



TAMING THE PERFECT STORM

Addressing the Impact of Public Health, Housing, and Law Enforcement Policies on Homelessness and Health in South Los Angeles

A Human Rights Approach to Health

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Executive Summary

This report is the product of a unique South Los Angeles-based coalition of health service providers, community health workers/promotoras, tenant organizers, and affordable housing and civil rights advocates. The complex problem of homelessness and poor health in South Los Angeles is shaped by key local housing, health and law enforcement policies and conditions, some of which we have identified in prior work and continue to address.ⁱ
[1]

Service providers, organizers and advocates in our collaborative have all witnessed the deleterious health and human rights impact of a recent series of public ordinances and law enforcement initiatives in South Los Angeles and Skid Row which disproportionately and often unjustly affect extremely poor and homeless persons. These programs have combined with other powerful trends, including the scarcity of local permanent supportive and affordable housing, the displacement of homeless and low-income residents due to gentrification downtown and along the Figueroa Corridor, evictions and the foreclosure crisis, the closing of Martin Luther King Jr.-Harbor Hospital, the historic underfunding of South Los Angeles community clinics by the Los Angeles County Department of Health Services, and the weakening of the local public health safety-net. Together, these forces have created a perfect storm for the homelessness and health crisis in South Los Angeles. Now, as the federal banking and credit crisis unfolds, South Los Angeles has become a bellwether for the nation, highlighting the fundamental challenges facing America's increasingly stressed communities.

We conducted surveys of homeless individuals and service providers to document and define this perfect storm more clearly. Results from our work highlight the direct impact of damaging policies and trends on the health of homeless persons living in South Los Angeles.

Of the homeless persons we surveyed in South Los Angeles:

- Only 28% indicated that they had a usual source of medical care.
- 38% reported having a mental health condition.
- Nearly half (46%) reported a need for dental care in the past year. However, 59% of those who needed dental care did not receive it.
- 32% of those who reported receiving medical care at Martin Luther King Jr.-Harbor Hospital within the past two years indicated that the hospital's closure decreased their ability to get medical care.
- An astonishing 42% of those who rented in the last five years became homeless because they were unable to afford a rent increase.
- Nearly 3 in 10 homeless individuals have experienced an eviction (27%).

- 1 out of every 3 (34%) homeless individuals reported having had an interaction with law enforcement in the past year.
 - 60% of those who had interactions with law enforcement reported that they had to move from where they usually slept or stayed because of those interactions.
 - 21% of homeless individuals reported receiving a ticket or citation in the past year.
 - More than 1 out of every 6 homeless individuals has been fined for a citation or other violation in the past year.
 - Less than a quarter of those who had interactions with law enforcement in the past year reported being offered shelter or services. (23%)

In light of these structural factors and challenges, our collaborative raised crucial questions.

- To what extent are public resources being used to increase homelessness and punish homeless people in South Los Angeles rather than prevent homelessness and support those who are homeless?
- How do these policies impact the health of homeless persons in South Los Angeles?
- How can policies to address homelessness at the local, state, and federal level enhance rather than diminish human rights and the provision of health care services in South Los Angeles?

This report from the South Los Angeles Homelessness Prevention and Intervention Collaborative (HPIC):

- Develops a common language to understand the health impact of current trends in housing availability, displacement, law enforcement policy, and health services in South Los Angeles
- Provides important evidence of the health needs and experiences of homeless individuals and service providers in South Los Angeles based on original community-based participatory research
- Offers a human rights approach to health to equip advocates, service providers, policymakers, and media to better address poor health and homelessness in South Los Angeles
- Offers specific recommendations to improve health and homelessness in South Los Angeles

Key Recommendations:

- **Support the Right to Health**
 - Increase primary health care funding, investment and equity in South Los Angeles
 - Fund integration of behavioral health and primary care services in South Los Angeles
 - Support the creation of a South Los Angeles Cooperative Health Care for Homeless Network.
- **Support the Right to Housing**
 - Support a “Housing First” strategy
 - Support the Preservation and Expansion of Affordable Housing Stock in South Los Angeles
 - Prevent Displacement of Homeless Families and those at-risk for Homelessness due to Gentrification, Evictions, and Foreclosures
- **Support the Right to Security**
 - Replace the Safer Cities Initiative emphasis on Jails and Citations with Housing and Services
- **Shift the Policy Debate and Generate Political Will**
 - Adopt a Human Rights Approach to Health in South Los Angeles

We recognized that our collaborative’s long history of coordinated community-based public and community health activities, prior analytical achievements, and demonstrated commitment to our community made us well-suited to offer a unique framework to understand and address the social determinants of homelessness and poor health in South Los Angeles.

We believe an advocacy-oriented Human Rights Approach to Health, grounded in local experience and aimed at specific policy changes, can best serve to shift the policy debate from silo-based shortsighted approaches to a coalition-based results-oriented strategy to improve the health and economic well being of South Los Angeles and communities like it nationwide.

Introduction

This report is the product of a collaborative partnership among the following community-based organizations, each of which possesses a unique working perspective of the homelessness crisis in South Los Angeles.

- **St. John's Well Child and Family Center (St. John's)**
A network of federally qualified health centers and school-based clinics providing medical, dental, and mental health services to more than 75,000 annual patient-visits. St. John's provides a medical home to over 25,000 low-income individuals in downtown and South Los Angeles at eleven sites in South Los Angeles.
- **Strategic Actions for a Just Economy (SAJE)**
An economic justice organization that has helped create vehicles for accountable development in the Figueroa Corridor. A primary focus of SAJE has been to educate and organize tenants about their rights, build their capacity to increase those rights, and to combat slum housing conditions, housing displacement, and illegal evictions.
- **Esperanza Community Housing Corporation (Esperanza)**
A community development organization with a unique health capacity. In addition to developing 269 units of quality affordable housing for very low income families, Esperanza has also developed a health promotion training program that sets a standard in the nation. Esperanza has trained over 300 bilingual health promoters, most of who are from downtown and South Los Angeles.
- **LA Community Action Network (LA CAN)**
A grassroots organization focused primarily on housing and civil rights. Based in the downtown community, LA CAN organizes Los Angeles' poorest residents to prevent displacement, increase access to safe and affordable housing, and build a healthy and equitable downtown and South Los Angeles.
- **Southside Coalition of Community Health Centers (SCCHC)**
Established in 2004, a network of autonomous non-profit community clinics that have joined together to better sustain, coordinate, and improve healthcare to under or uninsured people in the South Los Angeles Area.

This group represents a unique South Los Angeles-based coalition of health service providers, community health workers/promotoras, tenant organizers, and affordable housing and civil rights advocates. Driven by the needs of common constituents and a shared commitment to health and human rights, our organizations have a long history of working together to build groundbreaking community-based public health initiatives. The *Better Neighborhoods, Same Neighbors Initiative*, for instance, identified critical connections between growing health disorders, such as childhood asthma and lead poisoning, and slum housing in South Los Angeles and the Figueroa Corridor.[1] Based on groundbreaking findings from that initiative, we proposed and have been implementing innovative recommendations to improve the health and housing rights of South Los Angeles residents. Now, with the *Taming the Perfect Storm* Report, we offer an original framework to understand and address the latest combined assault on our community's health.

Methods

Our collaborative developed several innovative community-based research methods to understand the complex relationships among the major determinants of poor health and homelessness in South Los Angeles.

These include:

- Health, Displacement, and Law Enforcement Homeless Survey 2008
We developed a survey based on input from all collaborative partners, assistance from local academic researchers, and a focus group of experienced staff. The survey's purpose was to explore links among homeless individuals' experiences of health needs and services, housing and displacement, and interactions with law enforcement. Information gathered through this survey serve as valuable baseline data for all South LA homeless service providers and advocates.
 - 100+ item cross-sectional survey
 - Sample Size : 360 surveys.
 - Methods: Convenience sampling in area shelters, streets, and community clinics within three geographic areas of South Los Angeles (Compton, South Central, Downtown/Figueroa Corridor area)
- Ethnographic: Personal Narratives
- Key informant interviews
- Online survey of South LA homeless service providers
- An exhaustive literature search was conducted on PubMed and Library of Congress using the following terms; "homeless", "health" "health care" "police", " law enforcement", "gentrification," "evictions," "displacement," and "Los Angeles" "human rights" and " social determinants of health."

Understanding the Perfect Storm

Social Determinants of Health in South Los Angeles

A growing body of evidence reveals that public ordinances and criminal justice initiatives like the ones in South Los Angeles and Skid Row disproportionately and often unjustly affect homeless persons.[2-15] These programs, combined with the scarcity of local supportive and affordable housing, the displacement of low-income residents due to the foreclosure crisis and gentrification downtown and along the Figueroa Corridor, the historic underfunding of South Los Angeles community clinics and primary care services in south Los Angeles by the Los Angeles County Department of Health Services [16], and the weakening of the local public health safety-net evidenced by the closing of Martin Luther King Jr.-Harbor Hospital, have led to the health and homelessness crisis in South Los Angeles. Each of these negative social forces amplifies the other, creating a perfect storm in the communities we serve.

Using a common language

Each of our collaborative partners has been uniquely positioned to bear witness to the effect of these forces on homelessness and health in downtown and South Los Angeles. However, these complex forces often remain unexamined in context because health and homeless service providers, advocates, policymakers and the media lack a common language to describe these forces.

Without a common language, “silos” of activity develop within the realms of health care, homeless services, housing policy, and law enforcement. Independently crafted funding streams, policies, and evaluation plans develop without substantive regard to one another. As a result, we miss the collective opportunity to significantly improve health in South Los Angeles.

Our collaborative’s first challenge, therefore, was to provide a common language for understanding the homelessness crisis in South Los Angeles. Over several months of consultation with partners, we decided upon the term, “Social Determinants of Health,” to define the major forces that shape health in South Los Angeles. “Social determinants of health” is a term that is increasingly common in public health and social science research and advocacy communities. Broadly defined, social determinants of health are the economic and social conditions under which people live which determine their health. A significant and growing body of research has begun to reverse the simplistic understanding that a person’s health and well being is entirely and only influenced by genetic and biomedical factors. Instead, research supports what health care providers and advocates have known for a long time from direct experience - a person’s well being is determined by downstream influences of personal choice and health behavior as well as powerful upstream forces that define a person’s social and economic environment. In the context of South Los Angeles, understanding and using “social determinants of health” will allow service providers, advocates, researchers, and policymakers a common language to address the multiple social forces that affect residents.



Agustina and Son

Photo: Andrea Gibbons

A Human Rights Approach to Health

"Everyone has the right to a standard of living adequate for...health and well-being of himself and his family, including food, clothing, housing, medical care and the right to security in the event of...sickness, disability..."

-Universal Declaration of Human Rights, Article 25, 1948 [17]

By establishing the guarantee of a human right to health in international law, the Universal Declaration of Human Rights and subsequent international covenantsⁱⁱ reaffirmed the principle that the right to health is crucial to the realization of other fundamental human rights and freedoms. Adopted six decades ago by the US and other member nations of the United Nations General Assembly, the Universal Declaration of Human Rights also laid the foundation of a framework to understand and improve the various factors, such as access to 'housing, medical care, and the right to security', that are the major determinants of health.

This human rights framework has emerged as a powerful and robust tool to understand social determinants for health and advocate for needed changes in national social and economic policies. Framing health care reform as a matter of right, for instance, establishes a mechanism for government accountability and encourages public participation in the decisions that affect their well-being.[18] There are several reasons why a human rights framework can be an effective means to address the varied forces at play in South Los Angeles. As Maria Foscarnis of the National Law Center on Homelessness and Poverty describes,

First, public debate about poverty and poor people has become increasingly punitive and marginalizing, with poor people and especially homeless people stereotyped and blamed for their condition. The terms of public discussion have practical implications, as homeless and poor people are criminalized for conduct directly related to their condition, and in some cases are beaten or murdered.

Human rights discourse, on the other hand, is tremendously equalizing: everyone has rights—regardless of status—simply by virtue of being human. Everyone has responsibilities as well. No one is singled out. A human rights approach thus has the potential to reframe public debate and perception, and eventually, to affect actions...

Human rights advocacy can be a powerful grassroots tool for organizing communities to press for change [19]

Having developed a common language to define the disparate forces that influence health and homelessness in South Los Angeles, our collaborative chose to adapt the human rights and health framework, commonly used at the national or international level, to develop concrete strategies for patients and clients in our own community. Bringing an approach based in international human rights and health to bear in South Los Angeles has already proven to be useful within the short period of our collaborative's planning phase. In conversations and presentations, South Los Angeles service providers, advocates and

residents are asked to place the community's civil rights history and current challenges in the context of international experience in health and human rights. By providing a new rights-based perspective grounded in local and international experience, this approach has helped build a necessary sense of urgency, dialogue and collaboration to address the perfect storm in South Los Angeles.

Agustina

In 2002, Agustina was forced to leave her abusive husband and the father of her two sons. She took both her boys but because her husband was the family bread winner she had no money, transportation nor housing. They were left homeless for a year. Living from shelter to shelter and motel to motel, life wasn't stable. Agustina had never held a job and didn't know what to do. She finally found work in a garment factory that paid below minimum wage. However abusive the job was, it provided barely enough income to rent her own 1 room apartment with her two teenage boys.

From 2003-2005, Agustina Ramirez and her two sons lived in a single room with a bathroom in the Morrison Hotel located in Downtown Los Angeles. The 111 unit slum residential hotel was home to over 200 residents of Los Angeles who lived in horrific conditions. She recalls how her family's health suffered.

Agustina and her family were forced to double wrap their food and hang it on a rope located in the middle of the room in order to keep vermin from their food. She woke on occasion with cockroaches in her ear. The entire family suffered from rashes all over their body due to constant contact w/ roaches. Agustina and her two boys can recount countless situations where they found roaches in recently cooked food, which at times caused the entire family to suffer from stomach infections & diarrhea.

Raw sewage constantly backed up their plumbing and flooded their entire apartment. Due to exposed lead paint, cockroaches, vermin and moist cramped housing conditions, Agustina's children often had asthma exacerbations. Under constant intimidation from building management along with physical assaults on their health, Agustina and her boys were emotionally distressed and slept poorly.

These slum conditions led to a private lawsuit that allowed tenants to sue the building owner. Agustina was awarded compensation for her damages, but due to her limited income and the current housing market, she is paying twice the rent for continued slum conditions that threaten her and her family's health.

Already faced with chronic and mounting health problems, Agustina's family remains at-risk for homelessness.

-Davin Corona, SAJE

Components of the South Los Angeles Human Rights Approach to Health and Homelessness:

1) Identify Vulnerability: Homeless Families and Families At-Risk of Homelessness

Like other service providers and advocates in South Los Angeles, members of our collaborative recognize that unsheltered individuals and families represent the most vulnerable members of a larger neglected pool of those who are homeless or at-risk for homelessness. With the unfolding foreclosure crisis and displacement from gentrification, an increasing number of families in South Los Angeles are vulnerable/at-risk homelessⁱⁱⁱ. These include formerly homeless individuals who have recently found temporary or permanent housing. Our human rights to health approach to homelessness starts by acknowledging that all South Los Angeles residents, not just those who are currently homeless, face challenges to their health and housing status.

2) Understand the Social Determinants of Health in South LA

A successful strategy to confront the perfect storm of homelessness and poor health in South Los Angeles requires all partners to recognize the multiple social determinants of health that create diverse challenges for our community. For example, current law enforcement policies targeting homeless people, the scarcity of local supportive and affordable housing, the current and increasing stock of slum housing, the displacement of low-income residents caused by gentrification, evictions, and foreclosures, the underinvestment of county health resources and the weakening of the local public and community health safety-net are powerful interrelated “social determinants of health” in South Los Angeles.

3) Affirm that Access to Health Care is a Human Right

Health is “a social goal whose realization requires the action of many social and economic sectors in addition to the health sector”[20] Representatives from 134 nations and 67 international organizations gathered to pledge to this ‘social goal’ of health at the Alma Ata conference 30 years ago. In the process, they affirmed the long lineage of international covenants dating back to the Universal Declaration of Human Rights in 1948 that defined health as a human right. In contrast with a commodity-based definition of health that benefits vested interests, framing health care as a matter of right establishes a powerful mechanism for government accountability and encourages public participation in the decisions that affect our lives and well being. [18]

4) Affirm that Housing is Health Care

Adequate housing is universally viewed as one of the most basic human needs.[17, 21]
^{iv} Research supports the World Health Organization assertion that “housing is the single most important environmental factor associated with disease conditions and higher mortality and morbidity rates.”[22] Policies that decrease affordable housing stock, allow slum housing conditions to persist and deteriorate further, increase displacement due to gentrification at the expense of low-income working families, and fail to prevent predatory “sub prime” mortgages and illegal evictions diminish health and human rights of all South Los Angeles residents.

In South Los Angeles, therefore, we assert that housing is a necessary and fundamental protection against harmful policies and health conditions. We fully support a “Housing First” strategy which first, provides housing for anyone who needs it regardless of other determinants and second, is based on evidence that shows that after a person becomes housed it is easier—and cheaper—to address other health and economic issues.[23-25]^v

5) *Affirm that the Protection of Human Rights is Health Care*

“Everyone has the right...to security in the event of...sickness, disability...”

- Universal Declaration of Human Rights, 1948

We recognize that the protection of human rights, when codified in local public ordinances and enforced by the police and criminal justice system, is a powerful determinant of health in its own right. Those with illness are less likely to seek or trust health services if other rights, such as their right to food, shelter, or security, have been violated. As such, misguided law enforcement policies that fail to protect or ultimately violate human rights like the right to security can contribute to poor individual and community health. Furthermore, a weak and fractured health care system that is unable to adequately protect and promote health only compounds the ill effects of misguided housing and law enforcement policies.

6) *Understand the Real Economic Costs of Health and Human Rights Violations*

In addition to compelling local and international evidence that a Human Rights Approach to Health in South Los Angeles can significantly improve community health, evidence also indicates that this approach can be extremely cost-effective.[23-25]

- Perpetuating the current paradigm of silo-based, shortsighted policies which shuffle and displace homeless individuals is 3-6 times more expensive to taxpayers than the costs of a rights-based strategy of permanent supportive housing for an individual with mental illness or addiction (\$35,000-\$150,000 compared to \$13,000-\$25,000 respectively).[26] With the stabilizing effect of the Housing First strategy, individuals are more likely to get jobs and health insurance, reduce costs to society, and protect and improve the health and human rights of the community.

Peter (name changed per request)

Peter has been homeless for 18 years. He has stayed all over Los Angeles at various times. He makes what cash he can recycling, spending hours every day collecting bottles and cans. He tries to lay low, and when police or private security guards tell him to move on, he moves on. But in the last two weeks he’s been ticketed twice: once for “Walking in Traffic” and once for “Sitting in Roadway”.

The first ticket, he explains, was given to him when he was trying to move his shopping cart around a parked car that was blocking his way on the sidewalk at 14th and Griffith. He pushed his basket behind the car and into the street for a moment, in order to push it around the car back to the sidewalk. An officer pulled up, asked him what he was doing in the street, and gave him the ticket.

Continued....



Peter (name changed per request)

Photo: Sarah Kemble MD

Elements of the Perfect Storm: Threats to Human Rights and Health

Over several years, members of our collaborative and other local homeless service providers and advocates have combated the ill effects of several concurrent phenomena shaped by local, state and national policy. Each of these phenomena continues to play a role as a social determinant of health in our community. Taken together, these forces have contributed to a perfect storm of poor health and homelessness in South Los Angeles. The most notable among these forces include:

- Ongoing threats to health services and the public health safety net
- Increasing displacement of residents due to gentrification, forced evictions, and an unprecedented sub prime mortgage and foreclosure crisis
- Decreasing affordable and permanent supportive housing
- Ongoing criminalization and displacement of homeless individuals as a result of local law enforcement policy

We sought to highlight the distinct impact of these interlinked forces on the health of homeless and at-risk homeless residents of South Los Angeles by conducting interviews of key local informants and an exhaustive literature review. One challenge that faces all homeless and health service providers and advocates in South Los Angeles, however, is the relative scarcity of community-based research on these phenomena. Our solution was to collect valuable baseline data to inform our understanding of the perfect storm and lay the groundwork for our interventions in the future. We developed two surveys based on input from all collaborative partners, assistance from local academic researchers, and pilot testing with focus groups. The first survey, the South Los Angeles Homeless Health Survey 2008, was designed to document homeless individuals' experiences of health needs and services, housing and displacement, and interactions with law enforcement. Despite limited financial resources, our collaborative's significant human resources and shared sense of mission helped us to collect over 360 surveys of homeless individuals in South Los Angeles. The second survey, the South Los Angeles Homeless Service Provider Survey 2008, was designed to collect similar information from local service providers. As we explore the elements of the perfect storm, results from both surveys complement recent research, expand our understanding of each local threat to human rights and health, and raise important questions for future work in South Los Angeles.

...A week later, Peter was sitting on a curbside on a side street downtown, taking some notes in his notebook. "I like to reflect on things," he says, "and write things down from time to time." He didn't notice the police officer at first because he was absorbed in writing. The officer approached him, and told him he'd better stand up. Peter stood up. According to Peter, the officer put handcuffs on him and threatened to arrest him. Then he told him he'd let him off this time, but gave him a ticket.

Peter is very worried about the tickets and does not know what he is supposed to do about them. Each ticket carries a fine of \$130, money that Peter does not have. Unpaid tickets eventually become misdemeanors that lead, in turn, to outstanding warrants and arrests...a vicious cycle that has ensnared Peter.

-Sarah Kemble MD

Homelessness in South LA

Our collaborative's experience, like that of many homeless service providers and advocates, affirms that homeless individuals experience a continuum of challenges that are informed by but are not restricted to intra- or intercity boundaries. Despite distance and local variation, each community approach to homelessness within Greater Los Angeles remains interconnected, and can either strengthen or weaken our collective response to homelessness. This is particularly true for SPA 6 and SPA 4 (South Los Angeles and Metro, respectively). Taken together, these two service planning areas account for nearly half (49%) of the homeless population of the Greater Los Angeles area.[27] With increasing displacement due to gentrification and law enforcement policies like the Safer Cities Initiative, the relationship between these two areas has become further intertwined. For South Los Angeles, it is clear that a comprehensive strategy to address the perfect storm of homelessness and health will require partnership with surrounding communities including SPA 4, particularly since most homeless service resources are currently allocated to SPA 4. For the purposes of this report, however, we draw attention to South Los Angeles (SPA 6), where a disproportionate level of homelessness is poorly matched by the resources it is allocated.

- Nearly 12,000 homeless individuals, representing 16% of the homeless population the greater Los Angeles area, reside in South Los Angeles.[27] Next to downtown/ metro Los Angeles (SPA 4), South Los Angeles has the largest population of homeless individuals in Los Angeles County.
- As more families are affected by the homelessness crisis in South Los Angeles, an alarming number of children are becoming homeless in South Los Angeles. St. John's provides all school based services in collaboration with the Compton Unified School District in the City of Compton. In the Compton Unified School District and St. John's school-based clinics, as many as 10% of schoolchildren are currently homeless. [29] Since homelessness is a direct predictor of specific childhood illness, the health impact of childhood homelessness in South Los Angeles is profound.^{vi}
- Despite having the second highest number of homeless individuals in Los Angeles County, South Los Angeles receives the second lowest ratio of grant dollars per homeless person (\$607) from Los Angeles Continuum of Care HUD funding. By comparison, SPA 5 (West Side) receives more than double this ratio of grant dollar per homeless person (\$1226). [29]

Miss Rose

Rose lived in our community for more than thirty years. She knew every doorway, every neighbor. She was very selective about whom she would speak to, ignoring most. She took her meals with the Sisters of Social Service who lived on the corner, stashing the bags of her belongings only in areas she felt were safe. She slept at their doorstep. She knew the birthdays of her favorite Sisters. Before sleeping on the street, Rose had slept in her car, until mounting parking tickets and other nuisance fines forced her to give that up. The car had been impounded by the LAPD many years ago. In recent years when the police or the bicycle patrolmen of the Figueroa Corridor B.I.D (Business Improvement District) would harass her, [Esperanza staff] would run interference, insisting that she belonged...

Continued....

- Compared to every other area in Greater Los Angeles, South Los Angeles has the highest percentage of unsheltered homeless. More than 9 out of every 10 homeless individuals (91.38%) are unsheltered. Metro LA (SPA 4), where the majority of homeless services are concentrated, has the lowest percentage of unsheltered homeless residents. (74.33%)[30]
- SPA 6, which has the highest number of adults living in poverty (under 200% FPL) in Los Angeles County, is currently the most underfunded SPA relative to need for local Public-Private Partnership (PPP) funds (funding for primary care services to the medically uninsured). Although SPA 6 needed 18.4% of PPP funds in 2007, it was only allocated 8.0% that fiscal year.[16] (Figure 1)
- South Los Angeles (SPA 6) has just over 6% of the County's year-round permanent housing beds, which is 7.5 times fewer than SPA 4 (45%) and a third of SPA 2 (17%).

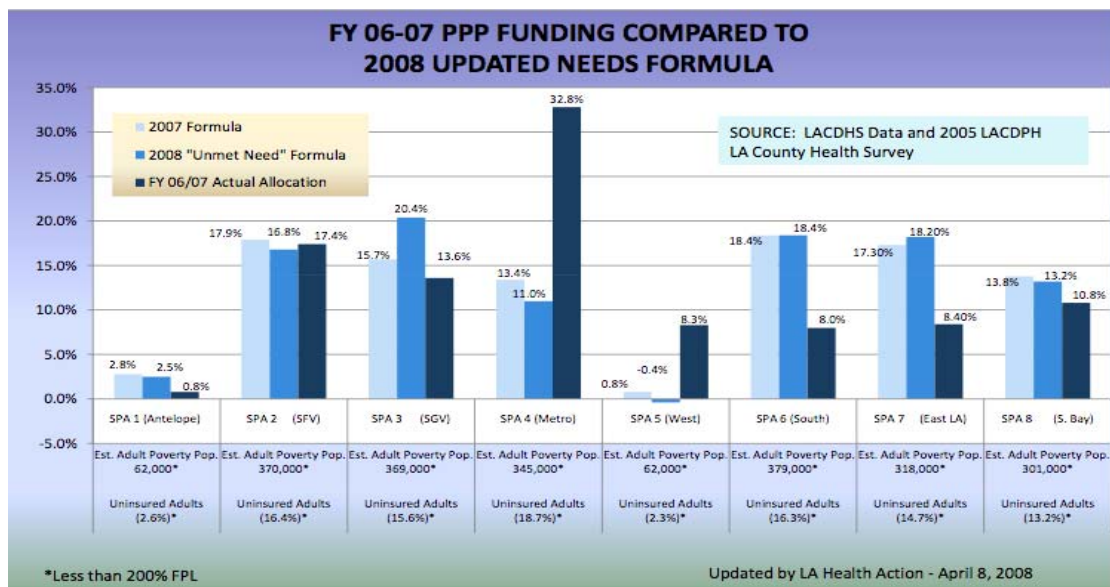


Figure 1: County of LA Public-Private Partnership Program Funding (FY06-07) compared to Updated Needs Formula (2008)

In the wake of the current foreclosure crisis and economic downturn, public attention has been drawn to the large number of individuals who are at-risk for homelessness. In order to fully grasp the homelessness crisis in South Los Angeles, we cannot confine our analysis only to individuals who are currently homeless, although they represent those with the greatest and most immediate need. Our collaborative, which includes tenant rights organizations and a community housing corporation, has a long history of working with individuals and families at-risk for homelessness. Risk factors that place working class individuals and families at risk for homelessness include rising rental costs, illegal and/or unfair landlord practices particularly in gentrifying areas, poverty, unemployment/underemployment, mental illness and/or disability, lack of access to behavioral and mental health services, substance abuse/addiction, domestic violence, recent prison release, as well as sub prime mortgages.

Notable Risk factors for Homelessness in South Los Angeles

- **Poverty:** South Los Angeles is the poorest area in the county, with more than 3 out of every 10 people earning less than the Federal Poverty Level (FPL). [30] The majority (56%) earn less than 200% FPL compared to 33.8% in LA County.[31]
- **Unemployment:** More than 14% of South Los Angeles residents are unemployed, a rate 37% higher than the area with next highest unemployment rate (SPA 4). [30]
- **Escalating Housing Costs:** South Los Angeles is the only area where the majority of renters (51.9%) spend more than 30% of household income on rent. Nearly 3 out of 10 spend more than 50% of household income on rent. Between 2002-2006, rent has increased 28% while median household income has only increased by 17%. [30]
- **Foreclosures/Sub prime Mortgages:** In 2004, South Los Angeles was the only area in the county where the majority (52.9%) of home purchase mortgage loans were financed by sub prime lenders. Rates of home repossessions have increased 797% in South Los Angeles between 2006 and 2007.[30]
- **Prison release:** Given that 10% of state parolees are homeless at any given time, the disproportionate percentage of state parolees who reside in South Los Angeles (20-25%) points to a distinct population at-risk for homelessness in our community.
- **Underfunded, uncoordinated care:** Due to a scarcity of funding, homeless patients and patients at-risk for homelessness lack access to adequate mental health services and lack integration of primary care and behavioral health services in their medical homes (primarily nonprofit community health centers) in South Los Angeles.

Miss Rose (continued)

Our community was sanctuary for Rose....

Last May, two days following her happy return from a family reunion in Las Vegas, Rose died. The police found her, in a seated position, back to the street (rare for Rose) in one of her doorways. The identified her through the police record of ancient parking violations. Among her possessions were found the blankets, pantyhose, and socks that her friends...had given to her. On each object, in her beautiful handwriting was the name of the person who had given it to Rose. In her death, she gathered a small community of folks – many realizing for the first time the extent of Rose’s local network.

-Nancy Halpern-Ibrahim, Esperanza

“Where hospitals are as ill as patients”^[32]

Health Services and Homelessness in South LA

James

James’ muscular build belies his advancing age. The grey is starting to show around his temples. His bright blue eyes are striking against his dark, worn face. He has been sleeping on this stretch of sidewalk for some time. He’s stayed around this area for the last 8 years now. He works part-time a couple blocks from here, makes some cash sweeping up a convenience store. He mostly minds his own business. He prefers not to be photographed. He makes sure to pick up trash off the sidewalk around him and give no excuse for the police to ticket him for littering. He pushes an orange shopping cart from the Hippie Kitchen so he won’t get ticketed for his shopping cart, either.

These days, he’s finding it challenging to get over to USC to pick up his blood pressure medications. He’s always walked it, but it’s a good five miles from here. He’s starting to feel the arthritis in his knees. He could stay downtown, closer to the hospital, but prefers the quiet of this area...he’s less likely to get harassed. He worries, though, how he’s going to keep it up. He’s doesn’t take his blood pressure medicines all the time now because he doesn’t want to make the trip too often.

“I could just lie down on the sidewalk, I suppose. That way, somebody’ll call 911. Then they’ll take you over there in the ambulance.”

- Sarah Kemble MD

An affordable, equitable and high quality health care system is necessary to address illness in a timely, cost-effective manner. However, from the human rights perspective, a health care system is not an end in of itself. A functioning health care system also protects individuals in a community from and mitigates the impact of other assaults to their health, including those highlighted in this report. Without accessible and available high-quality health care, however, this protection withers and the health of our community suffers. When a rights-based approach to health is disregarded in exchange for language and policies that view health as a commodity, the impact of inequities in political and economic power on the allocation of health care resources and the health of a community goes unchecked.

Perhaps no other community in the US highlights the ill effects of a structural disregard of the right to health like South Los Angeles. In fact, according to a recent California Endowment report, “health status, preventative health and health outcome indicators suggest [South Los Angeles] is in greater need of public health services than other areas in Los Angeles County.”^[31] Conversely, no other American community stands to benefit as much from a locally driven rights-based approach to health. A review of local health indicators serves as a sobering call to action.

In South Los Angeles,

- Diabetes rates are 44% higher than in any other part of the county
- HIV rates are 38% higher than the county rate
- The infant mortality rate is 20% greater than the county as a whole

Homeless individuals and individuals at-risk of becoming homeless bear an even greater burden of disease and are most vulnerable to assaults of gentrification, displacement, criminalization, and a broken health system on their right to health. National evidence suggests:

- On average, homeless adults have eight to nine concurrent medical illnesses. [33]
- Homeless individuals are 3-4 times more likely to die earlier than the general population. The average age of death is 42-52 years of age, compared to nearly 80 years for the general population. [34]

Our collaborative conducted a survey of over 360 homeless individuals from April to May 2008 to define local health, displacement, and law enforcement experiences with greater detail. It should be noted that, due to resource constraints, the majority of respondents in our exploratory survey were sheltered homeless individuals. In general, compared to sheltered individuals, the burden of disease among unsheltered individuals tends to be higher. We also conducted a survey of South Los Angeles homeless service providers, who face a relatively heavier burden of clients and patients compared to other areas. For instance, there are roughly 271 homeless people per service provider in South Los Angeles, compared to a ratio of 164:1 in SPA 4. [30] Results of our surveys are presented below along with other current knowledge of challenges facing South Los Angeles.

Threats to Health in South Los Angeles

Access to Health Care:

- Compared to the 22% of homeless individuals surveyed in greater Los Angeles who reported difficulty receiving medical care when they needed it, a comparable percentage of homeless individuals we surveyed in South Los Angeles reported that they did not receive needed medical care within the past year (24%). [27] Of note, our survey population consisted primarily of sheltered homeless individuals. Since unsheltered individuals have worse access to health care, a higher percentage of South LA homeless individuals likely have unmet medical need.
- According to the Chief Executive of Los Angeles County, South Los Angeles community clinics receive less than 8% of health care funding from the LA County Department of Health Services despite registering 18.4% of unmet need. This is the largest funding gap of all areas in Los Angeles County.[16]
- South Los Angeles continues to have significantly fewer hospital beds per population: South LA has only 1.04 beds per thousand residents while other

parts of Los Angeles (West LA-4.15, East LA-3.29), California (2.0), and the US (2.8) have twice to four times that availability. [31]

- 73 % of homeless service providers we surveyed stated that the availability of primary care services had gotten worse in the past year.
- 100% of homeless service providers surveyed in South Los Angeles believed that access to adequate health care is a human right.

Mental Health:

- Nearly 31% of greater Los Angeles homeless individuals reported experiencing a mental illness. [27] In our South Los Angeles homeless survey, a larger percentage (38%) has a self-reported mental illness.
- Of note, 91% of homeless service providers we surveyed indicated that the availability of mental health services in South Los Angeles was either poor (64%) or fair (27%) compared to the demand that exists. When asked how the availability of mental health services for the homeless has changed over the past year, 82% indicated it had gotten worse.

Substance Abuse:

- Results of our South Los Angeles Homeless survey mirror rates of substance addiction among the homeless in greater Los Angeles. 41% of homeless individuals in our survey were either in recovery from or have an active addiction to alcohol and/or drugs. [27]
- 91% of homeless service providers we surveyed stated that the availability of substance abuse services had gotten worse in the past year

Dental Care:

- According to a California Endowment report, SPA 6 has the highest percent of adults (35.1%) who are unable to receive dental care compared to other SPAs. [31]
- Our South Los Angeles homeless survey revealed a remarkably higher amount of demand for dental care (46%) and unmet need (59%).
- 91% of homeless service providers we surveyed stated that the availability of dental care services has gotten worse over the past year. *

Like most South Los Angeles providers and advocates, members of our collaborative have been particularly concerned about the impact of the closure of Martin Luther King Jr.-Harbor Hospital on an already under-resourced health care system. As the most vulnerable residents of South Los Angeles, homeless and at-risk homeless individuals stand to suffer the most from disruptions in the local health care system. When we asked about the impact of the closure of Martin Luther King Jr.-Harbor Hospital in our surveys, we found that:

- 82% of homeless service providers believe it is more difficult for their homeless clients to access health care after Martin Luther King Jr.-Harbor Hospital closure. Another 9% didn't know how this impacted their clients' ability to access health care.
- Of those who reported receiving medical care at Martin Luther King Jr. – Harbor Hospital within the past two years, 32% of homeless individuals indicated that the hospital's closure decreased their ability to get medical care. Another 40% of respondents said the closure had no effect and 24% were not sure how it affected their ability to access medical care.

Sharon

There is the sound of steel scraping on cement—the dogs rush forward, hit the ends of their chains, and paw the air, barking. This is the security system Sharon has relied on since she got evicted from her apartment eight years ago. She used to share a duplex in Central Los Angeles with a friend. They had always paid their rent in full, on time each month. They both had to leave when their landlord decided to sell the building. He gave them thirty days notice, then locked the place up, confiscating the belongings they had left behind because they had nowhere to store them.

Sharon went to City Hall and read the tenant-landlord handbook cover to cover. She and her roommate tried to make their case in court, but were denied three times on technicalities, then told they couldn't bring the case to court again. Sharon stayed with friends at first, but finally ended up on the street, with a mattress, a collection of odds and ends, and her dogs. Sadie is a mixed-breed Sharon has raised since she was puppy. Champ is a pure-bred German Sheppard. Sharon bought him from a heroin addict for fifty dollars. Having the animals makes it harder to find a place to rent—most landlords won't allow it. But after all they have done for her, Sharon won't abandon them to the streets.

Continued...

Gentrification, Evictions and Foreclosures: Forces of Displacement in South Los Angeles

As the human rights-based knowledge that “housing is health care” gains acceptance within the realm of advocacy and practice, increasing awareness of the barriers to affordable and permanent supportive housing is critical. In South Los Angeles, these barriers include powerful trends of gentrification, evictions, and foreclosures, which combine to diminish affordable housing options for homeless and at-risk homeless families and threaten individual and community health. Slum housing conditions which permeate South Los Angeles further exacerbate this threat to public health.[1] In the face of the current economic slowdown, emerging data indicate that displacement of increasingly vulnerable populations within and into South Los Angeles will continue.[29] The experiences of our patients and clients affirms that a comprehensive approach to reverse displacement and prevent further homelessness requires an understanding of key housing determinants of health and human rights in South Los Angeles.

Gentrification

Gentrification is a process of development characterized by the influx of middle-class or affluent people into deteriorating areas that often displaces earlier, usually poorer, residents. [35] In the setting of the highest citywide rate of unemployment in SPA 6 (14%), a withering urban tax base, the increasing use of real estate as a vehicle for investment capital, and the escalation of housing and rental costs, downtown and South Los Angeles are remarkably susceptible to negative effects of gentrification and the displacement of homeless and at-risk/low-income individuals.

As wages remain stagnant and unemployment continues to grow, rents continue to rise in South Los Angeles. This growing rent gap between people’s incomes and needs is fueling homelessness. One of the few current protective mechanisms against homelessness is rent stabilization. However, while Los Angeles has a rent stabilization law, it permits annual increases. More importantly, approximately half of the buildings in the City of Los Angeles (those built after 1978) are not covered by rent stabilization.[36]

- In our survey of homeless individuals in South Los Angeles, 47% of respondents indicated having paid rent to live in an apartment or house within the past five years. Of those, only 5% reported receiving Section 8 assistance to help their rents.
- An astonishing 42% of those who rented in the last five years became homeless because they were unable to afford a rent increase.

Without an urban tax base, city administrators often turn to gentrification and real estate development to raise taxes. With an eye on short-term revenue generation, city administrators and policymakers often fail to address what our communities really need--like affordable housing, community-serving-retail, parks, and good jobs.[37]

Evictions

When it comes to the magnitude of displacement in Los Angeles, the figures are staggering. Between 70,000 and 80,000 legal eviction cases are filed in LA County each year. This number does not include tenants who are illegally harassed and evicted from their homes. Under Los Angeles rent control law, a tenant cannot be evicted except for one of 12 listed reasons. Unlike cities without rent control where tenants can be evicted for nearly any reason or no reason at all, in Los Angeles, the landlord must identify the reasons, circumstances, and witnesses for such reasons in the eviction notice, and then prove the reason for the eviction in court, under special procedures. Reasons fall into two categories: (1) where the tenant did something wrong, and (2) where the tenant is not at fault.

- Nearly 3 in 10 homeless individuals we surveyed in South Los Angeles have experienced an eviction (27%).
- Based on rental cost burden, South Los Angeles has the highest percentage of people at-risk for eviction and therefore at-risk for homelessness compared to any other part of Los Angeles County. Nearly 3 out of 10 tenants (29.2%) in South Los Angeles pay over 50% of their household income for rent.[29] For people who have to pay over 30 % or even 50% of their income for rent, any incident – job loss, a rent increase, a health problem - can create a situation where rent cannot be fully paid. Non-payment of rent is the number one legal reason for an eviction.

Foreclosures

The home foreclosure crisis has increased the number of homeless families and families at-risk for homelessness nationwide. South Los Angeles, which has become increasingly vulnerable due to gentrification, scarce affordable housing, displacement, and slum housing, has become an epicenter of this foreclosure crisis.

- In 2004, South Los Angeles was the only area in the county where the *majority* (52.9%) of home purchase mortgage loans were financed by sub prime lenders. Rates of home repossessions have increased 797% in South Los Angeles between 2006 and 2007.[30]
- Even as displacement from gentrification, law enforcement policy and foreclosures drives the homelessness crisis in South Los Angeles, more homes in South Los Angeles are lying vacant. Compared to every other area in the county, South Los Angeles has the lowest resale rate (7.32%) of repossessed homes. [30]
- “Doubling up”: Before ending up on the streets, many displaced individuals and families “double up,” moving in with relatives or friends. Overcrowding is a reflection of this unsustainable displacement process. South Los Angeles had the highest percentage of overcrowding in the county in 2000 (38.52%).[30] All key informants, including service providers, interviewed for this report believe that

Sharon's been on the list for Section 8 since 1990. She waited patiently for years. They told her to call again if she were to face eviction, as this might move her higher up the list. In 2000 she called the Housing Authority office and told them about her impending eviction. In 2005 she was still waiting, and living on the street. She's given up on Section 8 now. Her hopes are set on a cousin in San Diego, who has a husband and a job and may be able to take her in with the dogs.

Sharon is angry about her plight and that of others who share similar stories. She believes the City of Los Angeles has its priorities wrong. "What the city got to do," she says, "is stop giving money to build malls and condos and start building affordable housing."

-Sarah Kemble MD



Sharon

Photo: Sarah Kemble MD

“We can’t arrest our way out of this problem”^[38]

The Safer Cities Initiative, Law Enforcement Policy, and the Impact on Health and Human Rights in South Los Angeles

Over the last 25 years, an increasing number of cities across the nation have turned to law enforcement and policing strategies to address the homelessness crisis. Not surprisingly, the passage and enforcement of many of these public ordinances which target homeless individuals’ activities of daily living often mirror simultaneous government-sanctioned real estate development or gentrification processes.^[2] In Los Angeles, the latest form of this policing approach to homelessness is Downtown’s Safer Cities Initiative (SCI). As a cause for significant displacement and destabilization, this policing approach is a powerful force contributing to the perfect storm of homelessness and poor health in South Los Angeles. This nexus between law enforcement policy, displacement, gentrification, and poor health requires us to use a common language and robust human rights framework to protect the health of South Los Angeles.

- Launched in September 2006, the SCI places 50 additional police officers in Skid Row at an annual cost of approximately \$6 million. Since the initiative began, officers have made an average of 750 arrests each month on Skid Row. Of the 7,528 arrests in the first 10 months of the initiative, only 22 were for violent offenses, including one homicide. The officers also have handed out more than 1,000 citations per month, a majority for pedestrian offenses like jaywalking and littering. ^[5, 39]

Although proponents of this policing approach often tout increases in arrest rates, public safety and the protection of the homeless as supposed benefits, the reality of forced displacement, persistent harassment, frequent and unnecessary incarceration, and disruption of services for many homeless individuals belies the true impact of this costly “criminalization” program on the health of downtown and South Los Angeles.

Health Impacts of Negative Police Interactions: The Consequences of Failing to Protect the Human Right to Security

Just as housing is a fundamental determinant of health, the right to security, particularly in face of sickness and disability, is a human right essential to health. ^[17] For homeless and people at-risk of becoming homeless, a government’s failure to protect this right to security or to infringe on this right through criminalization programs like SCI violates constitutional and internationally guaranteed freedoms, leads to unsafe and unhealthy conditions, and perpetuates the vicious cycle of homelessness.^{vii} ^[2]

Dorothy

Sometimes it's hard to understand Dorothy when she speaks. The 56-year-old homeless woman is missing her top dentures, which were confiscated when she was arrested in December for illegal lodging, she said.

'They were in a cup and I asked, "Can I at least get my teeth?" and [the officer] said, "No, you should have had them in your mouth," Dorothy said. "He said he was taking them to storage and now they're gone."

Dorothy has been arrested seven times in the last year for a variety of so-called "quality of life" crimes, like sleeping on the street, and drug-related offenses like possession of a crack pipe. But arrest records don't reflect all the times Dorothy has been released before being taken to county jail. She said she has been arrested close to 20 times since the city launched its crackdown on Skid Row last year.

"I've been arrested three, four times each month for sitting on a crate, for sitting on the sidewalk, for sleeping on the sidewalk, for blocking the sidewalk, for possession of some kind of paraphernalia," she said. "I go in, I stay for 30 or 60 or 90 days. I'll be out two weeks and they'll arrest me again."

Dorothy is not an anomaly on Skid Row. [39]

Continued...

-Excerpts from Anat Rubin's article "Diverting Skid Row's Homeless. But to Where?" in Daily Journal

- In the first year of the SCI, a citation rate that was 48-69 times greater than the citywide citation rate resulted in about 12,000 citations, the great majority of which were for homeless pedestrian violations.
- In South Los Angeles, our survey reveals that a staggering number of homeless individuals have had negative interactions with law enforcement.
 - More than 1 out of every 3 homeless individuals (34%) we surveyed in South Los Angeles reported having had an interaction with law enforcement in the past year.
 - 21% of homeless individuals reported receiving a ticket or citation in the past year.
 - About 1 out of every 6 homeless individuals (17%) has been fined for a citation or other violation in the past year.
 - Less than a quarter (23%) of those who had interactions with law enforcement in the past year reported being offered shelter or services.
- Many homeless people who receive citations, particularly those with mental illness and/or substance abuse problems, are unable to obtain legal help or represent themselves at a hearing. Inevitably, resulting late fees and penalties lead to a debt collection process, arrest warrants, and sometimes incarceration.^{viii}
- In the process, homeless persons develop a criminal record, making them ineligible for many employment and housing services, further exacerbating homelessness, ill health, and despair.[2, 5]

Under SCI, simple drug possession charges are often enhanced into possession for sale charges.

- In the first four months of SCI, almost 80% of drug sales arrests were possession for sale.

Result:

- Individuals convicted of drug sales are no longer eligible for most subsidized housing and Food Stamps.
- Upgrading drug charges makes large numbers of addicts ineligible for Proposition 36 programs that guarantee drug treatment instead of incarceration.

Approaches that undermine health and human rights are seldom cost-effective. The SCI, like other criminalization programs across the nation [2], is no exception.

- In an 11-month period of the SCI, 24 people were arrested a combined 201 times, for an estimated total cost to the city and county of \$3.6 million -- money that might instead have provided supportive housing for 225 people.
- The true costs of chronic homelessness, which include the costs of arrest and incarceration, are staggering: \$35,000 to \$150,000 per person per year. By contrast, the annual cost of supportive housing for a person with serious mental illness or addiction disease is between \$13,000 and \$25,000. Once stabilized, many can qualify for federal disability and health insurance or get jobs that will further reduce local costs. [26]
- Far from its purported intent, Streets or Services, the housing and support services program, heralded as a central component of the SCI at its launch[38], has perpetuated the cycle of churning homelessness on the streets by failing to provide services. Funded at less than 3% of the amount for the policing arm of SCI with no dedicated funding for either housing or support services, “Streets or Services” graduated only 34 people from a pool of 7,528 people arrested in the first 10 months of the SCI. [5]

Displacement and Destabilization

SCI and Displacement: In Los Angeles Police Chief William J. Bratton's own words

"The condition of being homeless in and of itself is not a crime. Los Angeles police officers will focus their activities on behavior, not the condition of being homeless... The criminal element, which preys upon the homeless and mentally ill, will be targeted, arrested and prosecuted to the fullest extent of the law. But we will never arrest our way out of this problem, nor do we intend to." Sept 24, 2006 [27]

"Is there some displacement? Certainly," Bratton said at a news conference where he, Mayor Antonio Villaraigosa and other officials touted the drop in skid row crime. "But what's wrong with that in some respects? Why should one square mile of the city be impacted by something that's effectively a countywide problem?" Bratton said. "So if there is displacement, all well and good." Oct 4, 2007 [29]

At the outset of the Safer Cities Initiative (SCI), Los Angeles Police Chief Bratton indicated that the condition of homelessness was not SCI's central focus. Over one year later, however, he acknowledged that SCI had caused displacement of homeless persons, fundamentally and negatively altering their condition.[26] (See text box above).

- Whether unintended or intended, the displacement caused by the SCI has exacerbated negative effects of gentrification in downtown and South Los Angeles, particularly along the Figueroa Corridor.
- In our survey, 60% of those who reported interactions with law enforcement reported that they had to move from where they usually slept or stayed because of those interactions.
- The SCI has led to the destabilization of formerly homeless individuals who have been placed in scarce permanent supportive housing. For instance, 55% of Skid Row Housing Trust residents in downtown Los Angeles who were arrested in the first five months of the SCI lost their housing. After missing a rental payment due to arrest and incarceration, permanent supportive housing residents face mandated automatic eviction and are barred from receiving subsidized housing for three years.[39]
- 82% of homeless service providers we surveyed believe that policing efforts in Downtown Los Angeles have increased demand for homeless services in South Los Angeles. The majority believed that local law enforcement policy has made it more difficult for homeless individuals to access housing (55%) and health care (55%) in South Los Angeles.

Dorothy (continued)

...Rather than accept the “Streets or Services” offer and go to the Midnight Mission to avoid arrest, Dorothy left Skid Row after numerous arrests and ended up living in a warehouse in South Los Angeles.

"Instead of spending money on a new jail, how about spending money on a place for people to live?" Dorothy said. "Give them a reason to get off drugs. Give them a reason to get off the street. Let them be responsible people. Don't arrest them because they're tired and they want to sleep, or because they're sick. Drugs are a sickness, even if it is against the law." □

She said when her life is more stable she would like to become an advocate for the homeless. "I want people to know what's really going on. Not just the police's side who say all homelessness is bad," Dorothy said. "If I have a plan, that's it. When I get my teeth and they can actually hear what I have to say." [39]

-Excerpts from Anat Rubin’s article “Diverting Skid Row’s Homeless. But to Where?” in Daily Journal

For a youtube video documenting stories of displacement from downtown Los Angeles, including Dorothy’s story, visit
<http://www.youtube.com/watch?v=7pdymFPW5vo>

Solutions: Taming the Perfect Storm

The perfect storm of homelessness and poor health in South Los Angeles requires a powerful human right to health approach that can engender the broad-based support and political will necessary to implement long overdue, desperately needed solutions. Using this rights-based framework, we highlight key policy changes, outlined below, that target each major element of the perfect storm. These changes must occur if health and human rights are to be protected in South Los Angeles.

1. Support the Right to Health in South Los Angeles:

Strengthen Health Care Providers' ability to improve Health and Human Rights

1.1 Increase primary health care funding, investment and equity in South Los Angeles

The Los Angeles County Department of Health Services and the Board of Supervisors have begun to address the historic inequity in funding for primary care services to the uninsured in South Los Angeles, but more health care dollars must be invested in South Los Angeles to affect the health status of residents and the health conditions which are epidemic and debilitating.

1.2 Fund integration of behavioral health and primary care services in South Los Angeles

Current state Medi-Cal regulations and lack of funding for preventive mental health services prevent community clinics and safety-net providers of primary care to the homeless from integrating preventive behavioral health services into their scope of practice. Allowing same-day primary care and mental health visits and funding preventive mental health services at community clinic and physician sites would prevent more costly interventions later on and stabilize individuals at risk for mental illness before it precipitates homelessness.

1.3 Support the creation of a South Los Angeles Cooperative Health Care for Homeless Network.

The Northeast Valley Health Corporation Cooperative Health Care for the Homeless Network (CHCHN) serves as the lead agency in administering one of the largest Health Care for the Homeless grants in the nation. The 14 health care agencies that comprise the Network provide comprehensive primary health care services to homeless individuals and families via several sites located throughout Los Angeles County. In addition to the City of Los Angeles, the Network's service areas include the surrounding cities of Santa Clarita, Pasadena, Pomona, Long Beach, and Venice.

Since the NEHVC CHCHN currently provides services to less than a quarter (22%) of Los Angeles' homeless population, a South Los Angeles CHCHN would complement, not compete with, the NEHVC CHCHN, while providing critical coordination of services. In a recent survey of homeless service providers, 100% of respondents believed that a cooperative joint approach to procure Federal

HealthCare for the Homeless (330H) funding would improve the health status of South Los Angeles. With a rights-based approach to creating the South Los Angeles CHCHN, service providers and advocates will garner the skills and political will required to successfully pursue other strategies designed to strengthen the local public health and housing safety-net. These include:

1.3a Apply for Health Resources and Services Administration (HRSA) expansion dollars for homeless health services.^{ix}

1.3b Apply for Health Professional Shortage Area (HPSA) designation. Assist health service providers in South Los Angeles to apply for geographic HPSA designation from the federal Bureau of Primary Health Care. With a HPSA designation, South Los Angeles providers can demonstrate their level of primary care need to the federal government, recruit health professionals from the National Health Service Corps, and receive bonus payments from Medicare.^x

1.4 Expand funding for South Los Angeles School-Based Health Centers

Since homeless children are at increased risk for health problems and lack of medical coverage, South Los Angeles-based School-Based Health Centers require increased funding and support to help provide comprehensive care to underserved children who might not otherwise access health care.

1.5 Support and Expand Community-Based Participatory Research into Social Determinants of Health in South Los Angeles

Our surveys of homeless individuals and homeless service providers serve as an important first step towards more rigorous locally driven data collection and documentation of our community's health and homelessness challenges. Larger efforts to survey and engage unsheltered and sheltered homeless individuals and families at-risk for homelessness are required.

2. Housing is Health Care: Support the Right to Housing in South Los Angeles

2.1 Support a “Housing First” strategy

Any approach to homelessness and poor health in South Los Angeles must include prevention. To date, the majority of homeless services nationally and locally provide short-term emergency shelter or transitional housing. The rise of the Housing First movement and the focus on helping individuals to quickly access permanent housing can help replace the conventional “band-aid” approach to homelessness with more cost-effective solutions. Nowhere is this needed more than in South Los Angeles, where transitional housing and emergency shelter services remain insufficient to address the needs of large numbers of increasingly displaced homeless individuals.

2.1a Increase the funding of homeless services in South Los Angeles.

Without diminishing the legitimate funding needs of other parts of Los Angeles, significantly more grant dollars per homeless person for homeless services in South Los Angeles are needed from the Los Angeles Continuum of Care.

2.2 Fund the Preservation and Expansion of Affordable Housing Stock in South Los Angeles

2.2a Increase the budget for local affordable housing.

The Community Redevelopment Agency of the City of Los Angeles (CRA/LA) has made South Los Angeles one of its management priorities, although the agency cites difficulties for redevelopment activities due to low tax revenue generation and limited sites available for development. The 2007-2008 CRA/LA Budget shows that just 14% of the total budgeted expenditures for South Los Angeles had been slated for affordable housing projects (compared to 27% for all regions).[29]

2.2b Preserve and increase all current publicly assisted housing. Fund all Section 8 housing vouchers currently in use and provide additional funding for new vouchers per year as necessary. Given numerous plans to reduce public housing units, preserve all existing public housing stock in South Los Angeles. All South Los Angeles local authorities should be allowed to give preference to people experiencing homelessness when granting public housing assistance.

2.2c Restore the requirement for a one-to-one replacement of low-income housing units to reverse the decreased availability of affordable housing.

New developments are usually mixed-income with only a small fraction of the new units dedicated to low-income individuals and families. This reduction in the affordable public housing stock only increases the incidence of homelessness; cities and states must strictly prohibit the loss of public housing units. Necessary public housing renovation should provide for replacement of low-income units – onsite or in the neighborhood – on at least a one-to-one ratio, and planning for renovations must always involve the residents affected.

2.3 Prevent Displacement

2.3a Vigorously prosecute and sanction slumlords who create unhealthy and unfair housing conditions in South Los Angeles

As unscrupulous landlords try to cash in on the combination of rising real estate values and a severe affordable housing shortage in South Los Angeles, more working families and individuals are being forced into homelessness and ill health. In the words of one of our collaborative members, “In today’s housing market, minimum-wage and fixed-income tenants are just a slumlord away from homelessness.”

2.3b Identify impending displacement

All South Los Angeles service providers for homeless and at-risk homeless families should incorporate screening questions for displacement and homelessness (such as rental cost burden) into their intake process. In our survey, 29% of homeless service providers could not estimate what percentage of their clients has ever experienced an eviction, home foreclosure, or been displaced due to rising rental costs. Current estimates are that only one-fourth of all Americans who are poor enough to qualify actually receive housing assistance. [40] Using screening questions could identify those in need and help close the gap of unmet need. Furthermore, innovative programs that co-locate or link low-cost non-profit legal services with health care and other services can help South Los Angeles families avoid or address displacement and homelessness.

2.3c Combat the Negative Impact of Gentrification

In 2001, the Figueroa Corridor Coalition for Economic Justice negotiated an historic Community Benefits Agreement with the owners of the Staples Center in downtown Los Angeles that helped to mitigate the project's negative community impacts. In South Los Angeles, community benefits agreements with major real estate developments can be the building blocks of policies to create a healthier, more equitable and livable city.[41] The high prevalence of housing instability in our community suggests the need to better target housing assistance and other social services to the most vulnerable patients.

2.3d Combat Evictions

With support from our collaborative, clinics and other service providers in South Los Angeles can provide education to clients and patients on ways to avoid or fight eviction and thus prevent one the major causes of homelessness and ill health in our community. Educational tools, like "10 Ways to Protect Your Tenancy" from the Eviction Defense Network (<http://www.evictiondefensenetwork.org/resources/resources.html>) exist. Increase access to legal representation to combat evictions. Support community-organizing groups to protect patients and clients against unscrupulous landlords.

2.3e Decrease the Impact of Foreclosures in South Los Angeles

At the national level, we endorse recommendations for federal action outlined in the National Coalition for the Homeless' Call to Action Report.^{xi}[42] In South Los Angeles, we support the provision of zero-interest loans and information on non-profit foreclosure assistance to vulnerable low and fixed-income homeowners through a broad coalition of service providers, policymakers and housing advocates.

3. Protecting Human Rights is Health Care:

Improve the Right to Security of vulnerable persons in South Los Angeles

3.1 Replace criminalization programs, such as the Safer Cities Initiative, with Housing and Services, not Jails and Citations

Our community requires a productive and healthy law enforcement policy that will end the Safer Cities Initiative's policy of arresting homeless persons for non-violent and necessary activities of daily living. The current approach leads to churning and displacement of the homeless and extremely poor and threatens the human rights and health of individuals in downtown and South Los Angeles. The contradictory goals of the SCI and the Streets or Services programs also generate more waste of already limited resources. Taxpayers should not pay more to the police to put homeless persons in jail than what they pay city attorneys, service providers and advocates to keep them out of jail and in housing.[39]

3.2 End current law enforcement policies that disregard the medical consensus view that substance addiction is a disease and not a crime.

Automatically upgrading simple drug possession charges into possession for sale charges ends eligibility for Proposition 36 addiction treatment programs for many nonviolent addicts and perpetuates the vicious cycle of homelessness. A human-rights approach that emphasizes rehabilitation, not incarceration, is required.

4. Shift the Policy Debate and Generate Political Will to Tame the Perfect Storm in South Los Angeles

Outlining policy prescriptives alone is not sufficient for the pressing task of preserving and restoring a healthy community in South Los Angeles. If we hope to leverage our voices to implement these policies effectively and equitably, our collective approach to homelessness and poor health in South Los Angeles will require a catalyst to shift the policy debate.

4.1 Adopt a Human Rights to Health Framework

As our community of service providers, advocates, policymakers and patients begins to understand the determinants of health and homelessness outlined in this report, the human rights approach to health described in this report offers a powerful method to turn awareness into political will and take specific, much-needed action. Combining the treetops of international declarations and human rights law with grassroots advocacy and know-how, a South Los Angeles Human Rights Approach to Health can be transformative. Such an approach demands that stakeholders shatter stereotyped, dehumanizing views of poor and homeless persons and unproductive and unhealthy silo-based approaches and, in their place, construct sound health, housing and law enforcement policies that respect our shared rights and responsibilities.

4.1a Share and use a common language

Innovative and powerful strategies to accelerate current efforts to tame the perfect storm of homelessness and poor health in South Los Angeles are required. Our collaborative believes that the first step of any local strategy involves the building of a common language among varied South Los Angeles constituents. As outlined earlier in our report, providers, patients, policymakers, and advocates can begin by using the vocabulary of “social determinants of health” to address the economic and social conditions which determine health in South Los Angeles.

4.1b The South Los Angeles Declaration of Health and Human Rights
We propose that one of the first grassroots advocacy efforts of the Human Rights to Health Approach be the development of the South Los Angeles Declaration of Health and Human Rights. Loosely adapted from the Universal Declaration of Human Rights, we envision that the South Los Angeles version will be developed in a participatory process, informed by patient and client experiences and endorsed by local service providers, advocates, and policymakers. This process will help build a broad coalition to address homelessness and health in South Los Angeles and generate needed fresh political will, media attention, and broader support.

Conclusion

In the nation as a whole, persistent widespread homelessness and the health care crisis offer compelling evidence of a collective disregard for human rights.[43] Few places exhibit the ill effects of this disregard like South Los Angeles. Conversely, no other community stands to benefit as much from a community-based human rights approach to health. With a firm understanding of the links between critical determinants of health like housing, public and community health resources, and law enforcement policy, we commit to build the political will and skills needed to tame this perfect storm of homelessness and poor health. In short, we commit to reclaim and redefine our community guided by the practical application of fundamental human rights principles. As an important stage of community dialogue on the right to health, housing, and security begins, we welcome all constructive comments and critiques of this report.

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Endnotes

ⁱ For more details on the critical links between slum housing and health in South Los Angeles, see the 2007 report, *The Shame of the City: Slum Housing and the Critical Threat to the Health of L.A. Children and Families*.

ⁱⁱ "The States Parties ... recognize the right of everyone to ... just and favourable conditions of work which ensure ... safe and healthy working conditions....; ... the right to ... an adequate standard of living; the enjoyment of the highest attainable standard of physical and mental health. The steps to be taken ... to achieve the full realization of this right shall include those necessary for: ... the reduction of ... infant mortality and for the healthy development of the child; the improvement of all aspects of environmental and industrial hygiene; the prevention, treatment and control of epidemic, endemic, occupational and other diseases; the creation of conditions which would assure to all medical service and medical attention in the event of sickness."

--[International Covenant on Economic, Social and Cultural Rights](#), Articles 7, 11, and 12

"States Parties shall ... ensure to [women] ... access to specific educational information to help to ensure the health and well-being of families, including information and advice on family planning.... States Parties shall ... eliminate discrimination against women in ... health care ... to ensure, on a basis of equality of men and women, access to health care services, including those related to family planning....; ensure ...

appropriate services in connection with pregnancy.... States Parties shall ... ensure ... that [women in rural areas] ... have access to adequate health care facilities, including information counseling and services in family planning...."

--[Convention on the Elimination of All Forms of Discrimination Against Women](#), Articles 10, 12, and 14

"States Parties undertake to ... eliminate racial discrimination ... and to guarantee the right of everyone, without distinction as to race, colour, or national or ethnic origin, to equality before the law, ... the right to public health, medical care, social security and social services...."

--[Convention on the Elimination of All Forms of Racial Discrimination](#), Article 5

"States Parties recognize the right of the child to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health...."

--[Convention on the Rights of the Child](#), Article 24

ⁱⁱⁱ Service providers and advocates use terms similar to “vulnerable/at risk homeless” to describe a population of individuals who, including “housing insecure” and “marginally housed.” For the purposes of this report, we employ “vulnerable/at risk homeless.”

^{iv} For a comprehensive overview of the international and national instruments of protection of the Right to Housing, see Human Rights Education Associates’ Study Guide “The Right to Housing”

http://www.hrea.org/index.php?base_id=149 (Accessed June 27, 2008)

In the U.S., there are several key housing regulations and laws, few of which use a rights-based frame. As the study guide points out...

“Legal protections of the right to housing at the national level often involve arbitrary eviction, safety and health regulations, or equal protection and non-discrimination issues. In the United States, for example, Title VII of the Civil Rights Act of 1968, as amended by the Fair Housing Act of 1988; Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, as amended, Section 109, Title I of the Housing and Community Development Act of 1974, as amended; the Americans with Disabilities Act of 1990; and the Age Discrimination Act of 1975, as amended, all address housing. The [U.S. Department of Housing and Urban Development](#) (HUD) is charged with carrying out programmes to institute this legislation. The activities of its [Office of Fair housing and Equal Opportunity](#) (FHEO) involve the fulfillment of the right to access to housing in practice, but are not framed in a rights-based context by the U.S. Government.

^v In Denver, the Housing First program yielded an average total health related cost decrease “from \$17,381 to \$8,625 , a decrease of \$7,755 per person, or 44.6%...The total emergency related costs for this group after entering the program was \$222,186, a reduction of \$599,356 or 72.95%. The total costs savings amounts to an average of \$31,545 per participant.” 24. Perlman, J., *Denver Housing First Collaborative: Cost Benefit Analysis and Program Outcomes Report*. December 11 2006, Colorado Coalition for the Homeless.

According to a study by Boston’s Health Care for the Homeless, the average annual health care cost for individuals living on the street was \$28,436, compared to \$6,056 for individuals who obtained housing.

^{vi} Among children, homelessness causes twice as many ear infections, five times more diarrhea and stomach problems, and six times as many speech and stammering problems among affected children. Homeless children are four times more likely to be asthmatic and go hungry at more than twice the rate of other children.28. *Homeless Children: America's New Outcasts*. 1999, The National Center on Family Homelessness.

^{vii} “...Courts have found certain criminalization measures unconstitutional:

- For example, when a city passes a law that places too many restrictions on begging, free speech concerns are raised as courts have found begging to be protected speech under the First Amendment.
- When a city destroys homeless persons’ belongings or conducts unreasonable searches or seizures

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- of homeless persons, courts have found such actions violate the Fourth Amendment right to be free from unreasonable searches and seizures.
- Courts have found that a law that is applied to criminally punish a homeless person for necessary life activities in public, like sleeping, violates that person's Eighth Amendment right to be free from cruel and unusual punishment if the person has nowhere else to perform the activity.
 - Laws that do not give people sufficient notice of prohibited conduct or allow for arbitrary enforcement by law enforcement officials can be unconstitutionally vague. Courts have found loitering and vagrancy laws unconstitutionally vague."
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^{viii} With penalties, the "bail/fine" for a pedestrian signal violation is \$159 (compared, for example, to the total \$221 monthly income of General Relief recipients).

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^{ix} See HRSA Announcements 08-078, 08-076, 08-107, and 08-108

^x Section 1833(m) of the Social Security Act provides bonus payments for physicians who furnish medical care services in geographic areas that are designated by the HRSA as primary medical care HPSAs under section 332 (a)(1)(A) of the Public Health Service (PHS) Act.

^{xi} From the National Coalition for the Homeless report "Foreclosure to Homelessness" April, 2008. "Recommended Federal Strategies

The following strategies could help reduce the severity of the crisis on individuals and families who lose their homes to foreclosure

1. All federally insured mortgages resulting in foreclosure should protect the existing tenant's duration. Unless a side agreement is struck between the new owner and existing tenant, the tenant's lease survives the foreclosure process. It is recommended that states adopt similar protections for renters to prevent automatic eviction when a foreclosed property is transferred to a new owner.
2. Require (by state law) that residential mortgage foreclosures have foreclosure deeds appropriately entered into courthouse records within thirty days of the date of the foreclosure sale. This would help remedy the growing difficulty in identifying the buyers and renters of properties lost to foreclosure and provide contact information relative to creating short term lease arrangements. Owners or managers would be required to provide potential tenants with information about property status, thus ensuring that renters would not unknowingly enter into rental agreements on properties under foreclosure.
3. Create incentives (local, state and/or federal) for lenders who convey the foreclosed properties they acquire to nonprofit affordable housing entities (e.g., Community Development Corporations, Habitat for Humanity or land banks) at deeply discounted prices. Somewhat different approaches will be needed for owner-occupied housing and rental investment housing subject to foreclosure.
4. Federal law should ensure that rental housing receiving housing assistance payments (e.g., vouchers or certificates), which are subsequently assisted through foreclosure with federal funds, be maintained without disruption to tenants. Payment status would remain undisturbed for the life of the contract, and would not be terminated as a result of mortgage foreclosure. Housing Assistance Programs [HAP] contracts on any and all rental investment housing shall be deemed unaffected by foreclosure and extended to a term of one year following the date of any foreclosure. The foreclosure sale purchaser would serve as landlord throughout the remaining life of the contract. If, at the end of the contract, the purchaser chooses not to operate under a HAP contract, s/he would assist renters losing their homes with finding alternative, suitable housing [29]