REPORT OF THE BOARD OF TRUSTEES

B of T Report 28-A-19

Subject: Opposition to Measures that Criminalize Homelessness (Resolution 410-A-18)

Presented by: Jack Resneck, Jr., MD, Chair

Referred to: Reference Committee D (Diana Ramos, MD, MPH, Chair)

INTRODUCTION

Resolution 410-A-18, “Opposition to Measures that Criminalize Homelessness,” introduced by the Medical Student Section and referred by the House of Delegates asks 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; and advocate for legislation that requires non-discrimination against homeless persons, such as homeless bills of rights.

CURRENT AMA POLICY

Existing AMA policy supports improving health outcomes and decreasing the health care costs of treating people who are 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. The AMA recognizes that stable, affordable housing as a first priority, without mandated therapy or services compliance, is effective in improving housing stability and quality of life among individuals who are chronically-homeless. Furthermore, the AMA recognizes that lack of identification is a barrier to accessing medical care and fundamental services that support health; and supports policy changes that streamline, simplify, and reduce or eliminate the cost of obtaining identification cards for the homeless population. Current policy does not specifically address criminalizing homelessness.

BACKGROUND

Insufficient income and lack of affordable housing are leading causes of homelessness in the United States. The Great Recession contributed to a shortage of affordable housing. It is estimated that we currently have a shortage of 7.2 million rental homes affordable and available to extremely low-income renters (those whose income is at or below the poverty guideline or 30 percent of their area median income).1 Extremely low-income households face a shortage of affordable housing in every state and major metropolitan area. In addition to the shortage of affordable housing, in many U.S. cities, there are fewer shelter beds than are needed, leaving people experiencing homelessness with no choice, but to live in public places.2

In January 2018, almost 553,000 people were homeless on a single night in the United States, with nearly two-thirds found in emergency shelters or transitional housing programs.3 While the number
of people experiencing homelessness increased by less than one percent between 2017 and 2018, overall homelessness has declined by more than 84,000 people (13 percent) since 2010. In the United States, sixty percent of people experiencing homelessness in 2018 were men or boys, and 39 percent were women or girls. Less than one percent were transgender or gender nonconforming. Nearly half (49 percent) of all people experiencing homelessness self-identified as white and almost 40 percent identified as black or African American. People identifying as white were underrepresented compared to their share of the U.S. population (72 percent), while African Americans were considerably overrepresented compared to their share of the U.S. population (13 percent). One in five people experiencing homelessness was Hispanic or Latino (22 percent), which is slightly higher than their share of the U.S. population (18 percent).

Substance use disorders and mental health problems are more prevalent among people who are homeless than in the general population. According to the Office of National Drug Control Policy, approximately 30 percent of people experiencing chronic homelessness have a serious mental illness, and around two-thirds have a primary substance use disorder or other chronic health condition. Lack of stable housing leaves them vulnerable to substance use and/or relapse, exacerbation of mental health problems, and a return to homelessness.

### Laws Criminalizing Homelessness

Criminalizing homelessness refers to laws enacted by municipalities to prohibit life-sustaining activities such as sitting, sleeping, loitering, panhandling, camping, eating, storing belongings, and urinating in public spaces. Laws criminalizing homelessness trap vulnerable populations in the criminal justice system. The continuous threat of citations and possibility of arrest contributes to a pervasive sense of fear and insecurity among the homeless population. For individuals experiencing homelessness, fines typically cannot be paid, leaving individuals to contest citations in court. Without a reliable address or transportation, citations can result in not receiving a notice to appear in court or having no way to get there. Failure to appear in court can result in a warrant for arrest. Arrests and criminal records make housing, employment, and social services more difficult to access thereby perpetuating the cycle of homelessness and health inequity.

Laws criminalizing homelessness have increased in cities across the United States over the past 10 years. Since 2006, citywide bans on loitering, loafing, and vagrancy increased by 88 percent, bans on camping increased by 69 percent, bans on sitting and lying down in certain public places increased by 52 percent, bans on panhandling grew by 43 percent, and bans on sleeping in public increased by 31 percent. These laws are designed to move visibly homeless people out of commercial and tourist districts and are often justified based on the government’s responsibility to maintain orderly, aesthetically pleasing public parks and streets as well as the responsibility to protect public health and safety.

### DISCUSSION

Laws criminalizing homelessness have been found to violate international and, in some instances, federal law. In 2014, the United Nation’s (UN) Committee on the Elimination of Racial Discrimination, called on the United States to abolish laws and policies making homelessness a crime and ensure cooperation among stakeholders to find solutions for people experiencing homelessness in accordance with human rights standards. Furthermore, the UN encouraged the United States to provide incentives to decriminalize homelessness, including financial support to local authorities that implement alternatives to criminalization, and withdrawing funding from local authorities that criminalize homelessness.
In 2017, the UN Special Rapporteur on extreme poverty and human rights visited the United States to report to the Human Rights Council on the extent to which the government’s policies and programs relating to extreme poverty are consistent with its human rights obligations and to offer recommendations to the government and other stakeholders. The report stated that:

In many cities, homeless persons are effectively criminalized for the situation in which they find themselves. Sleeping rough, sitting in public places, panhandling, public urination and myriad other offences have been devised to attack the ‘blight’ of homelessness… Ever more demanding and intrusive regulations lead to infraction notices for the homeless, which rapidly turn into misdemeanours, leading to warrants, incarceration, unpayable fines and the stigma of a criminal conviction that in turn virtually prevents subsequent employment and access to most housing.

Courts in the United States have come to differing conclusions on laws criminalizing homelessness, particularly anti-camping ordinances, due to differing interpretations of whether the Eighth Amendment’s protection against cruel and unusual punishment prohibits only criminalization of status or also the criminalization of involuntary conduct. In 2015, the United States government issued a statement indicating its position on the issue in the case of Bell et al v. City of Boise:

If the Court finds that it is impossible for homeless individuals to secure shelter space on some nights because no beds are available, no shelter meets their disability needs, or they have exceeded the maximum stay limitations, then the Court should also find that enforcement of the ordinances under those circumstances criminalizes the status of being homeless and violates the Eighth Amendment to the Constitution.

In the case in question, the 9th Circuit Court of Appeals held that the Cruel and Unusual Punishments Clause of the Eighth Amendment precluded enforcement of a statute prohibiting sleeping outside against homeless individuals with no access to alternative shelter. The court held that as long as there is no option of sleeping indoors, the government cannot criminalize indigent, homeless people for sleeping outdoors, on public property, on the false premise that they had no choice in the matter. The court further explained that “[e]ven where shelter is unavailable, an ordinance prohibiting sitting, lying, or sleeping outside at particular times or in particular locations might well be constitutionally permissible. So, too, might an ordinance barring the obstruction of public rights of way or the erection of certain structures.”

Homeless Bill of Rights

Rhode Island, Illinois, and Connecticut, and Puerto Rico have enacted laws that protect the civil rights of people experiencing homelessness, these laws are referred to as a Homeless Bill of Rights. While the laws vary by jurisdiction, they specify that a person who is homeless has the same rights and privileges as any other state resident. The laws each outline the rights of persons experiencing homelessness (i.e. move freely in public spaces, receive equal treatment by state and municipal authorities, not face discrimination while seeking or maintaining employment, access to emergency medical services, etc.). The impact these laws have had is unclear.

---

1 Sleeping rough” – refers to sleeping outside without shelter
Public Health Nuisance Laws

Actions by government officials aimed at individuals experiencing homelessness are often justified based on public health and safety concerns. While laws criminalizing homelessness are of concern, it should be clear that there are legitimate instances in addressing homeless populations where the government needs to act to protect the health of the public. For example, the environmental conditions associated with homelessness, which can include overcrowding in encampments and shelters, exposure to the elements, and poor hygiene, facilitate the transmission of infectious diseases.

The United States is currently experiencing the worst multi-state outbreak of hepatitis A virus (HAV) in over 20 years, due in part to the lack of access to proper sanitation and hygiene among persons experiencing homelessness. In response to this multi-state HAV outbreak, the CDC’s Advisory Committee on Immunization Practices, voted in 2018 to add a new policy recommending that everyone ages 1 and older who is experiencing homelessness routinely be immunized against hepatitis. In some jurisdictions, there have been campaigns to vaccinate and educate people at risk and to provide portable hygiene facilities in areas where people who are homeless congregate. To address public health risks, some jurisdictions have created sanctioned tent encampments where they provide essential public services to help ensure that residents are in a safe environment. It has been cautioned that while these measures may prevent immediate harm, they are not long-term solutions to the problem of homelessness in the United States.

CONCLUSION

Insufficient income and lack of affordable housing are leading causes of homelessness in the United States. Laws criminalizing homelessness, or laws prohibiting life-sustaining activities in public spaces when there are no sheltered alternatives, have increased in U.S. cities over the past 10 years. These laws trap vulnerable populations in the criminal justice system and raise both human rights and constitutional concerns. Actions by government officials aimed at individuals experiencing homelessness are often justified based on public health and safety concerns. While there are instances where the government needs to act to protect public health and safety, such as during an infectious disease outbreak, governments should work to mitigate hazards and direct individuals to resources and services outside of the criminal justice system. Criminal sanctions should be a last resort.

Current AMA policy recognizes that stable, affordable housing as a first priority, without mandated therapy or services compliance, is effective in improving housing stability and quality of life among individuals who are chronically-homeless. In addition, to reaffirming this policy, the AMA should recognize the lack of affordable housing as a leading cause of homelessness and support measures to address this problem through policies that preserve and expand affordable housing across all neighborhoods.

RECOMMENDATIONS

The Board of Trustees recommends that the following statements be adopted in lieu of Resolution 410-A-18 and the remainder of the report be filed.

1. That our American Medical Association: (1) supports laws protecting the civil and human rights of individuals experiencing homelessness and (2) opposes laws and policies that criminalize individuals experiencing homelessness for carrying out life-sustaining activities conducted in public spaces that would otherwise be considered non-criminal activity (i.e.,
eating, sitting, or sleeping) when there is no alternative private space available. (New HOD
Policy)

2. That our AMA recognizes that stable, affordable housing is essential to the health of
individuals, families, and communities, and supports policies that preserve and expand
affordable housing across all neighborhoods. (New HOD Policy)

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; (2) recognizes that stable, affordable housing
as a first priority, without mandated therapy or services compliance, is effective in improving
housing stability and quality of life among individuals who are chronically-homeless;
(3) recognizes adaptive strategies based on regional variations, community characteristics and
state and local resources are necessary to address this societal problem on a long-term basis;
(4) recognizes the need for an effective, evidence-based national plan to eradicate
homelessness; and (5) encourages the National Health Care for the Homeless Council to study
the funding, implementation, and standardized evaluation of Medical Respite Care for
homeless persons. (Reaffirm Current HOD Policy)

Fiscal Note: less than $500
REFERENCES


4 Id.

5 Id.

6 Id.

7 Id.

8 Id.

9 Id.


13 Id.

14 Id.

15 Id.


17 Id.


19 Id.


22 Id.

23 Martin et al v City of Boise, 9th U.S. Circuit Court of Appeals, No. 15-35845.

24 Id.


