

Call to Action to Support People Living in Encampments and Address Encampment Removals in King County

June 20, 2024

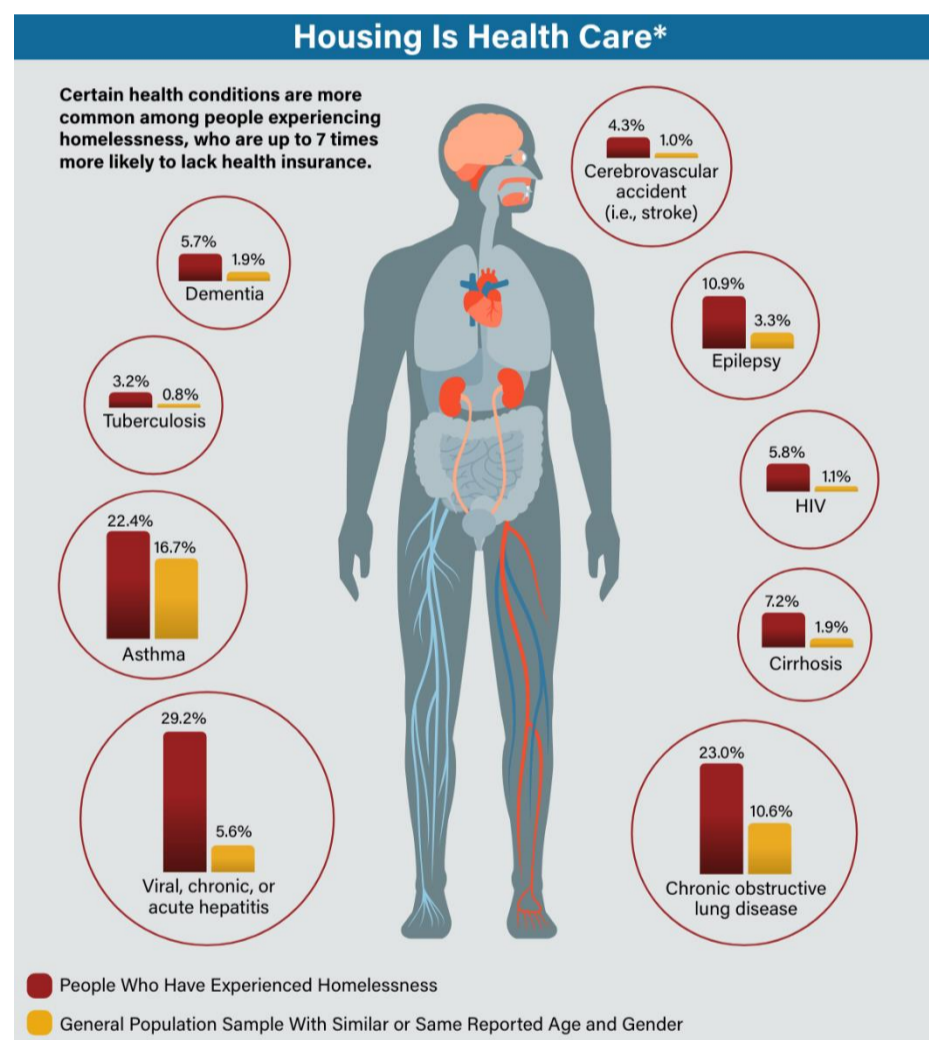
Introduction and Purpose

The King County Board of Health has been called upon by community members providing public comment in Board of Health meetings in 2023 and 2024 to address the public health issues related to the forced removal of people living in encampments without an immediate safety need and/or without access to temporary or permanent shelter that meets each individual's needs.¹ Encampments pose complex health challenges for both individuals living in encampments as well as for the broader community in which we all live. Housing instability is an outcome of racism and other forms of oppression.² The National League of Cities notes that “encampments are the result of policy failures and relational poverty” and acknowledges that “processes, structures, and social relations create and sustain poverty.” These policy failures have created historic housing instability and dearth of affordable and permanent housing.³ People who live in encampments choose to do so because it is the best option available to them.⁴ As stewards of public health, we are compelled to address this issue with compassion, data-driven solutions, and community-wide cooperation.

Current Situation and Context

The 2024 King County Point-in-Time Count found 16,385 people were homeless; 60% of those were living unsheltered. This is a 23% increase in the number of people who are homeless as compared to 2022. The percent of people experiencing homelessness who were unsheltered⁵ in 2022 was 57%.⁶

Health issues can cause homelessness, and homelessness can make it nearly impossible for individuals to address their health needs.⁷ Even among people who are not made homeless as a result of poor health, people living in encampments are more susceptible to physical health, mental health, and substance use issues.⁸ The Federal Strategic Plan to End Homelessness notes that people with health issues who experiencing homelessness are more likely to be living unsheltered.⁹ The Plan also notes that homelessness worsens health conditions. The graphic below shows that people who have experienced homelessness have an increased likelihood of experiencing many health conditions as compared to the general population.¹⁰



¹ Public Commenters often use the term “sweeps” – while this term is commonly used to describe forced removal or displacement from an encampment, we are intentionally using a more specific definition here. “Sweeps” is complex concept, and “encampment sweeps” happen in a variety of ways and for a variety of purposes. We hope our language encourages readers, advocates, and policy makers to understand the essential need for access not just to shelter, but to shelter that meets the unique needs of each individual. This statement will use the term “removal,” and will mean “forced removal of people living in encampments without an immediate safety need and/or without access to temporary or permanent shelter that meets each individual's needs.”

² https://kcrha.org/wp-content/uploads/2024/05/KCRHA_Point-in-Time-Count_2024_infographic.pdf

³ National Healthcare for the Homeless Council Issue Brief: <https://nhchc.org/wp-content/uploads/2022/12/NHCHC-encampment-sweeps-issue-brief-12-22.pdf>

⁴ [An Overview of Homeless Encampments - National League of Cities \(nlc.org\)](https://www.nlc.org/encampments)

⁵ “Unsheltered,” as used by the King County Regional Homelessness Authority in describing the data collected during the Point-in-Time Count, can be found here: https://kcrha.org/wp-content/uploads/2024/05/KCRHA-2024-Point_in_Time-Count-Frequently-Asked-Questions-v2.pdf

⁶ https://kcrha.org/wp-content/uploads/2024/05/KCRHA_Point-in-Time-Count_2024_infographic.pdf

⁷ <https://nhchc.org/wp-content/uploads/2019/08/homelessness-and-health.pdf>

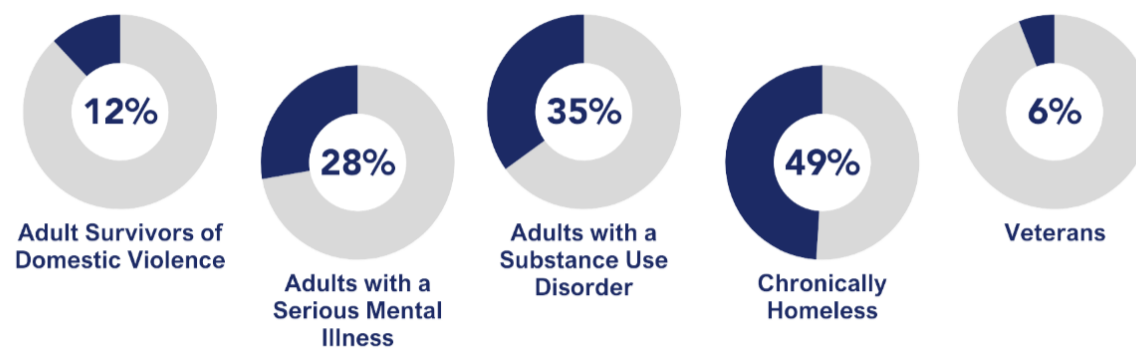
⁸ <https://nhchc.org/wp-content/uploads/2019/08/homelessness-and-health.pdf>

⁹ https://www.usich.gov/sites/default/files/document/All_In.pdf

¹⁰ https://www.usich.gov/sites/default/files/document/All_In.pdf

* <https://aspe.hhs.gov/reports/health-conditions-among-individuals-history-homelessness-research-brief-0>

Data from the King County Regional Homelessness Authority shows that people experiencing homelessness often have intersecting experiences and identities that can compound their experience of homelessness. The graphic below shows the percent of individuals experiencing homelessness who also reported one or more of these experiences.¹¹



Individuals living unsheltered face health risks from lack of access to clean water and hygiene facilities, including bathrooms, sinks for washing, and laundry, as well as exposure to extreme heat and smoke.¹² Additionally, the lack of stable and secure housing increases their exposure to violence and exploitation.¹³ The presence of individuals living in encampments significantly impacts public health – encampments often result in increased human and solid waste, creating health risks people living in the encampment and the surrounding community, as well as to waterways.¹⁴ Thus, while encampments offer a form of shelter, they do not provide a sustainable or safe solution to address the health issues related to and caused by homelessness. Instead, they exacerbate individual and public health challenges.

Impacts of Encampment Removal¹⁵

The National Health Care for the Homeless Council notes that encampment removal has not been shown to end homelessness. Instead, forced encampment removals result in four problems. First, encampment removals are *damaging to health, well-being, and connections to care* – removals tend to result in loss or destruction of personal items, including medications and medical equipment, even when those enacting the removal do not intend to do so. Removals are traumatic and can destabilize people with mental illness, as well as disconnect people from care providers through inability to access care providers as well as lost trust in institutions and providers. Second, encampment removals *compromise personal safety and civic trust* by criminalizing people experiencing homelessness through arrest and use of force, increasing hostility between police and people experiencing homelessness, and stigmatizing people experiencing homelessness. Third, encampment removals contribute to *undermining paths to housing and financial stability* when individual’s identifying records are lost, when individuals’ connections with outreach workers and communities are broken, and when individuals are arrested and resulting prosecution creates a criminal record that makes employment more difficult. Finally, encampment removals *create unnecessary costs for local communities* by diverting money away from housing and other health, community, social services and toward policing, increasing incarceration costs, and displacing and destabilizing community members.

Proposed Objectives of Encampment Removals

Proponents of encampment removals note that removals help address safety hazards such as drug use, violence, and unsanitary conditions that may pose risks to both residents and the surrounding community.¹⁶ Proponents suggest that removing encampments helps to maintain accessibility and safety of public spaces and encourages people living in encampments to access resources, services, and engagement that they may not have otherwise accessed.¹⁷

Call to Action

We, the undersigned members and alternate members of the King County Board of Health, understand the challenges faced by people living in encampments and recognize the efforts of agencies striving to develop housing solutions for the thousands of residents without homes in our community. While encampment removals are implemented to manage public safety and space, they do not offer a sustainable resolution to people living unhoused or unstably housed. With an emphasis on equity and justice, we advocate for a comprehensive strategy that marries immediate, compassionate interventions with long-term, stable housing options. This approach ensures that the needs of the people living in encampments are addressed in a manner that upholds their dignity and rights, fostering a more inclusive and supportive environment for all residents of King County, while preserving the safety of public spaces. We call upon our policy makers and community members to support funding and policy change for compassionate, evidence-based policies that uphold the dignity, health, and wellbeing of those living in encampments in King County. We must prioritize both immediate and long-term strategies, including the following:

- **Recommendation 1:** Unless an acute, immediate public health or safety needs exists, stop all forced removal of people living in encampments without providing access to temporary or permanent shelter that meets each individual's needs. Every effort should be made to maximize spaces to offer people an indoor space during extreme weather conditions. If safe indoor space is unavailable during extreme weather, encampments should not be removed during extreme weather. Provide a spectrum of affordable housing options tailored to meet diverse individual needs. There is ample evidence supporting the effectiveness of permanent supportive housing in improving health.¹⁸
- **Recommendation 2:** Support a “housing first” approach to people living unhoused or unstably housed reduces housing instability and crime and increases income and employment, which in turn improves health. Cost-benefit analyses suggest that savings offset program costs within 18 months.¹⁹
- **Recommendation 3:** Enhance access to hygiene facilities at encampments. Evidence shows that access to personal hygiene including handwashing, bathing and laundry services contributes positively to mental and physical health and can be supportive of a transition out of homelessness, including by increasing the likelihood of obtaining a job or a housing placement.²⁰

¹¹ <https://krha.org/data-overview/king-county-point-in-time-count/>

¹² [Invisible struggles: WASH insecurity and implications of extreme weather among urban homeless in high-income countries - A systematic scoping review – ScienceDirect; Homeless encampments: connecting public health and human rights - PMC \(nih.gov\)](https://www.sciencedirect.com/science/article/pii/S0190731421000000)

¹³ <https://nhchc.org/wp-content/uploads/2019/08/homelessness-and-health.pdf>

¹⁴ [Invisible struggles: WASH insecurity and implications of extreme weather among urban homeless in high-income countries - A systematic scoping review – ScienceDirect; Homeless encampments: connecting public health and human rights - PMC \(nih.gov\)](https://www.sciencedirect.com/science/article/pii/S0190731421000000)

¹⁵ National Healthcare for the Homeless Council Issue Brief: <https://nhchc.org/wp-content/uploads/2022/12/NHCHC-encampment-sweeps-issue-brief-12-22.pdf>

¹⁶ [Homeless encampments: connecting public health and human rights - PMC \(nih.gov\);](https://www.sciencedirect.com/science/article/pii/S0190731421000000)

¹⁷ [In one big way, Seattle’s homeless encampment removals have worked | The Seattle Times; Portland City Council agrees to clear tents from sidewalks in ADA lawsuit settlement - Axios Portland](https://www.seattletimes.com/news/portland/portland-city-council-agrees-to-clear-tents-from-sidewalks-in-ada-lawsuit-settlement-axios-portland/)

¹⁸ <https://pubmed.ncbi.nlm.nih.gov/37131928/>

¹⁹ <https://www.kansascityfed.org/Research%20Working%20Papers/documents/8716/rwp22-03cohen.pdf>

²⁰ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5580630/>

- **Recommendation 4:** Apply a [harm reduction](#) approach to meeting the needs of our neighbors living in encampments. Provide harm reduction supplies and education. Evidence shows that outreach using a harm reduction approach improves health equity and wellbeing²¹ and can be effective in addressing substance use disorder among people living homeless.²²
- **Recommendation 5:** Develop a transparent, public system of accountability and cooperation among all entities that receive any taxpayer funding to serve people who are living in encampments, maintain safety of public spaces, operate housing, and/or manage placement of people into safe housing that meets each individual's needs. Support coordination across service providers. Evidence exists for combining multiple measures for better outcomes, such as combining low-barrier transitional housing with clinical stabilization and care.²³
- **Recommendation 6:** Provide consistent check-ins regarding services and offers of long-term housing options by caseworkers. Increase the scale and scope of cross-disciplinary outreach teams dedicated to engaging with and assisting individuals in encampments transition into safer living conditions. Current efforts are not sufficient to meet the need. Evidence shows that active case management improves housing stability, which in turn improves health.²⁴
- **Recommendation 7:** Enhance mental health and substance use disorder services. Mental health service capacity is growing, but additional culturally responsive, affordable, and accessible services are needed throughout King County. Comprehensive mental health services can lead to an increased number of days spent in housing, and cost reductions in inpatient/emergency and criminal legal system services.²⁵ Expand on-demand treatment for substance use disorders. Capacity in this area is growing, but this growth should be accelerated. Low barrier clinics show promising rates of treatment initiation and retention and should be sited throughout King County.²⁶

We call upon our policy makers and community members to support compassionate, evidence-based policies and funding strategies that uphold the dignity and well-being of those living in encampments in King County. To address the safety concerns associated with encampments, we must prioritize both immediate and long-term strategies. Short-term public health solutions should enhance access to hygiene facilities, waste disposal, harm reduction supplies, and education, alongside deploying cross-disciplinary outreach teams dedicated to engaging with and assisting individuals in encampments to transition into safer living conditions. For sustainable change, long-term approaches are essential, including expanding on-demand treatment for substance use disorders, enhancing mental health services, and providing a spectrum of affordable housing options tailored to meet diverse individual needs. These comprehensive efforts will not only support our neighbors who are living in encampments but also contribute to the overall health and safety of our community. By working collaboratively and prioritizing the needs of our most vulnerable residents, we can create a community where everyone has access to safe and stable housing. Together, we can make a difference.

Signed,

Quiana Daniels, Vice Chair
 Victor Loo, Boardmember
 Christopher Archiopoli, Boardmember
 Francoise Milinganyo, Alternate
 Mustafa Mohammed, Alternate
 Teresa Mosqueda, Chair
 Jorge Barón, Boardmember
 Robin Narruhn, Boardmember
 Katherine Gudgel, Boardmember

For further information or assistance regarding encampments, contact:

- [King County Regional Homelessness Authority](#)
- [Anything Helps](#)
- [City of Seattle Human Services Department](#)
- [JustCARE](#)
- [City of Seattle Unified Care Team](#)

Background

This statement was prepared by the 2024 King County Board of Health: Homelessness & Health Workgroup composed of nine boardmembers and alternates. Originally formed in late 2023 at the encouragement of Chair Joe McDermott, the Workgroup met once in November 2023 and 10 times between February and June 2024. Participants included 2024 Board of Health Chair Teresa Mosqueda, Vice Chairs Quiana Daniels and Heather Koellen, Boardmembers Jorge Barón, Katherine Gudgel, Christopher Archiopoli and Victor Loo, and Alternates Mustafa Mohammed and Francoise Milinganyo, with participation from Public Health – Seattle and King County staff members.

²¹ <https://www.samhsa.gov/find-help/harm-reduction>

²² <https://pubmed.ncbi.nlm.nih.gov/33713622/>

²³ <https://pubmed.ncbi.nlm.nih.gov/37884986/>

²⁴ <https://pubmed.ncbi.nlm.nih.gov/37206622/>

²⁵ <https://pubmed.ncbi.nlm.nih.gov/20530014/>

²⁶ <https://pubmed.ncbi.nlm.nih.gov/3705851/>