



Phoenix City Hall  
200 W. Washington Street  
Phoenix, AZ 85003

May 5, 2026

Dear Members of the Phoenix City Council,

On behalf of the 105 undersigned national, state, and local organizations, we write to express strong opposition to the City of Phoenix's Safe Medical Treatment in Parks Ordinance (G-7467, Sec. 23-45) and the City's [proposed amendments](#) to this ordinance which will result in preventable illness and death for people experiencing homelessness. A separate [sign-on letter from individual providers](#) underscores this concern.

As organizations committed to supporting the health and wellbeing of unhoused people, we recognize City Council's goal to keep parks safe, clean, and accessible. However, this ordinance would ultimately undermine those goals by disrupting effective responses to homelessness and health care access, leading to worsening homelessness across Phoenix.

Specifically, this ordinance would:

- **Cut people off from health care and worsen health outcomes.** People experiencing homelessness have [significant health conditions](#) that require regular and ongoing care, yet face significant barriers accessing traditional brick-and-mortar clinics. Street medicine exists to meet patients where they are. Providers engage with patients in encampments, on sidewalks, and in parks to deliver wound care, chronic disease management, overdose prevention, and connect people to housing and support services. Implementing a permit system will restrict this access and limit the ability to deliver care in a timely and responsive way. This care depends on flexibility to respond to changing conditions, patients moving, and urgent health needs. Limiting where providers operate and requiring advance approvals makes it impossible for providers to meet patients where they are and disrupts care.
- **Increase strain on emergency response systems (emergency departments, EMS, fire).** When care is limited, many individuals are unable to access treatment until conditions escalate into emergencies. The result will be an increased dependency on emergency response systems, including more frequent 911/EMS/fire calls, emergency department visits, and higher mortality rates. Street medicine helps prevent this by addressing health issues early and [reducing emergency department use](#) by up to 75%.

Restricting access to care will overwhelm emergency departments and response systems, especially during Phoenix’s extreme summer heat when medical need intensifies and emergency calls increase.

- **Drives up costs for hospitals and taxpayers.** Emergency room visits, ambulance transport, and hospital admissions are [significantly more expensive](#) than community-based care. When street medicine is restricted, preventable conditions escalate into emergencies, placing cost burdens on hospitals and taxpayers. [Research shows](#) unhoused people are two times more likely to use the emergency department and have hospital stays four times longer than the general population. At the same time, Medicaid cuts are expected to increase the number of uninsured individuals, driving up uncompensated care, especially for the [58% of unhoused people](#) in Arizona who rely on Medicaid. As a result, hospitals will be forced to absorb uncompensated care costs, placing added strain on the health care system and taxpayers.
- **Undermine efforts to address homelessness in Phoenix.** Street medicine and outreach are often the first point of connection to care and support services. These interactions build trust and create connections to longer term treatment and other supports such as housing, employment training, and education. Restricting medical care in public spaces means limiting access to connections that help people escape homelessness. This ordinance will disrupt those connections, leaving vulnerable people with fewer supports and contributing to prolonged homelessness and poor health. Communities across the country, including Sacramento, Southern Nevada, and King County, Washington, have all invested in street medicine because it improves outcomes and reduces strain on the system. Phoenix should be moving in the same direction.

We urge the City Council to vote against this ordinance and instead work collaboratively with health care providers, community organizers, and local health systems to address the needs of people experiencing homelessness and the broader community. Addressing homelessness in Phoenix relies on connections to care and support, as well as connections to stable housing.

Sincerely,

### National Organizations

Alternative Mobile Services Association

Center for Law and Social Policy (CLASP)

CSH

Drug Policy Alliance

Every Soul Matters

Funders Together for Housing Justice

Harvest912

Hellbender Harm Reduction

National Association of Social Workers

National Faith Coalition to End

Homelessness

National Harm Reduction Coalition

National Health Care for the Homeless

Council

National Homelessness Law Center  
National Medical Outreach Institute  
Street Medicine Institute  
The Working Families Party (WFP)

United Liver  
Young People in Recovery

## State and Local Organizations

### Arizona

Arizona Chapter of the American Academy  
of Pediatrics  
AZ AANHPI Advocates  
AZ NAACP Youth and College Division  
Billy's Way Home  
Black Lives Matter Phoenix Metro  
Black Phoenix Organizing Collective  
BlackNet AZ  
Circle the City  
Crowned Vitta LLC  
Drug Policy Research and Advocacy Board  
Fund for Empowerment  
Harm Reduction Research Lab, University  
of Arizona College of Nursing  
Housing Initiative Project  
Keys to Change  
Poder in Action  
R.I.O.T. Phx  
Shot in the Dark  
Social Spin Foundation  
Social Spin Inc  
Sonoran Prevention Works  
Southwest Recovery Alliance  
StopODinAZ  
Street Medicine Phoenix

Sunset Health  
The Urban Front  
Valle del Sol, Inc.  
Valleywise Health

### California

Access Support Network  
Alameda County Health Care for the  
Homeless  
Any Positive Change Inc  
California Street Medicine Collaborative  
Harm Reduction Outreach Collective  
HealthRIGHT 360  
HOPE in the Valley  
Oakland Homeless Advocacy Working  
Group (HAWG)  
Oakland Tenants Union  
One Love Vallejo Mobile Health  
RISE- Rising Into Self Empowerment  
Shasta Community Health Center  
Yuba Harm Reduction Collective

### Colorado

Colorado Coalition for the Homeless  
Fort Collins Street Medics

## **District of Columbia**

Street Health DC

Unity Health Care

## **Georgia**

Health Students Taking Action Together (H-STAT GA)

## **Hawaii**

Hawaii HOME Project

## **Illinois**

Chi-Care

Chicago Street Medicine

Heartland Alliance Health

Illinois Harm Reduction and Recovery Coalition

Loyola SHOC

The Chicago Recovery Alliance

The Night Ministry

West Side Heroin/Opioid Task Force

## **Kansas**

ICT Street Team

## **Maryland**

Baltimore Harm Reduction Coalition

Health Care for the Homeless, Inc.

## **Massachusetts**

Duffy Health Center

## **Michigan**

Street Outreach Teams

Wolverine Street Medicine

## **Minnesota**

Twin Ports Medic Collective

Zumbro Valley Medical Society

## **North Carolina**

H3Street Medicine

## **New Mexico**

Albuquerque Health Care for the Homeless

Amador Health Center

Sih Hasin Street Medicine Program

## **New York**

Care for the Homeless

Housecalls for the Homeless - Upstate

SHOW Woodhull Hospital

## **Ohio**

Mount Carmel Community Health

## **Oregon**

Portland Street Medicine

## **Pennsylvania**

ProblemSolvers, Inc

Virgil's House

## **South Dakota**

Midwest Street Medicine

## **Texas**

Mootual Aid  
Street Medicine Interest Group @  
University of Texas Medical Branch

Chief Seattle Club  
Clallam Mutual Aid, Syringe Exchange and  
Harm Reduction (MASHR)

## **Washington**

Cascadia Street Medicine Alliance  
CHAS Street Medicine

## **Wisconsin**

Madison Street Medicine

## **International Organizations**

CCHS Foundation  
Disable Foundation Trust  
Leipzig University  
Medici na ulici, z.s.  
Street Medic Organization Philippines, Inc  
The International End-of-Life Doula  
Organization