WHEREAS, Homelessness results in decreased access to healthcare and higher hospitalization costs, and is an independent risk factor for increased mortality;\(^1,2,3,4,5,6\) and

WHEREAS, There is a trend in U.S. cities over the past few decades to target homeless persons living in public spaces, using the justice system to criminalize activities necessary for sustaining life;\(^7,8\) and

WHEREAS, The United Nations Human Rights Committee reports that “criminalization of people living on the street for everyday activities such as eating, sleeping, sitting in particular areas etc.” within U.S. cities “raises concerns of discrimination and cruel, inhuman, or degrading treatment” and that “the State party should engage with state and local authorities to abolish criminalization of homelessness laws and policies at state and local levels”\(^9\); and

WHEREAS, The Department of Justice has affirmed the constitutional rights of homeless individuals to sleep in public spaces, stating that it is “uncontroversial that punishing conduct that is a universal and unavoidable consequence of being human violates the Eighth Amendment”;\(^10,11\) and

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\(^8\) Homes Not Handcuffs: The Criminalization of Homelessness in U.S. Cities. Published by the National Coalition for the Homeless and the National Law Center on Homelessness & Poverty, July 2009. United Nations Human Rights Committee, List of Issues to be Taken up in Connection

\(^9\) United Nations Human Rights Committee, List of Issues to be Taken up in Connection with the Consideration of the Fourth Periodic Report of the United States of America (CCPR/C/USA/4), Adopted by the Committee at its 110th Session, 10-28 March 2014 (advance unedited version).


Whereas, The ACLU has opposed several policies that target homeless individuals including regulations that prohibit sharing food outdoors with individuals in need, anti-panhandling ordinances, trespassing laws, and laws against encampment;12,13 and

Whereas, According to the National Coalition for the Homeless and the National Law Center on Homelessness & Poverty, types of criminalization measures against the homeless include, but are not limited to:

- Legislation that make it illegal to sleep, sit, or store personal belongings in public spaces
- Selective enforcement of more neutral laws, such as loitering or open container laws, against homeless persons
- Sweeps of city areas where homeless persons are living to drive them out of the area, resulting in the destruction of those persons’ personal property, including important personal documents and medications
- Laws punishing people for begging or panhandling in order to move poor or homeless persons out of a city or downtown area”;8 and

Whereas, Policies such as those listed by the National Coalition for the Homeless and the National Law Center on Homelessness & Poverty criminalize homelessness without addressing the underlying causes of homelessness and, through exacerbating the problem, lead to poorer health among homeless persons;8,9 and

Whereas, Criminalization of homelessness leading to arrest for life-sustaining activities advances the development of criminal records among the homeless population, making it more difficult to obtain employment and housing;8 and

Whereas, Criminalization of homelessness is not cost efficient; in a nine-city survey of supportive housing and jail costs, it was found that “jail costs were on average two to three times the cost of supportive housing”;14 and

Whereas, Homeless persons often suffer from poor nutrition, yet many U.S. cities have criminalized the feeding of homeless persons by both private individuals and nonprofit organizations;8,12,15,16,17,18,19,20 and

Whereas, While homeless encampments reflect a temporary solution to the severe shortage of adequate affordable housing for the number of homeless persons in the U.S., forced evictions of people living in homeless encampments violates the human right to adequate housing;21,22 and

Whereas, A number of U.S states including Rhode Island, Connecticut, and Illinois have passed Homeless Bills of Rights enumerating that all homeless persons have equal rights, including

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16 Dallas, Tex., Ordinance No. 26023 (2005).
17 Atlanta, Ga., Code of Ordinances ch. 43, § 1 2005.
18 Cleveland, Oh., Code § 605.31 2005.
access to emergency medical care and free movement in public spaces without harassment or
intimidation, regardless of housing status;\textsuperscript{23,24,25} therefore be it

RESOLVED, That our American Medical Association oppose measures that criminalize
necessary means of living among homeless persons, including but not limited to, sitting or
sleeping in public spaces (New HOD Policy); and be it further

RESOLVED, That our AMA advocate for legislation that requires non-discrimination against
homeless persons, such as homeless bills of rights. (New HOD Policy)

Fiscal Note: not yet determined

Received: 04/26/18

RELEVANT AMA POLICY:

Eradicating Homelessness H-160.903
Our American Medical Association: (1) supports improving the health outcomes and decreasing
the health care costs of treating the chronically homeless through clinically proven, high quality,
and cost effective approaches which recognize the positive impact of stable and affordable
housing coupled with social services; and (2) supports the appropriate organizations in
developing an effective national plan to eradicate homelessness.
Citation: (Res. 401, A-15)

The Mentally Ill Homeless H-160.978
(1) The AMA believes that public policy initiatives directed to the homeless, including the
homeless mentally ill population, should include the following components: (a) access to care
(e.g., integrated, comprehensive services that permit flexible, individualized treatment; more
humane commitment laws that ensure active inpatient treatment; and revisions in government
funding laws to ensure eligibility for homeless persons); (b) clinical concerns (e.g., promoting
diagnostic and treatment programs that address common health problems of the homeless
population and promoting care that is sensitive to the overriding needs of this population for
food, clothing, and residential facilities); (c) program development (e.g., advocating emergency
shelters for the homeless; supporting a full range of supervised residential placements;
developing specific programs for multiproblem patients, women, children, and adolescents;
supporting the development of a clearinghouse; and promoting coalition development); (d)
educational needs; (e) housing needs; and (f) research needs. (2) The AMA encourages
medical schools and residency training programs to develop model curricula and to incorporate
in teaching programs content on health problems of the homeless population, including
experiential community-based learning experiences. (3) The AMA urges specialty societies to
design interdisciplinary continuing medical education training programs that include the special
treatment needs of the homeless population.
Citation: BOT Rep. LL, A-86; Reaffirmed: Sunset Report, I-96; Reaffirmed: CMS Rep. 8, A-06;
Reaffirmed: CMS Rep. 01, A-16;

See also: Eradicating Homelessness H-160.903; The Mentally Ill Homeless H-160.978

\textsuperscript{23}Rhode Island, Bill § S 2052 SUBSTITUTE B. 2012
\textsuperscript{24}Connecticut, Bill § S.B. No. 896. 2013
\textsuperscript{25}Illinois, Bill § S.B. No. 1210. 2013