

I have been a family doctor for over 20 years and have seen how the lack of safe and affordable permanent housing has ravaged the lives of many of my patients. I know that the Supreme Court in the Grants Pass case decided that local governments passing or enforcing ordinances banning sleeping or camping on public property do not constitute cruel and unusual punishment, but I have seen my patients suffer the cruel health effects that come without safe and affordable permanent housing. Gangrene, limb amputations, psychotic breaks, substance use disorders, hypothermia are only some of the cruel and unusual punishments that homelessness has doled out to my patients. Housing crises are at the root of many major medical problems and lack of housing steals approximately 30 years of life from an unhoused person, more than double the deadliest cancer – lung cancer. It is more akin to the death penalty.

The game musical chairs serves as a useful metaphor for homelessness. Early in musical chairs, there are enough chairs for all players, but as the game goes on, chairs disappear and a smaller and smaller group has a chair to sit on, with the other players leaving the game until only one person remains. In the party game, players who leave the game get to enjoy watching the competition or maybe eat a piece of birthday cake, but in the musical chairs that is housing, with less and less housing, those left without a home undergo loss of autonomy, privacy, community, calm, warmth and much more. So, in this musical chairs game of housing, who is it that loses their home? – Those who are already physically or mentally ill, elderly, or

who started burdened by poverty or socioeconomic status. It is as if those people round the circle, while the music plays, they try to find a chair while on limping on crutches, blind, dizzy, or short of breath. These are the people I see in my office every day because they are also the ones that need medical care. While writing this testimony, I looked back on the last week of the patients that I saw in our medical office – 6 of 40 were homeless or on the verge of homelessness. Why aren't there enough homes for my patients?

Every day in my medical office, I hear similar refrains from patients - I think I am going to lose my home because the landlord is raising the rent; I have started to live with my son because I could not afford my rent. I had to start living in my car because I could not continue to afford the rent. Housing for many people is just too expensive and there is not enough of it. Additionally, there is a lack of public shelters. Here in Lancaster, with 597 identified people as experiencing homelessness in January of 2024, the only low barrier shelter with 40 beds closed in June of this year. So because there is nowhere else to go or because they cannot be accommodated by a shelter – our largest high barrier shelter is not able to take people with significant medical or mental health needs- , some of the most vulnerable people of our community start living outdoors. They sometimes form encampments with other people without housing in public spaces. That can make other people in our community feel uncomfortable.

As we sit here in city hall, I sympathize with the challenges of local governments. The public complains about encampments and there are public health risks from encampments when they lack running water or bathroom facilities, where there is violence or dangerous drug use. But once encampments have formed, I strongly believe there needs to be a healthy way to address the people living in the encampment. I agree with the National Health Care for the Homeless Council, encampment sweeps are counterproductive, costly, and harmful. The only study to address safety in a community before and after a sweep, showed no difference in crime in the area before and after the sweep. Another recent study showed encampment sweeps to be physically, psychologically, and socially destructive to the people living in the encampment. They also divert police and community resources by just moving people from one place to another. By sweeping an encampment, we are only sweeping the problem under the rug and not addressing the core problem.

As a family doctor, I strive to effectively address core problems and treat as many conditions in as many people as I can. If you cannot breathe well because of pneumonia, I often can treat you so you can breathe normally again; if you are suffering from HIV/AIDS, I can chose medications that will help you live a full and healthy life and not transmit your infection to anyone else. If you separate your shoulder, I can put it back in place. If you are pregnant, I can take care of you during your pregnancy and even deliver your baby.

BUT if you come to see me with a housing crisis, I can't really help you. Some people would say this is not your job, Dr. Fife, but as I have said housing crises have greater impact on my patient's lives than a cancer diagnosis and the resources we use to treat problems engendered by lack of housing could be used to create more permanent and affordable and safe housing.

A few examples of patients in our practice:

A was a 34 y/o unhoused gentleman with asthma who was admitted 7 times in the winter because living outdoors worsened his asthma. This cost about \$110,000 - enough money to fund a transitional housing bed at \$50 dollars a day for 6 persons for an entire year.

B was a 48 year old short order cook with well controlled schizophrenia who could not afford his rent and began living in his car. With no kitchen and no healthy food, he developed diabetes. Sleeping in a car increased his anxiety and paranoia so much that he lost his job, became suicidal and was admitted to our mental health unit. The medications we used to treat him would pay for his rent several times over

C is a woman who is 5 months pregnant. She was staying at Water Street Rescue Mission until asked to leave possibly over misplaced belongings. Now she has no shelter options. She has called 2 other shelters plus all of the transitional places, but has not been sheltered yet. She is staying in an

encampment outside of Lancaster city. But she has no money for the bus so is really struggling to access prenatal care along with food. She is in early recovery which is highly in jeopardy because people around her are using methamphetamine or fentanyl. Sleeping in a tent while 5 months pregnant is only adding to her stress. The cost of the loss of a healthy desired pregnancy is incalculable.

D was a 46-year-old with diabetes who was often without housing after fleeing from an abusive roommate. She worked as a grub hub driver, but lost her job after losing her home. Infections from living on the street or in her van, vomiting from not being able to prepare her food, amputations due to infections, a stroke and a heart attack all landed her in the hospital about 10 times per year for about 10 years before she sadly died of complications of an infection. Lack of housing was at the heart of her illnesses – when she was housed she could control her blood sugar, keep herself clean to prevent infections and eat well – this lack of housing cost our health system well over 2 million dollars and cost her life – if she was able to put that money into housing, she could be living in one of the most opulent homes here in Lancaster.

I could go through many alphabets of patients whose housing crises damaged their lives, deprived them of health and safety and distracted me from taking care of their medical illnesses. The simple solution is ensuring affordable and safe housing. There is money available for this. If we stop housing people in

the most expensive places like hospitals or mental health units or now possibly jails (with the Supreme Court decision on Grants Pass) and stop a lack of housing from damaging their minds, bodies and souls, the cost of health care and the cost on their humanity could dramatically decline.

The Grants Pass decision should compel us to focus on the root causes of homelessness so we can prevent people from experiencing the damage from homelessness in the first place and help those currently living without a home to find safe affordable permanent housing.

When my next patient comes in with a housing crisis, I want to be able to refer them to a fully funded homeless assistance program that could help them stay in their home OR better yet, I hope that through efforts of people here today, none of my patients experience housing crises again.

Thank you for listening.