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4 Title: Public Health Considerations to Reduce Harm in Encampment Removals  
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6 Introduced by: Mara Darian, for the Medical Student Section  
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13 Referred to: Reference Committee D  
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15 House Action: **APPROVED AS AMENDED**  
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17  
18 Whereas, 61,832 Michiganders experienced homelessness in 2019, with numbers growing  
19 especially in the past year secondary to the pandemic and its economic crisis, with an estimated  
20 250,000 new people expected to join this year nation-wide, and  
21

22 Whereas, more people are living in urban encampments with growing income inequality  
23 and housing insecurity, with up to 26 percent of Michiganders experiencing homelessness in 2018  
24 living in an unsheltered location such as the street or in a tent camp, and  
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26 Whereas, people experiencing homelessness already face significant health disparities and  
27 are more than twice as likely to have a chronic physical or mental health condition compared to the  
28 general U.S. population, and  
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30 Whereas, the majority of current encampment closures fail in offering humane options for  
31 individuals experiencing homelessness due to a lack of holistic aftercare support that addresses  
32 housing, substance use, family reunification, and autonomy and further separates individuals from  
33 those resources, and  
34

35 Whereas, individuals who have experienced abuse or trauma indoors may choose to live in  
36 encampments and avoid shelters because they do not want to relive that trauma and that negative  
37 experiences with shelters have not been appropriately addressed by current housing initiatives, and  
38

39 Whereas, police and sanitation departments largely break up encampments primarily on the  
40 grounds that they are visually unsightly and not due to public health concerns, and  
41

42 Whereas, the threat of unannounced encampment sweeps can lead to individuals being  
43 hesitant to access medical care, due to the possibility of their belongings and lifesaving  
44 medications being confiscated while they are gone, and is "disruptive to people who are  
45 attempting to stabilize their lives and find a pathway to housing, and they may have lasting  
46 traumatic psychological and emotional impact," and  
47

48 Whereas, the U.S. Interagency Council on Homelessness (USICH) stated in 2015, "The forced  
49 dispersal of people from encampment settings is not an appropriate solution or strategy ... and can

50 make it more difficult to provide such lasting solutions to people who have been sleeping and  
51 living in the encampment” and that “government agencies, service providers, [and] law  
52 enforcement ... should work together to understand the needs of those living in an encampment  
53 while assessing the needs of the service providers themselves,” and  
54

55       Whereas, clearance of encampments “with little or no support may actually reduce the  
56 likelihood that people will seek shelter because it erodes trust and creates an adversarial  
57 relationship between people experiencing homelessness and law enforcement or outreach  
58 workers,” and  
59

60       Whereas, rather than removing encampments, the focus should be on improving sanitation  
61 of existing sites to mitigate the environmental health issues such as inadequate waste disposal and  
62 unsafe water, and  
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64       Whereas, the Center for Disease Control (CDC) guidelines on Interim Guidance on  
65 Unsheltered Homelessness Coronavirus Disease 2019 (COVID-19) for Homeless Service Providers  
66 and Local Officials states that “if individual housing options are not available, allow people who are  
67 living unsheltered or in encampments to remain where they are,” and that “clearing encampments  
68 can cause people to disperse throughout the community” leading to the increase in “potential for  
69 infectious disease to spread,” and  
70

71       Whereas, a study conducted in Denver showed that the COVID-19 positivity rate was three  
72 times lower for those living in encampments compared to those living in shelters, and the closure  
73 of homeless encampments during the COVID-19 pandemic is straining the capacity of homeless  
74 shelters, disrupting or altogether halting the continuity of necessary medical care by separating  
75 residents from their health care providers and putting more people at risk for transmission and  
76 infection, and  
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78       Whereas, other cities have seen success in preventing and managing the spread of  
79 infectious diseases, such as COVID-19, within encampments following guidelines published by the  
80 U.S. Department of Housing and Urban Development, and  
81

82       Whereas, there have been numerous encampment removals in Detroit, Lansing, and Grand  
83 Rapids since the pandemic began in defiance of CDC guidelines and the Michigan Department of  
84 Health and Human Services’, which endorsed encampments as the “most immediate reasonable  
85 alternative to congregate shelters” during COVID-19 and warned against clearing of encampments  
86 without a clear plan for housing and transportation of those individuals, and  
87

88       Whereas, on July 22, 2020, the city of Detroit adopted interim policy for encampment health  
89 and safety concerns that dictates all relocations are done in collaboration with the Housing and  
90 Revitalization Department, Detroit Health Department, and Detroit Police Department to ensure  
91 CDC guidance is being followed and includes direct coordination with unsheltered individuals,  
92 communication and notice for occupant relocation, and outreach staff to help occupants determine  
93 next steps; therefore it be  
94

95       RESOLVED: That MSMS advocate for the involvement of public health departments,  
96 wherever possible, when considering the removal and relocation of encampments in Michigan to  
97 mitigate potential risks and harms to those living in affected encampments, in following with CDC  
98 guidelines; and be it further

99 RESOLVED: That for any planned encampment sweeps, MSMS advocates for the  
100 announcement of the planned removal to affected parties with at least 48-hour notice in order to  
101 minimize the disruptive and harmful nature of encampment removal on people experiencing  
102 homelessness; and be it further

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104 RESOLVED: That MSMS encourage local governments in Michigan to adopt a similar policy  
105 and algorithm as established by the city of Detroit, where possible, to improve existing  
106 encampment sanitation and safety and, in the event of public health recommendation of  
107 encampment clearance, establish procedures to safely and humanely remove or relocate  
108 encampments.

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111 WAYS AND MEANS COMMITTEE FISCAL NOTE: Resolutions only requesting new or revised MSMS  
112 or AMA policy - \$500

**Relevant MSMS Policy:**

None

**Relevant AMA Policy:**

**Eradicating Homelessness H-160.903**

Our AMA:

- (1) supports improving the health outcomes and decreasing the health care costs of treating the chronically homeless through clinically proven, high quality, and cost effective approaches which recognize the positive impact of stable and affordable housing coupled with social services;
- (2) recognizes that stable, affordable housing as a first priority, without mandated therapy or services compliance, is effective in improving housing stability and quality of life among individuals who are chronically-homeless;
- (3) recognizes adaptive strategies based on regional variations, community characteristics and state and local resources are necessary to address this societal problem on a long-term basis;
- (4) recognizes the need for an effective, evidence-based national plan to eradicate homelessness;
- (5) encourages the National Health Care for the Homeless Council to study the funding, implementation, and standardized evaluation of Medical Respite Care for homeless persons;
- (6) will partner with relevant stakeholders to educate physicians about the unique healthcare and social needs of homeless patients and the importance of holistic, cost-effective, evidence-based discharge planning, and physicians' role therein, in addressing these needs;
- (7) encourages the development of holistic, cost-effective, evidence-based discharge plans for homeless patients who present to the emergency department but are not admitted to the hospital;
- (8) encourages the collaborative efforts of communities, physicians, hospitals, health systems, insurers, social service organizations, government, and other stakeholders to develop comprehensive homelessness policies and plans that address the healthcare and social needs of homeless patients;
- (9) (a) supports laws protecting the civil and human rights of individuals experiencing homelessness, and (b) opposes laws and policies that criminalize individuals experiencing homelessness for carrying out life-sustaining activities conducted in public spaces that would otherwise be considered non-criminal activity (i.e., eating, sitting, or sleeping) when there is no alternative private space available; and
- (10) recognizes that stable, affordable housing is essential to the health of individuals, families, and communities, and supports policies that preserve and expand affordable housing across all neighborhoods.

Res. 401, A-15; Appended: Res. 416, A-18; Modified: BOT Rep. 11, A-18; Appended: BOT Rep. 16, A-19;  
Appended: BOT Rep. 28, A-19

**Eradicating Homelessness: 440.048MSS**

AMA-MSS will ask the AMA to: (1) support improving the health outcomes and decreasing the health care costs of treating the chronically homeless through housing first approaches; and (2) support the appropriate organizations in developing an effective national plan to eradicate homelessness. MSS Res 33, A-14; Reaffirmed: MSS GC Rep A, I-19

### **Housing Provision and Social Support to Immediately Alleviate Chronic Homelessness in the United States: 440.060MSS**

AMA-MSS will ask that our AMA amend policy H-160.903 by addition and deletion to read as follows:

Eradicating Homelessness H-160.903

Our American Medical Association: (1) supports improving the health outcomes and decreasing the health care costs of treating the chronically homeless through clinically proven, high quality, and cost effective approaches which recognize the positive impact of stable and affordable housing coupled with social services; (2) will work with state medical societies to advocate for legislation implementing stable, affordable housing and appropriate voluntary social services as a first priority in the treatment of chronically-homeless individuals, without mandated therapy or services compliance and (3) supports the appropriate organizations in developing an effective national plan to eradicate homelessness. MSS Res 38, I-16; AMA Res 208, A-17 Referred

### **Opposition to Measures That Criminalize Homelessness: 440.066MSS**

AMA-MSS will ask the AMA to 1) oppose measures that criminalize necessary means of living among homeless persons, including, but not limited to, sitting or sleeping in public spaces; and (2) advocate for legislation that require nondiscrimination against homeless persons, such as homeless bills of rights. MSS Res 410, A-18

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