MITIGATING THE HEALTH IMPACTS OF ENCAMPMENT SWEEPS IN CALIFORNIA:

A PRACTICE GUIDE FOR STREET MEDICINE

FEBRUARY 2025

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Executive Summary

Street sweeps – also known as “encampment resolutions,” "encampment clearings,” or "displacements" – are increasingly common across the United States. These actions involve the forced removal of unsheltered individuals and their belongings from public spaces, often on the grounds of public health, public safety, or improving the aesthetic appearance of an area.[1] In California, the legal and policy landscape surrounding street sweeps shifted significantly in the summer of 2024, following the Supreme Court's ruling in *Johnson v. Grants Pass* and Governor Gavin Newsom's Executive Order N-1-24. These developments have contributed to more aggressive enforcement of anti-camping ordinances and heightened sweeps activity, creating new challenges for people experiencing homelessness and those who support them.

As encampment sweeps have intensified across the state, the role of street medicine has evolved. The increased frequency and scale of sweeps have transformed street medicine practice, requiring teams to not only provide immediate care, but also address the compounded health risks that encampment sweeps create. In response to these challenges, this Practice Guide aims to provide street medicine providers with practical tools to reduce the harms of encampment sweeps and protect the health of those they serve.

This Guide seeks to:

- Highlight the health impacts of encampment sweeps on individuals experiencing homelessness.

- Provide practical strategies to minimize the harm of sweeps and protect the health of impacted individuals – before, during, and after sweeps.

The intent of this Practice Guide is not to endorse encampment sweeps or assume their inevitability, but to acknowledge their ongoing occurrence and equip street medicine practitioners with reality-based strategies to mitigate their harm. By equipping providers with actionable strategies, this Guide seeks to empower street medicine teams to navigate the evolving landscape of encampment sweeps while prioritizing the dignity, rights, and wellbeing of those they serve.

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[1] In alignment with the National Healthcare for the Homeless Council, this report defines “sweeps” as “the forced disbanding of homeless encampments on public property and the removal of both homeless individuals and their property from that area. This could be through an explicit or implied threat of enforcement of criminal ordinances, or use of public health, sanitation, parking enforcement, park or other public space regulations.”

Methodology

This report draws on three research methods: a scoping literature review, a community consultation with 250 street medicine practitioners and allied professionals, and 11 key informant interviews. The literature review synthesized academic research, policy papers, and media reports on the health impacts of encampment sweeps. The community consultation, held at the *6th Annual California Street Medicine Symposium*, used an adapted World Café methodology to explore two core questions:

1. What are the consequences of encampment sweeps on people experiencing unsheltered homelessness, from a street medicine perspective?
2. How have you and your patients mitigated the harms and consequences of these sweeps?

Additionally, interviews with 11 California-based street medicine practitioners provided deeper insight into care during displacement and patient experiences.

The Health Consequences of Encampment Sweeps

Encampment sweeps have significant negative health consequences, including the loss of essential belongings, increased health risks, care disruptions, heightened vulnerability to violence, and trauma that worsens mental health and substance use challenges. These harms also undermine efforts to secure stable housing by disrupting connections to services and support systems. Research identifies five key consequences of sweeps:

1. Loss of Personal Belongings Critical to Survival

Sweeps result in the loss of essential items like medications, identification, hygiene supplies, and survival gear. Losing medications for conditions like opioid use disorder, HIV, and hepatitis C increases risks of disease transmission and medication resistance. The loss of mobility aids and critical documents further restricts access to healthcare and social services, while the destruction of tents and blankets exposes individuals to greater physical health risks.

2. Increased Health Risks & Disruption of Care

Forced displacement can expose individuals to extreme weather, disease, and violence, worsening existing health conditions. Disruptions to regular care—missed appointments and lack of communication about relocations—complicate management of chronic conditions, mental health, and substance use disorders. Displacement often sends individuals to more hazardous areas, increasing risks like hypothermia and dehydration.

3. Disruption of Community and Vulnerability to Violence

Encampments provide vital social support networks, which sweeps dismantle, leaving individuals more vulnerable to violence. Women and transgender individuals face higher risks of robbery, physical violence, and sexual assault when displaced. Additionally, pets—key sources of emotional support and protection—are often lost, deepening feelings of isolation and increasing vulnerability.

4. Trauma and Escalation of Mental Health and Substance Use Challenges

Sweeps cause significant psychological trauma, commonly worsening issues like anxiety, depression, and PTSD. The constant fear of displacement and loss of belongings fosters feelings of demoralization and hopelessness. Substance use often escalates as individuals cope with trauma, increasing the risk of fatal overdoses, especially with disruptions to harm reduction services. These compounded challenges undermine efforts to exit homelessness by destabilizing individuals' mental health and access to essential support systems.

5. Loss of Life

The combined effects of sweeps increase mortality rates among people experiencing homelessness. Studies show individuals in shelters have 10x higher mortality rates than housed individuals, with unsheltered individuals facing even greater risks. Displacement, care disruptions, and the emotional toll of sweeps heighten health crises, contributing to fatalities, including suicides or accidents during a sweep.

Mitigating the Health Impacts of Encampment Sweeps in California:

A Practice Guide for Street Medicine

Street medicine practitioners play a vital role in mitigating the harms caused by encampment sweeps, addressing immediate healthcare needs, and advocating for the rights and well-being of individuals living in encampments. This guide offers strategies to reduce the impact of sweeps on patients before, during, and after the event.

BEFORE SWEEPS

1. Educate patients about street sweeps, what they can expect, and what their rights are.

Provide clear information on the types of sweeps occurring, what patients can expect, and the role of different stakeholders, such as law enforcement or sanitation workers. Offer concise materials like postcard-sized handouts that explain patients' rights during sweeps and how to advocate for them.

2. Proactively develop a relocation plan with patients.

Work with patients to identify alternative locations for meeting and support during displacement, considering risks such as exposure to violence. Plan for transportation needs, including helping those with disabilities or large belongings, and coordinate with RV residents for necessary services (e.g., vehicle registration).

3. Plan for loss of communication.

Provide durable contact cards and ensure patients have updated contact information. Establish backup contacts like street vendors or local store owners for reconnection. Organize interagency meetings for care coordination and update systems such as the Homeless Management Information System (HMIS).

4. Provide tools to protect critical documents, medications, and other essential resources.

Distribute waterproof document bags, brightly colored "do-not-touch" pouches or bags, or lockable containers for IDs, medications, medical records, valuables, and other vital paperwork. Ensure law enforcement and security personnel are informed about these strategies and agree not to destroy these containers. Digitize documents when possible. Advise patients to use secure storage options, such as trusted friends or family, to safeguard medications and important papers.

5. Develop "sweep-resilient" medical treatment plans and prescribing practices.

Prescribe medications in shorter increments or use long-acting medications to ensure continuity of care during displacement. Account for environmental risks and advocate for refill flexibility with pharmacies.

6. Increase harm reduction efforts.

Educate patients about the increased risks of overdose after a sweep and provide increased harm reduction supplies like syringes and Naloxone. Encourage safer substance use practices and overdose prevention.

7. Increase the provision of basic necessities.

Supply food, water, hygiene products, clothing, and harm reduction materials to address immediate needs post-sweep. Distribute phones or prepaid SIM cards to maintain communication with patients after they've been displaced.

8. Establish communication channels with relevant authorities to stay informed about upcoming sweeps and advocate for trauma-informed approaches.

Open lines of communication with local authorities responsible for sweeps, and advocate for trauma-informed approaches to their actions. Maintain ethical boundaries between healthcare providers and law enforcement to protect patient trust.

DURING SWEEPS – KEY CONSIDERATIONS

1. Presence or non-presence during sweeps

Teams must assess whether being physically present during a sweep aligns with their mission and patients' needs, and does not compromise patient trust or team safety.

2. Engaging (or not) with law enforcement and officials

Some teams engage with law enforcement to advocate for patients, while others may avoid confrontation to maintain long-term working relationships. The approach should align with the team's broader goals and patient needs.

3. Advocacy for patients: when and how?

Advocacy during sweeps may involve negotiating for patient needs or working behind the scenes on policy changes. Teams should balance on-the-ground intervention with long-term advocacy efforts.

4. Providing medical and mental health support

Street medicine teams must balance their capacity to provide immediate care during the event without compromising their ability to provide ongoing support afterward. Some teams may want to be present to respond to medical issues that arise; others may feel that the trauma and logistics of a sweep make it an unsuitable setting for a healthcare visit.

5. Logistical support: to what extent?

While patients may require assistance with transportation or storing belongings, teams must be realistic about their capacity to provide these services. When direct support isn't feasible, connecting patients to trusted resources is crucial.

AFTER SWEEPS

1. Locate displaced patients as quickly as possible.

Leverage community networks and outreach efforts to track displaced individuals. Use shared case management systems, such as HMIS, to find patients and collaborate with other service providers.

2. Replenish critical survival supplies, including food, water, and harm reduction supplies.

Distribute hygiene kits, food, blankets, and water, and work with pharmacies to ensure patients can access refills. Provide cell phones or chargers to help patients reconnect with essential services.

3. Reestablish medical treatment plans and replace lost medications.

Re-administer the HOUSED BEDS Assessment Tool to evaluate access to basic needs and supportive services in the new environment, and reassess treatment plans based on changes in living conditions. Leverage prescription assistance programs with pharmacist support to replace lost medications, reschedule missed appointments, and provide information on local services like healthcare and housing.

4. Re-establish trust and support patients to process trauma and grief.

Create spaces for patients and team members to reflect and process emotions. Demonstrate unconditional positive regard, reaffirming patients' dignity and your commitment through consistent follow-up and care.

Introduction

Street sweeps – also known as “encampment resolutions,” "encampment clearings,” or "displacements" – are increasingly common across the United States. These actions involve the forced removal of unsheltered individuals and their belongings from public spaces, often on the grounds of public health, public safety, or improving the aesthetic appearance of an area.[2] In California, the legal and policy landscape surrounding street sweeps shifted significantly in the summer of 2024, following the Supreme Court's ruling in *Johnson v. Grants Pass* and Governor Gavin Newsom's Executive Order N-1-24. These developments have contributed to more aggressive enforcement of anti-camping ordinances and heightened sweeps activity, creating new challenges for people experiencing homelessness and those who support them.

As encampment sweeps have intensified across the state, the role of street medicine has evolved. The increased frequency and scale of sweeps have transformed street medicine practice, requiring teams to not only provide immediate care, but also address the compounded health risks that encampment sweeps create. In response to these challenges, this Practice Guide aims to provide street medicine providers with practical tools to reduce the harms of encampment sweeps and protect the health of those they serve. Specifically, this Guide seeks to:

- Highlight the health impacts of encampment sweeps on individuals experiencing homelessness.

- Provide practical strategies to minimize the harm of sweeps and protect the health of impacted individuals – before, during, and after sweeps.

The intent of this Practice Guide is not to endorse encampment sweeps or assume their inevitability, but to acknowledge their ongoing occurrence and equip street medicine practitioners with reality-based strategies to mitigate their harm. Decades of research have shown that street sweeps are harmful to the health and well-being of individuals experiencing homelessness, exacerbating existing vulnerabilities and hindering access to necessary care [1, 2, 12-18]. Rather than improving public health outcomes, these sweeps contribute to worsened health, increased morbidity, and higher mortality among the unhoused population [1, 2, 12-18]. Studies show that when governments conduct sweeps without the provision of meaningful supports and adequate housing,

[2] In alignment with the National Healthcare for the Homeless Council, this report defines “sweeps” as “the forced disbanding of homeless encampments on public property and the removal of both homeless individuals and their property from that area. This could be through an explicit or implied threat of enforcement of criminal ordinances, or use of public health, sanitation, parking enforcement, park or other public space regulations.”

these actions often deepen homelessness rather than resolve it [2,3]. Paradoxically, these actions often undermine the investments governments are making to reduce homelessness in their communities.

Given the urgent need for actionable guidance, this Practice Guide draws on multiple sources to develop practical recommendations for street medicine teams. To ensure its relevance and grounding in both research and lived experience, it was informed by three key research methods: a scoping literature review, a statewide community consultation with 250+ street medicine practitioners and allied professionals, and 11 key informant interviews. By integrating research, community insights, and practitioner expertise, this guide offers evidence-based strategies to help street medicine teams mitigate the health harms of encampment sweeps.

POLICY BACKGROUND

The Changing Landscape of Encampment Laws and Policies in California

Recent legal decisions and executive actions in the United States and California have reshaped the landscape of homelessness policy, with profound implications for those living in encampments. The Supreme Court's ruling in *Johnson v. Grants Pass* and Governor Gavin Newsom's Executive Order N-1-24 (July 2024) signal a new era of enforcement authority, overturning prior legal precedents and expanding municipal discretion to conduct encampment sweeps, regardless of shelter availability. While many communities in California and other states have previously implemented similar laws or bylaws, enforcement against encampments is becoming more prominent and widespread at both state and national levels [32, 33].

Johnson v. Grants Pass (June 2024)

On June 28, 2024, the Supreme Court reversed the U.S. 9th Circuit Court of Appeals decision in *Johnson v. Grants Pass* (2022) 50 F.4th 787. This landmark ruling permits public agencies to enforce local laws prohibiting sleeping or camping in public spaces, even if no shelter options are available. The Court determined that such enforcement does not violate the Eighth Amendment's prohibition against "cruel and unusual punishment." This decision marks a significant shift, overturning the precedent set by *Martin v. Boise* (2019) 920 F.3d 584. Under *Martin v. Boise*, local governments were barred from enforcing anti-camping ordinances unless adequate and accessible shelter was available, as failure to provide such shelter was deemed unconstitutional. The Supreme Court's ruling does not mandate new actions by local governments, nor does it allocate additional resources for addressing homelessness, but it does restore full authority to municipalities to decide how and when to enforce anti-camping regulations.

This ruling gives municipalities the discretion to enforce anti-camping laws without being legally required to ensure the availability of shelter. However, both the majority and dissenting opinions highlighted that this does not automatically make all such ordinances constitutional. They warned that certain regulations might still be vulnerable to legal challenges under the due process clauses of the Fifth and Fourteenth Amendments (*City of Grants Pass v. Johnson* (2024) 144 S.Ct. 2202, 2221 (majority) and 2242 (dissent)).

Governor Newsom's Executive Order N-1-24 (July 2024)

Governor Gavin Newsom issued Executive Order N-1-24 in July 2024, aimed at addressing homelessness and encampments on state-owned property in California. Executive Order N-1-24 articulates that California is experiencing a "homelessness crisis decades in the making" and calls for urgent action to address encampments that "pose threats to life,

health, and safety" and "undermine the cleanliness and usability of parks, water supplies, and other public resources." The order requires state agencies under the Governor's authority to adopt policies aligned with the California Department of Transportation's Maintenance Policy Directive 1001-R1, including advance site assessments, providing notice to vacate where feasible, engaging service providers for outreach, and storing personal property for at least 60 days unless it presents a health or safety hazard. Local governments are encouraged to implement similar policies and utilize state resources to prioritize the removal of encampments, particularly those posing immediate risks.

The order also highlights the significance of a recent Supreme Court decision overturning restrictive Ninth Circuit precedent, noting that "there is no longer any barrier to local governments utilizing the substantial resources provided by the State" to resolve encampments "with both urgency and humanity." Agencies outside the Governor's authority are requested to align their policies with these directives, while the California Interagency Council on Homelessness is tasked with offering technical assistance to local jurisdictions. The Governor underscores that solutions should "prioritize offers of shelter and services as a first step."

California Intensifies Enforcement of Encampment Bans Post-*Grants Pass*

By September 2024, over 14 cities and one county in California had either enacted new camping prohibitions or amended existing ones to increase penalties, while another dozen were contemplating similar measures. Additionally, at least four areas had revived previously unenforced camping bans. Here are some examples:

- **San Joaquin County, CA**: A new ordinance in the county prohibits sleeping in a tent, sleeping bag, or car for more than 60 minutes and restricts individuals from sleeping within 300 feet of a previously occupied sleeping area. The county has also adopted a policy of offering jail as an alternative for those refusing shelter.

- **Vista, CA**: The city resumed enforcement of a 1968 ordinance banning encampments citywide. The law prohibits sleeping in any public space and bans tents or other camping gear. The city has adopted a "zero tolerance" approach, issuing citations or making arrests for non-compliance, even though shelters frequently lack available beds.

- **Newport Beach, CA**: A law that started in October 2024 makes it illegal to camp in the city, even without a tent. This includes sleeping on sidewalks or in cars, and using a sleeping bag in public spaces can result in citation.

- **Fresno, CA**: In September 2024, Fresno adopted a new illegal camping ordinance. The ordinance bans anyone from sitting, lying, sleeping, or camping in public spaces, including sidewalks, streets, and alleyways, at any time. People in violation of the law face a $1,000 fine and one year in jail, or both. As of winter 2024, the City of Fresno continues to enforce the anti-encampment ordinance, despite the persistent lack of available shelter beds.

Methodology

This report draws on three iterative research methods to explore the health consequences of encampment sweeps and the role of street medicine in mitigating harm. These methods—a scoping literature review, an action-oriented World Café, and key informant interviews—were chosen to gather diverse perspectives and insights, combining evidence from existing research, collective community discussions, and practitioner experiences.

Scoping Literature Review

The authors conducted a scoping literature review on the health consequences of encampment sweeps in the United States. Scoping reviews serve multiple purposes, such as: exploring the scope and diversity of a research question, assessing the potential value of conducting a systematic review, summarizing and sharing findings with specific audiences, and pinpointing gaps in the existing literature [5]. Given the limited research on this issue, and the absence of systemic reviews on this topic, a scoping review was chosen because it enabled us to both broadly map available evidence on the topic and strategically summarize findings for targeted policy and practice audiences [5]. Further, a scoping review enabled us to include various types of relevant information and literature – including scholarly literature, public reports, policy documents, government publications, and media coverage [5]. The inclusion criteria restricted sources to those published in English after 2010. Sources were gathered by conducting searches on academic scholarly databases, alongside manual searches of government websites, media websites, and other reputable sources (e.g., National Healthcare for the Homeless Council website).

Action-Oriented World Café at the *California Street Medicine Symposium*

In August 2024, the California Street Medicine Collaborative hosted an action-oriented World Café session at the 6th *Annual California Street Medicine Symposium*, hosted by University of Southern California's Street Medicine Division. The workshop utilized an adapted World Café methodology to engage approximately 250 participants in a collective community consultation on the health consequences of encampment sweeps and the role of street medicine in mitigating the associated harms.

The World Café method is a collaborative way to bring people together for meaningful discussions and shared problem-solving. It usually involves small groups talking about specific questions, with participants moving between tables to share ideas and build on each other's insights. This approach helps gather a wide range of perspectives, encourages teamwork, and creates a sense of shared purpose in finding solutions. The purpose of this adapted World Café session was to better understand the consequences of street sweeps on patients and outline avenues for clinical and advocacy action. By the session's conclusion, participants collectively identified movement-wide priorities for addressing the issue both clinically and through advocacy.

Participants represented diverse health care professions from across California, including medical providers (e.g., physicians, physician assistants, nurse practitioners, registered nurses, licensed vocational nurses, medical assistants), community health workers, outreach workers, social workers, researchers, first responders, harm reduction workers, hospital staff, and other allied healthcare professionals. These participants serve urban, rural, and suburban unhoused populations in diverse communities across California. The session also included people with lived experiences of homelessness and encampment sweeps, as well as a small number of participants serve people experiencing homelessness in other states across the country.

The session was structured around two core questions:

1. What are the consequences of encampment sweeps on people experiencing unsheltered homelessness, from a street medicine perspective?
2. How have you and your patients mitigated the harms and consequences of these sweeps?

Participants were organized into small groups, with a volunteer facilitator and notetaker at each table to guide discussions and document insights. Rather than rotating tables as in a traditional World Café, groups remained stationary to allow for deeper exploration of their assigned questions. This adapted World Café method preserved the collaborative ethos of the approach while emphasizing actionable insights and community-driven priorities, aligning with the workshop's goal of advancing both clinical and advocacy efforts within the street medicine movement.

At the end of the session, all notes were collected and analyzed by the principal author (Schwan). Key themes and practices were identified, categorized, and cross-referenced with findings from the literature review and consultations with key informants.

Key Informant Interviews

In fall 2024, the principal author conducted informal key informant interviews with eleven street medicine practitioners across California to deepen our understanding of themes identified through the World Café method. These interviews focused on the impacts of street sweeps on their patients and the challenges of delivering care during widespread displacement. Practitioners provided detailed accounts of their experiences providing care in different contexts across the state, sharing compelling patient stories and insights into clinical strategies for mitigating harm. Several of these practitioners reviewed and critiqued the report in its draft stages, contributing verbatim accounts of patient experiences and providing further details and nuance to the findings.

Next Steps

This document is intended to be iterative, recognizing that the contexts and political realities surrounding encampments and encampment sweeps will continue to evolve in California and across the United States. Phase two of this project will focus on widespread

consultation with people with lived and living experiences of homelessness to further examine the role of street medicine in addressing the consequences of encampment sweeps. These consultations aim to ensure that future iterations of this report are guided by the voices and expertise of those most directly impacted.

The Impact of Encampment Sweeps on Health

Top 5 Health Consequences of Encampment Sweeps

1. Loss of personal belongings critical for survival.
2. Increased health risks & disruption of care.
3. Disruption of community & vulnerability to violence.
4. Trauma and escalation of mental health and substance use challenges.
5. Loss of life.

1. Loss of Personal Belongings Critical to Survival

Encampment sweeps often result in the loss of essential personal property in ways that undermine individuals' health and wellbeing [2, 4, 7-9]. Personal belongings such as medications, government issued identification, hygiene supplies, survival materials, phones, and vital documents like proof of income or insurance are frequently confiscated or destroyed. In San Francisco, a recent survey found that 46% of respondents experiencing homelessness had belongings confiscated and 38% had belongings destroyed by city officials during sweeps [11].

Many medications lost during sweeps are expensive and difficult to replace, including medication-assisted treatment for opioid use disorder, hepatitis C, and HIV medications [12]. Given that consistent access to medication and care is crucial for managing conditions like HIV and hepatitis C, disruptions can increase the risk of disease transmission and medication resistance within communities [12]. Insurance plans typically do not cover early refills, which are often necessary when medications are destroyed during a sweep. This creates a substantial financial burden for patients and street medicine teams, who often struggle tremendously to cover the cost of replacing these vital medications. Loss of mobility equipment, such as walkers and wheelchairs, is also common during sweeps and can make it challenging for individuals to maintain their physical well-being and access healthcare services or other services [12,14].

The loss of these materials often leaves patients in even more vulnerable conditions and disrupts their ability to access care or benefits [1, 15-16]. The loss of government issued

identification and critical documents also poses significant barriers to accessing housing and employment. For instance, replacing lost identification is often a prerequisite for accessing social services or opening a bank account, both crucial steps towards stable housing [17].

Street medicine practitioners across California report that sweeps often destroy critical survival materials like blankets, tents, tarps, clothing, and other materials used to protect against the elements. Studies indicate the loss of critical survival gear can contribute to a decline in physical health and increase the risk of infectious diseases [18]. Encampment residents may also be displaced from locations where they have established access to food, water, hygiene supplies, bathrooms, and means of making money – all of which they may struggle to reestablish.

Insights from the Streets

Across California, street medicine teams report observing:

- Encampment sweeps occurring while a patient was actively having a medical crisis, including during a miscarriage, forcing the patient to choose between getting medical attention and losing their possessions.
- Loss of irreplaceable personal possessions, including: the ashes of family members, family heirlooms and photographs, tools and materials used to generate income (e.g., carts for transporting cans), and cultural items and artwork.
- Patients' possessions being stolen by security and law enforcement for personal use.

Insights from the Streets – Case Study in Patient Care

"We once had a patient who asked to enter his tent to retrieve his medications and ID/documents during a sweep. They wouldn't allow him to enter his tent and instead threw out everything. We had spent many weeks gaining his trust and working with him on his medication regimen and getting his documents - all of which were destroyed. We saw him later that day and he was so distraught that wouldn't even engage with us for about a week, despite having a long-standing relationship with him."

- *Brian Zunner-Keating, MS, RN, UCLA Homeless Healthcare Collaborative (Los Angeles, CA)*

Insights from the Streets – Case Study in Patient Care

"One morning, I visited a patient and found he wasn't in his usual spot but around the corner, drenched in sweat and looking exhausted. He explained that early that morning, police had cleared his area, forcing him to move his belongings, including several dogs, to a nearby warehouse. Shortly after settling there, two armed guards emerged and threatened to harm him unless he moved immediately. By the time we arrived, he had moved his belongings twice and was visibly drained. He hadn't eaten in two days and had no water. One of his pets, frightened, had fled, adding to his distress. The pet has not returned.

These sweeps are not only emotionally taxing but also physically exhausting, especially when there is a lack of access to food and water. Given that a significant portion of our unsheltered population is over 50 and managing multiple medical conditions, I can see how people lose everything they own because they simply don't have the strength and stamina to preserve them."

- *Corinne Feldman, MMS, PA-C, USC Street Medicine (Los Angeles, CA)*

2. Increased Health Risks & Disruption of Care

Displacement caused by street sweeps significantly increases health risks and disrupts medical care routines. Forced relocations can expose individuals to extreme weather, disease, and violence, exacerbating existing health conditions and increasing reliance on costly emergency medical services [19-21].

- **Exacerbation of Health Challenges:** Losing access to regular medications and healthcare can lead to more frequent and severe health crises, requiring emergency interventions and increasing the burden on emergency healthcare systems (particularly EDs) [12]. Street medicine providers across California report seeing patients experience preventable medical crises, in some cases with irreversible consequences, because their medication was destroyed during sweeps. Sweeps often interrupt access to food and water and worsen sleep disruption, all of which create or exacerbate existing health challenges.

> "If you want to design an epidemic, repeatedly taking medications away from an entire vulnerable population would be an ideal way to start."
>
> *– Dr. Ricky Bluthenthal, 2024 6th Annual California Street Medicine Symposium*

- **Disrupted Care Continuity:** Research demonstrates that patients frequently miss critical appointments, treatments, and even court dates because outreach teams struggle to locate them post-displacement [1]. This is particularly problematic for managing chronic illnesses, mental health conditions, and substance use disorders [1].

  Street medicine teams across California report continuously losing patients after encampment sweeps, sometimes for months or indefinitely. Often, street teams are not informed about upcoming sweeps and are unable to help their patients prepare. In sweeps that involve moving patients into interim housing, there is often a significant lack of communication about where patients are being relocated, making it difficult for teams to follow up. In some cases, these patients miss specialty appointments that took their street medicine team months to arrange. In other cases, sweeps disrupt ongoing wound care provided by the street medicine team, sometimes resulting in serious medical complications. Loss of phones often means street medicine practitioners can't reach their patients to arrange follow up care.

- **Environmental Hazards:** After being displaced, individuals are often pushed into unfamiliar or more dangerous areas with less access to shelter, food, or healthcare, increasing their risk of harm and injury. They may be displaced to areas with less protection from the elements, such as those lacking tree cover, which heightens their risk of environmental exposure and leads to conditions like hypothermia, frostbite, trench foot, and heat-related illnesses [22]. The risk of these conditions is further heightened when individuals must navigate these new environments without the survival resources they previously relied on before the sweep. For example, a Denver, CO study found that amongst those who had stopped using items for personal shelter (e.g., blankets, tents) at the direction of police, there was a "71% higher rate of frostbite, a 39% higher rate of dehydration, and twice the rate of heat stroke" [22]. In some cases, individuals displaced by sweeps are also forced to reside in contaminated areas or areas with hazardous waste, increasing risks of respiratory illness and other health issues [14].

A Denver, CO study found that amongst those who had stopped using items for personal shelter (e.g., blankets, tents) at the direction of police, there was a "71% higher rate of frostbite, a 39% higher rate of dehydration, and twice the rate of heat stroke."

Street medicine teams in California report that displacement to more isolated areas create significant challenges in reaching patients for medical care and coordinating transportation to specialty appointments or hospitals. For example, many teams across the state note that sweeps drive patients to seek shelter in abandoned buildings, both for personal protection and to avoid encounters with law enforcement. However, abandoned buildings present substantial risks to situational awareness and challenges for ensuring the street medicine team's safety, leading many to avoid entering these spaces, further limiting their ability to locate and care for patients.

Climate adaptation in Los Angeles (credit: Corinne Feldman, USC Street Medicine)

• **Street Sweeps & Extreme Weather:** Extreme weather patterns, combined with the disruptions of encampment sweeps, pose significant risks to people experiencing unsheltered homelessness [2]. Local authorities often fail to account for severe weather forecasts when conducting sweeps, displacing individuals from areas that provide relief from extreme conditions [22]. In summer, many seek shade or camp near

waterways to escape the heat, yet these locations are frequently targeted for sweeps, leaving individuals exposed to dangerous temperatures. Similarly, winter brings freezing conditions, atmospheric rivers, and bomb cyclones, further endangering unhoused populations [34-35]. Prolonged heatwaves and increasingly severe storms have made survival even more challenging, forcing individuals to prioritize basic needs over medical care [33, 35].

International public health guidance identifies socially vulnerable groups at high risk for poor health outcomes from extreme weather, including unsheltered individuals [23]. The National Institutes of Health (NIH) highlights three key factors that heighten climate-related risks: adaptive capacity (coping ability), exposure (degree of impact), and sensitivity (capacity to adjust). Unsheltered individuals face heightened vulnerability across all three, with encampment sweeps further exacerbating these risks [24].

According to street medicine teams across the state, extreme weather intensifies the challenges posed by encampment sweeps, compounding health risks for unhoused individuals and disrupting the care provided by street medicine teams and other outreach efforts. This forced displacement often interrupts continuity of care, as street medicine teams lose track of patients or must redirect their focus from ongoing medical treatment to addressing immediate survival needs.

Insights from the Streets – Case Study in Patient Care

"One of my patients had a skin mass on his nose that I biopsied on the street, and it was diagnosed as skin cancer. We were in the process of coordinating his care with a dermatologist for a straightforward removal when his camp was dismantled during a sweep. We lost track of him for about six months. When he resurfaced, the mass had grown significantly and was now threatening his right eye, as well as obstructing his sinuses, nasal passage, and lacrimal duct. He required several months of radiation therapy and eventually had to undergo surgical removal of his nose, leaving him with an exposed nasal cavity. He's now housed and has completed his full treatment, but we're still working on getting him a nasal prosthesis, which has proven difficult.

The impact of missing appointments or interrupted treatment is far more severe for our patients than most people realize. The outcomes of encampment sweeps are often life-altering and can directly affect people's health in devastating ways."

- *Kyle Patton, MD, Medical Director of HOPE Program, Shasta Community Health Center (Redding, CA)*

Insights from the Streets – Case Study in Patient Care

"Our team is currently providing medical care to a young woman who suffers from cardiomyopathy with congestive heart failure with a markedly reduced ejection fraction. She has required frequent hospitalizations in the past, however, as of late, we have been able to medically optimize her on all her appropriate medications and keep her out of the hospital. She has been an amazing collaborator, working hard to fill her pill boxes regularly and stay on top of a demanding regimen of medications to keep her out of the hospital.

However, in the past few weeks, she has been swept multiple times, with her medications all going into the trash with each displacement. The pharmacy has been kind enough to give us multiple early refills, however, upon the third request, they declined the request. The patient was without her required medications for approximately four days and ended up in the hospital with an acute exacerbation of congestive heart failure; she required three days of inpatient services. This was a preventable hospitalization that proved costly and was clearly disheartening to a patient who has been working incredibly hard to take her medications accurately to improve her health and situation."

- *Kate Pocock, PA-C, USC Street Medicine (Los Angeles, CA)*

3. Disruption of Community and Vulnerability to Violence

Encampments often provide individuals with a sense of community and social support that is vital for their well-being [1, 10]. These connections are vital for emotional well-being, safety, and survival, providing mutual aid, shared resources, and companionship. Encampment sweeps frequently break up communities, leading to isolation and a loss of protective networks that help ensure safety and emotional support for individuals [1, 18, 25-26]. The destruction of these protective factors often has a deleterious impact on health and mental health [1, 4, 25].

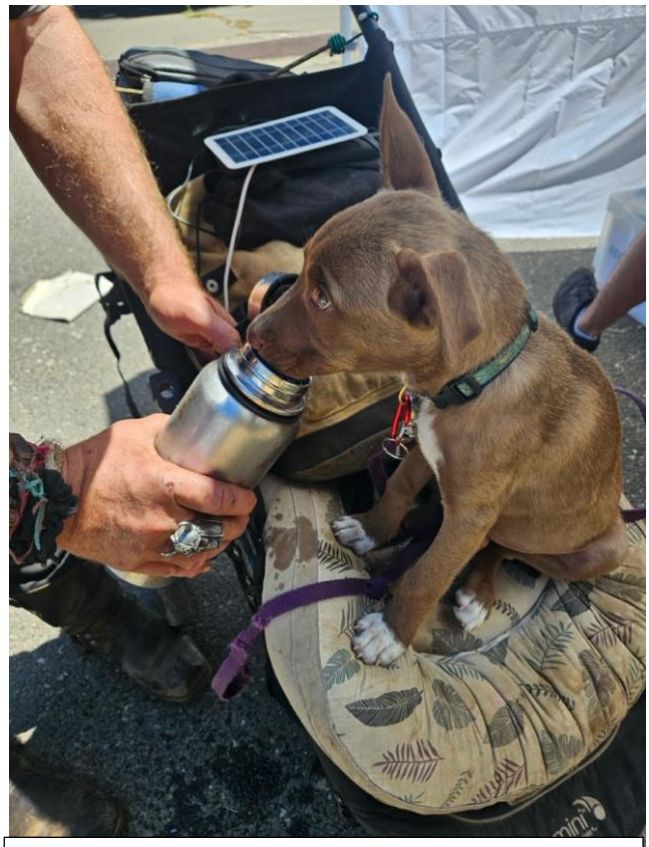
A study in Denver, CO, found that when women slept in more remote or hidden locations to avoid police interactions, they experienced a 50% higher rate of robbery, a 60% higher rate of sexual assault, and over three times the rate of physical assault.

- **Heightened Vulnerability to Violence:** Encampments, while imperfect, often provide a sense of community and relative safety in numbers. Sweeps often force people to move to more isolated, hazardous, and less visible spaces, further away from support systems [15, 25]. This makes displaced individuals easier targets for violence and limits their ability to seek help or support from others [15, 26-29]. Certain groups, such as women and transgender individuals, face disproportionate risks of violence [14-15, 30]. Women experiencing unsheltered homelessness often rely on men in encampments for protection, but forced displacement can disrupt these relationships, increasing their risk of violence and abuse [30].

  A study in Denver, CO, highlighted that when individuals seek more hidden or isolated sleeping locations to avoid police contact, both men and women experience higher rates of robbery, physical violence, and sexual assault for both men and women [22]. Women who relocated to a more hidden or remote location to avoid law enforcement reported a 50% higher rate of robbery, a 60% higher rate of sexual assault, and more than three times the rate of physical assault [22]. Street medicine practitioners also report that the extreme stress of displacement can also erode leadership structures within encampments, as well as increase tension within and between encampments, resulting in increased conflicts and violence.

- **Loss of Pets:** Pets provide crucial emotional support and companionship, yet they are often lost during sweeps, deepening distress and isolation [15]. Street medicine teams report that losing a pet is profoundly traumatic for their patients, with many equating it to losing a family member. Beyond emotional support, pets also offer protection, and their loss leaves individuals more vulnerable to violence and theft [15]. A major concern is that pets are frequently taken to the pound during sweeps, forcing owners to navigate bureaucratic and financial barriers to retrieve them. If they cannot pay quickly enough, their animals risk euthanasia.

  Many shelters and transitional housing facilities do not allow pets, forcing people to choose between shelter and their animals. This restriction not only limits access to safe housing but also makes it harder to engage with healthcare services, including street medicine teams. The emotional toll is



Pup on the streets of Sacramento, CA (credit: Kaitlin Schwan, California Street Medicine Collaborative)

immense, as individuals face the heartbreaking decision of leaving behind a beloved companion or accessing shelter.

Recognizing this issue, one animal rescue group in Bakersfield (CA) has launched a campaign to chip pets and create an "emergency contact" system, allowing animals to be transferred to trusted individuals rather than being sent to the pound during a sweep. This initiative seeks to mitigate some of the trauma caused by the separation and ensure that animals are cared for while their owners work to reclaim them.

Insights from the Streets

"From what we're seeing, our patients—and I'd bet this holds true for other street medicine teams—have a really unique relationship with their animals. For them, their dogs aren't just pets; they're companions, protectors, and a critical mental health lifeline. Most of our patients prioritize their animals' well-being above their own, almost every time.

What's troubling is that we're seeing more and more instances where these animals are being separated from their owners. Just last week on the riverbed, one of our patients told us that dozens of people were arrested for illegal camping. Their dogs were taken to the pound for 12 hours while the patients were in custody. When released, they had to find their way back to their camps, then figure out how to get to the pound, and then somehow scrape together enough money to pay for their dogs' release. One man I spoke to had to pay $500 to get his momma dog and her six puppies out.

On top of that, there's a daily cost for keeping animals at the pound, and if owners can't pay quickly enough, the animals are euthanized. This isn't just happening on the river—it's standard practice across town for unhoused individuals with pets.

- *Matthew Beare, MD, Program Director - Addiction Medicine Fellowship, Clinica Sierra Vista (Bakersfield, CA)*

- **Alienation & Dehumanization:** Studies suggest that the destruction of communities within encampments often fosters a sense of instability, alienation, and dehumanization, undermining individuals' sense of belonging and trust in authority [1, 4, 11]. This distrust can also hinder housing efforts, as individuals may be reluctant to engage with outreach providers affiliated with county or city organizations.

- **Greater Difficulty Engaging in Health Care and Housing Services:** Street medicine teams report that encampment displacements disrupt the community support systems that help individuals access healthcare and housing services. For many, these communities provide a safety net, watching over belongings, tents, and pets while individuals seek care. Without this support, individuals may be hesitant to attend medical appointments or meet with housing workers, fearing the loss of possessions or the well-being of their pets. The breakdown of these communal arrangements creates significant barriers to healthcare and housing interventions.

4. Trauma and Escalation of Mental Health and Substance Use Challenges

Encampment sweeps inflict profound psychological and emotional harm, worsening existing mental health conditions and increasing the risk of substance use and overdose. The repeated displacement caused by these actions creates a cycle of instability, making it very difficult for individuals to establish safety or stability, let alone access services or improve their circumstances.

Insights from the Streets

"In all of my medical training, sweeps are at the top, if not the very top, of the most traumatic things I witness. We certainly play a role as providers, but sweeps also take a toll on us."

- *M.K. Orsulak, MD, UC Davis Department of Family & Community Medicine (Sacramento, CA)*

Psychological Trauma and Mental Health Decline

The fear of losing personal belongings, the dehumanization of being forcibly removed, and the constant threat of citation or arrest inflict psychological trauma on individuals experiencing homelessness [1, 17, 26]. These stressors exacerbate pre-existing mental health challenges such as anxiety, depression, and post-traumatic stress disorder (PTSD) [4, 17]. Research indicates that homelessness itself is often a form of psychological

trauma [18], and sweeps compound this harm, leaving people feeling demoralized, dehumanized, and hopeless [1]. Studies show the ongoing need to relocate undermines individuals' efforts to regain stability, furthering feelings of despair and hopelessness [1]. Street medicine teams across California report that in the wake of a sweep, their patients often feel disrespected, ashamed, abandoned, and that they don't belong anywhere. They report that patients frequently become disoriented or confused, lose their sense of routine and purpose, and feel that their very humanity has been violated.

Insights from the Streets

Street medicine teams across California report that in the wake of a sweep, their patients often feel disrespected, ashamed, abandoned, and that they don't belong anywhere. They report that patients frequently become disoriented or confused, lose their sense of routine and purpose, and feel that their very humanity has been violated.

Exacerbation of Substance Use

Street medicine teams observe that substance use often increases following encampment sweeps, a trend linked to both the trauma caused by displacement and the disruption of care. Trauma from sweeps can drive individuals to use substances as a coping mechanism, heightening the risk of dependency, relapse, and overdose [12, 15, 17]. Additionally, the disruption of access to essential services, such as methadone clinics or harm reduction supplies, can exacerbate or alter substance use. Providers report that patients are more likely to use substances in isolation or engage in unsafe practices after losing access to harm reduction supplies. Additionally, some patients increase their use to stay awake for safety reasons or to guard their belongings in a new and unfamiliar environment.

Research indicates that the disruption caused by sweeps directly impacts access to harm reduction services, including naloxone (Narcan), clean supplies, and overdose prevention programs. In some cases, critical life-saving items, such as naloxone kits, are confiscated or discarded, increasing the likelihood of fatal overdoses [1]. Studies show that the confiscation or destruction of naloxone—a medication that reverses opioid overdoses—during sweeps has led to overdose deaths by depriving individuals of this critical, life-saving treatment [4, 11]. A modeling study estimated that continual displacement could lead to a 56% decrease in initiations of medications for opioid use disorder and contribute to a 16% to 24% increase in deaths among people experiencing unsheltered homelessness who inject drugs [26]. Similarly, a study of sweeps in L.A. and San Francisco found that individuals who experienced displacement were more likely to report an overdose in the past 3 months [11].

Undermining Housing and Service Efforts

Street medicine providers report that trauma associated with being displaced by government officials is easily transferred to other government agencies, like housing and social service authorities. When one branch of an institution inflicts harm while another simultaneously offers assistance—sometimes at the very moment the harm occurs—individuals may refuse help due to a loss of trust. For example, when a city's Department of

Sanitation and Police Department clear an encampment, and a housing agency later offers assistance, individuals often see these agencies as part of the same system rather than distinct entities with separate roles. This perception reinforces distrust and complicates efforts to provide support. As a result, encampment clearings can inadvertently undermine broader governmental efforts to house and assist people experiencing homelessness.

Insights from the Streets – Case Study in Patient Care

"One of our patients had multiple medical conditions alongside significant post-traumatic stress disorder. It took us over a year to help her stabilize through weekly street medicine visits, medication adjustments, and support with basic needs. She was doing well and starting to set both short- and long-term goals beyond just survival. However, one day we arrived to find her encampment had been swept away. When we located her a few days later, she was in the midst of an acute mental health crisis and expressed thoughts of ending her life. Our team responded by increasing the frequency of our visits and support. After a few weeks, she began to find a new sense of stability. Then, one evening, a pick-up truck arrived with several men who claimed they were hired to clear the area. They removed all her belongings, leaving only a few recently purchased items still in sealed boxes, which they placed in the front seat of the truck—presumably for their personal use. Soon after, she experienced another acute mental health crisis. It has now been six months since her initial displacement, during which she has been forced to move three more times, and she has not yet returned to her emotional baseline."

- *Corinne Feldman, PA-C, USC Street Medicine (Los Angeles, CA)*

Distress on the streets of Los Angeles (credit: Ara Oshagan, UCLA Health)

5. Loss of Life

Encampment sweeps contribute to increased mortality among people experiencing homelessness, a population already facing significantly higher death rates than housed individuals [1]. Research shows that mortality rates for people living in shelters are ten times higher than those of housed individuals in the same city, while unsheltered individuals face an even greater risk, with mortality rates three times higher than those in shelters [37]. Sweeps exacerbate these dangers by removing vital harm reduction resources, increasing vulnerability to overdose and other life-threatening conditions. A simulation modeling study across 23 U.S. cities estimated that continual involuntary displacement could lead to a 15.6% to 24.4% increase in deaths among unhoused individuals over a decade [31]. The trauma of eviction and displacement has also led some individuals to take their own lives rather than endure repeated upheaval [4], and in at least one documented case, an unhoused woman was killed by a bulldozer while sleeping in her tent during a sweep [4].

Research highlights the disproportionate impact of encampment sweeps on people who use drugs (PWUD). A 2023 study by Barocas and colleagues found that sweeps significantly increase the likelihood of overdoses and hospitalizations while reducing access to medication-assisted treatment [31]. Additionally, Fleming et al. describe sweeps as part of an "institutional circuit" that perpetuates cycles of instability, forcing PWUD to oscillate between fleeting stability and heightened insecurity in both social and material contexts [37].

Insights from the Streets

Street medicine teams report bearing significant burden associated with street sweeps, including:

- Vicarious trauma resulting in burnout and staff turnover, further disrupting patient care.
- Significant financial costs when having to re-prescribe and dispense medications from their backpacks after sweeps, which often relies on out-of-pocket spending from limited funding pools.
- Additional financial costs related to uncompensated labor (e.g., time looking for displaced patients).
- Loss of trust from patients due to perceived association/collusion with law enforcement or other authorities.
- Increased challenges meeting quotas and metrics for patient panel sizes due to displaced patients.
- Environmental waste produced by the circular destruction and replacement of survival materials.

Mitigating the Health Impacts of Encampment Sweeps in California:

A Practice Guide for Street Medicine

Street medicine practitioners occupy a critical role during sweeps, serving as both care providers and advocates. This Practice Guide outlines reality-based strategies for mitigating harm at three key stages—before, during, and after sweeps—while centering the health, dignity, and rights of patients.

Foundational Principles for Action

The following foundational principles should guide all areas of practice—before, during, and after sweeps—ensuring that interventions are rights-based, trauma-informed, and patient-centered:

- **Autonomy and Agency**: Ensure all interventions respect the rights of individuals experiencing homelessness to make informed choices about their own lives.
- **Dignity and Respect**: Treat all patients with humanity and compassion, recognizing their inherent worth and human rights.
- **Coordination**: Strengthen collaboration among service providers, outreach teams, law enforcement, and community organizations to ensure seamless support for displaced individuals.
- **Harm Reduction**: Focus on minimizing the immediate and long-term impacts of sweeps through practical, patient-centered strategies.
- **Inclusive Engagement**: Work directly with patients in encampments to ensure their lived experiences are reflected in the response and action planning. Prioritize their voices in decision-making processes to ensure interventions are relevant, effective, and responsive to their unique needs.

SUMMARY
17 Strategies for Protecting Health & Reducing Harm

BEFORE SWEEPS

1. Educate patients about street sweeps, what they can expert, and what their rights are.
2. Proactively develop a relocation plan with patients.
3. Plan for loss of communication.
4. Provide tools to protect critical documents, medications, and other essential resources.
5. Develop “sweep-resilient” medical treatment plans and prescribing practices.
6. Increase harm reduction efforts.
7. Increase the provision of basic necessities.
8. Establish communication channels with relevant authorities to stay informed about upcoming sweeps and advocate for trauma-informed approaches.

DURING SWEEPS – KEY CONSIDERATIONS

1. Presence of non-presence during sweeps.
2. Engaging (or not) with law enforcement and officials.
3. Advocacy for patients: when and how?
4. Providing medical and mental health support
5. Logistical support: to what extent?

AFTER SWEEPS

1. Locate displaced patients as quickly as possible.
2. Replenish critical survival supplies, including food, water, and harm reduction tools.
3. Reestablish medical treatment plans and replace lost medications.
4. Re-establish trust and support patients to process trauma and grief.

BEFORE SWEEPS

Being proactive prior to encampment sweeps is critical for minimizing harm, ensuring continuity of care, and supporting individuals living in encampments. By anticipating the challenges that may arise from displacement and disruption, teams can help patients navigate these obstacles more effectively.

1. Educate patients about street sweeps, what they can expect, and what their rights are.

- Proactively educate your patients about different kinds of sweeps being conducted in their area, and what they can expect during each type of sweep. Be transparent about the probability of a sweep, sharing any available information.

- Clearly communicate the distinct role of street medicine teams and other stakeholders, such as law enforcement and sanitation workers, during sweeps to define responsibilities and delineate spheres of influence.

- Educate patients on their rights during sweeps, how they can advocate for their rights, what to do if their rights are violated, and what role your street medicine team will play in relation to rights violations (if any). Some organizations have effectively provided this information through concise, postcard-sized handouts, making it easily accessible for those affected.

Street Medicine Visit in South LA (credit: Corinne Feldman, USC Street Medicine)

2. Proactively develop a relocation plan with patients.

- Ask patients how they would like to be supported during a sweep and clearly communicate what is and isn't feasible within the scope of your role.

- Discuss where patients might go in the event of a sweep (e.g., 'If there was an encampment sweep, where are two other places I could find you?') and other locations they are likely to visit. Work with patients to establish their daily

routines and identify specific places where you could meet them if they're displaced, such as a local soup kitchen or a favorite panhandling spot.

- Support patients in assessing options for relocation and the relative risks of those locations (e.g., risk of sexual violence, exposure to environmental hazards).

- Work with patients to develop relocation preparedness plans, ensuring there is plan in place for: emergencies, document and medication storage, options for access to basic necessities (e.g., food, water), pets, communication, harm reduction, and information about where to access shelters, healthcare, or other services after losing their usual support network.

- Plan for transportation needs during a sweep, including options for moving pets or larger belongings. Develop detailed transportation plans for patients with disabilities or mobility challenges, seeking to ensure that critical resources like wheelchairs and canes are not lost. Where possible, provide materials that can support with transportation (e.g., carts, luggage).

- Develop strategies to assist RV residents before sweeps, such as connecting them with services to renew vehicle registration or making necessary repairs to ensure vehicles are drivable.

Insights from the Streets

"We have a weekly multidisciplinary team meeting where we discuss vulnerable patients, during which we come up with support plans with our non-medical staff and review the list of our patients needing to be found. As the chaos of the streets increases, so too does our need for communication amongst our various team members. We have found this meeting to be essential."

- *Kyle Patton, MD, Shasta Community Health Center (Redding, CA)*

3. Plan for loss of communication.

- Ensure patients have your contact information written on durable materials and stored in multiple locations (not just their phone). Consider providing water-proof contact cards.

- Publish a public phone number that provides a direct line to street medicine services. Ensure this number is prominently displayed on a website and posted in common public areas, such as drop-in centers or other services where patients may have access to a phone. This ensures patients can reconnect with their street medicine teams even if their phone with stored numbers is lost.

- Update contact information for your patient each time you see them and check to ensure they still have your contact information.

- Maintain a list of alternative and emergency contacts, such as family, friends, or community members, who can help locate the patient post-sweep. Ask patients who they would like you to contact if the team can't locate them. If possible, share your contact information with patient-approved persons in advance of a sweep. For some, this might be a street vendor or a local store or service.

- Identify key figures within encampments, including informal leaders or "street moms" and build relationships with them to help maintain communication with patients post-sweep. These leaders may have critical information about where to find your patient after a sweep. Share your contact information with these persons in advance of a sweep.

- Establish regular interagency team meetings to enhance communication, especially for larger teams conducting outreach. Use these meetings to coordinate care, plan for upcoming sweeps, develop support plans, and review lists of patients requiring follow-up. Update the Homeless Management Information System (HMIS) to include street medicine as part of the care team, and the most recent location where the person was found.

4. Provide tools to protect critical documents, medications, and other essential resources.

- Distribute waterproof document bags, brightly colored "do-not-touch" pouches or bags, or lockable containers for IDs, medications, medical records, valuables, and other vital paperwork.
    - Whenever possible, ensure that law enforcement and security personnel are informed about these strategies and agree not to destroy or confiscate the designated 'do-not-touch' bags.

- With patient consent, digitize or photocopy critical documents and store them securely to ensure they are accessible if originals are lost.

- Strategize with patients to identify secure alternatives for storing critical documents or medications, such as with trusted housed friends or family members.

Insights from the Streets

"We recently set up a PO box that our patients can have critical documents sent to. Our staff go and collect the mail regularly, and our case managers store the documents securely at our office. This allows us to hang on to their newly sent documents until they have a greater degree of stability."

- *Kyle Patton, MD, Shasta Community Health Center (Redding, CA)*

5. Develop "sweep-resilient" medical treatment plans and prescribing practices.

- **Administer the HOUSED BEDS Assessment Tool**: Getting a vivid picture of the person's current access to basic survival needs, daily routine, existing relationships with other agencies, and community connections will serve as a critical harm-mitigation tool.

- **Prescribe Shorter Durations**: Prescribing medications in shorter increments (e.g., weekly instead of monthly) can help ensure patients can maintain access to their medications if they are confiscated or discarded during sweeps.

- **Use Long-Acting Medications**: Consider administering long-acting medications (e.g., long-acting buprenorphine injections for opioid use disorder, long-acting antiretroviral therapy (ART) for HIV) to reduce the need for frequent refills, prevent medication loss during displacement, and help prevent the possible exacerbation of medical conditions due to treatment interruption.

- **Plan for Environmental Risks**: Account for environmental conditions (e.g., heat, cold, or moisture) when prescribing medications and provide guidance on storage solutions.

- **Increase Refills and Advocate for Refill Flexibility**: Consider including multiple refills on prescriptions to minimize barriers to access for patients who may experience frequent displacement. Teams might also consider prescribing smaller quantities of medication per refill, as larger supplies can lead to significant challenges with insurance and pharmacies when early refills are requested. Where possible, work with pharmacies to ensure patients can easily access refills.

Street Medicine Visit in Redding, CA (credit: Kyle Patton, Shasta Community Health Centre)

6. Increase harm reduction efforts.

- Increase education on harm reduction, such as the importance of not using substances alone, how to identify overdose warning signs, how to respond to an overdose, and the benefits of beginning with a smaller dose when using new batches of unknown potency.

- Educate patients who use substances on the increased risk of overdose they (or others around them) may experience post-sweep.

- Increase the provision of harm reduction materials (e.g., syringes, pipes, fentanyl strips).

- Increase the provision of Naloxone/Narcan and educate patients and community members on how to use these medications.

7. Increase the provision of basic necessities.

- **Expand Supply Distribution**: Provide larger quantities of essential items, including food, water, hygiene supplies, clothing, sheltering supplies (e.g., tarps), supplies to weather the elements (e.g., sunscreen), and harm reduction materials, recognizing that sweeps frequently remove access to these necessities and displace individuals from locations where they currently have strategies for generating income. This must be balanced by the understanding that during a sweep, large quantities of items must be left behind, but the choice of what to take should remain with the patient.

- **Improve Access to Phones**: When possible, distribute cell phones, including prepaid or "burner" phones, to help individuals maintain access to critical services and contacts after being displaced. If this is not feasible, work with patients to plan for how they could access a phone if displacement were to occur.

8. Establish communication channels with relevant authorities to stay informed about upcoming sweeps and advocate for trauma-informed approaches.

- Determine which authorities are responsible for policing the community and/or land where your patients reside. Open lines of communication with these authorities, including when you encounter their staff out on street rounds. Share contact information and ask authorities to alert you in advance of sweeps (as early as possible).

- Advocate for trauma-informed approaches to encampment sweeps, including associated training for law enforcement, paramedics, parks and recreation departments, and other authorities.

- Maintain clear boundaries between healthcare providers and law enforcement to protect patient trust and ensure ethical practices.

Insights from the Streets

"When offers of shelter or temporary housing are made during a sweep, one strategy we use is to ask how beds are prioritized and how providers can advocate for patients who are shelter-ready or could benefit most from being indoors. We also inquire about the locations of the shelters so we can begin planning follow-up care. For instance, we may establish a relationship with the shelter before the sweep, ensuring we can immediately support our patients once they are relocated to the shelter. If we're unable to go to that area, we can coordinate with another medical team to continue patient care."

- *Brian Zunner-Keating, MS, RN, UCLA Homeless Healthcare Collaborative (Los Angeles, CA)*

DURING SWEEPS – Key Considerations

Encampment sweeps are highly disruptive events, often creating crisis situations for individuals experiencing homelessness. Street medicine teams must carefully weigh their role during these events, ensuring that their engagement does not inadvertently harm their relationships with patients or undermine their broader mission. There is no singular "right way" to engage during a sweep—teams must assess multiple factors in real time to determine how to best support their patients while preserving trust and safety. Below are key considerations for street medicine teams when deciding whether and how to engage on the day of a sweep.

1. Presence or Non-Presence During Sweeps

- Some teams choose to be present at sweeps, providing visible support, medical care, or de-escalation. Others find that their presence can be misinterpreted by patients as complicity with the sweep or may create tensions with law enforcement that could jeopardize future work.
- Consider whether being physically present aligns with your team's mission and your patients' needs.

2. Engaging (or Not) with Law Enforcement and Officials

- Law enforcement and city officials play key roles in sweeps, and interactions with them require careful consideration.
- Some teams engage directly, advocating for additional time or ensuring humane treatment. Others avoid direct confrontation to maintain long-term working relationships and protect their ability to continue serving patients.
- Consider how engaging with officials may impact your credibility with both patients and decision-makers in your community.

3. Advocacy for Patients: When and How?

- Advocacy can take many forms, from directly negotiating for patient needs during a sweep to working behind the scenes on policy change.
- Consider whether on-the-ground advocacy—such as requesting time for patients to pack belongings—is feasible and safe, or if it might inadvertently escalate tensions.
- Some teams prefer to focus on long-term advocacy by engaging with city officials, submitting reports, or influencing policy without directly intervening in sweeps.

4. Providing Medical and Mental Health Support

- Many patients experience acute medical and psychological distress during sweeps, requiring rapid assessment and intervention.
- Consider whether your team has the capacity to provide immediate care during the event without compromising your ability to provide ongoing support afterward. Some teams may want to be present to respond to medical issues that arise; others may feel that the trauma and logistics of a sweep make it an unsuitable setting for a healthcare visit.
- If present, teams should be prepared to address trauma responses, provide emotional support, and assist with medical needs while respecting the patient's autonomy and priorities in the moment.

5. Logistical Support: To What Extent?

- Patients may need help with transportation, storage, or relocation assistance. However, unless a team has the infrastructure to offer meaningful logistical support, making promises that cannot be fulfilled may cause harm.
- If unable to assist directly, consider connecting patients with trusted resources and documenting where relocated belongings can be retrieved.

Ultimately, each street medicine team must develop its own approach to engagement during sweeps, balancing patient care, advocacy, and long-term program sustainability. A thoughtful, case-by-case approach ensures that teams provide meaningful support while maintaining trust and effectiveness.

Insights from the Streets

During encampment sweeps, street medicine teams, harm reduction workers, and other outreach services are sometimes misunderstood to be collaborating with law enforcement, particularly when they are present during enforcement actions. This perceived (or real) connection can generate mistrust among individuals experiencing homelessness, who may conflate these services with punitive and violent systems. As a result, some patients may become hesitant to engage with street medicine teams or outreach workers, even when in dire need of medical treatment or essential resources (e.g., water, harm reduction supplies). This experience can further isolate individuals living outdoors, heightening feelings of mistrust and increasing the risk that health and mental health needs will go unaddressed. Given this, it is critical that clear boundaries between healthcare providers and law enforcement are established and communicated to patients – before, during, and after a sweep.

AFTER SWEEPS

The aftermath of a sweep often leaves individuals disconnected, resource-deprived, and struggling to reestablish routines. For street medicine teams, this is a critical period to rebuild lost connections, provide necessary supplies, and restore disrupted care.

1. Locate displaced patients as quickly as possible.

- **Leverage Social Networks**: Work with known community leaders, peers, and informal networks to track the whereabouts of displaced individuals. Leave contact information and supplies with trusted figures in the community for those you cannot locate immediately.

- **Expand Outreach Efforts**: Conduct increased scouting rounds in possible relocation areas, including spaces that are more remote or isolated. Consider shifting schedules to do outreach at different times of day or night to find patients who have new habits or schedules.

    - Consider establishing "pop-up" service locations at predictable times and places where individuals know they can reconnect with your team. Spread the word about these services.

Searching for patients in Redding, CA (credit: Kyle Patton, Shasta Community Health Centre)

- **Use Integrated Databases**: Collaborate with other service providers, hospitals, law enforcement, and emergency shelters to locate displaced individuals using shared records, case management systems (e.g., Homelessness Management Information System), and/or by-name lists.

Insights from the Streets

"We are changing our schedules and doing more nighttime outreach as more people are now without set camps and looking for different places to lay down at night, which could change regularly. I think changing that changing the times you do outreach can be an effective strategy for finding people as they change their camping habits in response to pressure."

- *Kyle Patton, MD, Shasta Community Health Center (Redding, CA)*

2. Replenish critical survival supplies, including food, water, and harm reduction tools.

- Distribute survival supplies to patients, including hygiene kits, food, blankets, clothing, and harm reduction materials.
- Re-prescribe medications and work with pharmacies to address refills and insurance issues caused by displacement.
- Leave supplies at trusted community organizations or shelters for individuals to access if they cannot be located directly.
- Offer cell phones, SIM cards, or chargers to ensure individuals can reconnect with support networks and services. If this is not possible, allow individuals to use your phone to make critical calls to family, shelters, or employers.

3. Reestablish medical treatment plans and replace lost medications.

- Re-administer the HOUSED BEDS Assessment Tool based on the patient's new lived environment to assess for varied access to food, clean water, sanitation and supportive services.

- Reassess treatment plans to account for any changes in patients' living conditions or routines.

- With the support from pharmacists, leverage patient prescription assistance programs to cover specific medications that may have been lost during sweeps. For instance, individuals living with HIV may qualify for a one-month supply of free medications in emergencies involving the loss of their prescriptions. Proactively request this assistance from the pharmacist rather than wait for it to be offered.

- Contact individuals to reschedule missed medical appointments and provide transportation assistance if necessary.

- Provide information on the location of healthcare facilities, food, housing agencies, and other services near their new locations.

Insights from the Streets

"Having a relationship with a medical respite program can be particularly helpful during widespread encampment sweeps. We utilize admits into our medical respite program a lot during these times, as our patients' chronic illnesses commonly deteriorate, and they develop acute complications. This allows us to get them off the street for a period of time and stabilize them medically, while also trouble-shooting their relocation to a new camp location. This means we can maintain continuity of care, while also preventing hospitalizations and further truncated care."

- *Kyle Patton, MD, Shasta Community Health Center (Redding, CA)*

4. Re-establish trust and support patients to process trauma and grief.

- Create safe spaces for reflection and emotional processing, both for patients and team members.

- Demonstrate unconditional positive regard for patients, showing that their value and dignity remain intact despite the harm caused by the sweep. Reaffirm your commitment to patients through consistent follow-up care and presence.

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