



**Downtown's Human Tragedy:
It's Not Acceptable Anymore**
A Public Health and Safety Plan

Central City Association
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I. INTRODUCTION

Downtown Does not Have a Homeless Crisis, It Has a Public Health and Safety Crisis

The federal government defines “homeless” as an “individual who lacks a fixed, regular, and adequate night-time residence or a person who resides in a shelter, welfare hotel, transitional program or place not ordinarily used as regular sleeping accommodations, such as streets, cars, movie theaters, abandoned buildings, etc.” While this definition of “homeless” may seem precise, it contributes to the general misconception that all people who do not sleep in a residence can be categorized together as a single societal group.

We believe that our generalized use of the descriptor “homeless” is tantamount to saying that cancer, influenza, and chicken pox are all “illnesses” so their causes, symptoms, and potential treatments can be the same. In fact, those who we commonly refer to as “homeless” are an equally divergent amalgam of populations that must be considered separately.

For the purposes of this paper, we will describe several different populations that are typically referred to as “homeless” or part of the “street population.” These include:

- ?? **Temporary Homeless**
- ?? **Service Resistant Addicted (SRAs)**
- ?? **Mentally Ill**
- ?? **Panhandlers**
- ?? **Parolees**
- ?? **Drug Dealers and Other Criminals**

Each of these populations has a different cause for their homelessness or reason for living among the homeless community. As such, each of these populations needs to be identified and treated separately.

Finding Homes for the Temporary Homeless is a HOUSING Issue

The first group we call the “**Temporary Homeless**” – those who have lost the economic wherewithal to pay for housing. The Temporary Homeless are individuals and their families who, due to physical illness or disability, unemployment, low wages, or domestic problems cannot find affordable or adequate housing and must live with friends or family, in a shelter or sleep in public places.

We believe that the Temporary Homeless are most likely to benefit from conventional homeless programs including shelters, soup kitchens, job training, subsidized housing and government assistance programs such as welfare. The Temporary Homeless typically do not contribute to their own homelessness and will seek ways to rectify their situation wherever

possible. There are agencies that exist to help this population, such as Chrysalis, which helps transition homeless into the workforce.

We do not believe that the Temporary Homeless significantly affect Downtown's public health and safety and, as such, will not be addressed in this Plan. In fact, ***this Plan will not address housing issues at all***. Southern California's housing shortage, including LA's lack of affordable housing, is a crisis that CCA has addressed, and will continue to address, separately. This plan is only intended to address public health and safety issues in Downtown.

However, it is true that most of the public health and safety problems discussed here are created by populations that are now commonly referred to as "homeless." So therein lies the problem, since we believe that the blanket use of the term "homeless" to describe several non-related populations contributes to our difficulty in solving our public health and safety crisis. Consequently, it is our intent to bifurcate the term "homeless" from the public health and safety discourse.

Business Has a History of Support for the Needy

It should be noted that CCA strongly supports plans and programs designed to assist all individuals in Los Angeles who find themselves without permanent shelter. The business community has a long record of financial support, including millions of dollars in aid, for organizations that assist the needy. Notwithstanding our support and compassion for those who are in need, we believe it is necessary for society to "take back our streets" from those who cannot help themselves or refuse help and contribute to the deterioration of our community and their own health.

II. THE PROBLEM

Downtown's Street Population

As stated, several different populations (excluding the Temporary Homeless) take up residence or make a living on Downtown streets. We believe that each population needs to be addressed separately, in a triage fashion. These populations include:

Substance Addicted and Service Resistant Addicted (SRAs). While some substance abusers could be considered Temporary Homeless and will quickly seek treatment or assistance, there is a significant population of “service resistant” drug and alcohol addicted who will not accept help if it is offered. These “Service Resistant Addicted” or SRAs, proactively choose to live on the street, usually in sidewalk encampments or in single room occupancy hotels, which provide the optimum opportunity and environment to drink and/or take drugs. SRAs often refuse shelter because they fear going through withdrawal symptoms at facilities that prohibit drug or alcohol use. National and local research estimates that 31% to 50% of homeless adults are substance abusers.¹

It should be noted that the SRA encampment population is almost exclusively located in eastern portions of Downtown, as various law enforcement agencies will remove SRAs from other parts of Southern California and drop them off in Central City East.

In addition, there is a population of “service resistant” homeless who are not SRAs or mentally ill. These individuals simply prefer to live a homeless lifestyle on the street rather than seek or accept shelter in a facility.

Mentally Ill. The City of Los Angeles Community Development Department estimates that 33% - 50% of the homeless population is mentally ill.¹ Among this population many cannot care or provide for themselves. Nonetheless, our political and judicial system specifies that non-dangerous mentally ill may not be institutionalized against their will, even if their illness is severe and will be left untreated without supervision. Many have been treated in public health clinics but resist taking prescribed medication and end up homeless. Therefore, perhaps as many as 50% of our street population consists of mentally ill people who live on the street in squalor because their mental illness and our current legal system prevent them from getting the help that they need.¹

It should be noted that among the mentally ill population, there is a significant number of “dual diagnosed” individuals who are also substance addicted.

Panhandlers. While many mentally ill and Temporary Homeless people resort to panhandling to obtain cash, there is a significant population of panhandlers in Downtown who are not homeless, but use the homeless environment as “cover” for their financial gain. These professional panhandlers have homes or shelter (often in transient hotels), and some even commute into Downtown from elsewhere in the

City to ply their trade. Fraud is common, particularly near major venues like Staples Center, where able-bodied individuals pretend to be handicapped or destitute while begging for money. In fact, a Baltimore BID study in 1997 found that a competent panhandler can collect \$100 - \$200 per day. **Aggressive Panhandlers** are of particular concern because they use harassment and intimidation to obtain handouts.

Parolees and Released Prisoners. Several jails are located adjacent to Downtown. Law enforcement agencies do not return new parolees or other released prisoners to their homes or to the city or area where they were arrested. Instead, the vast majority of Los Angeles area parolees and prisoners are released onto Downtown streets.

Many parolees and released prisoners have little or no money, no family support, and are quite often substance abusers. In fact, more than one-half of all those booked into County jail are drug abusers. Since Downtown's "Skid Row" area provides a convenient environment for obtaining food, shelter, and drugs, a great many released prisoners wander no further than Central City East when they are released from jail (regardless of where they came from). The over concentration of ex-convicts also contributes to the skid row-like environment in Central City East.

Drug Dealers and other Criminals. As one can imagine, concentrating so many substance abusers in one place will attract enterprising drug dealers from across the region. Gangs struggle for control of the drug trade in and around "Skid Row." Drug traffickers are a common sight on the streets around Central City East and the Historic Core. Residents report drug sales conducted openly on street corners. The dealers often ride expensive bikes, which improve distribution speed and also provide a quick and nimble get-away from the police. (Even some professional bike messengers are known to moonlight in drug trafficking.) Moreover, the concentration of drug dealers near the encampment sites is common knowledge throughout the City, so non-homeless substance abusers from across LA County travel to east Downtown to "score" their drugs. While east Downtown has a very low rate of reported crimes, it stands to reason that a high concentration of drug activity contributes to other (unreported) crimes in the "Skid Row" area.

What is Compassion?

A great many well-intentioned but misguided civil rights and homeless "advocates" argue that it is every individual's "right" to live on the street, or in any manner he or she may choose. This thinking has led to street encampments, where the Service Resistant Addicted are allowed to live in tents or cardboard boxes on public sidewalks, even if beds are available at the local shelter. It is very important to note that SRAs will not go to a shelter if it is offered to them because drug use is forbidden in these facilities. SRAs choose to live in encampments because it enables them to continue a self-destructive lifestyle, and because they fear withdrawal, which is a powerful motivator. This lifestyle all too often leads to disease and death. CCA believes that by allowing people to live in encampments, the city becomes an enabler that promotes drug abuse, crime, self-destruction, disease and death.

As stated, our laws currently prevent the county from institutionalizing non-dangerous mentally ill against their will. As a consequence, thousands of truly sick and needy individuals are wandering our city streets, living in squalor. Many are barely clothed and suffer from malnutrition and disease. Often, their mental condition prevents them from understanding the benefits of accepting assistance.

CCA strongly believes that allowing unwell individuals, whether from drug addiction or mental illness, to live on the street in squalor is not compassionate and is cruel. Moreover, using “civil rights” as the reasoning for allowing a fellow human being to suffer is unconscionable. We believe a civilized society must take responsibility for those enduring mental illness, and should not promote drug addiction by allowing substance abuse on city streets. Self-described “advocates” may claim to speak on behalf of the needy, but they are fighting potential remedies that will help those in need. CCA strongly supports efforts by government, business, and nonprofit organizations to challenge legal rulings that further human suffering.

A Public Health Crisis

The consequences of allowing the mentally ill and SRAs to live on city streets are manifest in the public health crisis that is created when all bodily activity is left unchecked. Currently, the mentally ill and SRA street people can urinate and defecate on public property because we lack policies to prevent such activity. Beyond the impact that public defecation and urination has on the psyche of other pedestrians, the potential for spreading illness and disease is alarming. Unchecked bodily functions on city streets must increase the fecal coliform bacterial load in storm drains, contributing to the spread of health and environmental hazards. Studies of homeless populations suggest that hepatitis may be present in more than half of the drug addicted. Further, AIDs and tuberculosis go unchecked and create a Center for Disease Control (CDC) “Hot Zone.”

By their very nature, street encampments have no sanitation facilities. Coupled with the physical, emotional, and mental condition of the street people that inhabit them, these encampments are obvious health hazards. Human feces, rats, used syringes, and used condoms share space with makeshift cooking projects. It is no surprise that nationally, 46% of homeless adults reported one or more chronic health conditions, with 26% reporting acute infectious conditions.¹ While there is no statistical information regarding the health effects on the general population from street people and encampments, the potential for spreading disease is apparent. Further, many addicts store their “rigs,” or needles, in restaurant bathrooms, where the risk of an inadvertent skin prick of a bystander is very high.

A Public Safety Crisis

Encampments and poorly managed homeless service centers attract crime, including drug use and sales, prostitution, and theft. Moreover, LAPD reports that new parolees, parole fugitives, and criminals “hide” in the homeless subculture, which increases the potential for criminal activity in Downtown and elsewhere. This situation is exacerbated by the fact that most parolees and prisoners are released in Downtown. It should be noted that LAPD reports a decrease in criminal activity with stepped-up enforcement, so mitigation is possible with additional manpower. In fact, the densely concentrated urban environment in Downtown lends itself to police foot or bike patrols. Nonetheless, the over concentration of street people and ex-convicts in Downtown currently creates an anything-goes atmosphere that provides a magnet for criminal activity.

While aggressive panhandling is illegal, the current ordinance is not effective or is not being enforced effectively. Fear and intimidation are commonly used by panhandlers, including blocking sidewalks and streets, providing unsolicited assistance (such as washing car windows at stop lights and opening doors for customers at restaurants), and badgering, yelling and swearing at pedestrians. The current anti-panhandling ordinance requires a high threshold of aggressive behavior to trigger an arrest, which results in virtual non-enforcement of the measure.

Over concentration of the Street Population in Downtown

According to a 1995 study, up to 84,000 people were homeless each night in Los Angeles County, and nearly half of these were within the City of LA.¹ However, roughly 57% of this population is temporarily living with others. Clearly, a significant portion of the remainder are street people (including the mentally ill and SRAs) who reside primarily in the eastern portions of Downtown Los Angeles.¹ In fact, as stated, many law enforcement agencies from other cities have driven to LA and “dumped” their street people in Downtown.

Downtown’s over concentration of street people leads to a critical mass that creates the public health and safety problems discussed above. Inappropriate public behavior, including encampments, panhandling, public exposure, drug sales and use, public defecation and urination, and prostitution are not acceptable in any other LA community. It would not be tolerated in Westwood, Warner Center, San Pedro, or anywhere else in LA. However, this behavior is a regular, everyday occurrence in Downtown because the sheer size of the street population is unmanageable and there is no political will to change the status quo, which is “anything goes,” as mentioned earlier.

The over concentration of street people is a direct result of an over concentration of “homeless” service centers in Downtown, where drop-in centers and other services are readily available. While there are many well-managed and helpful homeless service centers, few providers have been evaluated for effectiveness. Moreover, the only truly successful programs include outreach right into the street environment, but no *public* agency currently has an outreach program. However, the Downtown Center BID operates the highly successful A.C.T.I.O.N. Team, whereby specially-trained Team members walk the streets

and reach out directly to homeless individuals and help guide them to services that are appropriate to their needs. Also, SRO Housing Corp. has a new outreach program with 84 beds. By concentrating the service providers in a small area, the city is encouraging the concentration of the street population in one place, which creates the critical mass of public health and safety problems. Only by dispersing “homeless” services throughout the city can we properly manage the public health and safety. In the short-term, service providers should be held accountable for their funding and, thus, document the services that they provide, and their benefits. Moreover, service providers should be accountable for how they manage the street environment outside their facilities, including food distribution and trash clean up.

An Economic Crisis

As stated, the over concentration of homeless services, the “dumping” of street people in Downtown, law enforcement parole policies, and a lack of political will to address public health and safety issues has created an over concentration of street people in Downtown LA. As a consequence, Downtown is commonly perceived as an undesirable area. It only takes one negative incident – seeing a person defecate on the street; stepping over a used syringe; being yelled at or spit on – to sour the image of Downtown in the minds of workers, shoppers, and visitors. Unfortunately, for people who frequent Downtown, unhealthy or frightening experiences with street people are all too common. The negative economic impacts resulting from the loss of development projects, businesses, retail, restaurants, etc.– and their patrons – is tangible.

Downtown Los Angeles is on the cusp of an urban renaissance. Our fondest dreams of Smart Growth, with workers living in affordable, high density buildings near transit, employment, cultural, and retail centers may finally become a reality in Downtown. However, this renaissance is threatened every day by street encampments, drug deals, overdoses, and panhandlers. If these problems are not resolved, longtime Downtown businesses are ready to relocate out of the city, and pioneering urban residents are ready to move back to the suburbs. Downtown LA has the opportunity to become the region’s and state’s economic powerhouse, bringing critical jobs and tax revenue to the city. However, big businesses, entrepreneurs, workers, shoppers, residents, and tourists will not live, work, or play in a place they believe is unhealthy and unsafe. The city and county need to take steps to alleviate health and safety problems in Downtown if they want to capitalize on the economic benefits of Downtown’s revitalization.

The Public Has Rights, Too

CCA is sympathetic to the American Civil Liberties Union’s “necessity defense,” which is a successful legal argument that requires governments to provide services to individuals (beds, toilets) before police can forcibly prevent or arrest someone for sleeping on the street or defecating on public property. We are prepared to make policy recommendations within the confines of the necessity defense because we agree that in a humane society, we should all care for our fellow human beings.

However, we strongly condemn ACLU's strategies that purport to protect the "civil rights" of individuals at the expense of the rights of the general public. As stated, we condemn these legal strategies because they are inhumane and cruel for the very populations the ACLU is claiming to protect. As well, we argue that law-abiding citizens have a right to use the public right-of-way without fear of harassment, intimidation, or endangerment of their health.

A civilized society should not EVER condone people living on the street in squalor, or force its citizens to abandon public streets to poverty, drugs, crime and disease.

III. THE SOLUTIONS

Public health and safety in Downtown cannot be effectively improved unless government, business, social service providers, and the public agree on a comprehensive plan to address the many facets of this problem. CCA suggests the following plan, which will address the most egregious public health and safety problems that afflict Downtown's street population as well as the area's residents, workers, and visitors.

✍ ✍ **Stop policy of releasing all parolees and prisoners onto Downtown Streets.**

Stemming the flow of additional parolees, released prisoners, SRAs, and panhandlers onto Downtown streets must be our first priority. In fact, Downtown Los Angeles is not a dumping ground for people that other parts of the county decide they don't want. Law enforcement agencies must stop the policy or activity of releasing all prisoners, or dropping-off street people, in Downtown. Instead, parolees should be released back into the communities where they were arrested. Moreover, parolees and street people should be monitored and managed in the jurisdiction where they are released.

✍ ✍ **Enact an Anti-Encampment Ordinance.** Encampments represent the worst example of public apathy to the plight of our fellow citizens, and constitute a surrender of public property to those who refuse to abide by societal rules. The City and County should institute and enforce a strict "no encampment" policy, which includes:

- **City and County will ensure that adequate facilities are available**, throughout the county, to provide a bed for each homeless individual who is removed from an encampment
- **No encampments or sleeping on the street will be permitted** within city limits
- Violators will be taken to accredited homeless facilities
- Homeless will be guaranteed a secure place to sleep and store their belongings with access to sanitation and bathing facilities
- **Facilities should include drug abuse and mental health assistance** and referral programs
- City and County should coordinate with the State for funding.

✍ ✍ **Enforce Aggressive Panhandling Ordinance.** Panhandlers are intimidating and unpleasant, notwithstanding that many are not homeless and there are numerous service agencies available to help people in need. Panhandlers deter retail shoppers, tourists, and economic investment in Downtown. The City must enforce its existing 'Aggressive Panhandling Ordinance,' and work at strengthening language to lower the threshold for arrest.

- City must create a community education program that **encourages people to give to social service providers who serve the homeless rather than to panhandlers.** For example, the Downtown Center BID has previously

dispersed a pamphlet to pedestrians explaining the negative impacts of giving handouts to panhandlers, while also providing detailed information about where people may send donations to organizations that serve the homeless.

- ✍️ **Encourage citizens to press charges against panhandlers and trespassers.** The business community must educate Downtown workers, merchants, and property owners about their right to protect themselves against illegal panhandlers and trespassers, and encourage individuals to file charges and appear in court to ensure prosecution of aggressive panhandlers and trespassers.
- ✍️ **Create a Community Court for Downtown.** The City should create and finance a “Community Court” for Downtown Los Angeles that will review petty crimes, including public exposure, public urination and defecation, drug possession, etc. The Community Court would divert non-violent petty offenders out of the overburdened court system and direct them to social workers who can provide appropriate assistance.
- ✍️ **Make public defecation and urination illegal.** Public urination and defecation is a serious health hazard, drives away visitors to Downtown, and is humiliating for the people who are affected. In conjunction with new public toilet rollout, the City must pass and enforce an ordinance that makes urination and defecation illegal on city streets.
- ✍️ **Create homeless facilities across the County.** The over concentration of street populations in Downtown Los Angeles is a critical threat to the area’s public health and safety, and creates a Skid Row-like environment that no neighborhood should endure. The City and County must encourage the development of homeless facilities in areas throughout the county to ensure that homeless in all areas receive assistance.
- ✍️ **Create an LAPD Street Crime Patrol in Downtown.** Only by placing police on the street can they effectively stop street crime. The City should appropriate funds for the LAPD to create a Downtown Public Safety and Crime Patrol. The program will establish police foot and/or bike patrols with the specific purpose of deterring and apprehending drug dealers and other criminals that prey on the homeless.
- ✍️ **Strengthen laws that allow forced intervention for the mentally ill.** While “Laura’s Law” allows the court to require that certain service-resistant mentally ill individuals participate in Assisted Outpatient Treatment (AOT), this law is only a good start. Current state law continues to require that the mentally ill be “seriously violent” prior to forced intervention. State legislators should enact effective laws that allow family members and social workers to petition directly to the court to require treatment for the mentally ill who resist help and are a *health* danger to themselves.

- ✍️ **Hold Homeless service providers accountable for funding.** Service providers should be held accountable for their funding by documenting the services that they provide and the resulting benefits.
 - o Following these reviews, the City and County should consider **diverting resources to outreach programs that are proven effective** and are the most successful at getting people off the streets.

- ✍️ **Hold Homeless service providers accountable for their facilities.** Service Providers should be held accountable for the condition of the sidewalks and streets immediately in front and around their facilities, including trash pick-up. Food service should be limited to service provider property and prohibited on city streets unless groups adhere to community event laws and county health standards.

- ✍️ **Provide withdrawal treatment for recovering drug and alcohol addicted.** The fear of painful drug withdrawal is very often the reason that the drug-addicted reject intervention efforts. The City and County should provide and coordinate medical drug treatment resources for those who are suffering withdrawal. Currently, there is little presence by area hospitals.

- ✍️ **Educate public and media about homelessness.** Public officials, private and nonprofit organizations, and Downtown stakeholders should work together to educate the media and the public about the complexity of the homeless problem and the divergent populations discussed in this White Paper. For example, the press and the media should be encouraged to speak to many points-of-view about Downtown's public health and safety problem rather than consistently relying on the usual group of self-appointed homeless "advocates" for quotes and background.

- ✍️ **Offer support and hope.** Former SRAs and other homeless who finally make the decision, or are required to accept assistance need hope about their future if they are to successfully rejoin society. The Downtown business community must continue and expand its financial and moral commitment to outreach, treatment, and rehabilitation programs, such as BID A.C.T.I.O.N. and Chrysalis, which help individuals who are willing to help themselves.

¹ All homeless statistics collected from "Just the Facts" Institute for the Study of Homelessness and Poverty at the Weingart Center, June 2000