



**BIOLOGICAL DISASTER: THE SITUATION OF  
THE HOMELESS IN COVID-19 PANDEMIC AND  
STRATEGIC PLANNING FOR THE HOMELESS**

2020 MARCH 24, VER1

“ for the all homeless in earth: *you are not alone...* ”

**#YOUARETHEHOMEFORTHEHOMELESS**

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# ABBREVIATIONS

<b>R&amp;D</b>	Systematically run creative studies to increase know-how and utilization of know-how for new implementations
<b>COVID-19</b>	Coronavirus Disease 2019
<b>ÇOTUN</b>	Çorbada Tuzun Olsun Association
<b>İBB</b>	İstanbul Metropolitan Municipality
<b>KYK</b>	Dormitory Authority
<b>MERS</b>	Middle East Respiratory Syndrome
<b>SARS</b>	Severe Acute Respiratory Syndrome
<b>SOSİ</b>	Social Isolation on the Street
<b>STK</b>	Non-Governmental Organization

# CONCEPTS

<b>Biological Disaster</b>	Any natural process that can create loss of life, such as; landslide, flood, storm, earthquake etc.
<b>Biological Carrier</b>	A person or animal that carries the microbe which causes a disease, porter.
<b>Bio-active Products</b>	Secondary metabolites that create positive impact by affecting physiological and cellular activities.
<b>Diabetes</b>	A disease that develops in cases of inadequate production of insulin by pancreas or ineffective use of insulin, which does not heal.
<b>Homeless</b>	A traumatized person who lives on streets.
<b>Epidemy</b>	A local or regional disease that threatens many people.
<b>Recovery Program</b>	A program prepared for the recovery of disadvantaged individuals.
<b>Secret Homeless</b>	People who live in ruins, baracs or cheap hotels.
<b>Hypertension</b>	The disease of blood pressure being above normal.
<b>Isolation</b>	Partial or total distancing of oneself from the society.
<b>Japanese Encephalitis</b>	Acute encephalitis that is spread with mosquito bites which could cause brain damage or death.
<b>Quarantine</b>	Isolation of people or animals that are suspected of having a contagious disease during the incubation period.
<b>Incubation</b>	The duration between contagion and clinical visibility of a disease.
<b>Central Authority</b>	The central power with enforcement authority.
<b>Molecular Test</b>	A test conducted to identify a change that occurred on a gene or chromosome.
<b>Pandemy</b>	A contagious disease that threatens people simultaneously at a global scale.
<b>Psycho-social</b>	The dynamic and mutual relations of psychological and social effects.
<b>Symptom</b>	Finding, indication.
<b>Social Isolation</b>	Total or partial self distancing of the individual from the society.
<b>Social Market</b>	Markets run by municipalities for the needy.

<b>Carrier</b>	A person or animal that carries a microbe or parasite which causes a disease, a porter.
<b>Isolation</b>	Keeping in a separated place.
<b>Trauma</b>	An experience that leaves injuries on body and/or soul.
<b>Local Authority</b>	The administrative entity that is in charge of all public services and authorities in a given locality.



## INTRODUCTION

Because of the global biological disaster COVID-19 epidemic, individuals are asked to quarantine themselves in their personal housing. The use of public areas is also restricted in order to implement this measure. The "homeless", a disadvantaged group living on the street that has no shelter and lives in public areas, is ignored in the social disaster crisis plan.

Considering that respiratory distress is seen in rates that cannot be ignored among the homeless and the elderly are at risk of death, the elderly homeless are among the groups that are most at risk of a severe acute respiratory syndrome such as COVID-19.

A study conducted in the United States identified that 30% of the homeless are suffering from chronic lung disease, another study conducted in Turkey in 2014 shows that 19% of homeless admitted to the emergency room for non-traumatic reasons had breathing difficulties. As ÇOTUN, the observations we have made in the field for 6 years confirm these studies. Considering that COVID-19 is a "Severe Acute Respiratory Syndrome", it is foreseen by our institution that elderly homeless people, who constitute a significant part of the population have **a serious death risk**, and if the young population is not isolated they will be **a threat to public health as a carrier**.

We have also worked with institutions outside of Turkey on the problem of homelessness. In these collaborations while paying attention to the health authorities, a consensus is reached to quarantine the homeless in new closed shelter areas instead of their current situation. However, an argument has begun to surface to generate other solutions instead of taking them into closed shelter areas for reasons such as lack of government funds, lack of sufficient space and adaptation problems due to traumatic experiences. As the Çorbada Tuzun Olsun Association (ÇOTUN), we carried out R&D to find a feasible solution based on our 6 years of experience (including pre-association) together with all of our foreign partners.

According to the results of our R&D, the first choice is the ideal quarantine area which is an indoor shelter but if these conditions are not feasible, a "social isolation model on the street" has been developed in order to provide social isolation in the living areas of the homeless disadvantaged group. It is seen in international sources that a similar model will be applied in Boston.

As ÇOTUN we conducted our activities which have been ongoing for 6 years everyday for serving the homeless in a manner based on the COVID-19 outbreak in the last two and a half weeks since the outbreak started in our country. We limited the number of our volunteers, informed the homeless and the volunteers about the outbreak, chose foods that strengthen the immune system and distributed hygiene packages. Since March 17 2020, We have stopped all of our collective activities in accordance with the Measures against the Coronavirus Notice issued by the Ministry of Interior to the 81 Provincial Governorships.

ÇOTUN association gave an interview at Yeni Şafak Newspaper and used social media to create awareness in order to inform the public about the COVID-19 biological disaster and the homeless who are ignored in this process.

We called public institutions to take action in mainstream media and social media and we tried to reach public institutions to generate discussion about the measures that should be taken. During these meetings, Şişli Municipality agreed to provide hot food support to the homeless. We have also coordinated with Beşiktaş Municipality and Beyoğlu Municipality about the precautions to be taken. The precaution and strategy plan has been shared with the Istanbul Metropolitan Municipality Department of Social Services and Addiction Control.

The NGO Disaster Coordination Platform, which we established during the earthquake in Elazığ with our stakeholder non-governmental organizations, while creating sensibility in the society regarding social isolation, they also support our efforts in mobilizing public institutions in regard to the homeless people.

## 1. WHAT IS A BIOLOGICAL DISASTER?

"Biological disasters are causative of process or phenomenon of organic origin or conveyed by biological vectors. These biological vectors can be exposed to pathogenic microorganisms, toxins and bioactive substances that may cause loss of life, injury, illness or other health impacts. Even beyond that, depending on their type these biological factors may lead to agricultural production loss, social and economical collapse even an environmental disaster. Among the examples of biological disasters, we can count outbreaks of epidemic diseases, plant and animal contagion, insect or other animal plagues and infestation.

Biological disasters can be classified in two main groups as " epidemic"and "pandemic". (GÜNGÖR, auzef.istanbul.edu.tr)

### 1.1. EPIDEMIC DISASTERS

"These types of disasters are disasters that inflict a disproportionately large number of the society, population or region simultaneously. As an example to this we can count cholera, plague, Japanese Encephalitis and Acute Encephalitis Syndrome". (GÜNGÖR, auzef.istanbul.edu.tr)

### 1.2. PANDEMIC DISASTERS

"Pandemic disaster is a type of epidemic that spreads across a large region, that is, a continent, or even worldwide. For instance H1N1 virus/ bird flu." (GÜNGÖR, auzef.istanbul.edu.tr)

## 2. WHAT IS BIOLOGICAL DISASTER COVID-19 (NEW CORONAVIRUS DISEASE)?

The new Coronavirus (COVID-19) is a virus identified on January 13, 2020 as a result of research in a group of patients who developed respiratory tract symptoms (fever, cough, shortness of breath) in Wuhan Province in late December.

The outbreak was initially detected in those in the seafood and animal market in this region. Then it spread from person to person, spread to other cities in the province of Hubei, mainly Wuhan, and other provinces of the People's Republic of China and other countries of the world.

Coronaviruses are a large family of viruses that can cause disease in animals or humans. In humans, several coronaviruses are known to cause respiratory infections, from the common cold to more severe diseases such as the Middle East Respiratory Syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS). COVID-19 causes coronavirus disease.

### 2.1. WHAT ARE THE SYMPTOMS?

- Dry cough is among the most common symptoms.
- High fever is among the most common symptoms.
- Sore throat
- Shortness of breath is among the most common symptoms.
- Tiredness
- Headache
- Cold and diarrhea
- In severe cases, pneumonia, severe respiratory failure, kidney failure and death can be observed.

The incubation period of the new Coronavirus is 2 to 14 days.

### 2.2. HOW IS IT DIAGNOSED?

If a person develops fever, cough and respiratory problems, they should immediately put a mask on and go to the nearest health institutions as soon as possible.

In Turkey, we have the tests that are used to detect the new Coronavirus. The researchers work in the General Directorate of Public Health laboratories.

## 2.3. WHO IS UNDER RISK?

The information obtained so far about COVID-19 infection has shown that some people are at greater risk of getting sick and developing serious symptoms.

In 80 percent of cases, patients get over the illness easily.

20% of cases are treated in hospital conditions.

The disease usually affects people aged 60 and over more.

### **People most affected by the disease:**

- Those over the age of 60
- People with serious chronic medical conditions such as heart disease, hypertension, diabetes, chronic respiratory diseases, and cancer
- Health workers

## 2.4. HOW IS IT CONTRACTED?

It can be contracted by the contact of the droplets caused by coughing or sneezing with the contact of the mouth, nose and eyes of other individuals in the environment, by taking the hands to the mouth, nose or eyes after touching the surfaces where the droplets adhere.

## 2.5. HOW DO WE TAKE PRECAUTIONS?

### **14 Rules against Coronavirus Risk:**

- 1- Wash your hands frequently, with water and soap for at least 20 seconds.
- 2- Put 3-4 steps between you and the people who show symptoms of cold.
- 3- Close your mouth and nose with single use napkins while coughing or sneezing. If you don't have a napkin, use the inner part of your elbow.
- 4- Avoid from close contact like hand shaking and hugging.
- 5- Don't touch your eyes, mouth and nose with your hands.
- 6- Postpone or cancel your trips abroad.
- 7- Stay at home for the first 14 days after returning from abroad.
- 8- Let the fresh air inside the rooms you stay in.
- 9- Wash your clothes at 60-90 Celsius degrees.
- 10- Clean frequently used surfaces such as door handles, fixtures, sinks with water and detergent every day.
- 11- If you have cold symptoms, do not contact old people and those with chronic diseases, do not go out without wearing a mask.
- 12- Do not share your towels and personal belongings with others.
- 13- Consume plenty of fluids, have an adequate and balanced diet, pay attention to your sleep patterns.
- 14- If you have non-falling fever, cough and shortness of breath, wear a mask and contact a healthcare provider.

### **How should we wash our hands?**

- 1- Before washing hands, accessories such as rings and watches on the hands are removed.
- 2- Hands are washed under running water.
- 3- Hands are bubbled with normal soap and washed strongly for 20 seconds at most. (Wrists, palms, back of the hands and between fingers, the edges and ends of the nails)
- 4- Hands are thoroughly rinsed under water.
- 5- Hands are dried with a paper towel starting from the wrists.
- 6- The faucet is closed with the same paper towel.

### **When should we wash our hands?**

- 1- Before and after preparing food.
- 2- Before and after eating.
- 3- Before and after using the toilet.
- 4- Before cleaning teeth, mouth, face and eyes.
- 5- After cleaning nose.
- 6- After coughing and sneezing.
- 7- After touching garbage and spoiled food.
- 8- After contact with uncooked food.
- 9- After using public transportation vehicles.
- 10- After contact with animals.
- 11- When hands are visibly dirty.
- 12- When we enter the house.

## **2.6. THE MEASURES FOR THE HIDDEN HOMELESS**

- Do not accept visitors.
- Do not leave your home unless necessary.
- Ventilate your room frequently.
- Clean the toilet and bathroom areas after use.
- Do not share your personal belongings such as plates, towels, glasses with other people.

## **2.7. WHAT MUST BE IN A HYGIENE PACKAGE?**

- Napkins
- Liquid soap
- Mask
- Glove
- Disinfectant
- Toothpaste and toothbrush

The essential hygiene package containing these goods should be distributed to the homeless in line with a follow up chart that includes their names and surnames of the homeless individuals sheltering in the quarantine area. The packages should be delivered on weekly periods.

### 3. HOMELESSNESS AND COVID-19

The homeless are among the social groups that are most vulnerable to epidemic diseases due to various reasons, including lack of sanitary conditions in their circumstances and living spaces, inadequate access to healthcare services and attritional impact of their living conditions on their psychological well being, which affects their physical immunity.

Homeless individuals live in parts of urban areas where they can meet their basic needs (such as accommodation, food, cleaning, etc.). These are often dynamic and central locations with a high human mobility (e.g. squares, parks, hospitals, stations, libraries, internet cafes). When social areas are restricted due to biological disasters, they are deprived of their sheltering places. **Ailments among these vulnerable individuals, who are struggling for life under critical conditions, constitute a risk not only for themselves and the other homeless individuals near them, but also for the community health.**

Given the infectiousness of COVID-19, which is a biological disaster, and the absence of a known treatment, **it is necessary to include all risk groups in a social isolation environment in order to protect community health.** Although the measures so far taken by various governments have not brought an exact solution, it can be observed that all governments and health authorities adopt a common stance regarding the implementation of social isolation. The primary objective should be diagnosing the disease in individuals, giving them access to necessary healthcare services and preventing them from infecting others.

**When we look at the population living in the streets, we can see that the elderly are under the risk of death due to COVID-19 and younger individuals can become potential spreaders of the disease unless they are isolated. Therefore, taking measures for the disadvantaged homeless groups is critical to avoid loss of lives and to prevent infection among wider masses.** The solutions which are presented by Çorbada Tuzun Olsun Association, **to protect community health**, have been drafted after an evaluation of global opinions and model practices, in accordance with the experience we gained during our activities.

It should be noted that, in a time where measures against the crisis of an epidemic are just being created, any attempt to offer solutions to protect the homeless will necessarily be novel and experimental.

This document created by Çorbada Tuzun Olsun Association is a bulletin of suggestions for the institutions that look for measures and practices against the existing **biological disaster** which is COVID-19.

## 4. WHAT CAN BE DONE FOR THE HOMELESS?

The protection of the homeless people in **biological disasters** such as COVID-19 can be done in two steps (2020 COVID-19 Istanbul Metropolitan Municipality's Esenyurt Example). The existing shelters for the homeless can be taken under quarantine, and the health of the rest of the homeless people can be protected, and a quarantine area can be established for the homeless who don't stay in shelters and live in the streets. When these two steps are implemented, the disadvantaged homeless group is considered in the social crisis plan and **social isolation can be managed in the whole society.**

The individuals in the streets should be put in quarantine just like the people who have returned from abroad and should be considered as potential patients. The ones who have been put in quarantine should be categorized and should be divided in small groups according to the risk factors they are in. Those small groups should not only be isolated but also be categorized according to the risk factors inside them and should be included in the social isolation. Thus, a multi-layered social isolation is accomplished.

Masks should be given to the homeless people who have shown symptoms and should be housed away from the other homeless individuals. Prior to the homeless entrance to the areas, the individuals whose COVID-19 tests which are done in related state institutions resulted in positive should be directed to government agencies where they can get more extensive health service. Sending homeless people to related health services and sheltering areas must be done by responsible agencies.

**The children under 18 who live on the streets** should be reported to the Ministry of Family, Labor and Social Services; the Police Department should convey the current situations of children to the Ministry of Health and simultaneous detections should be made. Because of children's not being able to protect from the virus pandemic in current street conditions and being in the position of carrier; a quarantine area should be established special for children and their transfer to this area should be made. A lot of homeless children have an orphanage background. Because they are likely to escape from the orphanage, the entrance and exit of quarantine areas should be under supervision for the sake of society health care. Especially in this period, the police officers and paramedics who will contact children should be oriented; in terms of communication, children should be approached without scaring them. The COVID-19 pandemic, quarantine period and the necessity of the process should be explained clearly to the children by taking into consideration the age and psychology of the children

## 4.1. QUARANTINE AND SOCIAL ISOLATION FOR HOMELESS ON THE STREETS

The only available solution for the COVID-19 outbreak (as can be seen in its control in the China case) is the isolation of every individual in the community. Therefore, the preference of isolating homeless people living in the street in a new housing area is advocated by institutions working in the field of homelessness and health authorities abroad. At the same time, it is anticipated that the economic and social feasibility of this model may be difficult due to the lack of adequate budget allocated to homelessness and the risk of homeless people not adapting by these authorities. As a result of this foresight, searches for solutions were made by the authorities working in the field of homelessness abroad. Based on this search, we have created a social isolation model that can be applied in the street environment, based on the field-oriented solution we have implemented in our re-integration program in the past. While discussing that this model could be realized, we reached the information that a similar tent model will be applied in Boston as of March 17, 2020. A minimum scale of support planning was made against the risk that the tent model could not be implemented.

## 4.2. SOCIAL ISOLATION BY INDOOR SHELTERS

Social isolation is a recommended isolation method against COVID-19 all over the world. Homeless individuals are not able to create a sterile social isolation environment for them. **Those who do not have social isolation opportunities should be provided by central or local authorities.**

Homeless individuals should be taken to these shelters after being checked for health and kept under observation for disease symptoms.

In these shelter environments where regular food, medical and psychological help can be provided, protection can be provided to the homeless who are in the risk group against COVID-19. **Since the health status of homeless individuals is riskier than that of non-homeless individuals,** it is necessary to take into account the high-risk group of the homeless in determining individuals who are in the risk group against COVID-19.

**Homeless individuals may be distant from living in confined spaces. As Çorbada Tuzun Olsun Association, as a result of our observations in the field, it has been observed that sheltering some homeless individuals in closed areas may not be possible due to trauma-based preferences of individuals. For such situations, "Tent model" has been developed as a secondary solution in which social isolation can be made by considering the psychological situation of homeless individuals.**



## 4.2.1. STRUCTURE OF INDOOR SHELTERS

The structure of shelters should allow the homeless to be housed in separate areas (such as student dorms with room systems). The ward-like shelters, where there are lots of bunk beds in a big area are not recommended due to the fact that contagious diseases can spread easily there. The homeless disadvantaged individuals' unwillingness to stay together with other homeless people were observed by us previously when we contacted the homeless who stayed in IBB facilities. **The individuals who alienate themselves from the society will be prone to social isolation. The fact that those individuals are in the right psychology for social isolation should be considered as a chance for taking precautions needed against the current biological disaster COVID-19.**

The homeless individuals should be housed separately in places which look like KYK dorms physically, and their age gaps and health conditions against diseases should be taken into consideration. KYK dorms, which have single rooms, are ideal to isolate the individuals who are at high risk (exp. homeless elderly individuals who have respiratory tract illnesses). Because the young homeless individuals can be carriers of the disease, they should be housed separately from the elderly who are defenseless against the disease.

The isolation between rooms, floors and buildings will decrease the possibility of the disease spreading among the homeless.

It is highly essential to give education to homeless people in housing areas about the disease and the ways of protection. It is vital that individuals be informed about the situation of the disease and the country's agenda. Social isolation environment should be established not only physically but also with consciousness by education.

## 4.2.2. PERSONNEL TO TAKE PART IN INDOOR SHELTERS

- They must have passed an orientation to communicate with traumatized individuals.
- During the course of the activity, homeless individuals should be considered potential patients and the authorities contacting individuals must take the necessary precautions.
- Trainings should be provided to field teams that transfer the homeless to shelters and provide services (cleaning, health, food production, security) at the shelters on how to communicate with the homeless.
- These trainings can be about ways to avoid COVID-19 and communication with homeless individuals, as well as new trainings can be given later in the process.
- Because the lack of safety, cleanliness, food and health services can cause homeless individuals to leave their shelters, it is necessary to have officers who can perform all the abovementioned services in the shelters.

### 4.2.3. TRANSFER OF HOMELESS TO INDOOR SHELTERS

- The transfer of homeless individuals to such shelters can be done in cooperation with NGOs that are engaged in activities for the homeless in the areas. Transferring individuals who are known to be homeless and are regularly monitored by NGO's will enable faster action.
- In order to accommodate homeless individuals residing in the area, field teams with ambulances must be employed. Medical masks, gloves, jumpsuits, etc. should be worn by field teams.

### 4.2.4. HEALTH IN INDOOR SHELTERS

- Homeless individuals should undergo a health check before they are admitted to their shelters, and if they have COVID-19 or other ailments, they should be identified. For homeless individuals with infectious diseases such as tuberculosis, the authorized government agencies should be contacted and the isolation process should be carried out together.
- Diagnosis and treatment processes should be carried out for non-COVID-19 diseases of people who are in the risk group against the disease. Even if a homeless individual with respiratory problems is not ill due to COVID-19, the immune system is weaker against COVID-19 than a non-patient person. Since people most harmed by the epidemic are elderly and chronically ill, they should be offered a comprehensive health service.

### 4.2.5. HYGIENE IN INDOOR SHELTERS

- Homeless individuals should be kept in separate rooms/areas reserved for them in the shelter area to be created. These areas should be adjusted to have at least 1-1.5 meters between beds of persons, and these indoor environments should be ventilated *-if possible naturally-* at regular intervals. If there are homeless individuals showing signs of the disease in the room/environment, the individual who shows the symptoms and the persons who are nearby should wear masks and pay attention to hand hygiene.
- In terms of cleanliness of the housing areas, homeless individuals will have responsibilities as well as the institution. These responsibilities are the importance given to personal cleanliness in the area of housing and keeping the living space clean. Individuals should be provided with disposable wipes and separate garbage bags for biological waste. These personal cleaning tools can be controlled by a tracking table.
- For homeless individuals who are unable to provide personal cleaning while in their shelters (the elderly, disabled individuals), assistance services directed by institution staff can be provided.
- Disinfectants should be kept in common areas to encourage homeless individuals to hand hygiene.

- Detailed cleaning should be done at least once a day in common areas such as dining halls, dormitories, recreation areas and doors. Bathrooms and toilets should be cleaned with diluted bleach at least three times a day. For this cleaning service, people who are directed by the institution can be assigned.
- Textile products such as clothing, sheets and linens should be washed as often as possible at 60-90°C.
- Clothes can be provided to homeless individuals at regular intervals in case the washing of the clothes of disadvantaged homeless individuals cannot be provided in the shelters.

## 4.2.6. FOOD IN INDOOR SHELTERS

- Regular food distributions should be made to homeless individuals who are housed. Such distributions can be made in food sets. Food sets can be a basic structure such as soup, main course, fruit. In addition, vitamin and mineral supplementation can be given to homeless individuals. Food production can be done within the shelter area or it can be prepared in a center and offered to homeless individuals in sets ready to be consumed.
- Food distributions to rooms where the homeless are located will enable the creation of a social isolation environment, which is the main measure against the disease. Providing mass meals in the shared hall can damage the social isolation environment created. Mass meals in the shared hall can take place in the form of a certain number of homeless people eating between certain hours. The area can be disinfected after separate groups use the cafeteria. But even in this case, the danger of the spread of the infectious disease should not be ignored.

## 4.2.7. SECURITY IN INDOORS SHELTERS

Security guards must be in the area to make sure that only homeless individuals, not non-homeless individuals, are accommodated in the shelter and to ensure order in these areas. If a quarantine or curfew is declared later in the biological disaster process: the presence of security forces in social work areas is critically important so that homeless individuals can stay in isolated areas and to ensure their safety.

## 4.2.8. EDUCATION IN INDOORS SHELTERS

- Homeless individuals who will be sheltered in the shelters and staff who will work in these premises must receive training on the process. Staff in service areas should be trained on ways of communicating with the homeless and preventing the disease. It is important for service personnel to receive psychosocial counseling during the working period to ensure the continuity of the service.
- Homeless individuals should be trained on disease and disease prevention methods.

## 4.2.9. COMMUNICATION IN INDOORS SHELTERS

Since many homeless individuals have no access to communication tools (telephones, radios, newspapers, etc.), it is almost impossible for them to follow social events. Homeless individuals in central areas often interpret the events they hear from their surroundings and gain access to information. So much so that in our recent field studies in the biological disaster process, even as we listened to the social warnings at any time and heed warnings, we found that homeless individuals were not aware of these warnings. For this reason, it is necessary **to inform homeless individuals by an announcement system in a way that everyone can hear** so that they can be informed about social developments and have coherence with society while ensuring their social isolation.

## 4.3. SOCIAL ISOLATION ON THE STREET: THE TENT MODEL

- If the care of the homeless disadvantaged individuals in the process of biological disasters is considered dangerous for their own health and public health, then the options we offer may be considered to be practical and feasible; homeless disadvantaged individuals may stay in single-person tents and areas where these tents can be installed and maintained can be provided. This option is not only a solution for homeless groups who are accustomed to live on the street, and provides a housing alternative that they can get used to, but also a feasible solution for central and local authorities.
- In order to implement social isolation in the street environment, it is necessary to provide single tents and areas where these tents can be placed. In this way, personal space is provided for each homeless disadvantaged individual. In order, not to distribute the tents to non-homeless individuals, as Çorbada Tuzun Olsun Association, we can prepare a list of homeless people by going and checking the situation on site according to our registered data of 650-700 people which are under our soup delivery service since our establishment.
- The areas where the tents will be kept should be surrounded and closed to prevent the entrance of individuals who are not homeless. In case of quarantine or curfew, homeless individuals can be restrained from leaving the tent areas. It is necessary to prevent the homeless individuals from getting any disease and to control the social isolation status within the society. It is important to acknowledge homeless individuals and provide psychological support throughout this process. It is necessary to prevent the homeless individuals from getting any disease and to control the social isolation status within the society. It is important to acknowledge homeless individuals and provide psychological support throughout this process.
- An awning can be stretched over the area to protect the tent areas from rain due to seasonal conditions. Waterproof tents can also be distributed. Heating the tent area is critical to provide an environment suitable for the seasonal conditions.
- Some materials are required for the use of homeless disadvantaged individuals in the tents such as; blanket, mat, pillow etc.
- A number of service areas should be created for homeless individuals staying within the tent area and nearby. Teams for health, food, cleaning, communication and security services and areas where these teams will operate should be established.

## 4.3.1. SOCIAL ISOLATION ON THE STREET: HEALTH

- Homeless disadvantaged individuals who will be accepted into the tent area must first have a health control. These controls should include testing for COVID-19. For the mentioned COVID-19 test, homeless people should first be sent to state institutions. In addition to COVID-19, diagnosis and treatment services should be provided against other diseases and ailments. After the controls; homeless individuals should be divided into groups, individuals with COVID-19 detected should be directed to the necessary government agencies. If COVID-19 has not been detected, individuals with low immune systems against COVID-19, should be housed in a different area than healthy homeless individuals. At this point, it may be necessary to establish a different tent area or to create a different sub-area within the tent area. The comprehensiveness of health services is important for the protection of individuals with weak immune systems from COVID-19. In this context, it is essential to keep a team of health personnel close to the area.
- Elderly homeless groups are at the forefront of the epidemic. Young homeless groups can come to the fore in terms of being a carrier and may recover from the disease relatively mildly. For the health of homeless groups in the social isolation environment offered to them; the settlement should be planned considering the age and health conditions. Elderly and low-immune homeless groups can be placed separately from healthy groups.

## 4.3.2. SOCIAL ISOLATION ON THE STREET: HYGIENE

- Hygiene service consists of cleaning the tents where the homeless are sheltered in as well as the facility that provides services provided to the tent area.
- According to this isolation model, **disadvantaged individuals should be provided with single or 3-4 people tents. If there are more than one homeless in the same disadvantaged homeless tent:** the homeless who show symptoms of illness and people who are around them should wear a mask and pay attention to their hand hygiene.
- Regarding the cleaning of the tent area the homeless hold the same responsibility as the facility. These set of responsibilities are defined as paying attention to personal hygiene in the sheltering area and keeping their habitats clean. The homeless should be provided with single use napkins and separate garbage bags for their biological waste. These individual cleaning tools should be controlled with a follow up chart.
- In order to encourage homeless individuals disinfectants should be kept in common areas.
- There should be portable toilets and shower cabins in or near the tent area to provide the needs of the homeless.
- Tents and service areas should be cleaned regularly. Service areas, service and common areas which have the high frequency of usage should be cleaned every 4 to 6 hours.
- Textile products of the homeless such as clothes, sheets and bed linen should be washed as often as possible at 60-90°C'.

### 4.3.3. SOCIAL ISOLATION ON THE STREET: FOOD

- In order to strengthen the immunity of the homeless in the tent area nutritious food prepared for to this end should be prepared as a set. Within this meal sets a soup ,a main course dish and fruit can be included as a basic set. In addition to this vitamin and mineral support should be given to the homeless.
- Food production can be carried out in a place close to these areas or can be prepared in a center and distributed to the homeless as sets ready to be consumed. Instead of establishing a food production area close to each tent, a ready set of food can diminish the cost of food production and distribution process.

### 4.3.4. SOCIAL ISOLATION ON THE STREET: SECURITY

It is necessary to have restriction service to the tent area so that only homeless people can have access to it and also to provide their security. It is of critical importance that as soon as the quarantine area is established and curfew is declared security forces should be patrolling the area.

### 4.3.5. SOCIAL ISOLATION ON THE STREET: EDUCATION

The homeless individuals that are sheltered in a tent area should be educated by the related institutions and officers about the precautions that can be taken and about the behaviours that they should avoid against the COVID-19 outbreak. In this way, we can prove that during the social isolation period, homeless individuals pay attention to their personal hygiene and raise awareness around the issue.

### 4.3.6. SOCIAL ISOLATION ON THE STREET: COMMUNICATION

Since most of the homeless do not have access to communications services such as mobile phones, radio or newspaper etc. it is almost impossible for them to follow the recent developments in society. Homeless individuals that are located in the central areas generally access the information through what they hear from hearsay information and are only bound to interpret it themselves. In our field trips we observed that while we have the opportunity to listen to the warnings regarding the community and obey them during biological disasters the homeless did not have any awareness. For that reason while providing social isolation in the street conditions, the homeless should also be informed about the social incidences and they should adopt through a radio transmission as loud as anyone can hear.

## 4.4. CONDITIONS FOR MINIMUM SUPPORT FOR SOCIAL ISOLATION ON THE STREET

- While informing detailly about COVID-19 (New Coronavirus Disease), individuals should be informed about the illness rate in the world and in our country, the cruciality of the situation.
- These people should be informed about the symptoms of COVID-19, how it is diagnosed, who are under risk, how it is transferred and the precautions to be taken based on the informational texts issued by the Ministry of Health.
- While providing information, support should be taken from the District Health Directorate, and awareness should be raised by the expert health care team.
- The locations that these people spend their days at should be immobilized and these locations should be numbered based on the people. Giving numbers to the locations where the homeless shelter will ease the process of registering and following up the homeless. A six meters of distance should be kept between the people while detecting and registering the locations of the homeless. Thanks to this system, the homeless can get a private isolated space despite being on the streets. Isolated areas should be classified according to the risk factors that they bear.
- Portable toilets and showers should be placed in certain places so that these people can keep their personal hygiene. These areas should be cleaned periodically during the day.
- In the register studies conducted, if the residential registry of the homeless is not in Istanbul, their access to services such as cash aid, social market, soup kitchen, clothes support etc) of the municipalities and district governorships can be facilitated.
- During the period of time that they spend on the streets they should be provided with hygiene packages, food, blanket and clothes support by getting in touch with the closest municipality of the region.
- Their habitat should be cleaned at least two times by the municipality workers. The public officers should check on the current situation of the homeless at least twice a day.
- The food that can support the immune system of the people should be determined and a menu should be constituted accordingly providing that they are distributed two regular meals and additional nutritions during the day.

## 5. COMMUNICATION WITH THE HOMELESS

- It is necessary to give an opportunity to the person living on the street to speak again and again in line with his/her needs and to listen to them with tolerance and patience. However, it is important to listen to him/her as far as he/she speaks, not to force him/her to tell the details you are wondering unless he/she speaks on his/her own and not to ask too many questions.
- It is very important to make him/her feel that it is not his/her fault or he/she is not alone.
- You can advise the people to see an expert but the way you speak to them or the number of the sentences you use should not cause the person to feel under pressure. (You should not repeat him/her to see an expert 5-6 times a day.)
- When communicating, be sure to ask open-ended questions. The person should be allowed to explain and stay within the boundaries set by the person. Try to reveal the points you do not understand.
- Make him/her feel that you can provide social support to him/her and that you are with him/her with language you use, gestures and facial expressions. (Tell him/her that you are here for him/her and he/she can contact you and your other teammates at any time.)
- Do not interrupt him/her while speaking with you. Pay attention to what he/she says and make him/her to feel that you are listening to him/her with minimum encouragement (mmm, yes, nod).
- Do not comment or guide, just listen and take notes.
- Do not show exaggerated feelings to the homeless person.
- The language you will use should definitely be plain, do not use fancy words and complex sentences.
- Do not criticize or judge the feelings and thoughts of the homeless person.
- The homeless person can cry during communication. Stay calm and do not prevent the person from crying.
- Stay within the framework of unconditional acceptance and respect. (The person should not be judged and the situation should not be reflected to the person.)



## 6. MEASURES FOR HIDDEN HOMELESS

Measures to be taken against **the hidden homeless** who actually have the homeless status but take shelter and live in ruins, abandoned and demolished places are as follows:

- It is essential that their residence is registered and they benefit from the social markets and soup kitchens of the related municipalities.
- It is essential to make a list of the names of the people who are identified as hidden homeless yet unregistered as a resident and inform the municipalities about the current situation in order to provide these people from social markets and soup kitchens.
- It is essential that these people should be informed about the social isolation concept and individuals who are above age 60 should not leave their residences and the necessary service should be delivered to their houses.
- If there is no detection of a bathroom or a toilet in their houses portable toilets and bathrooms should be placed within the closest range possible. In cases where this can't be done, it is necessary to inform homeless individuals about the location of the closest public bathroom and toilet area.
- It is essential to prepare food and hygiene packages and that these packages are delivered to people every two weeks.

## 7. DISASTER, SOCIAL TRAUMA AND HOMELESS

Trauma can be defined as events or traumatic experiences that disrupt the daily routine, develop unexpectedly and create terror, distress and panic diminishing the individual's process of making sense of all. It is a situation where we feel that one of our most basic inner needs, our sense of security is lost. In addition to these disasters, accidents, war, political, ethnic, religious or gender based persecution and violence can lead to social trauma as well. This situation may inflict not only the people who go through aforementioned situations, but also the entire society who witness this directly or indirectly.

Due to the virus outbreak, there is an ongoing social trauma situation that we experience which can lead to sudden breaks, divergences and tensions in the society. It has a negative impact on the distancing of the individuals of the society as well as on the sense of togetherness in the society. Since their routine changes under extraordinary circumstances, individuals may temporarily lose the sense of courtesy, common sense and empathy. Therefore, the psychological effect of the virus will spread faster than the biological effect. This general situation will not only inflict the impacted people but also the whole society in general and will bring forward a pandemic psychology.

Social trauma affects the links between the individuals and subgroups of a community or community. Depending on the nature of the events and the conditions, solidarity may increase and secure ground can be restructured or tensions and conflicts may escalate. In the process of tensions, sub groups may distance more, groups hostility against each other may arise and security ground of the society may be shaken.

Without a doubt, the homeless individuals are the ones who will be most inflicted by the social trauma. The already shaken secure ground and the trust issues they experience cause the homeless to be inflicted even more. In biological disasters such as pandemics, due to the panic in the society, the impact of information pollution and difficulty in providing their own isolation, the homeless are more traumatized than the rest of the society.

## 8. CONCLUSION

Considering that biological disaster COVID-19's contagiousness and lack of cure, **in order to preserve community health care it is of utmost importance to keep all of the risk groups in social isolation.** While the precautions taken by world leaders do not provide certain solutions, it is observed that all the institutions and healthcare authorities working on homelessness issue adopt a common attitude. The primary objective should be comprehending the illness of the individual and making sure that that s/he gets the necessary healthcare service and does not infect the illness during this period of time.

Due to the reasons such as the situation that the homeless live, the lack of healthy living conditions of their habitats, lack of access to healthcare services, the wearisomeness of their living conditions inflicting their psychological immunity as well, they are one of the primary groups that demonstrate low defence against epidemic illnesses.

With the limited public spaces due to COVID-19 biological disaster, during our field trips it is observed that the homeless who do not take refuge in shelters but in public spaces, get deprived of the spaces they normally take refuge in (such as hospitals, stations, libraries, internet cafes.) In addition to this it is also seen that some homeless are also on the streets because of the fear of being locked down in quarantine in shelters.

According to the community crisis plan conducted to protect from the COVID-19 epidemic, the act of social isolation is limited to the individuals with a sheltering space. Ignoring the disadvantaged homeless population and not taking the necessary precautions in this regard presents itself as an invisible risk in the short term but is a huge potential that endangers community healthcare in the long run. With the same global lack of prudence, due to exclusion of the homeless from crises, the authorities in America and Europe foresee big risks.

**When we assess the population living on the streets in the face of COVID-19; we observe that while the old population face the death risk the young population has the potential of being the major carriers of the virus if not isolated. For that reason, the strategic planning that we designed with the homeless in focus is of critical importance for the prevention of propagation of the virus.**

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