustines cannot afford to live anywhere but places like the Phillips SRO hotel, which occupies a corner in the city's rapidly changing South of Market neighborhood.

Dot-com wealth has surged northward from Silicon Valley. New millionaires who work in the San Jose area are advancing San Francisco's conversion into a bedroom community. And as office and living space on this peninsula shrinks and the prices soar, tech firms are converting the city's old warehouses and factories into trendy "live-work lofts."

The money infusion has driven up housing costs across the Bay Area and created a chain reaction of dislocation that portends similar shifts across the country as New Economy meets Old Economy. Tech towns like Austin, Seattle and Chicago have similar tales to tell, but San Francisco has the nation's highest rents and a microscopic vacancy rate. Even some city officials are beyond calling the housing situation a "crunch" or a "squeeze." It is a "crisis." And Augustine and her family are its faces. She and her children happen to be black, but the family down the hall from her at the Phillips is Spanish-speaking; there are white children elsewhere in the hotel. San Francisco's housing crisis is a multihued, multiethnic stew.

The Augustines leased a rent-controlled house in Oakland for five years until last spring, when the rising real estate prices prompted the owner to sell! She and the father of her children almost bought a house together, but he got cold feet at the last moment and, well, that's another long story.

Suddenly on her own--with one income and five children--Augustine moved into a sister-in-law's house for a few weeks. That quickly became untenable. The family then migrated to a Days Inn for a few days while Augustine looked for an apartment. She found nothing she could afford.

Finally, through a homeless advocacy group, Augustine found the Phillips. She's been there since August. She has applied for low-cost housing back in Oakland, but none has come available.

The Augustines come home together about 6:30 p.m., and they get takeout. It's what you do "if you want a hot meal," Augustine says. Popeye's, Burger King, Chinese. The monthly food bill--$400--is greater than the rent--$325. After their evening showers, everyone packs into Mom's room to watch the tiny color television and do homework. Mom fixes the girls' hair. They spread over the bed and the floor--lost in their own activities, unconsciously touching one another.

By the generally low SRO standards, the Phillips isn't such a bad place.

The furniture in the Augustines' two rooms is dated but not in disrepair. Nobody's seen any vermin. And most important, the hallways are safe for the kids.

"You get used to it," says Dennis, 13, reading an R.L. Stine book. "But we had more privacy" in the house in Oakland. He and Donta are handsome boys and have modeled for catalogues. The two little pigtailed girls giggle and bounce on the bed while the oldest, Shatara, an honor-roll senior in glasses, tries to hush them. They are a tight, interdependent family and say they are not ashamed of their situation. But, by family vote, Augustine and her children have decided not to be photographed for this story.

The median monthly rent for a two-bedroom apartment in San Francisco is $2,500, a figure so far out of Augustine's reach as to be incomprehensible.

"I'm middle income and I can't even afford it," says Augustine, 36. "So what does that say?"

It says that not only is San Francisco the nation's most expensive city for housing, it is becoming increasingly so. More significantly, the income gaps are widening in such a fashion as to turn some working families into poor, practically homeless working families. The city government has been criticized for turning the city over to the high-tech wealthy and ignoring people like these.

Which is the ironic punch line to her story.

After Augustine leaves the Phillips at 7 a.m. to off-load her kids at bus stops along the way to work, she walks into her job as a senior administrative clerk for the city government.

Squeeze Play
Families living in SROs have become the latest poster children of the San Francisco housing crunch. The city has no hard count of them--it plans one early

next year--but the patchwork of advocacy groups dealing with SRO families supplies partial data: One group estimates that there are up to 500 SRO families in the Chinatown/North Beach neighborhood alone. Another group says that, over a nine-month period in 1999, it helped more than 350 families move in or out of SROs. Neither group has a count on the greatest concentrations of SROs, which are centered in the Mission, Tenderloin and South of Market districts.

"It's worse every year," says Rebecca Vilkomerson, policy and advocacy director for the Homeless Prenatal Program, a nonprofit group. "People turn to SROs as a last resort because they are completely inappropriate for families. They're dirty and dangerous; they usually don't have a kitchen or bathroom."

Until recently, many of the wage earners in SRO families were unskilled workers, but that percentage is decreasing, Vilkomerson says. Many of those unskilled poor are literally being pushed out of the Bay Area as middle-income families are moving into the SROs. A chain-reaction displacement is at work.

"I'm seeing alot more homeless families with two-parent wage earners, with union jobs," she says. San Francisco housing is so costly, she says, her agency is helping people move as far away as Reno, Nev.

"The whole housing system is breaking down," she says.

Two years ago, the city government established the SRO Family Working Group as an outreach to the families, a sizable portion of which are non-English speakers and/or illegal immigrants. Maria X. Martinez, deputy director in the city's Department of Public Health, oversees it.

"We have to find ways to hold the city leaders accountable and the SRO owners accountable," says Martinez, whose department is planning the SRO family census early next year. "But it's a fine line: We can't impose too many restrictions on the SROs because then they won't give any units to families."

Several dynamics have combined to create the present situation.

New housing is tough to build because the city is constrained in three dimensions: San Francisco sits on a peninsula; the city has a height restriction on buildings, so no high-rise apartments can be built; and the apartment vacancy rate is 0.5 percent, according to city officials.

Then there's the money.

Renters in San Francisco County need to earn $28.06 an hour--or about $55,000 a year--to afford a "modest" two-bedroom apartment, according to a September study by the National Low-Income Housing Coalition, an advocacy group that favors raising the minimum wage. That's the highest figure in the nation.

San Francisco has a rent-control law, but its limits are tied to tenants, not the apartments. In other words, it stabilizes the rent a tenant is paying, but, when that person moves out, the landlord can--and often does these days--quadruple the rent for the next tenant.

But none of that is new.

What's new is how the wealth is migrating. And who it's pushing around.

San Francisco voters faced two rival propositions on Nov. 7. One, a preemptive strike by pro-growth Mayor Willie Brown, would have put slight restraints on

commercial growth--what locals consider gentrification of run-down neighborhoods. It was soundly defeated.

His opponents answered with an alternative proposition. It would have immediately halted growth. It also lost, but just barely.

Both measures were ill advised, says Joe O'Donoghue, president of the Residential Builders Association of San Francisco and the Devil himself to no-growthers, whom he calls "Malthusians."

There would be much more low-cost housing in San Francisco--and homes for families now living in SROs--if the city would just let the builders build, he says.

"If they let us build to the density we want, we will give you all the low-cost housing you want," he says. He asserts that his group, which represents builders, mortgage bankers and real estate firms, would "absolutely" support restrictions on new construction that would force developers to build low-cost housing. But only if "no-growth" restrictions are lifted.

Advocacy groups that deal with SRO families maintain the restrictions are the only thing keeping San Francisco's builders from completely pricing out its poor. They say their proposition's narrow defeat sends a message to City Hall: Slow down the money from Silicon Valley.

"People work in the suburbs and live in the city," says Steven Suzuki, an architect at Asian Neighborhood Design, a nonprofit that builds low-cost housing in San Francisco.

He explains: "These are twenty-somethings who work in Palo Alto, hop on [Interstate] 280 and get off in the Mission District or South of Market, which are both gentrifying. . . . You want to hop on the freeway and take your SUV to your dot-com."

The broad funnel of this gentrification is Sixth Street, about three blocks east of where Augustine and her family live. This is where many of the dot-commers spill off the interstate--and would like to put down roots.

It's also San Francisco's skid row.

More than 20 SROs line the six-block heart of this corridor, sharing space with liquor stores and porn shops. Broken glass litters the sidewalks. The scent of booze wafts by.

Sixth Street is ground zero for this city's culture clash between rich and poor, between tidy and chaotic, between new and old.

Several stories above the cracked sidewalk, painted on the side of an aging SRO hotel, is a huge orange-and-blue ad for Onmoney.com, an online financial management service. On another building, a looming billboard depicts a crisp, clean lavender shirt from Banana Republic.

Almost directly below it, in an alley, a scruffy man urinates behind a dumpster.

Across from the big purple shirt, at the corner of Sixth and Minna streets, conflicting symbols of the city's new housing economy sit cheek by jowl.

To one side, a long row of new bay-window town houses will open on Dec. 1. A one-bedroom loft of 625 square feet will rent for $2,250 a month.

The building, called SOMA Residences, has 278 units. By law, 55 units were thrown into a low-cost housing lottery. Their rent will top out at $520 a month.

The leasing company received 1,650 applications for the low-cost units.

Next door is a low-cost apartment complex that opened last spring, built by Suzuki's design firm. One-bedroom units go for $450. The place is multiethnic and filled with families. The dads and moms in the low-rise complex are parolees, recovering addicts, service workers, you name it.

The complex has 26 units.

It received 1,392 applications.

Dream of a House

Just down Sixth Street from the low-cost apartments is the Knox, the first new SRO hotel built in more than 30 years. It opened in 1995. Like its predecessors, it was built for single adults. Now, it houses nearly 20 families.

Teresita Benitez and her two sons are among them.

The Knox is probably the best-kept SRO in town. It's clean, has a common area with a big-screen television, and there's even a playroom.

Benitez lives in Room 311, with sons Nickho, 8, and Bruce Wayne, 3. She is a single mother who emigrated from the Philippines a little more than a year ago. Benitez saw the "Batman" movies back home and liked them enough to name her younger son after the superhero's alter ego.

Her native language is Tagalog, and her English is a little clunky. But it's facile enough to express her worries about the Knox.

"When we are all here, we are always upstairs watching TV," says Benitez, 45. "I don't want them to play downstairs. Those other kids, their eyes look like the tiger."

Upstairs, the three crowd into a room no bigger than a galley kitchen. They had a bed, but it took up so much of the room that when Bruce Wayne started walking, there wasn't enough space for him to maneuver around it; he kept banging his head into the bed's metal frame. She had it taken out. Now, the three sleep on a pile of pillows.

Benitez works from 9 p.m. to 5:30 a.m., preparing food for an airline caterer. She saved a couple of hundred dollars, enough down payment for a 2001 Ford Explorer on tough terms, but not enough for a deposit on an apartment.

When she walks up Sixth Street, she sees the dot-com ads. For her, they are inspirational.

"I believe in encouraging the people, especially low-income people with no job," she says. "I see that, and I am wondering, 'What is that?' I want to be new. To have a new job, like that computer job."

Her oldest son dreamed they would get a car. And they did.

"I told him, 'Dream of a house,' " she says.

Resisting the Tide

Bill Sorro is an angry man.

Short, stocky, gray-mustachioed and fond of wearing tropical print shirts, the community activist sweeps a Popeye forearm over a wall map of San Francisco. This map was provided by a developer eager to remake the city in the gleaming image of the new baseball stadium, PacBell Park, which turned a sour waterfront into a gleaming tourist spot.

Like many developers, this one suggests new labels for the city's neighborhoods, replacing old-sounding names in poorer sections of town with shiny-sounding, upscale monikers.

"Look at this," Sorro says, pointing to one of the developer's alternative names on the map. "This is not 'Yurba Buena,' this is South of Market. Over here--this isn't 'Multimedia Gulch.' " He nearly spits out the name.

Sorro is a 30-year housing advocate in this city. He cut his teeth on a retirement hotel eviction fight and has found plenty of housing advocacy work since.

"I'm a native San Franciscan, and I've never seen a housing crisis the way it is today," he says. "Families are relegated to living in turn-of-the-century living conditions in the middle of an economic boom."

Sorro's not the only angry man in town:

- On the refinished brick of a warehouse turned microbrewery in "Multimedia Gulch," someone has spray-painted "Class War."
- On the top of an auto parts store next to new lofts in the Mission District, more graffiti. This one is a fictional and profane Internet address: "www.[expletive]yuppie[expletive].com."
- On Market Street, a kiosk erected by the San Francisco Arts Commission equates the dot-com housing displacements with the relocation of Japanese Americans during World War II. A man who won't give his name stops at the kiosk, reads it and grumbles: "Dot-commers are ruining the character of this city."

Moving Up

Sorro works for the SRO Family Working Group. The work is frustrating, Sorro says--there are so many families--but there are occasional payoffs, like Elizabeth Washington.

Washington has shuttled back and forth between San Francisco and Chicago over the past decade. The second-to-last time she moved to this city, she got a studio apartment in the Haight neighborhood for $495 a month. But that was nearly three years ago. Now, a studio is out of Washington's reach. When she returned to San Francisco the most recent time, all she could afford was an SRO.

For nearly two years, Sorro and Washington have been working the public and private doles, trying to cobble together a down payment for an apartment--the first and last month's rent, a security deposit and other incidentals. In late September, after assembling various grants, they managed the $3,000 needed to

move into a low-cost rowhouse on Treasure Island, in the bay between San Francisco and Oakland.

"I've been out to see it three or four times," says Washington. "It has a little space out front, with grass and trees."

This is moving day.

She will leave Room 407 of the Warfield SRO hotel in the Tenderloin district, dragging her belongings--in dark green plastic garbage bags--down a mildewy hallway. She huffs, out of breath. She is seven months pregnant.

In her room, the carpet is brown and spotted. The walls are flat white, and chipped. A sprinkler pipe, stippled with rust, is bolted to the ceiling.

Washington, 33, has been shifting between SROs for more than a year, much of it with her fiance. Here at the Warfield, her three children--ages 13 to 2--would visit on weekends. Everybody bunked in the tiny room. On a crowded shelf are the remains of her daughter's birthday cake from the previous weekend. During the week her children would return to foster care. It's not uncommon for the city's child protective services to remove children from single parents living in SROs, says one city official.

Which has been the promise of Treasure Island: Washington has been told she has a good chance of getting her kids back full time if she moves out of the SRO, she says.

She is jobless at the moment but not unskilled. She is trained in data entry and can operate desktop PC programs. Which is not enough in the Bay Area's big-brain economy. Besides whatever work she finds, she'll need city and federal subsidies.

"Over here," she says, meaning San Francisco, "if you don't know anything about computers, you go for low-paying service jobs, $7 an hour."

Today, as she moves out, things are looking up a little. She knows that one bad turn--a missed rent payment, a lost job, a breakup with her fiance--and she could land back in an SRO, alone.

But she recalls what she's been telling her kids for the past year:

"We'll be out of here real soon."

That's today.

To view the entire article, go to http://www.washingtonpost.com/wp-dyn/articles/A60577-2000Nov26.html

January 19, 2001 SF Chronicle

'Horrible' Hotel Amid a City of Shiny New Wealth/Family finds itself surrounded by filth

Kathleen Sullivan

It's known in the neighborhood as the Grand Southern Hotel, but there is no sign above the three-story building on Mission Street.

The sidewalks are populated with street people smoking cigarettes, hawking junk, or hanging out next to shopping carts.

There's no need to ring the buzzer to get inside the Grand Southern.

Just push open its unlatched metal door, walk around a bunch of garbage cans and climb steps covered in dirty carpet to reach hallways lined with five dozen guest rooms.

Rosita Guzman, 22, and her two small children live in the Southern Grand -- a bleak, smelly, dirty place despite its stately name.

But a room in a dilapidated hotel in a high-crime neighborhood is the only place Guzman -- who spends most of her $700 monthly disability check on rent -- can afford in San Francisco.

She's not alone. According to a city task force on families living in residential hotels, the buildings are the only affordable option available to a growing number of poor families.

The task force doesn't know how many families are living in hotels, but plans to perform a survey early this year.

The task force's preliminary report cited a variety of reasons why families are moving into residential hotels: skyrocketing rents, a severe housing shortage, a high rate of owner move-in evictions, lack of space in family shelters.

The task force, which will release its final report at the end of this month, notes that residential hotels are "inadequate, inappropriate and risky" places for children.

In San Francisco, most residential hotels are located in distressed neighborhoods in the Mission, Tenderloin, South of Market and Chinatown.

"Often times, hotels are non-compliant with safety codes," the report says. "For example, families share unclean bathrooms, (and) are subjected to living with lead, rodents, roaches, mold, garbage and sewage."

The task force also warns that hotels are "among the most likely places where tuberculosis can be transmitted in San Francisco."

Guzman doesn't need a report to tell her what she already knows: a hotel is a lousy place to raise kids.

"We're all cramped up in one room," she said. "The carpet stinks really bad here. There are mice. It's horrible to live like this, but we're forced into this situation. We want to be indoors. We can't be out on the street."

The room Guzman shares with her two sons is just around the corner from two of the hotel's four public toilets.

But since they're always dirty, Guzman never lets her 3-year-old son use them.

"He uses the one I bought for him at the 99-cent store," Guzman said, referring to a bright blue plastic child's training potty.

Two weeks ago, when a Chronicle reporter looked inside the two second-floor bathrooms, both toilets were filthy and filled with waste.

In one room, used toilet paper was wadded and piled in two corners, and a fly circled overhead. The plaster was missing from the walls in one; in the other, pipes could be seen through a hole in the ceiling.

Guzman takes her son into the shower room, but only after slipping his feet into pint-sized sandals.

"He can't go in there without them -- there are too many germs," she said.

Two weeks ago, water was puddled on the shower room floor, perhaps because there is no shower curtain or because a hole in the floor was not draining the water fast enough.

There is a kitchen of sorts on the hotel's second floor. It has a sink, and a broken stove.

"That's another hard thing about being in here -- there is no stove, so I have to cook in my room in order to feed my kids," Guzman said. "I have to use a hot plate to do it. There is no other way to do it."

Two weeks ago, the corridors leading to every fire escape at the hotel were narrowed, or completely blocked, by discarded building materials, furniture and personal possessions.

The pathway leading to a third-floor fire escape was narrowed by a stack of junk leaning against the wall -- an empty computer box, a pair of broken toilets, abandoned stereo equipment and a toaster oven.

The hallway leading to a second-floor fire escape was blocked with wood slats, a discarded computer printer, a plastic rocking horse, a four-foot high stack of clothing stuffed in pillow cases and duffel bags, a glass window frame and a smashed window screen.

Thirty minutes after The Chronicle alerted the San Francisco Fire Department to the situation, an inspector was dispatched to the hotel.

"It was quite a mess as far as the hallways were concerned," Lt. Michael Braida.

"We pounded on all the doors and got everybody's attention. The manager is going to write a letter to all the tenants telling them to keep everything out of the corridors."

Last week, during another fire inspection, the department found that two fire doors were falling off their hinges.

But Braida said most of the items in the hallways had disappeared.

Still, the hotel remains a grim place to live.

"I feel so sorry for those people," Braida said. "It's a tough place."

E-mail Kathleen Sullivan at ksullivan@sfchronicle.com

February 16, 2001 SF Chronicle

S.F. Plans Head Count Inside Its Squalid Hotels

Kathleen Sullivan, Justino Aguila

Unknown number of resident families

Santa Isabel German tips back the lid of a heavy iron pot to reveal the source of the tantalizing aroma that fills her room.

It's a stew of chicken, tomatoes, chiles, cilantro -- the same caldo de pollo she once simmered on the stove in her native Honduras.

These days, German cooks for her three sons -- ages 10, 15, and 18 -- on a hot plate in her room at the Hurley Hotel in San Francisco. At dinner time, the boys troop downstairs from their third-floor room and find a place to sit on the edge of her double bed or couch.

The family is one of many who have made a home out of a room -- or two -- in a residential hotel in the city.

It's a trend that worries a task force of city officials and tenant advocates familiar with living conditions in the hotels, which are also known as single-room occupancy hotels, or SROs.

"What we know is that SROs are inadequate, inappropriate and risky places for families with children to live," the task force said in a draft report released in December. "What we don't know is just how many families with children are living in them."

To find out, the task force will conduct a survey in March of hotels located in the Mission, Chinatown, Tenderloin and South of Market districts.

It will be the first time the city has tried to document the troubling phenomenon, said Gordon Mar, who represents the Chinese Progressive Association, a Chinatown advocacy group, on the task force.

Mar said the group expected to find thousands of families living in residential hotels.

As skyrocketing rents put apartments out of the reach of low-income families, hotel rooms have become the only affordable option for many people, he said.

San Francisco has 457 privately owned residential hotels with a total of 16, 441 rooms.

The task force report said the hotels often violate city housing codes. They are "typically dark, unventilated and overcrowded," with floors covered with "tattered, dirty and smelly carpets." The buildings are often located in distressed, high-crime areas.

"A family with three to five children may live in an 8-foot by 10-foot room, " the report said. "For these accommodations, families may pay $500 to $1,000 a month."

Mar said the buildings were never intended to house families.

"In Chinatown, they weren't even meant for two adults," he said. "They were created with single, male laborers in mind."

In the first part of the survey, community activists will count the families living in each hotel. Then, 200 families will be interviewed, and asked the language spoken by adults; their source of income; the ages and sex of children; the names of their schools; and the age, sex and income sources of dependent adults.

Interviewers will also ask families to estimate the percentage of their income devoted to rent and food. And the question: What is holding you back from moving your family into a better housing situation – credit problems, eviction history, move-in costs, insufficient income or other factors?

Mar hopes the findings will spur city action to improve health and safety problems, which are widespread in hotels located in the four targeted neighborhoods, and highlight the need to build more affordable housing for families.

The task force report said families often shared unclean bathrooms, and were forced to live with lead, rodents, cock roaches, mold, garbage and sewage.

Residential hotels, the report said, are "among the most likely places where tuberculosis can be transmitted in San Francisco."

The task force identified asthma as another health risk.

Its report said many families living in hotels had little money left for food once they pay rent. In some neighborhoods, there are no full-service supermarkets or produce stands where families can buy fresh food. They can't keep food "safe" without refrigerators or containers to protect groceries from rodents and insects.

"All of the above leave families dependent on fast-food outlets which may meet caloric needs, but fail to provide the nutritional quality needed to enhance health and prevent infection and chronic diseases," the report said.

German, 36, who sells linens, including the ruffled curtains she has hung in her family's rooms, said hotel living presented unique challenges.

"I have to be very careful and keep the food covered," she said while settling the lid on her chicken stew. "Sometimes, pieces of the ceiling fall down when I'm cooking."

She also has to be on the lookout for cockroaches, which could be seen crawling on the wall and carpet.

German shares her room with a male companion, and the couple keeps a pair of pliers handy so they can turn on the water in the bathtub.

She said the hotel's policy on visitors -- "No visitors at all times!" says a sign in the lobby -- meant that her children couldn't play in their room with cousins or friends from school.

That forces the kids out onto the sidewalk in the Tenderloin, a neighborhood known for drug dealing and prostitution.

German's 20-year-old daughter also lives in the hotel with her infant son and husband. The couple puts cotton balls in their son's ears when he sleeps to make sure there is no space for a cockroach to crawl inside.

German's three sons live near the third-floor garbage room, where trash is sometimes piled so high it spills into the hallway.

To get to their room, visitors were required to step around a trail of trash on the carpet.

"The smell is so strong, we have to deodorize our room constantly," said Oscar Diaz, German's 18-year-old son, speaking through a translator.

E-mail Kathleen Sullivan at ksullivan@sfchronicle.com and Justino Aguila at jaguila@sfchronicle.com.
