HOSTILITY IN THE CITY: THE IMPLICATIONS OF HOSTILE ARCHITECTURE ON HEALTH AND ETHICS

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ABSTRACT

Hostile architecture is a passive design phenomenon in cities used to discourage the public presence of the unhoused population. Examples include benches with middle armrests to prevent individuals from lying to sleep and trashcans with locks to prevent garbage picking. These designs exist within a larger web of anti-homeless laws and regulations popularized by neoliberal governments as broader social welfare programs that support this vulnerable population are abandoned. The homeless population is one that faces several health disparities and increased mortality compared to the general population. Hostile architecture likely influences the health of the homeless and worsens these disparities by forcing these individuals to relocate to more remote and harmful places in the city. Due to this relationship, hostile architecture can and should be brought into the purview of the field of urban bioethics using several ethical frameworks. It is only through a multidisciplinary approach that research deficits can be addressed, and the plight of the homeless community be improved.

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CHAPTER 1

INTRODUCTION

A public bench with seat dividers; metal spikes set along a ledge; a recycling can with a built-in lock. All these seemingly harmless objects are commonly found in a city but have an alternative intention when considered past their surface value: to discourage their use by those who are homeless. Known as hostile architecture, these objects target the already vulnerable unhoused population and are the latest effort in law and political trends to push the homeless out of the sight of the rest of the public and into more hidden corners of the city. This paper seeks to review the theoretical underpinnings of hostile architecture and how it affects the homeless population physically and ethically, often using the city of Philadelphia as an example when applicable.

Homeless individuals face major health disparities, related to the very nature of the harsh environment around them but also the higher prevalence of substance use, mental illness, and medical comorbidities that affect this population. Globally, homeless individuals have a three to four times higher mortality rate than the general population (Cooper; McCulloch 2023). A lack of funding and resources for social services contribute to these disparities.

Hostile architecture has become increasingly recognized all over the world. During the 2014 “London Spikes Controversy,” one social media user highlighted the cruelty of “anti-homeless spikes” installed outside of an apartment building entrance; it was then reposted by thousands of users and became the subject of news stories (Petty 2016). Hostile architecture has also been recognized by academics in various fields such as law, radical geography, criminology, sociology, and urban studies. It is the intention of

this paper to bring the subject into the purview of the field of urban bioethics by implicating this design as a factor in the health and wellbeing of the unhoused population. Consequentialist and deontological arguments against hostile architecture are used to bridge this gap between academic disciplines. Arguments based on the bioethical principles of autonomy and justice are also utilized to demonstrate that the use of hostile architecture is not ethically permissible. To date, little empirical evidence exists to support the claim that hostile architecture influences the health of homeless individuals, and theoretical frameworks have been proposed to both support and oppose its use in cities. Further research is necessary to understand the full disparities this population faces, how hostile architecture contributes to those disparities, and how best to advocate for this population.

A city is only as good as the way it treats its most marginalized members. The extent of local economic development and tourism industry matter little to those who cling to the bottom rungs of the socioeconomic ladder if there is not a clear and reliable path for them to climb and improve their material conditions. The implementation of public designs like hostile architecture to dictate who spends their time in a space and what is acceptable behavior in that space does little to help those most in need. At its best, hostile architecture causes homeless individuals to relocate and spend their time elsewhere. At its worst, it causes these individuals to suffer an excessive burden on their health and feel the brute force of stigma and social isolation from a city that wants to hide them from public view.

In considering hostile architecture and how other policies affect the homeless population, it is worth remembering that even the most affluent in society are only

several unfortunate steps away from also being in their position of living on the street. It is easy to forget how essential it is to have a home to go to and rest, until you no longer have one. Those with social and political capital are in the best position to to advocate for those who have none, if for no other reason than one day their capital may be lost, and they find themselves in a similar position.

CHAPTER 2

HOSTILE ARCHITECTURE

'Hostile architecture' goes by many names including 'hostile design', 'defensive architecture,' and 'anti-homeless design' (Petty 2016). It is a phenomenon of urban design that has become increasingly recognized over the last few years. Robert Rosenberger aptly defines it referring to "objects within public spaces that have the effect of targeting vulnerable groups" (2019, p. 884). Going further, the quality of the targeting is one that is done "directly to bodies, rather than indirectly or at a macro scale" (Petty 2016, p. 74). The qualifiers of 'hostile' and 'defensive' are therefore value judgements based on the intention of the objects and the effect on those groups.

It is worth specifying here that there are many different types of homelessness that a person may face. Not everyone sleeps outside all the time, and individuals may still be homeless while spending most of their time indoors. Those most effected by hostile architecture are those who spend most of their time outdoors and sleep outdoors, referred to as "rough sleepers" or those who experience a material condition known as "absolute homelessness." While this population is a subset of the general homeless population, they are the most visible figures of it, and will be the population referred to in this article (Ramin; Svoboda 2009, Petty 2016).

The philosophical discipline of phenomenology can help us understand the spirit of hostile architecture. Under this philosophy, objects in the public sphere can be said to have multiple stabilities or uses. A park bench for example has a dominant stability for providing a seat to patrons. An alternative stability of the park bench could be as a place to lie horizontally and sleep for someone who has no other place to rest. Hostile

architecture is the addition of armrests or a slanted seat to the bench to make it uncomfortable or impossible for someone to use as a place to sleep, thereby limiting its use to only the dominant stability (Rosenberger 2017).

Benches are not the only public object designed against the unhoused population. Taking a walk through any urban downtown is bound to provide various examples of hostile architecture. Garbage and recycling cans with built-in lids and locks are designed to prevent those who use these objects as sources of discarded food or recyclable material that can be traded in for money. Music broadcasted overnight outside shops or in parks and overnight sprinkler systems are used to deter outside sleeping (Rosenberger 2017). Ultraviolet lights in public spaces are used to make intravenous drug use more difficult. Metal spikes on the ground or on ledges are designed to prevent populations from finding rest there. Security cameras, unlike the other examples that are physical in nature, exert a mental reminder that the area is being surveilled, which "incites you to police yourself" (Rosenberger 2019, p. 886). Examples in the city are everywhere if one knows where to look.

Philadelphia Case Study

Philadelphia, where this author's home institution is located, has no shortage of hostile architecture despite the prevalence of its unhoused community. Peppered throughout various neighborhoods are benches with metal bars to prevent horizontal use (Figure 1). These benches can also be seen in bus stops (Figure 2). There are even some bus stops downtown without benches entirely (Figure 3). Waste containers that are prohibitive of garbage picking are also common throughout the city (Figure 4).

Rittenhouse Square is a popular park in one of the more upscale neighborhoods of the city and serves as a useful case study for hostile architecture. Full of green space and a central fountain, surrounded by shops, it is trafficked by locals and tourists alike. There is no shortage of benches in the park, however all of them have a prohibitive middle armrest (Figure 5), creating no room for vertical sleeping for those who may need it (Starolis 2020). At a convenience store adjacent to the park, sloped concrete siding is utilized to prevent anyone from sitting on the ground and leaning against the wall for rest (Figure 6). These design choices make it clear that only certain visitors are welcome to the neighborhood to allow for unimpeded economic and tourist flow.

Luke Cianciotto's 2020 case study of the history of Philadelphia's LOVE Park also illustrates the instrumentation of hostile architecture to change a public space. Opened in 1967 as John F. Kennedy Plaza, the space colloquially became known as LOVE Park in the 1980s, a nickname given by the homeless and skateboarding populations who frequented it. It was also during the 1980s that the public became vocally dissatisfied with these groups, feeling that the average passerby was being pushed out of the space. Eventually, a redevelopment plan was put in place in 2013 and a completely redesigned park was open to the public in 2018. The park was flattened to street level and removed all the previous bushes that allowed some level of privacy (Figure 7), making it easier for local police and rangers to surveil the area. The fountain at the center of the plaza was also flattened to street level, making the sidewalk wet and unsafe for skateboarders. Benches were affixed with armrests (Figure 8). While the park is still a public space, the way that space is used and who uses it changed with the

redevelopment plan, causing the homeless population and skateboarders to move elsewhere.

The Broader Significance

To understand the significance of these objects in public space, it is vital to understand them in the broader context of how the homeless are treated in society at large. Hostile architecture draws roots from Crime Prevention through Environmental Design, a design philosophy based off the works of architects Oscar Newman and Jane Jacobs. The philosophy dictates that criminality can be encouraged or discouraged by the built environment and natural surveillance, or "eyes on the street" as coined by Jane Jacobs (Chellew 2016). Hostile architecture takes these concepts one step further in that, rather than attempting social control of undesirable behaviors, it targets those who are themselves deemed "undesirable."

There are several punitive responses to homelessness by the state, of which hostile architecture is a passive facet in the effort to create an environment inhospitable to unhoused populations. In addition to architectural design, these include legislation, policy, and policing (Ding et al. 2022). While homelessness is not directly outlawed in most cities, activities associated with homelessness often are. Bans on panhandling increased 20% from 2011 to 2014 in the United States; 75% of states surveyed had panhandling legislation (Rosenberger 2017). Philadelphia passed several laws in the 1990s to target public loitering, eating, and sleeping (Cianciotto 2020), commonly known as "sit-lie" ordinances.

Policies of major corporations also contribute, such as transit agencies conducting periodic sweeps of the stations where unhoused people sit and forcing people to

disembark the vehicle at the end of a transit line and pay additional fare to board again. Finally, police are empowered to enforce “move along” orders, confiscate property, and break up homeless encampments, often in the name of public health (Ding et al. 2022). All these efforts only serve to shift unhoused people from one place to another, usually to more remote and hidden places of the city, without solving the underlying material conditions that led to creating such a vulnerable population.

These punitive measures are enacted against the unhoused population for a variety of reasons. The first is aesthetic in nature. Being visibly homeless enables negative judgement from the public regarding a person’s lack of access to hygiene resources, their collection of belongings, and their typically private practices that are forced to occur in public (public urination, for example). These judgements can be generalized to the city itself, which conflicts with the social image projected by those governing the city. “Luxury apartment buildings and the modes of living associated with them are part of that projected imagery, whereas visible homelessness, poverty and indigence are not” (Petty 2016, p. 71). Tied to aesthetic judgement is the perception that homeless people are thought to impede economic flow. By resting in commercial business districts, those who are unhoused may act as an “uncomfortable counterpoint” to the consumerism taking place around them. The homeless are also viewed as a threat for impending crime consistent with the “broken windows” theory of governance in which their mere presence in a public space is a risk for public safety for everyone else. Rigid punitive measures against them therefore preserve the social order (Young; Petty 2019).

Underlying the development and implementation of these punitive practices is neoliberal state policy. Beginning in the 1980s as neoliberalism was gaining political

popularity, homelessness was being reframed as an individual shortcoming rather than a material condition brought about by the failure of the state (Cooper; McCulloch 2023). Since that time, modern capitalist countries like the United Kingdom and the United States have seen a retraction of the social welfare state and the penal welfare state in favor of the punitive measures discussed above (Petty 2016). This has become known as the practice of organized abandonment, “which entails the political and economic abandonment of things, people, space, and place to secure capitalist development and redistribution of wealth” (Cooper; McCulloch 2023, p. 222).

From uncomfortable benches to legislation that outlaws activities related to visible homelessness, these decisions form an apparatus of anti-homeless design, manufactured to preserve existing social hierarchies “by catering to the business class at the expense of the just treatment of unhoused people as fellow citizens and the moral treatment of unhoused people as human beings” (Rosenberger 2017, p. 43). The private and public sector join forces here to make it incredibly difficult for an individual who is facing absolute homelessness to exist in public.

CHAPTER 3

HOMELESS HEALTH

To explore how a certain factor, such as hostile architecture, may influence the health of the unhoused population, it is vital to discuss their health and wellbeing generally. While common knowledge may dictate that living outdoors is likely to poorly influence one's health and longevity, there remains a lack of research in this realm to understand its full scope (Cooper; McCulloch 2023). Of what is known, there is an overall increased morbidity and mortality compared to the general population likely related to factors predisposing and unique to unhoused living.

Death remains an ever-present threat to the unhoused population. There are approximately 100 million people who face homelessness globally, and they are three to four times more likely to die than the rest of the population (Cooper; McCulloch 2023). Within Philadelphia, there are about 4,762 sheltered people experiencing homelessness and 973 people completely unhoused (Philadelphia Department of Public Health 2019). Homeless Philadelphians have a mortality rate that is 3.5 times higher annually than their housed neighbors, adjusted for age (Hibbs et al. 1994).

While data is limited globally, Philadelphia is one of the few jurisdictions that has an ongoing, multidisciplinary team review of homeless deaths in the city, facilitated by the Medical Examiner's Office and the Office of Homeless Services. From 2009 to 2018 there was an over 3-fold increase in homeless deaths in the city, totaling 132 in 2018, according to the Department of Public Health (2019). This increase in deaths is speculated to be related to the opioid epidemic, an ongoing issue particularly among the homeless population. Of the deaths from 2016 to 2018, 59% were drug-related, 16% due

to cardiovascular disease, and 8% due to other accidents or trauma (Department of Public Health 2019). According to the Philadelphia Homeless Death Review Report from 2011 to 2015, the average death age of a homeless Philadelphian was 49 years old. During that same time, 68% of those who died were diagnosed at some point in their lives with a mental illness, and 55% had been diagnosed with a mood disorder. 87% had a known history of a substance use disorder. 33% had Hepatitis B or C and 12% were known to be HIV positive, higher proportions compared to the general population likely due to the prevalence of injection drug use in this population. Still, common chronic conditions like hypertension and cardiac disease were also prevalent at 41% and 23% respectively.

Generally, it is suspected that the living homeless are more likely to suffer from a variety of chronic medical conditions including cardiovascular conditions like hypertension, heart disease, and cerebrovascular disease. The higher prevalence of tobacco smoking in this population increases the prevalence of respiratory disease and cancer. Controlling chronic conditions like hypertension, hyperlipidemia, and diabetes are difficult in this population due to barriers to healthcare, lack of insurance, and the logistical difficulty of storing medications when sleeping on the streets (Cooper; McCulloch 2023, Ramin; Svoboda 2009). The increased prevalence of these conditions and the inability to control them adequately are likely to be major factors in the elevated mortality rate of this population.

These health disparities amongst the homeless could be related in part to their sleep. For those sleeping unhoused, finding adequate sleep can be difficult given weather conditions, the built environment around them, and the need to always be vigilant against assault or theft. Inadequate sleep has been linked to the development of various chronic

conditions such as diabetes, hypertension, overall mortality, and others (Taylor et al. 2019). In a self-reported survey of homeless individuals in Dallas and Oklahoma conducted by Taylor et al., researchers analyzed the relationship between adequate sleep and physical activity, a lifestyle factor that traditionally improves sleep quality and duration in the housed population. What they found however was a negative association between physical activity and pervasive sleep insufficiency (defined as over 30 days a month that they did not feel they got enough rest or sleep). Meaning, the unhoused participants who were more physically active, experienced worse sleep. This is the opposite association that is found in the general population and could be attributed to the difficult conditions they face on the streets (Taylor et al. 2019). From this study alone it becomes apparent that commonly held health assumptions may not apply to this unique population.

Substance use also warrants closer consideration given its prevalence amongst the unhoused, particularly in the age of the opioid epidemic. In 2018 Cusack et al. conducted a survey and ethnography of unhoused individuals in a homeless encampment in Kensington, a neighborhood in Philadelphia known for its prevalence of substance use. Of the 169 survey respondents in the encampment, nearly all of them reported current drug use, opioid use being the most reported substance. Over half of respondents reported mental health challenges, highlighting the prevalence of a dual diagnosis in this population (Cusack et al. 2021). This corresponds more globally to a survey of the homeless in the United Kingdom which showed self-reported poor mental and physical health, low engagement in self-care, and a lack of self-efficacy due to their living circumstances (Paudyal et al. 2019). For many who live unhoused, substance use is a

means to cope with the harsh environment around them and the difficulties they face (Ezell et al. 2021), despite the clear addictive and health risks associated with substance use.

Infectious diseases also pose a unique risk to the unhoused. Hepatitis B, Hepatitis C, and HIV are prevalent due to the association with intravenous drug use. Diarrheal illnesses from Hepatitis A and *Shigella* species are common due to inadequate hand hygiene and lack of access to proper waste disposal like toilets. The homeless population is also exposed to a whole host of diseases transmitted by animals and ectoparasites by virtue of living near them and having inadequate access to hygiene products. In one survey of homeless individuals conducted in a primary care office in Boston, 29% reported seeing rats or mice daily, who carry the risk of *Leptospira* species, *Yersinia pestis*, and *Rickettsia akari*. 25% saw cats daily, who may carry fleas with *Bartonella henselae*. Homeless individuals who slept outside were more likely to see rodents and dead birds, who may carry influenza species, compared to those in transitional or supportive housing (Leibler et al. 2018). All of these close encounters pose particular risks that are otherwise rare or nonexistent in the housed population by virtue of living in a home to shield them from such exposures and modern sanitation to dispose of potential illness.

Finally, many aspects of homeless health are theorized to worsen due to the impending threats of climate change. Unhoused individuals are at risk for morbidity and mortality associated with increased intensity and frequency of heat waves due to their outdoor living which is often near structures that absorb heat like asphalt, concrete, metal. They also lack access to cooling mechanisms like air conditioning and clean water. The

increased production of ground-level ozone due to climate change will worsen the air quality and exacerbate the respiratory conditions of those living outside. The increased frequency of storms and flooding in coastal cities will leave the homeless vulnerable to the associated environmental hazards. As an already vulnerable group with health disparities, climate change will likely make living conditions disproportionately worse for the homeless who have no other means to adapt (Ramin; Svoboda 2009).

When faced with the bleak mortality rate associated with homelessness, there appears to be no shortage of factors that could be contributing to these premature deaths. Common chronic conditions are all the more common and uncontrollable in this population. The prominence of substance use acts as a double-edged sword, providing an escape from daily misery yet exacerbating mental illness, worsening physical comorbidities, and introducing devastating infectious diseases. Diseases easily remedied by adequate hygiene become deadly when access to that hygiene like running water and soap are hard to come by. This review is hardly comprehensive and other factors like toxic stress and unintentional violent accidents like being hit by a motor vehicle also warrant mention (Cooper; McCulloch 2023). The underlying theme is that when a person lives outside, they become particularly vulnerable to illness and death from all fronts.

CHAPTER 4

ETHICAL CONSIDERATIONS

Despite the prominence of hostile architecture in cities throughout the world, there has been little research into the ethical considerations of such devices; whether they *should* be employed. Certainly, if reasonable evidence exists that hostile architecture unethically enacts influence on the populations targeted, efforts should be taken to change the landscape of these cities. Karl de Fine Licht from the Center for Research Ethics and Bioethics at Uppsala University in Sweden produced the most comprehensive review of arguments to date in a publication from 2017. These arguments, both in support and opposition of hostile architecture, will be discussed here as well as an introduction to a novel relationship between hostile architecture and urban bioethics.

The first and perhaps strongest possible argument against hostile architecture is a consequentialist one. Proponents claim that the use of hostile architecture negatively impacts the health and well-being of the homeless, and therefore it should not be used due to these effects. Unfortunately, there has been little empirical research done to support or even refute this claim (de Fine Licht 2017). Should a relationship between hostile architecture and health be thoroughly demonstrated, it would greatly enforce the consequentialist argument.

Some studies have been done that examine the relationship between the physical built environment and the well-being of the homeless population interacting with it. One researcher conducted an ethnography of homeless women in Brisbane to examine how they interact with their environment to minimize the risk of sexual assault (Menih 2020). They found these women to prefer resting at bus stations because those passing by were

preoccupied with catching their bus, never staying there long, and did not take much notice of these women. Bus stops therefore may be an important resource for the safety of homeless women; hostile architecture limiting their use there could push women to reside in more dangerous areas. Another study examined the relationship between the built environment and the acquisition and use of illicit substances in urban and rural areas, finding that the urban homeless were particularly influenced by their environment compared to those who were housed (Ezell et al. 2021). While these studies shed some light on this relationship, more research is necessary.

In the absence of more empirical data, conceptual speculation regarding hostile architecture and health is vast. Since the intended consequence of hostile architecture is to relocate homeless individuals, there may be health risks associated with the more hidden and remote city spaces they try to claim as a result. This could mean higher exposure to infectious diseases or more environmental exposure to pollutants. Given the frequency of substance use in this population, it may mean individuals engage in more risky use or are more prone to die from overdose in more secluded areas where there is no one to call for help. The spaces they relocate to may be less physically inviting and more inclined to cause physical injury or harm than a simple bench in the park. This could include residing next to high traffic streets or in subway corridors where an individual risks getting hit by a vehicle. They may also be more at risk for theft or assault in these more remote locations. If hostile architecture proves to be dangerous for this vulnerable population, it stands to reason under a consequentialist framework that these designs should be dismantled to help promote the health of the homeless.

Based on these conceptual considerations of the potential adverse health consequences of hostile architecture, this design phenomenon enters the domain of urban bioethics. While traditional bioethics has been slow to address social determinants of health, the development of urban bioethics in recent years is well suited for the challenge. Urban bioethics most simply is "the study of ethical problems relating to medicine and health care that arise in urban contexts" (Blustein 2001, p. 19). As health care research has demonstrated the extent to which one's socioeconomic factors influences their health, urban bioethics broadens the scope of traditional bioethics to consider not only health care but also social inequality, which can be most pronounced in the urban setting.

Utilizing the tools of bioethics under the scope of urban bioethics, we can consider how hostile architecture violates the principles of autonomy and justice. Hostile architecture limits the autonomy of the homeless by dictating where and how they conduct their bodies to a stricter degree than the general population. Because their lack of housing generally necessitates private activities being conducted in public, hostile architecture restricts an already restricted population. In a qualitative study conducted by Song et al. regarding the thoughts and concerns of end-of-life care for the homeless community of Minneapolis and St. Paul, Minnesota, participants voiced concerns over loss of control and frequently advocated for advance care planning documents to preserve autonomy (2007). One can speculate their concerns about death are reflected in the lack of autonomy experienced in their lives, hostile architecture likely playing a part in that.

Another relevant bioethics concern is justice. If hostile architecture poses a detriment to the health of the homeless, this design is yet another barrier to this population in achieving good health. The other barriers often include but are not limited

to a lack of shelter, clothing, food, transportation, literacy, medical insurance, and income. Considering these social inequalities, it becomes near impossible for health care providers to administer adequate health care for this population, even begging the question "what is appropriate healthcare" (Song 2002, p. 211). To obtain some semblance of health equity, addressing the social factors that influence the health of this population is necessary. Under the broad umbrella of urban bioethics, it may require healthcare providers and bioethicists working with urban designers to design a more just city without hostile architecture.

In the absence of robust empirical evidence for a consequentialist argument against hostile architecture, conceptual support for these designs has also been proposed. These arguments vary and focus on the potential benefits hostile architecture poses on other groups, introducing a more utilitarian perspective. For example, hostile architecture at a bus stop may allow patrons of the bus to be "better off" by preventing its use by homeless individuals for sleeping on benches or panhandling (de Fine Licht 2017, p. 32). However, it remains unclear if "better off" entails safety or simply convenience, the former being a more ethically compelling argument than the latter should evidence demonstrate such a claim.

One final consequentialist argument in support of hostile architecture warrants further discussion. Some argue that hostile architecture may in fact benefit the homeless community by possibly influencing the decision-making of individuals and prompting them to present at shelters to sleep rather than parks (de Fine Licht 2017). While likely variable from city to city, many shelters have been criticized by participants due to their rigid rules including curfews and daytime closures, banning of pets, banning of couples

staying together, and others. Shelters also carry the risk of theft and sexual assault and have historically suffered from sanitary issues due to limited funding. Housing voucher programs to place individuals in transitional or subsidized housing, an alternative to shelters, have also suffered from lack of resources and funding. For example, the Philadelphia Housing Authority's Housing Choice Voucher Program wait list is now ten years long (Cusack et al. 2021). While hostile architecture intends to relocate homeless individuals, it seems unlikely that it may influence their decision to seek shelters or housing programs given the present barriers. More likely, if they are already forced to be living on the streets, they will simply move to other streets. Consequentialist arguments supporting the use of hostile architecture likely have less conceptual support than arguments against its use.

Other than the consequentialist framework, deontological ethics have also been applied to hostile architecture, arguing that the way these designs are used is not respectful of homeless individuals (de Fine Licht 2017). Indeed, many homeless individuals have felt in one survey that society at large has not treated them with respect (Song et al. 2007). Those most marginalized in society often perceive a loss of dignity due to their position (Schmidt et al. 2020). One author who was previously homeless reported on hostile architecture, remarking, "the psychologic effect is devastating" due to the sense of alienation it produces (Andreou 2015, p. 2). Because hostile architecture has been implemented without discussion with those most affected by it, one can say these designs violate the "mere means principle" of Kantian ethics, treating homeless people not as people but as instruments or objects (de Fine Licht 2017). The direct solution here,

rather than complete abolition of all hostile architecture, may necessitate public hearings with those in the homeless community to decide how best to design a city.

Finally, the third type of ethical argument against hostile architecture has been on the grounds of human rights. Proponents of the argument claim that homeless individuals have a right to do what they want on public property (de Fine Licht 2017). This line of reasoning is perhaps the most difficult to defend compared to the consequentialist and deontological arguments. In the age of neoliberal privatization, much of the hostile architecture being implemented is in fact on private property. Additionally, while everyone may have a right to be present on public property, it does not necessarily make all behaviors permissible on that property; for example, playing loud music in a park. More could be fleshed out in this argument, including a legal analysis to determine if hostile architecture constitutes discrimination against homeless individuals.

While several ethical arguments have been applied to the use of hostile architecture, many questions remain. Consequentialist arguments rely most heavily on empirical data to demonstrate an effect on both the housed and unhoused populations using these structures; yet little data exists to date. A deontological argument demonstrates a lack of respect for this population in using hostile architecture however using this framework in the public sphere may prove to be ineffective due to the lack of respect already experienced by this population more generally. Finally human rights arguments would require extensive legal advocacy which is likely difficult for this population to obtain. Utilizing the tools of urban bioethics may prove to be the most fruitful given the field's experience of advocating for vulnerable populations already.

CHAPTER 5

DISCUSSION

The homeless population consists of individuals who are particularly vulnerable and disenfranchised without political or economic capital. In fact, the one tool they possess to advocate for themselves is their visibility itself (Rosenberger 2017). Hostile architecture serves as a seemingly passive mechanism to further sequester unhoused individuals from the view of the public, making it even more difficult for them to advocate for themselves. Together with more active mechanisms such as policing, legislation, and policy, these punitive measures are utilized by neoliberal governments to maintain a veneer of status quo and tranquil economic flow of a city.

This neoliberal approach to governance and organized abandonment of social welfare programs only serves to exacerbate problems that government officials claim to be addressing. Panhandling legislation and "sit-lie" ordinances effectively criminalize homelessness and penalize the individual rather than addressing the socioeconomic conditions that led them to be homeless to begin with. Taxpayer money is then directed to support a growing police budget and penal system to house incarcerated individuals rather than being directed to social programs that could have helped these people climb out of poverty and homelessness and avoid the criminalization all together.

Without programs to promote adequate preventative medical care for homeless individuals, uncontrolled medical conditions snowball into end-stage illnesses requiring costly hospitalizations that the state and hospital systems will have to absorb. While many of these conditions likely existed and predisposed them to becoming unhoused, such as mental illness and substance use, these conditions are also likely amplified and

perpetuated in these individuals due to their ongoing material conditions of homelessness. Other conditions such as infectious diseases would not occur if they were not living on the streets exposed to such pathogens. While to the common public this seems to be a normal end result of poverty, the physical condition of the homeless is related to the actions taken, or not taken, by the state (Cooper; McCulloch 2023). Even though social welfare programs are likely to be cost-effective in the long term and help rehabilitate a population that can then eventually become economically productive, many voters and government officials have focused on the short-term savings of gutting this support and allowing homeless individuals to suffer.

Much of this animosity towards social welfare programs and the homeless in general is based on the preconceived notion that these individuals deserve to be in the position that they currently reside, either due to laziness or some other vice. This belief reflects "The Protestant Work Ethic" as proposed by Max Weber, who wrote that the birth of modern capitalism was influenced by religious beliefs that God blesses economic prosperity to those who work hard and do good. Therefore, poverty and homelessness are afflicted upon those who did not work hard enough or followed their own vain desires (Weber; Parsons 2017). To help these individuals would then be to encourage their misdeeds.

However, anyone who has worked with homeless individuals understands that they are more often homeless due to a series of circumstances outside of their control. Alex Andreou writes he became homeless in 2009 when "an economic crisis, a death in the family, a sudden breakup and an even more sudden breakdown were all it took to go from a six-figure income to sleeping rough in the space of a year" (Andreou 2015, p. 2).

While this proposes a frightening reality, that any of us can become homeless despite our best efforts or intentions, it emphasizes that no one deserves to live on the street and that those who do end up homeless deserve care and support.

It is in this context that we shift our focus back to hostile architecture, another instrument used to punish the homeless for existing in public. It is the position of this paper that hostile architecture conceptually augments and likely worsens the health disparities of this population by forcing them to relocate to more detrimental, hidden parts of the city to avoid the hostile design so prevalent in downtown areas. This relationship warrants further study and empirical research to validate this claim and the extent that it may be true.

Several strategies may be employed to perform such a task. Qualitative research including interviews and ethnographies would be valuable to understand the thoughts and values of homeless individuals. Mapping of the locations of hostile designs in a particular city and where homeless individuals commonly reside would provide valuable data regarding the extent to which hostile architecture influences the choices of this population. This can either be done in a cross-sectional study or as a longitudinal study to observe trends over time and demonstrate a stronger correlational relationship. The health data of homeless communities in different neighborhoods or cities could be compared, looking for any correlation to the prevalence of hostile designs in those areas. The tracking of hostile architecture to this level has never been done before and would require novel approaches and research designs likely interdisciplinary in nature.

This paper has argued that there is at least a theoretical impact imposed by hostile architecture on the health and wellbeing of the homeless population, with many potential

empirical avenues to be taken to further demonstrate such a relationship. While hostile architecture has been discussed in various academic circles such as urban design, criminology, sociology, philosophy, and others, this relationship to health is what can bridge it to the field of urban bioethics, allowing discussion of the ethical implications of such designs.

Several ethical frameworks have been explored here, both in opposition to and in support of hostile architecture. Should future empirical research demonstrate adverse health consequences, then further weight would be added to the consequentialist argument against hostile architecture. One could also advocate against hostile architecture utilizing the classic bioethical principles of autonomy and justice.

Urban bioethicists are no strangers to a multidisciplinary approach to health and health disparities. With this introduction of hostile architecture to the field, city planners and urban designers are likely to enter the discussion with ethicists and join in theorizing and collaborating for solutions. Principle among these questions to be addressed is how public and city space can be designed in an ethical manner that serves the needs of all the city residents, including the homeless, and promotes health and wellbeing for all (Starolis 2020). Community based participatory research would be an invaluable approach to this topic, allowing input from homeless individuals not just regarding potential solutions but how the research is conducted from the start. Finally, bioethicist input and expertise are likely also to contribute to other topics of how health is influenced by the surrounding built environment, implicating the field of public health as well (Rosenberger 2019).

Several responses to how to re-design hostile architecture have been proposed, chief among them being to dismantle the aspects that make them hostile to begin with

and allow for homeless individuals to use public objects as they see fit. Other designs have been proposed to further advance the idea of inclusivity in public space. Benches that unfold into shelters have been utilized in Vancouver (Andreou 2015). A similar design has been constructed by artist Sean Godsell, in which the seat of a bench can be lifted and supported by rods, creating a sheltered bed. Artist Sarah Ross has designed a series of bodysuits called Archisuits, which are equipped with foam supports to allow the wearer to lay down on a bench over the hostile design it may have (Rosenberger 2017).

In addressing the phenomena of homelessness generally, several approaches exist to improve the living conditions of this population. First and foremost is the advocacy for more funding of social welfare programs and dismantling legislation that criminalizes homelessness. An expansion of social service outreach to meet this population at their level is crucial. The Hub of Hope in Philadelphia is one such example. The result of collaboration between a nonprofit organization, law enforcement, and the local transit authority, this center is situated in a transit center, allowing convenient access for homeless individuals (Ding et al. 2021). Legislation that advocates for those living on the streets include “Right to Rest” initiatives or a “Homeless Bill of Rights,” to combat anti-homeless punitive measures (Rosenberger 2017). Creative solutions that incorporate input and feedback from the local communities are likely to gain the most longevity and success.

Efforts to provide housing should be explored as well. Expansion and allocation of more funding for shelters would improve bed availability, cleanliness, and on-site social services. Due to the drawbacks of rules associated with shelters and their limited availability, many advocate for a “Housing First” policy, in which individuals are

provided housing as the initial step rather than working through stages starting at shelter-living (Rosenberger 2017). Should this approach be taken, efforts to increase affordable housing will be essential, including “tiny house community” initiatives in which easily reproducible, low-cost transitional houses are built in communities staffed with case managers. During the COVID-19 pandemic, eviction moratoriums were put in place to prevent more people from becoming homeless (Cooper; McCulloch 2023). These moratoriums could be expanded beyond the pandemic to help prevent this growing community from expanding further.

While these interventions will necessitate the reallocation of funds to social services, this population is in desperate need of more support. No one should have to suffer in poverty and homelessness without any help due to factors that are largely out of their control. This is likely to result in a favorable return in investment, since the economic benefit of housing these individuals and improving their health is likely to contribute in the longer term to a more productive, happy, and healthy community.

CHAPTER 6

CONCLUSION

This paper discusses hostile architecture, a passive design phenomenon in cities used to discourage the public presence of the unhoused population. By developing the theoretical framework of these designs and utilizing examples, it is the hope of the author that readers now familiar with the concept of hostile architecture may recognize it and the "politics of our built environment" (Rosenberger 2017, p. 58) in their day-to-day lives. Hostile architecture exists within a larger web of anti-homeless laws and regulations popularized by neoliberal governments based on the moral judgement that homeless individuals deserve the poverty and vulnerability that they find themselves in. The organized abandonment of social welfare programs makes it all the more difficult for these individuals to return to the socioeconomic standing they once had. In many ways, hostile architecture serves as an "insult to injury," a physical manifestation of the stigma and isolation homeless people feel because of their predicament.

The plight of the homeless is also plagued with vast health disparities, in no small part due to the harsh environment around them. Chronic conditions worsen to exacerbations and end-stage illnesses due to the difficulty of obtaining adequate medical care and treatment. The co-occurrence of mental illness and substance use in this population adds several barriers of care as well. Infectious diseases proliferate in this population due to their proximity to pests and lack of adequate hygiene and sanitation. Finally, many of these conditions are expected to worsen due to the looming threat of climate change, likely increasing the mortality rate of homeless individuals even further.

Bearing in mind these health disparities, limited research exists to demonstrate how hostile architecture influences the health of the homeless. Theoretical speculation warrants that these designs cause homeless individuals to relocate to more remote and less-trafficked sections of the city which may carry with them more health risk than if these individuals were allowed to rest where they originally intended. A multidisciplinary approach utilizing qualitative and quantitative research studies would greatly inform this speculation and future research.

Should empiric evidence demonstrate a relationship, several ethical frameworks have been proposed to consider the effects of hostile architecture on the homeless individuals it targets. This paper builds a novel link from hostile architecture to urban bioethics, with the hope that more attention and research will be dedicated to understanding the health implications of such design. Urban bioethicists can bring with them their unique understanding of urban life and health disparities to a topic that has already received attention from a variety of academic disciplines.

Further funding and social support are necessary to lift this population out of their poverty and into a social standing with the rest of the public. Advocacy on behalf of these individuals is a must, both on the local and national scale. The repeal of punitive measures like hostile architecture is likely to also alleviate their suffering. People experiencing homelessness have traditionally been ignored and marginalized by the rest of society, however this does not have to be the case. Rather than allowing our cities to be hostile to our neighbors, we can welcome them into our community.

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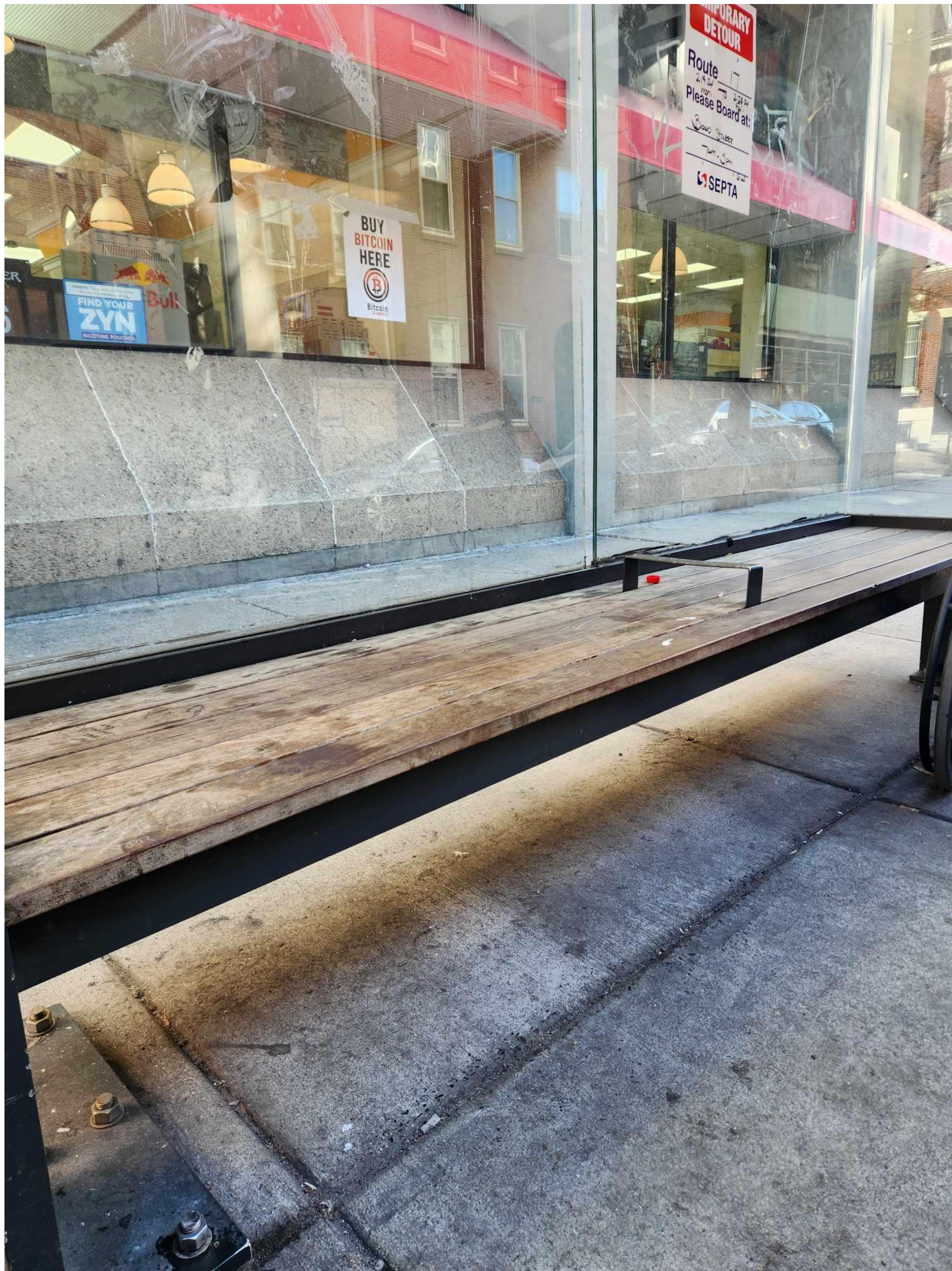
APPENDIX A

Figure 1

Photograph depicting a common bench, 9th & Pine St, Philadelphia. By Brendan McCreath.

APPENDIX A

Figure 2



Photograph depicting a bench at a bus stop, downtown, Philadelphia. By Brendan McCreath.

APPENDIX A

Figure 3

Photograph depicting a bus stop without a bench, downtown, Philadelphia. By Brendan McCreath.

APPENDIX A

Figure 4

Photograph depicting a common trash receptacle, downtown, Philadelphia. By Brendan McCreath.

APPENDIX A

Figure 5

Photograph depicting a bench in Rittenhouse Square park, Philadelphia. By Brendan McCreath.

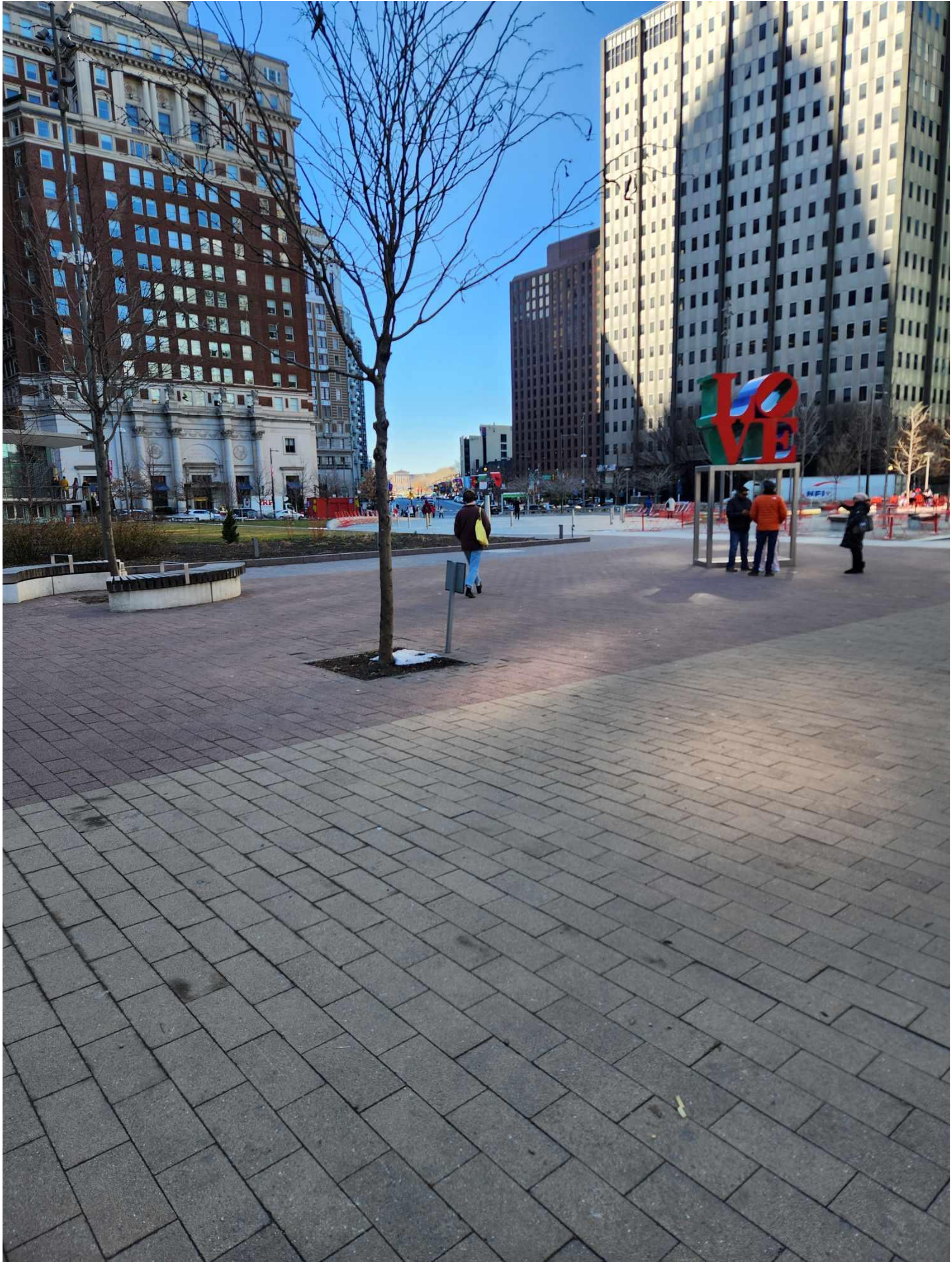
APPENDIX A

Figure 6

Photograph depicting a slanted detail outside of a convenience store, Rittenhouse Square, Philadelphia. By Brendan McCreath.

APPENDIX A

Figure 7



Photograph depicting LOVE Park, downtown, Philadelphia. By Brendan McCreath.

APPENDIX A

Figure 8

Photograph depicting a bench in LOVE Park, downtown, Philadelphia. By Brendan McCreath.