

Evictions feared to make spike worse

By Zoe Greenberg

GLOBE STAFF

As the coronavirus devastated Massachusetts last spring, Governor Charlie Baker and the Legislature quickly approved a previously inconceivable law: a sweeping eviction moratorium that not only forestalled new evictions but also halted roughly 11,500 cases already in process.

The impetus was economic, of course, but the law was also supposed to prevent more people from getting sick. State officials deemed it unwise to expel people from their homes while urging everyone to shelter in place. Evictions often lead families to double up with relatives or friends — precisely what public health officials hoped to prevent.

“I am confident that this action, coupled with federal assistance, helped to slow the spread of COVID-19,” Baker wrote in a July letter extending the moratorium.

But the moratorium expired on Oct. 17, just as the deadly contagion was tightening its grip again. With thousands of previously halted eviction cases now reactivated, and new ones likely to flood the system soon, epidemiologists, doctors, and housing advocates say an eviction onslaught may heighten the surge in coronavirus cases.

“We shouldn’t be evicting people during a pandemic,” said Sam Scarpino, an epidemiologist at Northeastern University. “From an epidemiological perspective, households are high risk for transmission.”

A team of epidemiologists at the University of Pennsylvania created a model showing just how large the impact could be. If evictions in a hypothetical city similar to Boston resumed on Sept. 1

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and 1 percent of households were evicted each month (in addition to a four-month backlog of eviction cases), the researchers expected an additional 2.5 percent of the population would become infected with the virus by the end of the year.

Take the example of a single family. Maritza Perez, 38, received a notice to quit, the first legal step in the eviction process, two days after the moratorium expired. Perez, a mother of three, lost her cleaning job when COVID-19 hit. She is now five months, or about \$12,000, behind on rent. Perez’s 14-year-old son has asthma, putting him at higher risk for getting very sick from the virus.

Perez’s housing options — from a public health perspective — are dismal. Her only nearby family is her mother, who rents a single room in East Boston. Maybe she and her children could sleep on a friend’s floor. Maybe she could rent a bedroom in another family’s apartment, though she fears it would be too expensive. If all else fails, perhaps she could search out a family shelter, where residents sometimes share kitchens and bathrooms, and where the average stay is nearly a year.

“I’m actually afraid, because I’ve never been in a situation like the one I’m in now,” Perez said through a Spanish interpreter. “I’m going to fight to stay in my house.”

Evictions are a public health disaster during a pandemic for a few reasons, said Emily Benfer, director of the Wake Forest Law Health Justice Clinic. When people lose their homes, they become transient, coming into contact with more people as they move. It’s harder for tenants in tight quarters to protect themselves from the virus. And people without secure housing often have to use public facilities, risking further exposure.

“It’s a fact that congregate settings make it difficult for

people to social distance, and therefore increases the risk of COVID-19 spread,” Boston Mayor Martin J. Walsh said in a statement, adding that the city is trying to prevent evictions through an \$8 million rental relief fund and a “Housing Stability” pledge that some major landlords have signed onto.

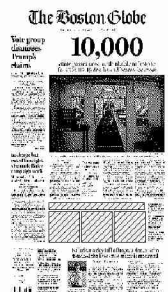
Black and Latino residents, who have already been sickened at disproportionate rates, are more likely to experience housing insecurity and its accompanying health vulnerabilities. A recent study from City Life/Vida Urbana and MIT found that race was a better predictor of market rate eviction filings in Boston than income.

The Massachusetts moratorium was the strongest of its kind in the country, according to Princeton’s Eviction Lab, and it could not have lasted much longer without more rental aid for both tenants and landlords. A federal judge in September ruled that the ban was constitutional, but only as an emergency measure. (A weaker federal moratorium is in place until the end of December.)

When the state moratorium lapsed, Baker injected an additional \$64 million into the state’s Rental Assistance for Families in Transition, or RAFT, and set aside funding for mediators to help landlords and tenants reach payment agreements. The state also increased the cap for rental aid for individual families.

But RAFT administrators are struggling to keep up with enormous demand, and housing advocates say that even the added money won’t be enough.

Health care groups, including Boston Medical Center and



Cambridge Health Alliance, have joined tenant groups in pushing for a bill that would block evictions for 12 months and create a larger rental relief fund for both tenants and landlords.

On a recent Thursday, activists with City Life/Vida Urbana blocked the entrance of the Boston Housing Court for about an hour, urging legislators to pass the bill and warning that this action was “just the beginning.”

Mid-pandemic evictions put entire communities, not just individual renters, at risk, said epidemiologists and community organizers.

“The people who are struggling to pay rent could be your grocery worker, your delivery worker, your cleaner, your parent’s home care worker,” said Karen Chen, executive director of the Chinese Progressive Association. “You want them to be healthy. You want them to have a safe and healthy place to live.”

Baker’s expanded tenant resources aren’t available to the 11,000 pre-COVID cases now back on the docket. That

doesn’t make sense from a public health perspective, experts said. Fewer choices for families facing evictions means worse outcomes for the whole state.

“Either you double up with Grandma, become homeless, or, God forbid, you end up sleeping in a car,” said Dr. Megan Sandel, a pediatrician at Boston Medical Center. “Those are real phenomena that we’re just starting to see now and they scare us.”

Zoe Greenberg can be reached at zoe.greenberg@globe.com.

Follow her on Twitter @zoegberg.

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