

# 20234 Protecting the Health and Well-Being of People Living Unsheltered by Stopping Forcible Displacement of Encampments

## 1 **Protecting the Health and Well-Being of People Living Unsheltered by Stopping Forcible** 2 **Displacement of Encampments**

3  
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### 6 7 Abstract

8 Forced removals or displacements of encampments, sometimes called “sweeps,” endanger the health and  
9 well-being of people experiencing unsheltered homelessness and impair access to safe, stable housing or  
10 shelter. Forcible displacement of encampments is a temporary cosmetic fix and does little to effectively  
11 connect unhoused people to services and housing. People experiencing unsheltered homelessness deserve  
12 to have their health and well-being protected, their choices respected, and an opportunity to choose their  
13 own plans for accessing safe, stable, and permanent housing. Many evidence-based solutions offer  
14 bridges into permanent housing without violently uprooting encampments, residents, and their personal  
15 property. Instead of forcible displacement, cities and states would be more successful by adopting,  
16 practicing, and investing in Housing First approaches, permanent supportive housing and rapid rehousing  
17 models, sanctioned encampments, and/or safe outdoor spaces.

### 18 19 Relationship to Existing APHA Policy Statements

20 APHA has a long history of policy position statements that support the health and well-being of people  
21 living without sufficient income to ensure a decent standard of housing. In 2017, APHA’s Caucus on  
22 Homelessness Policy Statement 20178, Housing and Homelessness as a Public Health Issue, which  
23 followed on to policies related to homelessness dating to 1984. Other relevant statements are listed below.

- 24 • APHA Policy Statement 20189: Achieving Health Equity in the United States
- 25 • APHA Policy Statement 20216: The Impacts of Individual and Household Debt on Health and  
26 Well-Being
- 27 • APHA Policy Statement 20214: Advancing Public Health and Equity through Prevention and  
28 Reengagement of Disconnected (Opportunity) Youth
- 29 • APHA Policy Statement 20179: Reducing Income Inequality to Advance Health
- 30 • APHA Policy Statement 200020: Raising Income to Protect Health
- 31 • APHA Policy Statement 20167: Improving Health by Increasing the Minimum Wage
- 32 • APHA Policy Statement 9718(PP): Supporting A National Priority To Eliminate Homelessness
- 33 • APHA Policy Statement 9210: Homelessness as a Public Health Problem

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- 34 • APHA Policy Statement 9003: Health Care for Homeless Pregnant Teenagers
- 35 • APHA Policy Statement 8413: Basic Needs of the Homeless and Homeless Mentally Ill in the
- 36 U.S.
- 37 • APHA Policy Statement 20229: Advancing Health Equity through Protecting and Promoting
- 38 Access to Voting
- 39 • APHA Policy Statement 202117: Advancing Public Health Interventions to Address the Harms of
- 40 the Carceral System
- 41 • APHA Policy Statement 202111: Sexual and Gender Minority Demographic Data: Inclusion in
- 42 Medical Records, National Surveys, and Public Health Research
- 43 • APHA Policy Statement 201811: Addressing Law Enforcement Violence as a Public Health Issue
- 44 • APHA Policy Statement 20178: Housing and Homelessness as a Public Health Issue
- 45 • APHA Policy Statement 20166: Opportunities for Health Collaboration: Leveraging Community
- 46 Development Investments to Improve Health in Low-Income Neighborhoods
- 47 • APHA Policy Statement 200914: Building Public Health Infrastructure for Youth Violence
- 48 Prevention

### 49 Problem Statement

50 Many cities manage visible homelessness by forcibly disrupting, removing, or “sweeping” the tents or  
51 other makeshift shelters erected by people with no access to indoor housing. We describe the concepts  
52 and dimensions of encampment displacement to illustrate the health harms they create. Despite court  
53 rulings restricting displacement policies and evidence that the health and well-being of those experiencing  
54 unsheltered homelessness are harmed by such displacement, at least 65 U.S. cities are currently  
55 criminalizing or displacing encampments.[1]

56

57 What is encampment displacement? An encampment is a temporary shelter, typically with tents or tarps,  
58 erected outdoors on a sidewalk, in a park, or in other spaces not meant for human habitation.  
59 Encampments can be inhabited by an individual or a group, and they can be well organized or  
60 unorganized. In this policy statement, use of the term “encampment” includes reference to both encamped  
61 individuals and their personal belongings. A forcible encampment displacement is the forced disbanding  
62 of homeless encampments, eviction and displacement of individuals experiencing unsheltered  
63 homelessness, and removal of their personal property. Various terms for the practice, typically conducted  
64 by city employees of police or parks departments, can include abatements, clean-ups, raids, removals,  
65 resolutions, or other nomenclature. In this policy statement, we use the term displacement.

66

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67 Are forcible encampment displacements legal? The Ninth Circuit Court of Appeals in 2012 held that state  
68 destruction of a homeless individual’s personal property, even when temporarily unattended, was an  
69 unreasonable seizure and a Fourth Amendment violation.[2] More recently, in *Martin v. Boise* and  
70 *Johnson v. Grants Pass*, the 9th Circuit held that cities cannot enforce anti-camping ordinances if they do  
71 not have enough shelter beds available for their homeless populations.[3] In December 2022, a U.S.  
72 magistrate ruled against the City of San Francisco on behalf of seven plaintiffs represented by the  
73 Coalition on Homelessness and the American Civil Liberties Union. The judge’s emergency injunction  
74 banned the San Francisco Police Department and the city from clearing encampments.[4] A Superior  
75 Court judge in Seattle, Washington, ruled in July 2023 that the city’s regulations regarding displacements  
76 were unconstitutional (the city was using an overly broad definition of “obstruction”), resulting in  
77 excessive encampment displacements. Courts so far are upholding the Constitution’s Eighth Amendment  
78 by prohibiting cities from punishing people for the mere act of sleeping outside or for sleeping in their  
79 vehicles at night when there is no other place for them to go.

80

81 The mandate of the United Nations (UN) Special Rapporteur on the right to adequate housing was  
82 established by the former Commission on Human Rights in Resolution 2000/9 and renewed in Human  
83 Rights Council Resolution 52/10.[5,6] The argument for housing as a human right is based on three  
84 international legal instruments: the UN’s 1948 Universal Declaration of Human Rights; the 1966  
85 International Covenant on Economic, Social and Cultural Rights; and the 1966 International Covenant on  
86 Civil and Political Rights. Despite an international human right to decent housing established by the UN,  
87 few states have protected this right by providing housing through mechanisms outside of market forces.

88

89 How are forcible encampment displacements conducted? Encampment displacements may or may not be  
90 announced in advance, may or may not include arrests and ticketed citations, may or may not have an  
91 offer of alternative shelter space, and may or may not provide storage of personal belongings for a limited  
92 period. Displacements often occur early in the morning to ensure that displaced individuals will be  
93 present. Advocacy groups, such as Stop the Sweeps, often will be present at a displacement to support the  
94 individuals being removed and document the processes.[7]

95

96 Do displacements work to move people into housing? Encampment displacements have not been found to  
97 result in housing for encampment inhabitants. An audit conducted by the New York City Comptroller  
98 showed that only 90 of 2,308 people forcibly removed from encampments remained in a shelter for more  
99 than one day afterward, and only three people obtained housing.[8]

100

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101 Forcible removal of encampments does not end homelessness. Studies of large-scale encampment  
102 displacement have attempted to document what happens to people who have been forcibly displaced from  
103 an encampment community.[9] In addition to not solving the problem, displacements cause further  
104 psychological stress and anxiety, both of which may exacerbate existing physical or mental health  
105 problems that often co-occur in individuals who are unhoused.

106  
107 What problems do encampment displacements cause? Grassroots leaders and direct service providers  
108 have identified and outlined four general problems associated with displacements, detailed here.

109  
110 First, displacements compromise personal safety, disrupt community, and erode civic trust. Forced  
111 displacement events have caused harm and loss of trust and culture.[10] Encampment displacements  
112 destroy autonomy, safety, and security and stability for people experiencing homelessness in a system that  
113 has already failed them.[11] They break important connections within a formed community.

114 Encampments embrace a community of peers and often are served by a comprehensive network of  
115 outreach and service providers who meet people where they are. Displacements are punitive and reinforce  
116 the criminalization of homelessness. They can also end in false promises (of shelter, housing, or other  
117 services) that damage trust and hope among those within the camp.[12] Encampment communities often  
118 serve as protection from violence and predation as well as other forms of community safety. A mixed  
119 methods study in Toronto demonstrated the benefits of mutual peer support from encampment residents  
120 for mental health, daily survival needs, and safety.[13]

121  
122 Encampment displacements often result in police interactions that increase the likelihood of nuisance  
123 arrests.[14] Arrests resulting from displacements create criminal records, court dates and fines, and  
124 community service judgments for minor offenses and can result in jail time. The resulting criminal  
125 records prevent people from obtaining housing vouchers, make them ineligible for some assistance  
126 programs, and bar them from employment opportunities, all of which lead to elongation of  
127 homelessness.[14,15]

128  
129 Second, displacements undermine paths to housing and financial stability. As with those who are housed,  
130 people experiencing homelessness often choose where to stay based on proximity to transportation,  
131 support networks, and access to employment, services, and other resources. Displacement can undermine  
132 people's progress in working toward resolving their homelessness by destroying personal property,  
133 including vital documents (i.e., photo identification, birth certificates, proof of disability, and Social  
134 Security cards) and medications that may be needed daily. A survey of homeless encampment residents in

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135 Hawaii showed that 57% of people lost their identification.[16] In addition, tools and clothing necessary  
136 for employment are often removed or disposed of.

137

138 Replacing vital records can take months and poses a high financial cost. Such documents are essential for  
139 jobs, income, housing, mainstream services, and police interactions where proof of identification is  
140 required. Organizations and local governments spend hundreds of thousands of dollars annually to  
141 support people experiencing homelessness to obtain and replace these documents.[17] To obtain  
142 replacement identification, one often needs additional identifying documents, such as a birth certificate,  
143 creating a spiral of work and frustration to replace essential documents. The implementation of federal  
144 REAL ID laws has made the process of securing these documents even more complex and lengthy. Often  
145 residents of encampments have completed benefit applications, and housing assessments and have been  
146 entered into the community's coordinated entry system. After years of waiting, it is not unusual for a  
147 housing voucher to become available but go unused (and for the case to then close) because the  
148 encampment where the client had been living has now been cleared, and residents cannot be located after  
149 being dispersed.[18]

150

151 Furthermore, continual threats of displacement impact health and can result in insufficient sleep. Long  
152 sustained periods of sleep deprivation can lead to increases in chronic disease, mental health disorders,  
153 and substance use. Individuals living in encampments have reported an associated sense of safety and  
154 community, which can contribute to improved sleep patterns. However, threats of continual displacement  
155 disrupt these spaces. Health care workers also report displacement-related disruptions to the management  
156 of infectious diseases such as HIV and hepatitis C, resulting in the potential for increased disease  
157 transmission and health-related costs, including lost medications and treatment failures. Similarly,  
158 displacement-related disruptions in managing chronic conditions can result in increased emergency room  
159 visits and hospitalizations, either to replace medications confiscated or lost during displacement or to  
160 address exacerbations of chronic conditions due to lapses in care.[19]

161

162 Third, displacements disproportionately harm people of color, racial minorities, and, increasingly, women.  
163 The U.S. Department of Housing and Urban Development (HUD) 2022 point-in-time (PIT) count showed  
164 an overrepresentation of unsheltered people who identify as Black, African American, African, or  
165 indigenous (including Native Americans and Pacific Islanders). People who identify as Black made up  
166 just 12% of the total U.S. population but accounted for 37% of all people experiencing homelessness. The  
167 number of unsheltered people experiencing homelessness who identified as Hispanic or Latino increased  
168 by 16% between 2020 and 2022. A 2017 American Journal of Preventive Medicine article reported that

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169 sexual minority women and men had increased odds of housing insecurity, housing instability, and food  
170 insecurity.[20] Although fewer women than men experience homelessness, HUD estimates that the 35%  
171 increase in unsheltered status among women observed through PIT counts from 2016 to 2020 is  
172 significantly higher than the increase seen for men. Homelessness among women has increased by 16,500  
173 to 115,635 since 2016.

174  
175 Fourth, displacements create unnecessary costs for local communities. Emerging evidence suggests that  
176 displacement results in increased costs to the health care system in the form of increased emergency room  
177 visits, increased hospital stays, and lapses in early interventions and preventive care leading to more  
178 complex needs at presentation.[21] Also, while displacement actions carry a significant monetary burden  
179 for communities, they produce little to no measurable success in decreasing homelessness.[21] Money  
180 spent on repeated displacements depletes funds that could be made available for permanent housing  
181 solutions for unsheltered individuals. Multiple studies have shown that investments in housing save  
182 money over the cost of continued homelessness.[22,23] Costs incurred secondary to displacements, such  
183 as emergency room visits and hospital stays, incarceration, and emergency response, also increase after  
184 encampment displacements.[24,25] Data have shown that some cities confronting unsheltered  
185 homelessness spent heavily on encampment closures and displacements while spending little on  
186 permanent solutions to end homelessness.[21]

187  
188 Evidence-Based Strategies to Address the Problem

189 One recent study published in the Journal of the American Medical Association modeled the  
190 consequences of forcible displacements of one subset of street dwellers (those who also inject drugs) and  
191 concluded that the practice generated 16% to 24% of the all-cause mortality population attributable  
192 fraction in 23 U.S. cities between January 2019 and December 2028.[26] Peer-reviewed evidence  
193 supports several strategies to end homelessness and stop or mitigate the harm caused by encampment  
194 displacements, including Housing First, permanent supportive housing (PSH), rapid rehousing (RRH),  
195 engagement and individual choice, and tailoring services to subpopulations, including people with  
196 physical or mental health disabilities. Nevertheless, more research would help build the evidence base for  
197 the health implications of forcibly displacing people experiencing unsheltered homelessness.

198  
199 Housing First: Housing First is the consensus approach among housing and homelessness advocates and  
200 remains the most viable option to address the growing epidemic of homelessness. This approach quickly  
201 connects people to permanent housing and supportive services without requiring they meet behavioral  
202 preconditions.[27] Housing First is based on the principle that housing is a fundamental human right and

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203 is a basic requirement to improve the life of a person experiencing unsheltered homelessness. HUD and  
204 the United States Interagency Council on Homelessness (USICH) have embraced Housing First as a key  
205 approach to addressing homelessness in many federally funded housing programs.

206  
207 Between 2016 and 2020, the Urban Institute partnered with the city and county of Denver to implement a  
208 randomized controlled trial, The Denver Supportive Housing Social Impact Bond Initiative (Denver SIB).  
209 The study included participants experiencing chronic homelessness and frequent interactions with the  
210 carceral and emergency health systems.[28] Utilizing a Housing First approach, the study aimed to assess  
211 the relationship between housing stability and jail stays.[28] One year after receiving housing through the  
212 Denver SIB, 86% of participants were still in housing.[28] After 2 years, 81% were still housed, and 77%  
213 were still housed after 3 years.[28] In addition, participants spent about 32 fewer days in emergency  
214 shelter per year than their counterparts who received services as usual.[28] Denver SIB clients had a 34%  
215 reduction in police contacts and a 40% reduction in arrests.[28]

216  
217 In North Carolina, Housing First Charlotte-Mecklenburg was launched in 2015 to end chronic  
218 homelessness by expanding the permanent supportive housing model. Housing stability was ensured  
219 through a permanent subsidy and ongoing availability of wraparound services. Housing retention was  
220 high overall (73%), and health outcomes were dramatic. The average number of emergency department  
221 visits fell by 59%. The percentage of housed individuals using the Mecklenburg County Health  
222 Department fell by 56%, and the average number of visits fell by 71%. This evidence indicates that  
223 displacements are a far less effective alternative.[29]

224  
225 While seemingly more expensive, alternative strategies such as those discussed above would start to  
226 address the root problems of homelessness instead of exacerbating negative health outcomes and  
227 contributing to the trauma of unhoused people through displacement. One report indicated that  
228 displacements in Houston, Texas, and San Jose, California, have incurred costs of \$3.4 million and \$8.6  
229 million, respectively.[30] Furthermore, rather than using costly law enforcement to carry out encampment  
230 displacements, cities can deploy community response teams composed of medical and mental health crisis  
231 workers to connect people to services, as has been observed in Eugene, Oregon, where the police  
232 department saved \$8.5 million per year from 2014 to 2017.[30]

233  
234 Permanent supportive housing and rapid rehousing: A randomized controlled trial in Santa Clara,  
235 California, examined the effects of PSH on those experiencing chronic homelessness and using the most  
236 public funds for services.[31] A total of 423 participants were enrolled between 2015 and 2019, with 199

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237 randomized to the PSH group and 224 randomized to the usual care group.[31] Eighty-six percent of  
238 those in the PSH group received housing, as compared with only 36% in the usual care group.[31] Those  
239 who received housing in the PSH group remained housed for 28.8 months, or 93% of the follow-up  
240 period.[31] PSH participants had lower hospital emergency visit rates, lower rates of shelter days, and  
241 higher rates of ambulatory care use for mental health services.[31]

242  
243 Based on the principles of Housing First, RRH quickly aids individuals and families experiencing housing  
244 instability by connecting them to permanent housing.[32] A 2015 Urban Institute report described the  
245 effectiveness of RRH for families experiencing homelessness. Families who enrolled in RRH programs  
246 consistently transitioned into permanent housing.[33] Moreover, multiple studies have revealed low rates  
247 of return to homelessness after use of RRH programs.[15,17,33,34,35] At the federal level, HUD and  
248 USICH recognize that pairing housing with flexible, voluntary supportive services is key to ending  
249 homelessness.

250  
251 Overall, PSH and RRH programs are cost-saving interventions, much as with the Housing First approach.  
252 According to the National Alliance to End Homelessness (NAEH), PSH has decreased chronic  
253 homelessness by 30% since 2007.[36] Cost-effectiveness studies in the United States and Canada have  
254 concluded that PSH reduces cost, on average, by 49.5%.[37] In these studies, health cost estimates  
255 declined from \$6,832 to \$3,376 over 12 months, cost savings ranged from \$6,622 to \$9,809 for those  
256 experiencing chronic homelessness or chronic homelessness and HIV, and those who received Housing  
257 First utilized emergency departments and inpatient services less than their counterparts, resulting in a  
258 lower per patient, per year utilization cost of \$25,614 (as compared with \$30,881).[38–40] HUD and  
259 NAEH advocate for Housing First approaches and have concluded that Housing First is an effective  
260 strategy to end homelessness.

261  
262 Individual choice and lived experience: Some encampments are organized as mutual aid projects, with  
263 intentional principles of self-governance and a political mission to end homelessness. Organizations by  
264 and for people experiencing homelessness in Seattle—the Seattle Housing and Resource Effort (SHARE)  
265 and Nickelsville—demonstrate the vast potential of self-governed services for people experiencing  
266 homelessness.[41,42] Across two tiny house villages, three tent encampments, and 10 indoor shelters,  
267 these sites engage approximately 400 people each night. Other examples of such self-governing shelter  
268 alternatives include Dignity Village and Right 2 Dream Too (R2D2) in Portland; Camp Hope in Las  
269 Cruces, New Mexico; and Cob on Wood and Homefulness in Oakland.[43,44]

270



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271 Providing a variety of housing and service options centered on individual choice and informed by people  
272 with lived experience of homelessness offers people autonomy and self-determination in identifying the  
273 best way(s) to resolve their homelessness. One study conducted in Seattle revealed three themes among  
274 participants approached with Housing First: sense of community, stability, and control.[45] The theme of  
275 control encompassed “gaining autonomy while relinquishing control.”[45] Strategies that honor the lived  
276 experience, dignity, and agency of people living unsheltered will, in the long term, best serve people and  
277 communities, as reported in the Seattle study.[45] Ultimately, people are best served by exercising the  
278 choice of which housing approach works best for them and their families. Offering choices strengthens  
279 community relationships and promotes a sense of being heard. People experiencing homelessness deserve  
280 to be treated with respect and offered the opportunity to choose their plan for finding safe, long-term  
281 quality housing.

282

283 Tailoring programs for marginalized populations: Within the community of people living unsheltered,  
284 disadvantaged and marginalized subgroups include not only people of color and those who identify as  
285 LGBTQIA (lesbian, gay, bisexual, transgender, queer/questioning, intersex, asexual) but also veterans,  
286 individuals with mental illness, seniors, people with disabilities, and others. Tailored approaches,  
287 interventions, and individualized care are key, but the overarching strategy of providing housing and  
288 wraparound services is fundamental.

289

290 Veterans: Veterans have been particularly vulnerable to homelessness. While HUD estimated 33,129  
291 veterans experiencing homelessness in 2022, this represents a substantial reduction in veteran  
292 homelessness over recent years. USICH has attributed the reduction in veteran homelessness since 2010  
293 to the billions of dollars Congress has allocated to housing voucher programs as well as numerous  
294 tailored wraparound support services, housing navigators, and an already-robust health care system for  
295 veterans.

296

297 Supporting mental health: Between 20% and 25% of unhoused people suffer from a serious mental  
298 illness, as compared with 4% to 6% of the general U.S. population.[46] The Projects for Assistance in  
299 Transition from Homelessness (PATH) program aims to support unhoused persons with severe mental  
300 illness. PATH program data from 2016 to 2018 indicate that the target for providing community-based  
301 mental health service was exceeded by 25%, 15%, and 21% for unhoused people with a severe mental  
302 illness each year, respectively.[47] On average, 184,142 unhoused people were contacted each year, 48%  
303 were enrolled in services, and 65% of those enrolled received mental health services.[47]

304

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305 Attention to seniors and people with disabilities: By 2030, adults 65 years and older will likely account  
306 for approximately 106,000 unhoused persons, and PIT counts have indicated that nearly 25% of unhoused  
307 people have a disability.[48,49] The 2022 American Rescue Plan dedicated \$5 billion to provide 70,000  
308 vouchers for individuals at the highest risk of homelessness, including older adults and individuals with  
309 disabilities.[50]

310  
311 Summary: Communities should look toward cities that have implemented evidence-based strategies that  
312 avoid displacement and support robust health and housing outcomes for people experiencing unsheltered  
313 homelessness. By court order, San Francisco was directed to end encampment displacements in early  
314 2023, but no cities have successfully terminated all encampment displacement policies (in fact, some have  
315 quickened the pace of displacement).[51,52] Since San Francisco’s displacements were declared unlawful  
316 only in December 2022, not enough research has been conducted to determine the results. Overall, more  
317 comprehensive studies are needed nationally to address the lack of evidence-based literature surrounding  
318 forcible displacement of encampments.

319  
320 Opposing Arguments/Evidence  
321 Supporters of encampment displacements argue that they benefit housed communities surrounding camps.  
322 In some cases, they go so far as to assert that displacements benefit the camp residents being evicted.  
323 Advocates of encampment displacements claim displacement benefits public health by motivating  
324 encampment residents to seek housing and services, reducing crime and illegal drug use, and reducing the  
325 accumulation of solid and human waste. Some support forcible encampment displacement to motivate  
326 people experiencing homelessness to seek employment, undergo treatment for substance use and mental  
327 health problems, and ultimately obtain stable housing. These assumptions frequently reflect a lack of  
328 understanding of the causes of homelessness and fail to appreciate the cumulative repercussions of  
329 displacement beyond the immediate optics.

330  
331 Relocation effects: Advocates of involuntary displacement argue that displacement eliminates the  
332 problems they associate with encampments.[53] However, substantial evidence demonstrates that  
333 residents forced to vacate encampments simply relocate to another outdoor location.[54,55] Following a  
334 targeted series of displacements in Honolulu, Hawaii, evicted residents waited for authorities to leave the  
335 area and immediately returned to live at the campsite.[55] One nationally prominent supporter of the  
336 forced removal of people living unsheltered, while touting the effectiveness of a targeted displacement,  
337 ultimately acknowledged the result was that evicted individuals “simply moved on, undoubtedly to more  
338 permissive cities.”[56]

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339  
340 Studies of large-scale encampment displacements have attempted to document what happens to people  
341 who have been forcibly displaced from an encampment community. For example, the Luskin Institute on  
342 Inequality and Democracy at the University of California, Los Angeles published a report by the After  
343 Echo Park Lake Research Collective. Echo Park, in the heart of Los Angeles, became an encampment  
344 home for nearly 200 people who found community and collective safety over about 18 months. As the  
345 neighborhood gentrified, however, political pressure grew to remove the “unsightly” encampment there,  
346 culminating in a March 24–25, 2021, police invasion to remove people and their belongings. The research  
347 project found only 17 people (of the 183 displaced) in various forms of housing, including Project  
348 Homekey hotels, subsidized rentals, and PSH. The system lost track of 82 former Echo Park residents.  
349 The Echo Park study connects to a national issue because researchers have implicated Los Angeles  
350 policymakers in establishing a national “standard” (or “playbook”) for accelerating urban  
351 displacements.[57]

352  
353 In Seattle, Evergreen Treatment Services (the REACH Program) reviewed 116 known individuals  
354 removed from 26 encampments in a space under North-South Interstate 5 freeway bridges, known as  
355 “The Jungle,” in mid-October 2016. Of the 116, REACH subsequently engaged 87 (75%) individuals  
356 who remained unhoused. Of the 116 displaced, 38 (33%) were encountered by outreach workers in street  
357 encampments 5 years later; only 11 clients were known by REACH staff to be in housing as of June  
358 2022.[58]

359  
360 Displacement advocates claim that evicted residents will move to emergency shelter, access other housing  
361 services, or be motivated to seek employment or substance use treatment. In reality, being displaced from  
362 an encampment reduces the odds of accessing emergency shelter.[16] In many communities, inadequate  
363 shelter space exists to accommodate those displaced.[59] Emergency shelters are often unsuitable.[16,60]  
364 The quality of indoor short-term shelter is critiqued for the many restrictions (short hours, no privacy,  
365 noise, conflict, no pets, no partners, no storage, many rules), discouraging those seeking to leave  
366 encampments.[16,60]

367  
368 Public health concerns: Advocates of encampment displacements often adopt public health language to  
369 justify displacement. They support forced displacement in deference to housed individuals living in or  
370 near encampments, citing increased crime risks, waste accumulation, and disease. The first misconception  
371 of this argument is that encampments are associated with high rates of violence, assault, theft, and other  
372 crimes in surrounding neighborhoods. Evidence does not support associations between serious crime and

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373 proximity to encampments. People experiencing unsheltered homelessness are at an increased risk of  
374 illegal misuse of drugs. However, encampment displacements are not shown to reduce drug use or  
375 increase access to addiction treatment. The effect is the opposite: people displaced from encampments are  
376 more likely to be disrupted from addiction counseling, harm reduction services, and medication-assisted  
377 treatment. They are more likely to experience injection-related severe infections and overdose.[60]

378  
379 Critics frequently point to the appearance of garbage and human waste as evidence of a public health  
380 concern associated with homeless encampments. Individuals experiencing unsheltered homelessness  
381 struggle to find adequate public restrooms, clean water sources, and garbage collection, resulting in a lack  
382 of facilities to urinate, defecate, or dispose of trash. Providing adequate facilities and clean water sources  
383 to accommodate basic human needs would be a more humane means of managing these waste streams.  
384 Being forcefully removed from an encampment increases risk of a cascade of adverse health effects.  
385 Victims of displacement frequently experience trauma, anxiety, chronic stress, hopelessness, and loss of  
386 motivation from the constant fear of a displacement.[21,60] For people with mental health conditions,  
387 experiencing a displacement can worsen these conditions and place some at an increased risk of a mental  
388 health crisis.[21,60] Displacements can interfere with an individual's management of infectious diseases,  
389 such as sexually transmitted infections, hepatitis C virus, and skin and soft tissue infections, potentially  
390 leading to higher rates of severity and transmission.[21] The Centers for Disease Control and Prevention  
391 acknowledged the increased risk of disease transmission by recommending a moratorium on homeless  
392 encampment displacements when COVID-19 community levels are high. Another outcome of  
393 encampment displacements is the forced relocation to other, frequently less desirable locations. Numerous  
394 factors determine where people live, including safety, privacy, and proximity to resources and social  
395 systems. Forced relocations result in real-time crisis management decisions about where to go next.  
396 Displacements usually force people to relocate to environments farther from resources such as clean  
397 water, public transit, health care, food relief, and housing assistance and more isolated from social  
398 connections, contributing to the negative health effects of displacement.[21,60]

399  
400 New York City and other jurisdictions are employing carceral strategies, forcing involuntary treatment on  
401 those deemed unsightly or disturbing while unsheltered and therefore an offense to the “regular  
402 population.” New York mayor Eric Adams has directed the police and emergency medical workers to  
403 hospitalize people they deem too mentally ill to care for themselves, even if they pose no threat to  
404 others.[61] Primary concerns associated with this strategy include giving possibly untrained and  
405 unqualified personnel the authority to commit individuals against their will and the potential of this

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406 program to disproportionately target poor people. Early effects of this initiative are anecdotal and  
407 mixed.[61]

408

### 409 Alternative Strategies

410 Across the United States, low-income housing advocates have promoted a set of policy initiatives to  
411 reduce homelessness; we describe some of those options here.

412

413 Eviction prevention and tenant protections: Early in the COVID epidemic, federal, state, and local  
414 authorities imposed restrictions on landlords to limit late fees and restrict penalties related to nonpayment  
415 of rent to reduce evictions. Authorities in some cities also protected renters by regulating application  
416 processes and limiting required deposits, requiring mediation as a step before legal proceedings for  
417 eviction, and ensuring that tenants have legal representation in eviction proceedings. Some jurisdictions  
418 provide an eviction defense screening line to assist tenants before right to counsel is required. Legislation  
419 can require landlords to provide 6 months' notice of significant rent increases or provide tenants with the  
420 right to quit their lease in relation to a rent increase.

421

422 Tenant organizing: Tenant community organizing and advocacy helps keep rents low and improves living  
423 standards. Some jurisdictions allow tenants to form collective bargaining agreements to negotiate with  
424 landlords with one voice. Under provincial rules in Quebec, for example, landlords and tenants negotiate  
425 and agree to rental rates; in this context, rent increase margins are set by the provincial Tribunal  
426 administratif du logement. Six U.S. states (California, Maryland, New Jersey, New York, Oregon, and  
427 Minnesota) and the District of Columbia impose rent control limits, and many local jurisdictions  
428 implement controls; unfortunately, 31 states have preemptions that prevent rent control policies.

429 California's 2020 law restricts landlords from increasing rent by more than 5% each year, along with a  
430 local cost of living increase of up to 5%.[62]

431

432 Restrict corporate ownership and management of rental property: The increasing concentration of rental  
433 property in the portfolios of limited liability corporations (LLCs) is a cause for concern among those  
434 seeking to keep rents affordable.[63] These corporations often use a third-party corporation to monitor  
435 and automatically accelerate rental rates using an algorithm to maximize profits, such as Texas-based  
436 RealPage's YieldStar software.[64] Lawsuits have attempted to challenge these practices in Texas,  
437 California, and Washington. Issues with LLC owner identification have prompted some states, including  
438 New York, to pass laws that make it easier to unmask owners.[65]

439

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440 Social housing: Publicly owned collective housing creates mechanisms for public development  
441 associations to acquire or build rental units with affordability and tenant-involved management in mind.  
442 This model has worked well in Vienna and was adopted by initiative in 2023 in Seattle.[66]  
443

444 Income protection and housing models: In most European nations, some form of guaranteed income and  
445 provisions for low-income housing are available to all citizens.[67] Unlike the United States, most  
446 European nations also have free health care available to all citizens, which keeps people from losing their  
447 assets and income in the event of a serious health problem.[68]  
448

449 Home sharing programs: Matchmaking and home sharing programs across the United States work to  
450 connect people who have extra space in secure housing with potential housemates seeking low-cost living  
451 arrangements. This may be a senior attempting to age in place, a family with extra room, people with  
452 disabilities, or those on fixed incomes. Local organizations (public or private) offer matching programs  
453 that serve as a form of early homelessness prevention. The National Shared Housing Resource Center  
454 networks these local organizations.[69]  
455

456 Allowing people to stay and offering supportive services: Local authorities in some cities allow  
457 encampments already in place to continue operations until those in the space can be offered permanent  
458 housing. Using this approach, cities provide legal parking spaces for those living in vehicles or leave tent-  
459 based encampments in place and bring in porta-potties, handwashing stations, laundry facilities, trash pick  
460 up, shuttles to health and social services, outreach workers, and access to food resources. Cities using this  
461 strategy include Phoenix, Arizona; Missoula, Montana; Las Cruces, New Mexico; and Durango,  
462 Colorado.[70] The Colorado Village Collaborative has partnered with the Denver Mayor's Office since  
463 July 2020 and has successfully operated multiple safe outdoor spaces in six neighborhoods, with more  
464 projected to open.[71] Albuquerque has created several safe outdoor spaces that provide around-the-clock  
465 onsite security, monitored and controlled access to the space, social support services, bathrooms, and  
466 showers.[72]  
467

468 Street outreach is often the first step in empowering encampment residents to exit unsheltered  
469 homelessness. Coupling street outreach services with a strong network of health and service providers,  
470 including a diverse menu of housing options, is an effective means of engaging encampment  
471 residents.[59] A pilot study conducted in Boston resulted in 82% of participants enrolled in housing after  
472 one year.[73] Individuals are best served by choosing among options when considering supportive  
473 services and having the autonomy to select the services they want. In addition, there is a need for

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474 increased low-barrier program options that allow people to leave the street without having to comply with  
475 prohibitive program requirements such as sobriety, documentation, or monetary fees.[59]

476  
477 Decriminalization and engagement: APHA Policy Statement 20178 (Housing and Homelessness as a  
478 Public Health Issue) emphasizes the importance of decriminalizing the life-sustaining behaviors of people  
479 experiencing homelessness, consistent with recognizing fundamental human rights. Diverted savings from  
480 the prosecution of displacement are better spent developing affordable housing options, reinvesting in  
481 community and supportive services, or establishing street outreach teams to increase engagement.  
482 Homelessness outreach teams staffed by police officers in Houston, Minnesota, and Milwaukee have  
483 proved successful in diverting homeless individuals away from jails when they are in a mental health  
484 crisis, saving the criminal justice system additional funds. Some cities and states across the country have  
485 enacted a homeless bill of rights, legislation that prohibits the criminalization of homelessness and  
486 discrimination against those experiencing homelessness. These rights include the right to move freely in  
487 public places, share food, rest, and ask for donations while being protected from harassment from police  
488 or others.

489  
490 Family reunification and supportive networks: Many cities have established formal family reunification  
491 efforts as a way to help unhoused people reestablish relationships with family members. For example, the  
492 Family Reunification Program, operated by the Downtown San Diego Partnership, is a hybrid outreach,  
493 services, and rehousing program available as a resource to outreach workers. Family reunification is not  
494 limited to reuniting families under one roof. Rather, families might engage in activities to simply build a  
495 trusting, familial bond with each other. The HUD Family Unification Program facilitates interagency  
496 collaboration between child welfare and public housing service systems to stabilize families at risk for  
497 parent-child separation by addressing housing needs.

498  
499 Advocacy campaigns: The Western Regional Advocacy Program was created to expose and eliminate the  
500 root causes of civil and human rights abuses of people experiencing poverty and homelessness in our  
501 communities. It has launched a “house keys, not sweeps” campaign in West Coast cities to eliminate  
502 forcible removal of encampments while expanding housing options for those currently in camps. Similar  
503 organizations, such as Stop the Sweeps, exist in communities across the country; advocates show up at  
504 forcible removal sites and bear witness while also supporting people in the path of removal efforts by  
505 helping them salvage their belongings, attend to children, and provide food and other necessities.

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506

### 507 Action Steps

508 APHA is committed to ending and preventing homelessness by protecting the health of people  
509 experiencing unsheltered homelessness and halting the harmful practice of forcible encampment  
510 displacement. As a means of reaching this goal, APHA advances the action steps below.

- 511 • Stop forcible displacement: APHA urges local, state, and federal officials to reject proposed laws  
512 and ordinances, or reverse existing statutes and ordinances, that criminalize behaviors and  
513 activities associated with unsheltered homelessness, including forcible displacement.
- 514 • Commit to Housing First: APHA calls upon all local and state officials to formally adopt policies  
515 and programs that adhere to the Housing First approach and provide for housing and services that  
516 are accessible, low barrier, and housing focused.
- 517 • Sufficiently fund permanent supportive housing and rapid rehousing interventions: APHA urges  
518 the U.S. Congress and HUD to provide states and local communities with sufficient funding to  
519 meet the need for permanent supportive housing, rapid rehousing, and housing subsidy programs  
520 aimed at preventing and ending homelessness.
- 521 • Respect lived experiences and individual choice: APHA calls on local, state, and federal agencies  
522 and officials to adopt programs and policies that are informed by and respect individual choice  
523 and lived experience of homelessness. This includes providing sufficient funding for street  
524 outreach, housing, and social service options that support individual choice and self-  
525 determination.
- 526 • Fund robust outreach and supportive services: APHA urges local, state, and federal agencies that  
527 fund and provide grant support, coordination, and/or regulatory oversight for programs focused  
528 on homelessness to allocate sufficient funding for robust street outreach and engagement efforts  
529 as well as comprehensive supportive services to help people rapidly exit from unsheltered  
530 homelessness and into permanent housing.
- 531 • Support homelessness prevention: APHA calls upon the U.S. Congress to appropriate sufficient  
532 federal funding for the evidence-based strategies and alternative approaches presented in this  
533 policy statement, including those focused on the prevention of homelessness, in order to meet  
534 demonstrated community needs at the state and local levels.



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- 535 • Center equity: APHA urges local, state, and federal officials and policymakers to address the  
536 disproportionate harm that forcible displacement has on people of color, racial minorities, people  
537 with disabilities, women, and others experiencing unsheltered homelessness by centering equity  
538 in the development of population-specific best practices, tailored policies, and program  
539 approaches and in the prioritization of marginalized populations for housing and services.
- 540 • Advance research on homelessness: APHA calls on HUD, USICH, the National Institutes of  
541 Health, the U.S. Department of Health and Human Services, and other institutions to provide  
542 additional funding for research on evidence-based policies and practices that work to prevent and  
543 end homelessness, including those identified in this policy statement.

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