

# Public Health Impacts of Criminalizing Homelessness

**HOPKINS JUDICIAL HEALTH NOTE:**

***CITY OF GRANTS PASS V. JOHNSON***



JOHNS HOPKINS  
BLOOMBERG SCHOOL  
of PUBLIC HEALTH

**Bloomberg American  
Health Initiative**

## *Synopsis*

In June 2024, the United States Supreme Court ruled that cities can penalize unhoused individuals for sleeping in public spaces, even when there are insufficient shelter beds available. This landmark decision from the nation's highest court effectively criminalizes unsheltered homelessness and may worsen public health challenges for an already underserved population.

This analysis found strong evidence that involuntary displacement of people experiencing homelessness exacerbates health conditions by disrupting access to healthcare, treatment, and social services. This disruption makes it significantly harder to manage chronic illnesses and address health challenges associated with the lack of stable shelter. Additionally, we identified substantial evidence showing that encampment sweeps and involuntary displacement do not improve community health or safety. Instead, such actions are associated with increased crimes against people experiencing homelessness and more frequent interactions between law enforcement and unhoused individuals.

As a result, displaced individuals often face fines and criminal records, further hindering their ability to secure housing and employment. These outcomes highlight the urgent need to rethink approaches to homelessness to improve health outcomes for both individuals and communities nationwide.

Advocacy efforts should center on partnering with people who have experienced homelessness to push for alternatives to involuntary displacement. Such collaboration can help mitigate health harms and promote sustainable, viable solutions that address homelessness more effectively.



In June 2024, the Supreme Court upheld Grants Pass ordinances that prohibit individuals from sleeping in public places, from using pillows, blankets, and cardboard boxes while sleeping on public property within the city limits, and parking overnight in the city’s parks.<sup>1</sup> Initial violations can trigger a fine, while multiple violations can result in bans from public parks.

Violating those bans can incur criminal trespass charges and jail time. The Supreme Court’s decision in this case effectively overturned previous jurisprudence established in *Martin v. City of Boise*, wherein the Ninth Circuit held that the Eighth Amendment’s Cruel and Unusual Punishments Clause bars cities from enforcing public camping ordinances like these against individuals experiencing homelessness whenever the number of individuals in need exceeded the number of “practically available” shelter beds.<sup>2</sup> Availability takes into consideration whether the shelters had religious requirements, imposed length-of-stay restrictions, had rules about sobriety or other conditions, and were practically accessible to individuals in need.<sup>3</sup>

A 2019 report by the National Law Center on Homelessness & Poverty found that 72% of the 187 rural and urban U.S. cities included in their study have at least one law that prohibits camping in public, and 21% have laws that prohibit sleeping—a necessity for all humans—in public within city limits.<sup>4</sup> These numbers represent a significant increase since the organization began tracking laws in 2006. This judicial health note examines the potential consequences of the *Grants Pass* ruling for the health and safety of people experiencing homelessness and the communities where they live.

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<sup>1</sup> Amy Howe, “Justices uphold laws targeting homelessness with criminal penalties,” *SCOTUSblog*, June 28, 2024, <https://www.scotusblog.com/2024/06/justices-uphold-laws-targeting-homelessness-with-criminal-penalties/>.

<sup>2</sup> *Martin v. City of Boise*, No. 15-35845 (United States Court of Appeals for the Ninth Circuit 2018).

<sup>3</sup> *Martin v. City of Boise*.

<sup>4</sup> National Law Center on Homelessness & Poverty, *Housing Not Handcuffs 2019* (December 2019), <https://homelesslaw.org/wp-content/uploads/2019/12/HOUSING-NOT-HANDCUFFS-2019-FINAL.pdf>.

## Methods Summary

The Health in All Policies Initiative research team developed this judicial health note to identify the health and equity impacts of criminalizing public camping for people experiencing homelessness and its consequences, including involuntary displacement and dissolution of encampments. To do so, the team hypothesized pathways between the Supreme Court decision, health determinants, and health outcomes. They then conducted an expedited literature review using a systematic approach to minimize bias and identify recently published studies to answer each of the identified research questions. A subject matter expert and advisory committee reviewed the draft note and provided feedback. A detailed description of the methodology is available in the appendix.

## Summary of Hopkins Judicial Health Note findings

Policymakers across the United States have been advocating encampment sweeps and displacement of people experiencing unsheltered homelessness to improve community safety and security, and public health. This analysis investigated the evidence on links between involuntary displacement of people experiencing unsheltered homelessness or encampment sweeps and crime, safety, and health outcomes.

- **There is strong evidence that homelessness is linked to increased rates of mortality from preventable causes, such as overdose, infectious diseases, exposure to extreme weather, violence, and cardiovascular disease.**<sup>5</sup>
- **There is strong evidence that involuntary displacement of people experiencing homelessness disrupts access to health care, treatment, and social services, making it even harder to manage chronic health conditions and mitigate health challenges associated with lack of shelter.**<sup>6</sup> These events are often associated with worsening mental health.<sup>7</sup>
- **A fair amount of evidence shows that homeless encampments can create health and safety risks.** Lack of sanitation in a congregate setting can encourage the spread of communicable illness such as viral hepatitis.<sup>8</sup> Additionally, lack of access to food storage can contribute to food safety risks and attract pests.

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<sup>5</sup> Matthew Z. Fowle and Giselle Routhier, "Mortal Systemic Exclusion Yielded Steep Mortality-Rate Increases In People Experiencing Homelessness, 2011–20," *Health Affairs* 43, no. 2 (2024), <https://doi.org/10.1377/hlthaff.2023.01039>, <https://www.healthaffairs.org/doi/abs/10.1377/hlthaff.2023.01039>; A. R. W. Berry et al., "Association between Participation in Counseling and Retention in a Buprenorphine-Assisted Treatment Program for People Experiencing Homelessness with Opioid Use Disorder," *Int J Environ Res Public Health* 18, no. 21 (Oct 21 2021), <https://doi.org/10.3390/ijerph182111072>; W. D. Bradford and F. Lozano-Rojas, "Higher Rates Of Homelessness Are Associated With Increases In Mortality From Accidental Drug And Alcohol Poisonings," *Health Aff (Millwood)* 43, no. 2 (Feb 2024), <https://doi.org/10.1377/hlthaff.2023.00951>; W. Nicholas et al., "Using Point-in-Time Homeless Counts to Monitor Mortality Trends Among People Experiencing Homelessness in Los Angeles County, California, 2015-2019," *Am J Public Health* 111, no. 12 (Dec 2021), <https://doi.org/10.2105/ajph.2021.306502>.

<sup>6</sup> J. N. Becker and K. J. Foli, "Health-seeking behaviours in the homeless population: A concept analysis," *Health Soc Care Community* 30, no. 2 (Feb 2022), <https://doi.org/10.1111/hsc.13499>; American Public Health Association, *Protecting the Health and Well-Being of People Living Unsheltered by Stopping Forcible Displacement of Encampments* (November 14, 2023), <https://www.apha.org/policies-and-advocacy/public-health-policy-statements/policy-database/2024/01/16/displacement-of-encampments>; J. C. Chiang et al., "Health risk associated with residential relocation among people who inject drugs in Los Angeles and San Francisco, CA: a cross sectional study," *BMC Public Health* 22, no. 1 (Apr 25 2022), <https://doi.org/10.1186/s12889-022-13227-4>.

<sup>7</sup> A. A. Meehan et al., "Involuntary displacement and self-reported health in a cross-sectional survey of people experiencing homelessness in Denver, Colorado, 2018-2019," *BMC Public Health* 24, no. 1 (Apr 25 2024), <https://doi.org/10.1186/s12889-024-18681-w>.

<sup>8</sup> D. A. Wooten, "Forgotten but Not Gone: Learning From the Hepatitis A Outbreak and Public Health Response in San Diego," *Top Antivir Med* 26, no. 4 (Jan 2019); C. Y. Liu, S. J. Chai, and J. P. Watt, "Communicable disease among people experiencing homelessness in California," *Epidemiol Infect* 148 (Mar 30 2020), <https://doi.org/10.1017/s0950268820000722>.

- **A fair amount of evidence indicates that encampment sweeps and involuntary displacement of people experiencing homelessness do not improve community health or safety.**<sup>9</sup> In fact, displacement is associated with an increase in crimes against people experiencing homelessness.<sup>10</sup>
- **A fair amount of evidence indicates that ordinances that criminalize sleeping in public areas or encampment sweeping policies increase contact with law enforcement.**<sup>11</sup> Fines and arrest records further complicate access to services, housing, and future employment.

### ***What are the potential health effects of Grants Pass v. Johnson?***

#### **Unsheltered homelessness is associated with a variety of health challenges**

Homelessness and lack of stable shelter presents myriad challenges to caring for one's physical and mental health, in part due to exposure to the elements; lack of sanitation; inability to rest or get quality sleep; and lack of access to services, health care, substance use treatment, healthy foods, and other resources related to poverty.

A study that examined causes of Los Angeles County mortality rates found that people experiencing homelessness were at nearly three times greater risk for mortality than the county's population overall.<sup>12</sup> The five main causes of mortality, in order, were overdose, coronary heart disease, traffic injury, homicide, and suicide.<sup>13</sup> Another study looking at mortality data pertaining to adults experiencing homelessness in Boston found that mortality rates among those aged 25-44 years old were ninefold higher than those of Massachusetts adults overall, and drug overdose, cancer, and heart disease were the most common causes of death in the study population.<sup>14</sup> Perhaps most startling was the study populations' mean age at death was 51, the same as the average U.S. life expectancy in 1910.<sup>15</sup>

Across 10 U.S. states and in Washington, D.C., researchers have also observed increases in preventable deaths from causes like drug overdoses, cardiovascular disease, and exposure to extreme climates.<sup>16</sup> Another study examining the causal relationship between homelessness and substance use disorder mortality found that increases in homelessness led to significant increases in deaths from drug and alcohol poisoning, with the strongest effects seen for synthetic opioids, cocaine, and alcohol.<sup>17</sup> People experiencing homelessness are nine

<sup>9</sup> M Pranav Padmanabhan et al., "Association of Involuntary Displacement of People Experiencing Homelessness and Crime in Denver, CO: A Spatiotemporal Analysis," *Journal of Urban Health* (October 16, 2024), <https://doi.org/10.1007/s11524-024-00924-1>.

<sup>10</sup> Marisa Westbrook and Tony Robinson, "Unhealthy by design: health & safety consequences of the criminalization of homelessness," *Journal of Social Distress and Homelessness* 30, no. 2 (July 3, 2021), <https://doi.org/10.1080/10530789.2020.1763573>; Michael Mayer et al., "Encampment Clearings And Transitional Housing: A Qualitative Analysis Of Resident Perspectives," *Health Affairs* 43, no. 2 (2024), <https://doi.org/10.1377/hlthaff.2023.01040>, <https://www.healthaffairs.org/doi/abs/10.1377/hlthaff.2023.01040>.

<sup>11</sup> Padmanabhan et al., "Association of Involuntary Displacement of People Experiencing Homelessness and Crime in Denver, CO: A Spatiotemporal Analysis."; K. Craven et al., "'I'm No Criminal, I'm Just Homeless': The Greensboro Homeless Union's efforts to address the criminalization of homelessness," *J Community Psychol* 50, no. 4 (May 2022), <https://doi.org/10.1002/jcop.22671>.

<sup>12</sup> Nicholas et al., "Using Point-in-Time Homeless Counts to Monitor Mortality Trends Among People Experiencing Homelessness in Los Angeles County, California, 2015-2019."

<sup>13</sup> Ibid.

<sup>14</sup> T. P. Baggett et al., "Mortality among homeless adults in Boston: shifts in causes of death over a 15-year period," *JAMA Intern Med* 173, no. 3 (Feb 11 2013), <https://doi.org/10.1001/jamainternmed.2013.1604>.

<sup>15</sup> Ibid.

<sup>16</sup> Fowle and Routhier, "Mortal Systemic Exclusion Yielded Steep Mortality-Rate Increases In People Experiencing Homelessness, 2011-20."

<sup>17</sup> Bradford and Lozano-Rojas, "Higher Rates Of Homelessness Are Associated With Increases In Mortality From Accidental Drug And Alcohol Poisonings."

times more likely to die from an overdose than people who have stable housing, and they are disproportionately affected by the opioid crisis.<sup>18</sup>

A scoping review identified key challenges to managing cardiovascular disease (CVD) while experiencing homelessness: needing to prioritize CVD management alongside looking for housing, food security, employment, and management of other medical comorbidities; lack of access to healthy diets, limited food choices, lack of exercise, and lack of routine sleep; medication adherence for drugs with multiple doses per day or lack of income to buy medications; challenges getting to medical appointments or the pharmacy; and discrimination within the health care system.<sup>19</sup>

Individuals experiencing homelessness also report challenges related to lack of hygiene. A qualitative study that involved interviewing former encampment residents who were homeless highlighted hygiene concerns from the lack of consistent access to restrooms, trash cans, or running water.<sup>20</sup> One study in Denver showed that 28% of the people experiencing homelessness reported a physical health challenge related to poor access to water, sanitation, and hygiene services, including skin infections, urinary tract infections, bladder infections, stomach issues and hepatitis A.<sup>21</sup>

Women experiencing homelessness encounter unique and complicated hurdles to reproductive healthcare, resulting in decreased utilization of preventive interventions, with 80% of unsheltered women surveyed in 15 states reporting abuse and/or trauma as the cause of their homelessness.<sup>22</sup> Sexual and gender minority youths experiencing homelessness have urgent mental health care needs, with 35% of surveyed LGBTQ youth experiencing homelessness reporting a suicide attempt in the previous year and 62% reporting that they had seriously considered suicide.<sup>23</sup> More than half of the youth interviewed who were experiencing homelessness said they wanted mental health care but could not access it.<sup>24</sup>

Involuntary displacement and policies that criminalize homelessness can result in loss or damage to sheltering items such as tents, blankets, and pillows; critical personal possessions like medications and identification documents; and make traveling to seek health care services logistically impossible due to fear of losing one's possessions and lack of accessible or affordable transportation options.

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<sup>18</sup> Berry et al., "Association between Participation in Counseling and Retention in a Buprenorphine-Assisted Treatment Program for People Experiencing Homelessness with Opioid Use Disorder."

<sup>19</sup> J. Macklin et al., "Cardiovascular disease management and healthcare delivery for people experiencing homelessness: a scoping review," *BMC Health Serv Res* 24, no. 1 (Sep 17 2024), <https://doi.org/10.1186/s12913-024-11503-0>.

<sup>20</sup> Mayer et al., "Encampment Clearings And Transitional Housing: A Qualitative Analysis Of Resident Perspectives."

<sup>21</sup> Emily Van Houweling and Renee Botta, Access to Water and Toilet Facilities for the Unhoused in Denver (Housekeys Action Network of Denver, September 2023), <https://housekeysactionnetwork.com/wp-content/uploads/2024/04/11458-wash-final-20230927.pdf>.

<sup>22</sup> C. N. Schmidt et al., "Patient and provider perspectives on barriers and facilitators to reproductive healthcare access for women experiencing homelessness with substance use disorders in San Francisco," *Women's Health (Lond)* 19 (Jan-Dec 2023), <https://doi.org/10.1177/17455057231152374>; Janey Rountree, Nathan Hess, and Austin Lyke, Health Conditions Among Unsheltered Adults in the U.S., California Policy Lab (October 2019), <https://www.capolicylab.org/wp-content/uploads/2023/02/Health-Conditions-Among-Unsheltered-Adults-in-the-U.S..pdf>.

<sup>23</sup> The Trevor Project, Homelessness and Housing Instability Among LGBTQ Youth (February 3, 2022), <https://www.thetrevorproject.org/research-briefs/homelessness-and-housing-instability-among-lgbtq-youth-feb-2022/>.

<sup>24</sup> Ibid.

## ***Criminalization or involuntary displacement of people experiencing unsheltered homelessness harms mental and physical health***

There is clear evidence showing that encampments of people experiencing homelessness can be linked to the spread of communicable disease such as Hepatitis A virus and shigellosis through inadequate sanitation.<sup>25</sup> Being unsheltered can also make it difficult or impossible to safely store food, creating risks of foodborne illness or attracting pests. However, displacement does not address the root cause of these issues, as lack of access to sanitation and food storage persist. Furthermore, displacement makes it harder for people to maintain safe, stable living conditions and increases interactions with law enforcement. Encampment sweeps, move-along orders, and “quality of life” policing in the absence of adequate housing will exacerbate existing health challenges for people experiencing homelessness where these ordinances are enforced.

- Homelessness and living in public encampments without adequate sanitation has been linked to outbreaks of hepatitis A virus in California, Kentucky, Michigan, and Utah, wherein person-to-person transmission occurred.<sup>26</sup>
- Involuntary displacement exacerbates existing challenges to caring for one’s health while experiencing homelessness. Following displacement from encampments, a qualitative study found that some individuals experienced barriers to accessing medical care, including physical access challenges and reduced motivation to pursue health-related goals. While some maintained access to their healthcare clinics, others lost connection with outreach medical services they had previously relied on for daily medications.<sup>27</sup> Because individuals experiencing homelessness often prioritize food, shelter, and clothing over medical care, which are often lost or damaged during displacement, health care is further relegated.<sup>28</sup> Displacement has also been shown to disrupt outreach efforts.<sup>29</sup>
  - » The threat of forced movement pushes individuals into remote, less visible areas where health outreach and supportive services become harder to access. These conditions prevent continuity of care and make it difficult for unhoused individuals to remain engaged with health services.<sup>30</sup>
  - » In addition to hindering access to treatment, involuntary displacement disrupts management of substance use disorders by decreasing access to treatment and harm reduction services, creating conditions in which people may need to share injection equipment.<sup>31</sup> The likelihood of spreading infectious diseases such as HIV and hepatitis C increases as a result.<sup>32</sup>
  - » Findings from a simulation modeling study of 23 U.S. cities projected that over a 10-year period, involuntary displacement could increase overdose and hospitalizations, decrease initiation of medications for opioid use disorder, and contribute to deaths among people experiencing homelessness who inject drugs.<sup>33</sup>

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<sup>25</sup> Wooten, “Forgotten but Not Gone: Learning From the Hepatitis A Outbreak and Public Health Response in San Diego.”; E. C. Ohlsen et al., “Shigellosis outbreak among persons experiencing homelessness—San Diego County, California, October–December 2021,” *Epidemiol Infect* 152 (Oct 23 2023), <https://doi.org/10.1017/s0950268823001681>.

<sup>26</sup> M. Foster et al., “Hepatitis A Virus Outbreaks Associated with Drug Use and Homelessness - California, Kentucky, Michigan, and Utah, 2017,” *MMWR Morb Mortal Wkly Rep* 67, no. 43 (Nov 2 2018), <https://doi.org/10.15585/mmwr.mm6743a3>; Wooten, “Forgotten but Not Gone: Learning From the Hepatitis A Outbreak and Public Health Response in San Diego.”

<sup>27</sup> Mayer et al., “Encampment Clearings And Transitional Housing: A Qualitative Analysis Of Resident Perspectives.”

<sup>28</sup> Becker and Foli, “Health-seeking behaviours in the homeless population: A concept analysis.”

<sup>29</sup> American Public Health Association, *Protecting the Health and Well-Being of People Living Unsheltered by Stopping Forcible Displacement of Encampments*.

<sup>30</sup> Chiang et al., “Health risk associated with residential relocation among people who inject drugs in Los Angeles and San Francisco, CA: a cross sectional study.”

<sup>31</sup> Ibid.

<sup>32</sup> Ibid.

<sup>33</sup> Joshua A. Barocas et al., “Population-Level Health Effects of Involuntary Displacement of People Experiencing Unsheltered Homelessness Who Inject Drugs in US Cities,” *JAMA* 329, no. 17 (2023), <https://doi.org/10.1001/jama.2023.4800>.



- » A study analyzing survey data from 397 people experiencing homelessness in Denver, Colorado found that involuntary displacement was significantly associated with an increased risk of self-reported infectious diseases, substance and alcohol use, climate-related conditions such as dehydration or heat stroke, and worsening mental health.<sup>34</sup> After controlling for confounding factors, the study did not find significant associations between involuntary displacement and injuries, musculoskeletal and disability outcomes, chronic health outcomes, or chronic mental and emotional issues.
- » Although they are often unreliable, data on homelessness, including point-in-time counts, are used to estimate service and housing needs. The population of unsheltered people experiencing homelessness will become even more difficult to count in municipalities that criminalize sleeping in public spaces because individuals who are displaced often relocate to less visible areas.<sup>35</sup>
- Involuntary displacement can also lead to material hardship and loss of medications or identification documents that allow the bearer to access services.<sup>36</sup> Furthermore, fears of losing property due to “sweeps” hindered job-seeking, service seeking, and even subsistence activities.<sup>37</sup>
  - » Interviewees in a study of households living in temporary shelters in public spaces in Honolulu reported losing belongings like identification documents—such as a driver’s license or birth certificate—needed to access social services, employment and check cashing, and health care during the forced removal of an encampment.<sup>38</sup> Work supplies and clothing were lost, making it difficult to return to work.<sup>39</sup>
  - » Families with children lost school books, clothes, toys, and food.<sup>40</sup> Given that families living unsheltered are experiencing poverty, replacing these items often imposes an impossible financial burden.
- Ordinances that prohibit sleeping in public often lead to increased contact between police and people who are unsheltered. One study that involved interviews with 30 people formerly living in encampments reported that around two-thirds of them had a history of incarceration.<sup>41</sup> Researchers found a significant negative correlation between frequency of police contact and self-reported mental health among people experiencing homelessness in Denver, Colorado.<sup>42</sup> Citations from law enforcement during sweeps can lead to criminal petty misdemeanor charges, fines, and potential jail time, which some research suggests may further entrench individuals in homelessness.<sup>43</sup>

<sup>34</sup> B Meehan et al., “Involuntary displacement and self-reported health in a cross-sectional survey of people experiencing homelessness in Denver, Colorado, 2018-2019.”

<sup>35</sup> Jamie Suki Chang et al., “Harms of encampment abatements on the health of unhoused people,” *SSM - Qualitative Research in Health* 2 (December 1, 2022), <https://doi.org/https://doi.org/10.1016/j.ssmqr.2022.100064>.

<sup>36</sup> American Public Health Association, *Protecting the Health and Well-Being of People Living Unsheltered by Stopping Forcible Displacement of Encampments*.

<sup>37</sup> Jennifer Darrah-Okike et al., ““It Was Like I Lost Everything”: The Harmful Impacts of Homeless-Targeted Policies,” *Housing Policy Debate* 28, no. 4 (July 4, 2018), <https://doi.org/10.1080/10511482.2018.1424723>.

<sup>38</sup> Darrah-Okike et al., ““It Was Like I Lost Everything”: The Harmful Impacts of Homeless-Targeted Policies.”

<sup>39</sup> Ibid.

<sup>40</sup> Ibid.

<sup>41</sup> Mayer et al., “Encampment Clearings And Transitional Housing: A Qualitative Analysis Of Resident Perspectives.”

<sup>42</sup> Westbrook and Robinson, “Unhealthy by design: health & safety consequences of the criminalization of homelessness.”

<sup>43</sup> Darrah-Okike et al., ““It Was Like I Lost Everything”: The Harmful Impacts of Homeless-Targeted Policies.”



- Criminalizing unsheltered homelessness will carry greater risks with the progression of climate change. A survey of people experiencing homelessness in Denver, Colorado found that individuals ordered by police to stop using shelter, such as blankets or sleeping bags, were at a significantly higher risk of health problems related to weather exposure, including frostbite, dehydration, and heatstroke.<sup>44</sup>
- Surrounding communities often bear the cost of displacements in the form of increased hospital stays, incarcerations, and emergency responses.<sup>45</sup>

### ***Group encampments may have protective effects for people experiencing homelessness***

To the extent that *Grants Pass v. Johnson* increases the frequency of encampment sweeps, research suggests that critical social support networks among these vulnerable populations will be disturbed.

Many individuals experiencing homelessness prefer encampments over shelters because they allow for greater control over their lives and possessions.<sup>46</sup> Encampment residents have reported experiencing a sense of security and community through social networks and mutual support.<sup>47</sup> In some cases, encampments can support social bonds and a sense of stability, especially for individuals with limited access to traditional shelters.<sup>48</sup> Unhoused individuals in encampments may look out for each other and provide mutual aid, such as sharing food or guarding belongings.<sup>49</sup> This builds social capital, a necessary component of transitioning out of homelessness.<sup>50</sup>

- A survey of 484 individuals experiencing homelessness in Denver, Colorado, revealed that safety, the value of community, and being able to share resources were key reasons for sleeping in visible groups in the city center.<sup>51</sup> Interviews with former encampment residents in Boston found that some residents felt safer in the encampment than living in a shelter or living unsheltered. They reported that they looked out for each other for safety and to help keep their personal belongings secure.<sup>52</sup>
- Another study that surveyed and interviewed encampment residents in Toronto reported how residents worked together to take care of their basic needs, including finding food and washrooms, and the importance of mutual support such as sharing donated items and other resources, and helping maintain each other's tents and living spaces.<sup>53</sup>

<sup>44</sup> Westbrook and Robinson, "Unhealthy by design: health & safety consequences of the criminalization of homelessness."

<sup>45</sup> American Public Health Association, *Protecting the Health and Well-Being of People Living Unsheltered by Stopping Forcible Displacement of Encampments*.

<sup>46</sup> Darrah-Okike et al., "It Was Like I Lost Everything": The Harmful Impacts of Homeless-Targeted Policies."; National Law Center on Homelessness & Poverty, *Housing Not Handcuffs* 2019.

<sup>47</sup> M. Cusack et al., "At the Intersection of Homeless Encampments and Heroin Addiction: Service Use Barriers, Facilitators, and Recommendations from the City of Philadelphia's Encampment Resolution Pilot," *Soc Work Public Health* 36, no. 2 (January 24 2021), <https://doi.org/10.1080/19371918.2021.1877591>; B. Allen and M. L. Nolan, "Impact of a Homeless Encampment Closure on Crime Complaints in the Bronx, New York City, 2017: Implications for Municipal Policy," *J Evid Based Soc Work* 19, no. 3 (February 27 2022), <https://doi.org/10.1080/26408066.2022.2043797>.

<sup>48</sup> Chang et al., "Harms of encampment abatements on the health of unhoused people."

<sup>49</sup> Ibid.

<sup>50</sup> R. Rosenheck et al., "Service delivery and community: social capital, service systems integration, and outcomes among homeless persons with severe mental illness," *Health Serv Res* 36, no. 4 (Aug 2001).

<sup>51</sup> Westbrook and Robinson, "Unhealthy by design: health & safety consequences of the criminalization of homelessness."

<sup>52</sup> Mayer et al., "Encampment Clearings And Transitional Housing: A Qualitative Analysis Of Resident Perspectives."

<sup>53</sup> Lisa M. Boucher et al., "They have their security, we have our community": Mutual support among people experiencing homelessness in encampments in Toronto during the COVID-19 pandemic," *SSM - Qualitative Research in Health* 2 (December 1, 2022), <https://doi.org/10.1016/j.ssmqr.2022.100163>.

- In some cases, the stability of encampments may facilitate medical outreach efforts. For example, an encampment in the Bronx allowed health workers to provide harm reduction tools (e.g., sterile injection equipment) and overdose prevention resources due to its stable location.<sup>54</sup>
- Outdoor encampments might reduce the risk of spreading communicable respiratory viruses as compared to shelters. One study that tested a combined total of 823 individuals experiencing homelessness in Denver, Colorado for SARS-CoV-2—or COVID-19—RNA, antibodies, or both, found a significantly higher incidence of both amongst participants tested at overnight shelters compared to those tested at encampments.<sup>55</sup>

### ***Encampment sweeps do not necessarily promote neighborhood safety, security, and public health***

Policymakers have touted encampment sweeps as an effective policy to reduce neighborhood crime, but several studies examining associations between sweeps and crime incidents revealed modest to no discernible effects and, in some cases, decreases to neighborhood safety.

- One study that analyzed crime complaints in conjunction with the closure of a major encampment in the Bronx found no significant reduction in complaints within a mile radius of the former site in the month following its closure.<sup>56</sup>
- Disruption of encampment communities via displacement can decrease neighborhood safety and security.
  - » Forced relocation significantly increases the odds of criminal-legal system involvement, including arrests and incarceration.<sup>57</sup> Forced displacement spreads these challenges across new areas, potentially increasing crime rates as people are forced into unfamiliar and unsafe environments.<sup>58</sup>
  - » A recent study analyzed crime data in conjunction with encampment sweeps in Denver, Colorado revealed that the program had mixed results. While automobile theft and public disorder crimes (including loitering, prostitution, harassment) decreased modestly and temporarily in the days following encampment sweeps, “crimes against persons” including murder and assaults increased in some areas.<sup>59</sup> The authors suggest that the community destabilization following the encampments’ clearing contributed to this rise in violent crime, ultimately decreasing neighborhood safety.<sup>60</sup> Another researcher observed that “move-along orders provoke conflict among individuals trying to survive in limited public spaces.”<sup>61</sup>
  - » People experiencing homelessness are also more likely to be victims of crime in the wake of involuntary displacement.

<sup>54</sup> Allen and Nolan, “Impact of a Homeless Encampment Closure on Crime Complaints in the Bronx, New York City, 2017: Implications for Municipal Policy.”

<sup>55</sup> S. E. Rowan et al., “Lower Prevalence of Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) Infection Among People Experiencing Homelessness Tested in Outdoor Encampments Compared With Overnight Shelters: Denver, Colorado, June-July 2020,” *Clin Infect Dis* 75, no. 1 (January 18, 2022), <https://doi.org/10.1093/cid/ciac039>.

<sup>56</sup> Allen and Nolan, “Impact of a Homeless Encampment Closure on Crime Complaints in the Bronx, New York City, 2017: Implications for Municipal Policy.”

<sup>57</sup> Chang et al., “Harms of encampment abatements on the health of unhoused people.”

<sup>58</sup> Chiang et al., “Health risk associated with residential relocation among people who inject drugs in Los Angeles and San Francisco, CA: a cross sectional study.”

<sup>59</sup> Padmanabhan et al., “Association of Involuntary Displacement of People Experiencing Homelessness and Crime in Denver, CO: A Spatiotemporal Analysis.”

<sup>60</sup> Ibid.

<sup>61</sup> Chris Herring, “Complaint-Oriented Policing: Regulating Homelessness in Public Space,” *American Sociological Review* 84, no. 5 (2019), <https://doi.org/10.1177/0003122419872671>.

- People who are unsheltered and frequently move to avoid the police are more than twice as likely to be victims of physical assault as those who do not, and were 39% more likely to be robbed.<sup>62</sup> Another study found that participants experiencing homelessness who had to relocate in the past 30 days had an increased prevalence of reporting stolen belongings, physical assault, and weaponized assault compared to participants who had not been moved.<sup>63</sup>
- Former encampment residents reported that displacement from encampments led to increased vulnerability to sexual assaults and theft of belongings, with participants noting that women faced particularly high safety risks.<sup>64</sup>

### ***Minoritized groups, including sexual and gender minority youth, are most likely to be affected by Grants Pass v. Johnson***

Involuntary displacement and encampment sweeps take a toll on the mental and physical wellbeing of individuals experiencing homelessness, with outsized effects for minoritized groups within these populations.<sup>65</sup> Displacement exacerbates health challenges related to regular medication usage, exposure to weather, access to mental, physical, and behavioral health care, and lack of personal safety. Sexual and gender minority youths are disproportionately affected by homelessness, with 28% of LGBTQ youth reporting ever having experienced homelessness or housing instability.<sup>66</sup> Among youth experiencing homelessness to varying degrees, those who identify as sexual minorities (lesbian, bisexual, gay, questioning) are disproportionately represented among all homeless youth.<sup>67</sup> Bisexual youth tend to fare worse compared to their gay or lesbian peers.<sup>68</sup> Homeless bisexual youth exhibit poorer mental health and are far more likely to experience depression compared to their gay and lesbian counterparts.<sup>69</sup>

### ***Implementation considerations for health***

This judicial note did not focus on reasons that people are unsheltered; however, in considering the health impacts of the Grants Pass decision, there are important points to consider.

As noted above, previous legal arguments held that ordinances prohibiting individuals experiencing homelessness from sleeping in public spaces in the absence of adequate alternative shelter availability constituted cruel and unusual punishment. In cities across the country, there are not enough shelter beds available to meet demand. The same is true in Grants Pass, Oregon, where there were 600 people experiencing homelessness and only 138 shelter beds available as of 2023.<sup>70</sup> However, the number of beds does not fully

<sup>62</sup> Westbrook and Robinson, “Unhealthy by design: health & safety consequences of the criminalization of homelessness.”

<sup>63</sup> Chiang et al., “Health risk associated with residential relocation among people who inject drugs in Los Angeles and San Francisco, CA: a cross sectional study.”

<sup>64</sup> Mayer et al., “Encampment Clearings And Transitional Housing: A Qualitative Analysis Of Resident Perspectives.”

<sup>65</sup> American Public Health Association, *Protecting the Health and Well-Being of People Living Unsheltered by Stopping Forcible Displacement of Encampments*.

<sup>66</sup> The Trevor Project, *Homelessness and Housing Instability Among LGBTQ Youth*.

<sup>67</sup> D. Siconolfi et al., “Health, Homelessness Severity, and Substance Use among Sexual Minority Youth Experiencing Homelessness: A Comparison of Bisexual Versus Gay and Lesbian Youth,” *J Sex Res* 57, no. 7 (Sep 2020), <https://doi.org/10.1080/00224499.2019.1695723>.

<sup>68</sup> Siconolfi et al., “Health, Homelessness Severity, and Substance Use among Sexual Minority Youth Experiencing Homelessness: A Comparison of Bisexual Versus Gay and Lesbian Youth.”

<sup>69</sup> Ibid.

<sup>70</sup> Claire Rush, “Can homeless people be fined for sleeping outside? A rural Oregon city asks the US Supreme Court,” *AP*, April 14, 2024, <https://apnews.com/article/grants-pass-oregon-supreme-court-homeless-encampments-a8dcddb518bd76b11d409666c06701b8>.

explain the total population of individuals experiencing unsheltered homelessness. Many shelters have requirements that may effectively constitute barriers to use, including requiring sobriety and participating in religious services, inability to support individuals with mental health disorders, and inability to accommodate family units or even pets.<sup>71</sup> The shelter in Grants Pass requires sobriety and participation in religious services.<sup>72</sup>

Furthermore, some individuals may choose to sleep unsheltered due to perceptions of danger and poor conditions in available shelters.<sup>73</sup> Congregate environments such as overcrowded and poorly ventilated shelters can increase the spread of transmissible illnesses. For example, people experiencing homelessness are frequently at a higher risk of contracting tuberculosis (TB) or having comorbidities that raise TB risk than those who are not homeless.<sup>74</sup>

Some cities that employ encampment sweep policies and other “quality of life” policing practices aimed at their unsheltered populations cite hazards related to camping publicly, including from open fires, public urination and defecation, and improperly stored food attracting pests. However, sweeps and move along orders do not permanently resolve this issue. One report argues that cities could instead provide sanitation and cooking facilities to address these needs.<sup>75</sup>

The rise in rates of homelessness appears to be linked to increasing housing costs and wages that can’t keep up.<sup>76</sup> Until this country addresses the lack of affordable housing, the issues raised in this note will persist. While the Supreme Court ruled that enforcing public camping laws does not violate the Eighth Amendment’s ban on cruel and unusual punishment, seeing the Grants Pass case through the lens of humanity could help guide efforts to both help people leave public encampments and move to safe and quality transitional or permanent housing. Moreover, jurisdictions could provide access to low-barrier additional shelters that are safe, high quality, and designed and run to address the concerns of people who rely on them. At a minimum, ensuring access to sanitation facilities for people experiencing homelessness has been shown to help to prevent transmission and outbreaks of communicable illnesses.<sup>77</sup>

Some proponents of encampment sweeps claim that displacement motivates unhoused individuals to seek housing, employment, and treatment for mental health or substance use disorders. However, evidence suggests that forced removals often result in encampment residents relocating to new outdoor spaces rather than securing stable housing, with negative impacts on access to health services, mental health and well-being, and public health.<sup>78</sup>

The Housing First model, which prioritizes connecting people to permanent housing options, is one evidence-based approach to addressing homelessness. This process increases housing retention, lowers medical costs, and increases health outcomes.<sup>79</sup>

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<sup>71</sup> Suzanne Skinner and Sara Rankin, *Shut Out: How Barriers Often Prevent Meaningful Access to Emergency Shelter* (SSRN, May 10, 2016).

<sup>72</sup> Rush, “Can homeless people be fined for sleeping outside? A rural Oregon city asks the US Supreme Court.”

<sup>73</sup> Skinner and Rankin, *Shut Out: How Barriers Often Prevent Meaningful Access to Emergency Shelter*.

<sup>74</sup> S. M. Marks et al., “Diagnosis, Treatment, and Prevention of Tuberculosis Among People Experiencing Homelessness in the United States: Current Recommendations,” *Public Health Rep* 138, no. 6 (Nov-Dec 2023), <https://doi.org/10.1177/00333549221148173>.

<sup>75</sup> National Law Center on Homelessness & Poverty, *Tent City, USA: The Growth of America’s Homeless Encampments and How Communities are Responding* (2017), [https://homelesslaw.org/wp-content/uploads/2018/10/Tent\\_City\\_USA\\_2017.pdf](https://homelesslaw.org/wp-content/uploads/2018/10/Tent_City_USA_2017.pdf).

<sup>76</sup> Ibid.

<sup>77</sup> Ohlsen et al., “Shigellosis outbreak among persons experiencing homelessness-San Diego County, California, October-December 2021.”

<sup>78</sup> American Public Health Association, *Protecting the Health and Well-Being of People Living Unsheltered by Stopping Forcible Displacement of Encampments*.

<sup>79</sup> Ibid.

Models of care that integrate housing with clinical care may better address both social and medical needs than current models. One study outlines a model of transitional housing and substance-use disorder clinical treatments for people transitioning out of tent encampments and described early-stage results. The model, a harm reduction strategy, included 60 beds of transitional housing, without any sobriety requirements, and a substance-use disorder clinic. In the first year of operation, 100 people entered the transitional housing program. Of those, 25 (25%) were transferred to permanent housing and 59 remained housed. Four died of overdose or substance-related illness. Forty-nine residents engaged with substance-use disorder treatment, and all residents engaged with case management. The clinic also saw patients not in the housing program. Of the 1722 patients with clinical visits, 566 (33%) were linked to ongoing treatment at an Opioid Treatment Program. This intervention serves as a potential example of a feasible and acceptable harm reduction approach supporting people experiencing homelessness with a substance-use disorder.<sup>80</sup>

## **Appendix: Methodology**

### **How and why was this case selected?**

The Health in All Policies Initiative selected the City of Grants Pass v. Johnson for judicial health note analysis due to its timeliness and compliance with the judicial health note screening criteria. The case meets the selection criteria because of the lack of public health discourse presented during the case, and its relevance to the Addiction and Overdose, Adolescent Health, and Environmental Challenges focus areas of the Bloomberg American Health Initiative.

### **Research methodology**

Once the case was selected for analysis, a research team from the Health in All Policies Initiative hypothesized connections, or pathways, between the ruling, health determinants, and health outcomes. These hypothesized pathways were developed using research team expertise and a preliminary review of the literature. The ruling was mapped to steps on these pathways and the team developed research questions and a list of keywords to search. The research team reached consensus on the final conceptual model, research questions, contextual background questions, keywords, and keyword combinations. The conceptual model, research questions, search terms, list of literature sources, and draft health note were peer-reviewed by one external subject matter expert. The expert also reviewed a draft of the health note. A copy of the conceptual model is available upon request.

The Health in All Policies Initiative developed and prioritized 8 research questions:

- To what extent does public camping allow homeless individuals to access health-supporting services, such as substance use treatment, addiction counseling, and medical treatment for chronic conditions?
- To what extent is public camping safer or more dangerous than sleeping in shelters?
- To what extent do public encampments of homeless individuals affect local crime rates? To what extent does involuntary displacement from encampments impact area crime and/or local public health?
- To what extent do public encampments of homeless individuals affect the spread of infectious illnesses such as Covid-19, RSV, and influenza?
- To what extent does involuntary or forced displacement from encampments affect management of illness or substance use disorders for homeless individuals? Spread of communicable disease?

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<sup>80</sup> Miriam Komaromy et al., "Facilitating exit from encampments: combining low-barrier transitional housing with stabilizing treatment for substance related problems," *Addiction Science & Clinical Practice* 18, no. 1 (2023/10/26 2023), <https://doi.org/10.1186/s13722-023-00420-y>, <https://doi.org/10.1186/s13722-023-00420-y>.



- To what extent do encampments have protective effects for individuals experiencing homelessness, such as personal property storage, social support?
- What are effective strategies to mitigate the harm of displacement?
- To what extent do municipal resources including health care utilization change with involuntary displacement?

The research team next conducted an expedited literature review using a systematic approach to minimize bias and answer each of the identified research questions.<sup>81</sup> The team limited the search to systematic reviews and meta-analyses of studies first, since they provide analyses of multiple studies or address multiple research questions. If no appropriate systematic reviews or meta-analyses were found for a specific question, the team searched for nonsystematic research reviews, original articles, and research reports from U.S. agencies and nonpartisan organizations. The team limited the search to electronically available sources published between 2019 and 2024. The research team searched PubMed and EBSCO databases along with the following leading journals in public health, as well as sector-specific journals suggested by subject matter experts for this analysis to explore each research question: *American Journal of Public Health*; *Social Science & Medicine*; *Health Affairs*; *Journal of Adolescent Health*; *Health & Social Work*; *Journal of Community Health*; and *Journal of Urban Health*.<sup>82</sup> For all searches, the team used the following search terms: public encampment, homelessness, substance use, medical treatment, unsheltered homeless, unaccompanied homeless youth, public camping, homeless shelter, safety, crime, violence, homeless displacement, communicable disease, encampment sweeps, involuntary displacement, and camping bans. The team also searched the U.S. Department of Housing and Urban Development and the National Alliance to End Homelessness for additional resources outside of the peer-reviewed literature. After following the above protocol, the team screened 247 titles and abstracts,<sup>83</sup> identified 51 abstracts for potential inclusion, and reviewed the full text corresponding to each of these abstracts. After applying the inclusion criteria, 28 articles were excluded. Six additional sources were identified upon review of the included articles. A final sample of 29 articles, including one scoping review, was used to create the health note. In addition, the team used 12 references to provide contextual information. Of the studies included, the Health in All Policies Initiative qualitatively described and categorized the strength of the evidence as: not well researched, mixed evidence, a fair amount of evidence, strong evidence, or very strong evidence. The evidence categories were adapted from a similar approach from Washington State.<sup>84</sup>

**Very strong evidence:** the literature review yielded robust evidence supporting a causal relationship with few if any contradictory findings. The evidence indicates that the scientific community largely accepts the existence of the relationship.

**Strong evidence:** the literature review yielded a large body of evidence on the association, but the body of evidence contained some contradictory findings or studies that did not incorporate the most robust study designs or execution or had a higher-than-average risk of bias; or some combination of those factors.

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<sup>81</sup> M Expedited reviews streamline traditional literature review methods to synthesize evidence within a shortened timeframe. Prior research has demonstrated that conclusions of a rapid review versus a full systematic review did not vary greatly. M.M. Haby et al, "What Are the Best Methodologies for Rapid Reviews of the Research Evidence for Evidence-Informed Decision Making in Health Policy and Practice. A Rapid Review," *Health Research Policy and Systems* 14, no. 1 (2016): 83, <https://doi.org/10.1186/s12961-016-0155-7>.

<sup>82</sup> *American Journal of Public Health*, *Social Science & Medicine*, and *Health Affairs* were selected using results from a statistical analysis completed to determine the leading health research journals between 1990 and 2014 and in consultation with policing and criminal justice experts. Merigó, José M., and Alicia Núñez, "Influential Journals in Health Research: A Bibliometric Study" *Globalization and Health* 12.1 (2016), <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4994291/>.

<sup>83</sup> Many of the searches produced duplicate articles. The number of sources screened does not account for duplication across searches in different databases.

<sup>84</sup> Washington State Board of Health, *Health Impact Review of HB 2969* (February 19, 2016), <http://sboh.wa.gov/Portals/7/Doc/HealthImpactReviews/HIR-2016-05-HB2969.pdf>.

**A fair amount of evidence:** the literature review yielded several studies supporting the association, but a large body of evidence was not established; or the review yielded a large body of evidence, but findings were inconsistent with only a slightly larger percent of the studies supporting the association; or the research did not incorporate the most robust study designs or execution or had a higher-than-average risk of bias.

**Mixed evidence:** the literature review yielded several studies with contradictory findings regarding the association.

**Not well researched:** the literature review yielded few if any studies, or yielded studies that were poorly designed or executed or had high risk of bias.

### ***Expert Reviewer***

This document benefited from the insights and expertise of Joshua Barocas, MD, Associate Professor of Medicine at the University of Colorado, Anschutz Medical Campus. Although he reviewed the materials and found the approach to be sound, neither Dr. Barocas nor his institution necessarily endorse its findings or conclusions.

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