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HOMELESS IN AMERICA  
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In response to numerous requests on the subject of the homeless, we have compiled the enclosed packet of information.

This material discusses questions dealing with the number of homeless Americans as well as trends in society's attitudes toward such people. The incidence of mental illness and the appropriateness, or lack thereof, of deinstitutionalization for such patients is another aspect of the problem which is covered in this packet. A CRS report gives an overview of the situation and of the Federal response.

Additional information on this topic, primarily in the form of newspaper and periodical articles, may be found in a local library through the use of such indexes as the Readers' Guide to Periodical Literature, the Public Affairs Information Service Bulletin (PAIS), and the New York Times Index.

Members of Congress may obtain more information on this topic by calling CRS at 287-5700.

We hope this information will be helpful.

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NATIONAL AFFAIRS

# HOMELESS IN AMERICA

Homelessness is on the rise, and public efforts to solve the problem have proven sorely inadequate.

**T**hey have always been with us. The same beggar who stretched a suppliant palm toward the passing togas of ancient Rome can be found today on Colfax Avenue in Denver, still thirsty for wine; the bruised and broken woman who slept in the gutters of medieval Paris now beds down in a cardboard box in a vest-pocket park in New York City. They exist on the fringes, taking meals when they find them and shelter where they can. Most have drifted well past the limits of respectability, many deep into alcoholism or mental illness. The public usually views their very existence as a shame, a distasteful fact of life met—when it must be faced at all—with averted eyes.

The tattered ranks of America's homeless are swelling, and the economic recovery that made this Christmas merrier than last for most Americans has not brought them even a lump of coal. As subfreezing temperatures settled in last week, scattered anecdotes gave way to chilly facts. Unemployment is at a two-year low of 8.4 percent, but cities and voluntary groups across the country are swamped with thousands more requests for shelter than ever. In Philadelphia, 15,000 received emergency family housing in 1983—five times the number sheltered in 1981. In Detroit, auto sales are stronger, but the city estimates homelessness is up 50 percent. In St. Louis, the



Tom Ives



Salvation Army alone received 4,155 requests, up 47 percent over last year.

No region has been spared. Atlanta's first overnight shelter opened in 1979; now the city has 27. Salt Lake City's mayor insists his city has become a "blinking light" for wandering homeless, while Phoenix and Tucson complain that hordes of transients have descended on Arizona and must be repulsed (page 26). "Our shelters were full in September, long before it turned cold," says Audrey Rowe, commissioner of social services in Washington, D.C. With 100 city beds for about 20,000 home-

**Huddled against the chill in Phoenix: The economy is brighter, but not for the poorest of the poor**



Jean-Louis Atlan—Sygma

less, Chicago, like most localities, relies on church and community groups. Sister Carrie Driscoll says she turned away 112 people in one day recently from the Catholic Charities shelter she runs in the city's devastated Woodlawn area. "At night I pray, 'Lord, give me one more bed'."

The bedraggled homeless are walking emblems of poverty and suffering—the only poverty many Americans ever see. But solutions for their plight are not easily found. For one thing, the forces that caused it are longstanding and complex: everything from the disintegration of family ties to significant failures in America's approaches to housing, mental health and welfare for the poorest of the poor. For another, the homeless move outside the ordinary social structures that might help

them, and often resist any effort to bring them in. The result is an entire underclass of people who have managed to slide right through the safety nets and into the gutter.

*"In the missions you sleep on a folding chair and wake up in the middle of the night with some guy talking weird and drooling all over you," says Billy Collins, a 23-year-old ex-machine-lathe operator who left his family and lit out for Florida and then California. He did not find work—or adventure; instead, he ended up eating scraps out of the Dumpsters behind McDonald's and Kentucky Fried Chicken. "The old guys riding the rails will be ready to share what they've got," says Collins. "But people like me will just beat them up and rip them off."*

**Waiting for lunch at a Washington, D.C., soup kitchen: Poverty with a weather-beaten face**

Because they live without addresses, the homeless are unable to receive food stamps and welfare in most states, invisible in unemployment statistics and impossible to count. Estimates range anywhere from 250,000 to 2 million nationwide, tens of thousands of whom hazard the elements every night. The largest private sponsor of shelter, the Salvation Army, provides only 42,000 beds—a drop in the bucket. The largest publicly sponsored shelter system is run by New York, which now houses 6,000. That's double the capacity of two years ago and more than during the Great

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Angel Franco—Visions-Jullien

**Shelter in a New York phone booth: 'This system doesn't make a man go up, it makes him go down'**

Depression—but insufficient in a city where officials estimate 20,000 homeless in the under-21 category alone. The chairman of the city's Board of Health says that an average of one homeless person a day is now found dead in the streets.

Like the rich, the homeless judge status by where they sleep. The less chance of interruption by police or other vagrants, the more rest they get. Informal turf arrangements, say skid-row veterans, are beginning to break down under the weight of the new arrivals. But certain distinctions remain. The most successful find refuge in garages or abandoned buildings, over hot air grates or under bridges. The less discriminating settle for phone booths, park benches, trash Dumpsters.

**T**he people who pass the night in such accommodations are a much more diverse lot than in the past—and much younger, now averaging in their low 30s. Twenty years ago the homeless consisted almost exclusively of alcoholic skid-row men, mostly older white males. They have been joined by huge numbers of released mental patients, who now make up one-third to one-half of the total, and have added thousands of women to the streets. It's hard to tell who were seriously ill before

becoming homeless, and who were driven over the edge by the rigors of street life. Few are dangerous to anyone but themselves.

During the recession there was a sharp increase in younger variations on the traditional hobo—unskilled drifters heading south and west in a futile search for work, many with their families. Recently, however, cities are reporting that the bulk of their homeless aren't transients at all. Many of the locals, says Ed Loring of the Open Door Community in Atlanta, are young men who come out of housing projects and high schools without any marketable skills. Most male homeless have worked at some point, but usually in menial jobs.

The new drifters and dropouts are different from the winos and bag ladies. "You see the embitterment and disillusionment of life in them," says Capt. Cliff Jones of the Grand Junction, Colo., Salvation Army. Inside New York's Ft. Washington Armory, older men sleep gripping their shoes so they aren't stolen by the newer arrivals. Contrary to myth, most homeless welcome any roof over their heads, but crime in certain urban shelters is so pervasive that some now take the same approach as their psychotic brethren on the street—refusing any offer of shelter.

The paradoxes of homelessness are practically endless. As cities revitalized their downtowns in the 1970s by tearing down dilapidated hotels, they threw thousands who could afford nothing else into the street. As states emptied overcrowded and

ill-staffed mental hospitals, they set thousands free to fend for themselves. And now, as local governments and charitable organizations stretch to provide relief, they find, according to some accounts, that the more they do, the more they increase demand. Meanwhile, what they cannot do—from providing underwear (an item, unlike overcoats, that's rarely donated) to finding family backing and permanent housing—is what the homeless often need most.

**T**he immediate reason people are homeless, logically enough, is that they don't have homes, and the primary reason for that is what was once called the low-income-housing crisis but is nowadays more dimly recalled as "something everyone cared a lot about in the 1960s." One reason the issue faded from rational view is that the government's housing policies failed. Washington warehoused the poor in dismal high-rise projects, provided loans guaranteed to default and wasted billions in administratively inept programs that ended up subsidizing middle-class renters—and government paper shufflers—instead of the poor. Fewer than half of the 6 million low-income units Lyndon Johnson believed were needed in 1968 ever got built.

But while attention flagged, the problem grew worse. Median rent increased twice as fast as income in the 1970s, and low-income-housing construction came to a virtual standstill. The Department of Housing



Jean-Louis Atlan—Sygma

and Urban Development reports construction and renovation dwindled to 203,113 units in 1979 under Jimmy Carter and to 55,120 in 1983 under Ronald Reagan. Yet census figures show about 2 million Americans living in substandard quarters and hundreds of thousands on mind-numbing waiting lists for public housing: 20 years in Miami, 12 in New York, 4 in Savannah, Ga.

The Reagan administration's housing policy revolves around \$200 million in vouchers for low-income people to use for rent—a plan that assumes there is no shortage of housing, only an inability to pay for it. But a recent Brookings Institution study suggests that the shortage may reach 1.7 million low-income units by 1990. And the total housing subsidy for the poor is small compared to what the middle class and rich receive. Their subsidy comes in the form of a home-mortgage tax deduction that applies even to summer homes and will cost the Treasury about \$42.8 billion in 1984.

Those who benefit from this deduction are "gentrifying" the cities; they are helping restore the tax base and quality of life in old neighborhoods. But the side effects are devastating. The first buildings to be abandoned, converted into condominiums or destroyed are often the flop-houses called single-room occupancies (SRO's) where many of the very poorest live. About 1 million rooms—nearly half the total—were converted or destroyed nationwide between 1970 and 1980, according to a Columbia-New York Uni-

versity study. New York lost 87 percent of its SRO's in this period. Cities like Denver, Seattle and Rochester have lost more than 50 percent.

Some of the denizens of these seedy hotels and abandoned slums go directly into the streets, but many live first with friends and relatives. In fact, the number of American families sharing quarters in 1982 was up 58 percent—the first such increase since 1950. And that has given rise to a curious development. In the past, fire tended to be the most common direct cause of homelessness; now it's often eviction—eviction initiated not only by landlords, but increasingly by friends and relatives. "So many are crammed into already crowded housing with an Aunt Louise," says David Park Smith of the Dallas Coalition for the Homeless. "Pretty soon they wear out their welcome and are out on the streets."

Once the screaming and door slamming subsides, the only refuge is emergency shelter. In New York, where especially accurate figures are available, 2,300 families, up from 900 last year, are housed in squalid welfare hotels that charge the city around \$1,400 per family per month and boast rats and prostitutes for neighbors. The single-sex shelters for individuals cost the city \$24 per "client" per night—most of the money going for personnel. In the East New York shelter, which regularly features an inch of water on a floor where people sleep and two-hour

**Washington's grate society: Some of the seriously ill mistakenly believe that they are well**

waits for showers, about \$3 million a year pays salaries for security officers who are more visible on the payroll than in the shelter.

By contrast, private shelters around the country operate at an average cost of about \$3 to \$6 a person for smaller, more hospitable quarters often located in church basements or community centers. "There's a psychological effect of being in a church that draws respect from guests," says Luz Martinez, coordinator of a Chicago shelter. Almost all private sponsors argue that while the government does a bad job of running shelters, its funding help is required. Emergency-housing services agree. In 1983, Seattle, a city sympathetic to the homeless, turned down 4,000 families—about 16,000 people—seeking temporary housing.

*She was called the cellophane lady because of the way she wrapped her legs and feet to protect them from the Philadelphia cold. It didn't work: last winter Lillian Roseborough nearly lost her limbs because of hypothermia. Even so, the 65-year-old woman refused to be removed from the street where she lives—just a block from her daughter's apartment. She insisted that she was ruled by the spirit of "jing-jing," and*

# THE 'STREET GIRLS'

They scrounge for scraps—and live in constant fear.

From a distance, on the snowy streets of Chicago, she could be a coed off to a football game. But get close to the woman called Teddy Bear—her real name is Dolores—and you see that her long woolen coat, preppy sweater, dark pants and sturdy boots have not been donned for a day's outing. She has slept in them. Her black hair hasn't been combed. It is falling over her dark eyes and onto her bruised face.

Teddy Bear's friend Elizabeth also favors pants and sweaters for Chicago's icy weather. She has a quilted coat for the winter but so far has been unable to find boots wide enough for her feet. So she sticks to the Trax running shoes she got during one of her periodic stays at a Veterans Administration hospital. Elizabeth's hair is cut tomboy short—a throwback to her adolescent days. She can still execute a flying leap, too, the kind she did back in convent school. Sometimes she does one just to try lifting herself out of depression.

The social workers call them homeless women. They call themselves street girls—a motley group scrounging scraps and small change, bag ladies who carry their world around with them or stash it at a friend's home or have nothing left to stash. They sleep in abandoned buildings, overnight shelters, sleazy welfare hotels or with men who take them in for the sake of kindness or sex. They all have one thing in common: fear. Fear of not finding a safe, warm place for the night, fear of not getting the meal—or drink—they need, fear of rape or of losing what little they possess.

Even the most deranged bag ladies, who just want to be left alone, are vulnerable because of rumors that they keep money in their bags. On the streets, says Elizabeth, "you have to have eyes behind your head and look like you're not scared."

She used to carry a shopping bag with clothes and soap and a toothbrush, but it was "too obvious a target," says Elizabeth, who looks older than her 37 years. Now she keeps clean underwear at the apartment of a divorced woman friend who lets her take a shower now and then. "I haven't carried a purse since I was mugged," she says. "I've had medication prescribed for my depression, but there's no use carrying that around—they'll take it." Teddy Bear, 28, carries nothing; she ends up selling everything for the price of a drink. The hulking body that earned Teddy Bear her name is swollen from wine. "A doctor told me my body is going to give out if I don't stop drinking," she says. "I was doing OK for a few months. I have this friend and she helped me stop drinking and made me think I could get off the streets for good."

But now her welfare check goes for drink again, when her sometime boyfriend doesn't take it from her. She doesn't have the strength to stay away from him when she's drinking, even though it means she'll end up with a black eye. "We fight all the time," says Teddy Bear. So she wanders the streets looking for him—or anyone else who might have liquor.

Like many street people, Teddy Bear's past is hazy. She says she is an orphan, but

others say she has a mother and four brothers who keep trying to get her off the bottle and the streets. Whatever the truth, Elizabeth says she understands Teddy Bear's drinking problem, because she still carries the scars from her own heavier drinking days—like the one on her wrist from putting it through a saloon window. "I was angry at the bartender for serving me when I'd already had too much," she recalls. "It's the whisky and vodka that makes you so violent you wind up in jail on a drunk-and-disorderly charge. It feels like there's a tornado in your stomach and your head feels like you got hit with a sledgehammer."

It's only since her divorce in 1979 that Elizabeth has had to worry about a roof over her head. "I was married four years to an electrical-engineering student, but he was a Pakistani from a strict Islamic upbringing where they didn't like women going out at night. I've always been a night person, and when he told me that I was the camel and he was the driver, that did it. After the divorce I was too depressed to work, and after four months of not being able to pay the rent, I came home one day to find the locks changed. So I hit the streets. It was cold, but I found an open Datsun to sleep in at night. When the owner saw me one morning he brought out a blanket and apologized for not letting me sleep inside, but five weeks of sleeping in that car landed me in the VA hospital with pneumonia."

On a recent evening, Elizabeth sought shelter in the basement of Chicago's Uptown Baptist Church, where Teddy Bear often spends her nights, but she didn't stay long. "I know the shelter is safer than the streets or the subway," Elizabeth admits. "But the smell of dirty bodies is like rotting flesh, and it will get worse by morning. I worry about getting lice from the blankets or sores on my mouth if someone spits in the coffee." So out into the snow she goes, hoping that the Cuban guy who sometimes lets her stay in his room is home and sober. "I'm kind of scared of him since he pulled a knife on me a week ago when he was drinking that crazy rotgut vodka. But at least he's not the type that would make a woman work the streets. How am I going to get married again in this predicament?"

The best resource for the street women of uptown Chicago is Sarah's Circle, a women's drop-in center open five days a week. It's not only the coffee and snacks and the Wednesday-afternoon bingo that draws them. It's the unthreatening, lived-in atmosphere, the tattered sofas and chairs and the old copies of House and Garden. There is a kindness at Sarah's, not only from the



Kevin Horan—Picture Group

**Teddy Bear (left) and her street friend, Elizabeth: 'I never thought it would happen to me'**

volunteers but also from other women who have been through whatever you are going through and want to help. They throw their arms around Teddy Bear, tell sympathetic stories about being beaten by their own "old men"—and talk tough about wanting to punch them out. And whereas shelters provide the bare essentials of existence, a place like Sarah's also can permit a homeless woman to reorganize her life and perhaps get on her feet again. A young black woman called Jane is trying to do that—using a sink at the center to wash her clothes regularly and the comfortable lounge to study books from the public library. Unlike the library, where you're asked to leave if you're caught dozing off, Sarah's understands how tired a woman can be after a wary night at a crowded shelter.

For everyone on the street, life is a matter of improvising. After breakfast at the Sally (Salvation Army), Elizabeth stops at a city garage where they let you use the bathroom and just sit in the warmth for a while. Then it's on to the US Submarine Shop, where you can get a large cup of coffee in a Styrofoam cup for 50 cents—a much better deal than at the coffee shop across the street where you get a seat at a table, a cup and saucer, but a lot less coffee. "I don't like to give them my patronage," harrumphs Elizabeth like the greatest of grandes dames.

**B**ut then the high-strung, fast-talking extrovert slows down, revealing a flash of the severely depressed woman who still needs medication and periodic hospitalization. The holidays make her introspective. "I never thought it would happen to me," Elizabeth says. "It's all my fault—I can't seem to get my life together. I'm sort of the black sheep of a strict Catholic family. Even if I couldn't be a nun, like I wanted, I figured at least I'd be married with a home. But my family hasn't spoken to me much since I gave my baby daughter up for adoption 10 years ago. Really, she's far better off than I am—living in the suburbs with parents who love her—but my mother always told me that the worst thing you can do is give up your own flesh and blood. I should have been strong enough to keep my daughter. I should be strong enough to get myself out of this predicament."

Teddy Bear, meanwhile, is coming off a binge and hardly notices the holiday season. She wins a Christmas tree in a drawing at Sarah's Circle, and immediately talks about selling it. She's not ready to accept a missionary's offer to sleep off her hangover at an available apartment. "There's too much pressure there not to drink," says Dolores. As for the danger that awaits her in the streets, she says, "The only thing they can do to me is kill me. Everything else they've done to me. I don't feel it anymore."

PATRICIA KING

## NATIONAL AFFAIRS



Tom Ives

*that if she went inside before the government provided shelter for all street people, she would die.*

It seemed like a good idea at the time. Many state mental hospitals were unspeakably inhumane, and new miracle drugs could control the psychotic without straitjackets. So starting in the mid-1950s, the nation's mental hospitals began releasing inmates in unprecedented numbers. Liberals applauded the new civil rights granted to the nondangerous mentally ill; conservatives were happy to find a seemingly compassionate way to cut state budgets. Between 1955 and 1982 state mental institutions shrank by more than three-quarters—from 558,922 patients to 125,200.

But there is widespread agreement that efforts to "deinstitutionalize" mental patients have backfired. While some do fine, tens of thousands end up homeless—if not right away, then after a few years of bouncing among families, institutions and the street. At the same time, it has become nearly impossible to get the nondangerous mentally ill admitted to state asylums, or to keep them there long enough to get a grip on themselves. In California, for instance, the median stay is now only 16 days.

"If a doctor walked away from an operation for an appendicitis, he would be sued for malpractice," says New York attorney Robert Hayes. "The state has walked away

**Drifting under a railroad bridge near Tucson: The homeless are younger than ever**

from these patients." Hayes felt so strongly about it that in 1982 he quit the prominent New York law firm of Sullivan & Cromwell and founded the Coalition for the Homeless, which is suing cities for the right to shelter and coordinating the work of 40 groups in states across the country.

Those patients sent back to what the professionals call "independent living" are truly on their own. According to Dr. John Talbott, president-elect of the American Psychiatric Association (APA), fewer than a quarter of the patients discharged from state mental institutions remain in any mental-health program at all. When they crack up, the lucky ones are taken to hospital emergency rooms, where they routinely wait hours—sometimes tied to chairs—for a temporary bed. One out of every five patients at New York City public hospitals is homeless.

**F**ollow-up treatment has been scarce partly because many psychotic street people mistakenly believe they are well, and grow fearful that any contact with authorities will lead to getting locked up again. Large numbers have serious delusions. One woman wandered Hollywood assuring passers-by that she was Linda Darnell, a movie star of the 1940s



# FIGHTING BACK

## Arizona and Massachusetts represent the extremes.

**H**iking her designer slacks above her ankles, Sandy Cowen crouched, made a face and gnarled her hands in imitation of a man she used to see from the window of her advertising agency in downtown Phoenix, Ariz. This particular gentleman was a bit odd—a street bum who carried around a bucket of soapy water and washed everything in sight, from his feet to the sidewalks. But Cowen is the brains behind “Fight Back”—a campaign by Phoenix leaders to wipe out the “unacceptable behavior” of the area’s 1,500 street people—she knew how to handle the nuisance. Police were summoned, and the bum was forced to move on.

The homeless are not welcome in Arizona. Many of them, residents argue, are outsiders looking for a sunny place to sponge off the state. The mayor of Tucson was recently elected to his 13th year in office on a platform that included a vow to get “the transients the hell out of town,” and beefed-up patrols of police officers prowl the streets looking for suspicious transient behavior. By contrast, the state of Massachusetts is in the midst of an ambitious effort to help the homeless help themselves. It’s more than the difference between Barry Goldwater and Ted Kennedy; Arizona isn’t all conservative, and Massachusetts isn’t all liberal. But the two states represent the extremes of community attitudes toward the homeless.

“We’re tired of it. Tired of feeling guilty about these people,” says Cowen, who designed an ad campaign that features a

sketch of a man sleeping on a bench with a red line drawn through it (like an international traffic sign). Posted around town, these signs echo the official view of Phoenix, which in 1981 adopted an Anti-Skid Row Ordinance that discourages blood banks, bars, soup kitchens and flophouses. Since 1981 four missions—including two sponsored by the Salvation Army—have closed their doors under pressure. After one of his assistants had her fingers broken by a drunken drifter, newly elected Mayor Terry Goddard, a relative liberal, helped found a task force dedicated to coping with the transient problem and protecting Arizona’s image as a sunny paradise.

**A**s homelessness worsens across the Southwest, a game of finger pointing has begun. Skeptics in Phoenix and Tucson believe that Los Angeles, trying to clean up before the 1984 Summer Olympics, will soon send its problem across the desert. Some Arizonans think they should try the same thing themselves.

Tucson residents are divided, but the prevailing attitude seems to be that “Love thy neighbor” should apply not just to the needy but to the family down the street alarmed by the sometimes violent vagrants. Police scour homeless haunts with German shepherd dogs, and one church soup kitchen will be sued as a public nuisance. “These transients are urinating on the sidewalk, sleeping in doorways and frightening shoppers,” says Mayor Lewis Murphy, noting that crime by the new arrivals is up. “The

last thing we want to do is publicly provide amenities.”

That is one of the first things that Massachusetts wants to do. After regaining the governorship last year, Michael Dukakis announced that homelessness was his No. 1 social-service priority. “Homeless” plays better politically than “poor” as a way to win approval of state social programs, and Dukakis, who lost his bid for re-election in 1978 in part because he alienated liberals, had in recent years grown genuinely alarmed about the growth of the problem. Despite its frigid winters, Massachusetts has roughly the same number of homeless as Arizona—estimated between 5,000 and 10,000.

Sofar the state has funded 13 shelters on a 75-25 basis with the community groups that run them. It has also opened a 24-hour hot line for referrals, assigned more state caseworkers and changed welfare rules so that people without permanent addresses can receive benefits. Over the objections of real-estate interests, Dukakis rammed through a tough condominium-conversion bill that requires that certain tenants get as much as four years’ notice before a building can be converted. In mid-December, the Massachusetts Legislature approved \$196 million for low-income housing, which will translate into 2,500 new units and 2,000 renovated ones.

**O**ne example of how the public-private cooperation can work is Jessie’s House, a new family shelter located in a big white house in Northampton. The city, home of Smith College, has several hundred homeless people—some of them mental patients from a nearby hospital or victims of gentrification downtown. About 20 guests stay at Jessie’s House for four to six weeks under strict house rules. Staff members make a determined—and often successful—effort to find them jobs and housing, and friendly neighbors pack the shelter’s refrigerators and cupboards with food. A city councilman who opposed the idea was overruled by his constituents.

“Our philosophy,” says Priscilla Braman, director of Jessie’s House, “is to put a lot of energy into people once and do it right.” Arizona’s approach, says Tucson’s Rev. Dave Innocenti, is often “a traditional Western-cowboy mentality—if you can’t pull yourself up by your bootstraps and be a man, get out.” There could hardly be clearer proof of the old saw—“cold hands, warm heart”—and vice versa.

JONATHAN ALTER with JERRY BUCKLEY in Northampton, MARILYN TAYLOR in Phoenix and SHAWN DOHERTY

**Down and out in Tucson:  
‘If you can’t pull yourself up  
by your bootstraps and be  
a man, get out’**



Tom Ives

NATIONAL AFFAIRS



Meichior Di Giacomo

who died in 1965. Another rejected food and water for days because she thought she was a plant and could soak up nourishment from the rain. A man with his possessions in garbage bags told travelers he had seen the Ayatollah Khomeini in the basement of a train station. When wealthier people have mental or drinking problems they often rely on counseling; the poor have it harder. Navigating the byzantine mental-health bureaucracy, says Talbott, "would drive even the normal person insane."

But the main reason mental-health care has left so many homeless is that funding didn't follow the patients out of the hospitals and into the community. A 1963 goal of starting 2,000 community mental-health centers nationwide by 1980 is still 1,283 short. Some community-based care is actually decreasing. Colorado, for instance, has released 1,172 patients since 1981, but the number of halfway houses has fallen from 60 in 1975 to about 10 today. Even the mentally ill themselves recognize the irrationality of the situation. "It's a merry-go-round," says one 48-year-old schizophrenic in New York. "You go to the hospital, then they dump you into those Dante Inferno shelters and then you go back again. This system doesn't make a man go up. It makes him go down."

Some of this results from budget squeezes, but much is the fault of administrators, legislators and civil-service unions. When money is available, it often doesn't go to the homeless mentally ill. In 1979, 43 percent

of the \$8.8 billion in total mental-health expenditures was spent by state hospitals, and only 17 percent by federal outpatient clinics serving the homeless. Some state officials claim that hospitals have to keep so much of the money in order to maintain specific staffing ratios required by the Joint Commission on Accreditation of Hospitals. But the JCAH says that's untrue.

While homeless psychotics wander the streets without care, most state-employed doctors and staff are back at the nearly empty asylums. In the last 20 years the average patient-staff ratio in state mental hospitals has dropped from 5 to 1 to 1 to 1. And civil-service unions prefer to keep it that way. Efforts to cut or transfer maintenance and support staff in favor of more community efforts are usually straitjacketed. When New York Gov. Mario Cuomo announced budget cuts for the state mental-health system, for instance, the huge Creedmoor Psychiatric Center cut its community outreach staff—and protected hospital workers who maintain a 315-acre complex that houses one-fifth as many patients as it once did.

Meanwhile, citing past welfare abuses, the Reagan administration has tightened the review process so that fewer people qualify for benefits. Since 1980 more than 200,000 have been dropped from the rolls of Supplemental Security Income alone, a major source of income for the mentally ill. Many

**A brother and sister on the streets of Houston: Many have hazy backgrounds—and no roots left**

of these people are defined as clinically employable by the government, but in the real world can't possibly get jobs. Among those rejected for benefits in 1982, according to community workers, were an incontinent man who wore seven pairs of pants at once and a woman who thought she was a Vietnam War orphan.

For the nonmentally ill homeless, welfare isn't always much better. In many states it won't pay the rent. A New Mexico family of four is expected to get by on \$66 a month in rent allowance. In Indiana, it's \$100 a month for rent, regardless of family size. And these states aren't exceptions. Last year Pennsylvania Gov. Richard Thornburgh and the state legislature moved to restrict all able-bodied men to 90 days of welfare a year. Instead of lessening dependency, as conservatives hoped, it simply made many of them homeless and thus still dependent. William Wachob, chairman of the welfare subcommittee of the Pennsylvania State Legislature, charges that "Thornfare," now being revised, is "directly responsible for the increase of homeless."

*The counseling service in downtown Houston is called Compass and it's run by a gray-haired woman named Kay White,*

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Melchior Di Giacomo

who helps street people get anchored. The approach avoids "quick fixes and rice-bowl Christianity," she says, and attracts 600 a month. "I listen to them, accept what they have to say and also ask myself if they're trying to rip me off," White says. "Some do and I tell them to leave." Greater numbers don't—and leave with help: a bus token, an apartment lead, a phone number for a job.

Coping with homelessness requires melding public and private efforts in ways that help street people but don't hurt taxpayers. After all, most people take what Jane Malone, an activist on behalf of the homeless in Philadelphia, calls a "minimalist" approach to the problem—essentially, "not in my neighborhood." That is understandable; the homeless *do* drive down property values, and it isn't pleasant to find that someone has urinated in your doorway. Some argue that the more that is done on behalf of the homeless, the more comfortable they will be with their plight—and the worse the problem will become.

But if government and the community helped worsen the problem, they can work together to ease it. As George Orwell wrote in "Down and Out in Paris and London," "the 'serve them damned well right' attitude that is normally taken toward tramps is no fairer than it would be toward cripples." Sister Gay of Houston, who has adopted 10 homeless children and tended to their families, believes that. So does a consortium of the U.S. Conference of May-

#### Helping homeless families in Texas: Volunteers must make a leap of faith—and sometimes courage

ors and two foundations now sponsoring a \$20 million effort to treat the ghastly array of diseases that afflict the homeless.

There are success stories of public-private cooperation: last month a Memphis pilot project opened 10 HUD-owned houses for under \$100,000. Still, roadblocks remain. On White House orders, the Pentagon has offered 500 locations, mostly unoccupied military-reserve centers, but so far only a few have been put to use—largely because cities and local groups would have to pick up most of the tab needed to make the places inhabitable. The Federal Emergency Management Administration has distributed \$140 million over two years in shelter aid, but admits it's a one-time effort. Margaret Heckler, secretary of Health and Human Services, says the Reagan administration is now studying ways to cut the red tape, and NEWSWEEK has learned that HUD will decide soon whether to subsidize shelters directly.

**P**ermanent housing is a taller order. One reason it's so expensive for the government to build low-income units is that government contracts usually must pay the so-called prevailing wage—which almost always matches the top union scale in any given region. Andrew Raube-



son, director of the Burnside Consortium, which has renovated 450 SRO units for use by poor people in Portland, Ore., says that his costs are \$6,000 to \$9,000 a unit, less than a fifth the expense of many government projects.

That's a big difference, and some low-income-housing advocates suggest that waiving the prevailing wage on low-income projects may be the only way to bring the federal government into a partnership to build more housing. Doing so would require amending the Davis-Bacon Act, a sacred cow for most Democrats that even the Reagan administration has not challenged. More flexible wages might also allow unskilled laborers to help in the work of renewing their own neighborhoods. Private tenant organizations around the coun-



James D. Wilson—Newsweek

try have already begun this. Some, in cities like San Francisco, have also won agreement that when developers tear down flophouses, they will help pay for some new low-income housing.

Solutions to the mental-health riddle are following a similar logic of public-private cooperation. Some mental-health professionals and government officials argue that providing community care is prohibitively expensive. But that assumes it is done in what might be called the "prevailing" way—that is, with highly paid psychiatrists and other union-scale mental-health professionals. What homeless mental patients need first, their advocates say, is simply a place to stay and some supervision by compassionate people. Many private halfway houses now

provide stable environments for former mental patients for as little as \$6,000 per person a year, compared with about \$40,000 in state hospitals. With more charitable and government funding, these places could make a major dent in the number of mentally ill homeless without sending them back to asylums.

**F**or mental health, as for shelter and permanent housing, the answer seems to lie in the government's setting aside its inclination to solve the problems itself in favor of helping the community do its natural work. That requires a leap of faith. But it is much the same leap volunteers take as they overcome enough of their nervousness about America's lost souls to pitch in and help.

**Seattle shelter: 'We all have the same needs—a hot meal, warm clothes, someplace to sleep'**

*In Denver, a tattered group of men line a warehouse ramp, waiting in the snowy dusk to enter the Salvation Army Survival Shelter. John Destry, 22, a navy stocking cap rolled on his head, describes his homeless life. "The streets are dangerous," he says. "But, you know, we all do the same things, have the same needs—a hot meal, some warm clothes, someplace to sleep."*

JONATHAN ALTER with ALEXANDER STILLE and SHAWN DOHERTY in New York, NIKKI FINKE GREENBERG in Washington, SUSAN AGREST in Philadelphia, VERN E. SMITH in Atlanta, GEORGE RAINE in Seattle, DARBY JUNKIN in Denver and bureau reports



Drifters try to keep warm on a steam grate during a snowfall in Washington, D.C.

## Behind Swelling Ranks of America's Street People

**Sick, homeless, hungry and often mentally ill, they are growing by the thousands despite an economic upturn.**

Harsh winds of winter blowing through streets of the nation's proudest cities are calling fresh attention to a rapidly worsening social problem—up to a half-million Americans living and sometimes dying as homeless outcasts.

Dressed in tatters, scavenging for food and often suffering from severe emotional problems, these street people are becoming an increasingly distressing part of the urban scene.

The destitute are being found in every sizable city and in even greater numbers than a year ago before the economic recovery got rolling.

In Chicago and Cleveland, jammed emergency shelters each night must turn away dozens of homeless women, some with small children in tow.

An estimated 18,000 show up at New York's dormitorylike shelters each night—double last winter's number. A Salvation Army soup kitchen in Salt Lake City is serving 11,000 free meals a month, compared with 9,000 a year ago. The same is true in Miami and Atlanta.

The homeless huddle in frigid temperatures on steam grates a block from the White House, beg for handouts in Chicago's Loop and wander San Francisco's tough Tenderloin district.

No one knows how many street people there are, but even conservative estimates put the figure at half a million. This much seems certain: Dozens will freeze to death this winter. Twen-

ty died in New York City alone last year. Many more homeless will perish of pneumonia, tuberculosis or other illnesses. For those who manage to survive, the blessings of life are debatable.

How does a person sink to this rock-bottom point? Many are drug addicts and skid-row alcoholics, beyond any hope of recovery. There is grizzled, 64-year-old Ned, who relates a familiar story while awaiting dinner in San Francisco's St. Anthony Dining Room: "I thought I had it all—a wife, a job, some kids, a house and a car. Then my wife died, the plant closed down, my kids got sassy and they took the house away. At my age, ain't nobody wants you. I got real discouraged and started drinking. That's what done me in."

Others are simply down on their luck,

A concrete slab at a garage in New York City provides temporary shelter.



jobless and broke. Lacking the fixed address required for welfare, they cannot obtain food stamps or other benefits: Untouched by the economic recovery, these are the so-called new poor who once had homes, jobs and hopes.

"If you're an alcoholic or a drug abuser, there are beds available through specialized agencies," notes Jarrie Tent, director of a shelter in an Episcopal church in Detroit. "If you're a victim of spouse abuse, there are designated beds. But if you're just poor, broke and out of work, it is much harder to find bed space."

Take Tom Pittson, an angular 30-year-old former Kentucky coal miner seated in Lafayette Square across from the White House. "After two years on the street, I'm near giving up," he says. Coatless in 25-degree cold, he was clad in an old Army surplus sweater, torn tennis shoes and light cotton trousers with a long rip down the right leg. His right eye was swollen shut and his forehead scabbed, the result of a fight over a half-empty pack of cigarettes.

"After my benefits played out back home, I come to Manassas, Va., looking for work, then here," recalls Pittson. "Bad mistake. For a while, I had me a big cardboard box to sleep in beneath a bridge. Another guy, he took it, along with my coat. Can't work now because I'm sick a lot. My job now is to get by. It's a sorry way to live."

**Court-ordered releases.** Even more troubling than people like Pittson and Ned is the swelling number of mentally ill among the homeless. Rescue-mission workers say up to a third who seek help are former mental patients with nowhere else to turn.

Thousands of disturbed patients have been released by court orders allowing mental hospitals to keep only those judged a threat to themselves or others. Nationwide, the number in psychiatric wards has been halved since 1970. In some states, two thirds of the beds have been emptied—and not because patients have been cured.

"There's absolutely no doubt people are wandering around Denver today who, 20 years ago, would have been in an institution," says Dr. Frank Traylor, executive director of Colorado's Department of Institutions. New York's Mayor Edward Koch, whose city has at least 40,000 homeless, complains that many neighborhoods have been turned into "outdoor psychiatric wards."

Dr. Rodger Farr of the Los Angeles County Mental Health Department estimates that the number of homeless in the city's downtown district doubles to more than 15,000 in winter, many of them chronic mental cases. Farr says some of these drifters, called "sun



Free food at the Star of Hope Mission in Houston is one of many services provided by private agencies filling a gap left by government fund cuts.

birds," are given a one-way bus ticket to Southern California as part of a "Greyhound therapy" practiced by several communities around the nation.

When hospitals began mass discharges, the plan was to support patients with a network of community-care centers and halfway-house residences. But with government budgets slashed at all levels, there has been little to spend on follow-up care for ex-patients. Most of the money available goes for hospital treatment of acute cases.

Two other factors compound the problem—bitter public resistance to opening group homes in residential areas and a shortage of low-rent housing. "If you can't hold them in hospitals and no space is available in the community," says a District of Columbia official, "you have no alternative. They must fend for themselves."

Typical is the scene in the Detroit Rescue Mission, where a tall young man with vacant eyes, a former mental patient whose family would not take him in, explains: "I've been down on my luck for the past three years. There have been some whacked-out people around here."

Another man, named Richard, sits in Houston's Star of Hope Mission chuckling to himself and rolling his head from side to side. Nearby, a young man suffering brain damage from sniffing glue stares into space saying nothing. He disappears periodically, only to return a week or so later. "We take people to the hospital three times a week, but if they aren't suicidal or homicidal, they're turned out on the street," says supervisor Bill Reed.

Left on their own, many of the mentally ill drifters do not last long. Police say women often are raped by street thugs, and both men and women frequently are beaten and robbed of their possessions. If they do succeed in finding refuge in an abandoned building, others may drive them out.

In Philadelphia, a fragile 50-year-old woman named Ellen, formerly a mental patient in Buffalo, N.Y., tearfully recounts being robbed and attacked by winos twice in one week. "They took everything I had—even my cough medicine," she says. "Didn't leave me nothing." Ellen was one of the lucky ones, however, finally finding hot meals and a place to sleep at a church mission.

"These are very vulnerable people," explains Mendal Kemp of the Mississippi Health Care Commission. "People who have been institutionalized for years are very subservient. If you tell them to go sit in the corner, they will. You can do almost anything to them."

Private groups are limited in what

they can do to help such people. "You can run a shelter with love and compassion," says the Rev. C. B. Woodrich, who assists the homeless in Denver. "But when you get into mental problems, you're talking about medication and therapy. And you've got to have money to deal with that."

The burden of providing for the homeless has fallen most heavily on local governments and charities. The federal contribution consists mainly of 50 million dollars for health care, surplus food and limited shelter space in unused federal buildings.

Prodded by courts in some instances, city officials now are becoming more involved. But they, too, are far from able to help everyone. Chicago, with as many as 25,000 homeless people, provides housing vouchers to fewer than 4,000 and can sleep only 100 in its lone municipal shelter.

Denver budgets \$400,000 for the homeless but gives no help to single, employable people. San Francisco set aside \$750,000 for the year, but it was gone in five months. New York now spends 50 million dollars annually for emergency housing and other services.

"The help they need." The most generous help has come from private and church groups, whose expenses run at least 500 million dollars a year. The Salvation Army alone provides more than 44,000 beds.

"Every one of us needs two or three arms to pick up these people and give them the rest of the help they need," says Frances Swartsfager, a volunteer in a Houston food-distribution center.

Both private charities and government officials are bracing for the problem of the homeless to get worse.

The practice of quickly releasing mental patients only now is coming under

serious question by health experts, and no change is likely for years. The steadily shrinking supply of cheap housing will force many more on the street before the crunch is over.

And there will always be people like Paul Jiminez, a recovering alcoholic who, before he hit the skids, often rode past the Detroit Rescue Mission in the city's mean Cass Corridor.

"I used to think, man, I never want to end up there," says Jiminez, 24. "Well, here I am." □

Homeless women on a street in San Francisco. Most cities do not have enough shelters to house the thousands with no place to go.



By WILLIAM L. CHAZE with the magazine's domestic bureau

U.S. NEWS & WORLD REPORT

# Home on the Street

**IT'S WINTER AND HOMELESSNESS IS A HOT ISSUE AGAIN,  
BUT SOLUTIONS TO THE PROBLEM  
ARE AS HARD TO FIND AS A WARM PLACE TO SLEEP.**

**BY STEVEN FUSTERO**



*For many, life on the street is the only option.*

Photograph by F.B. Grunzweig/Photo Researchers

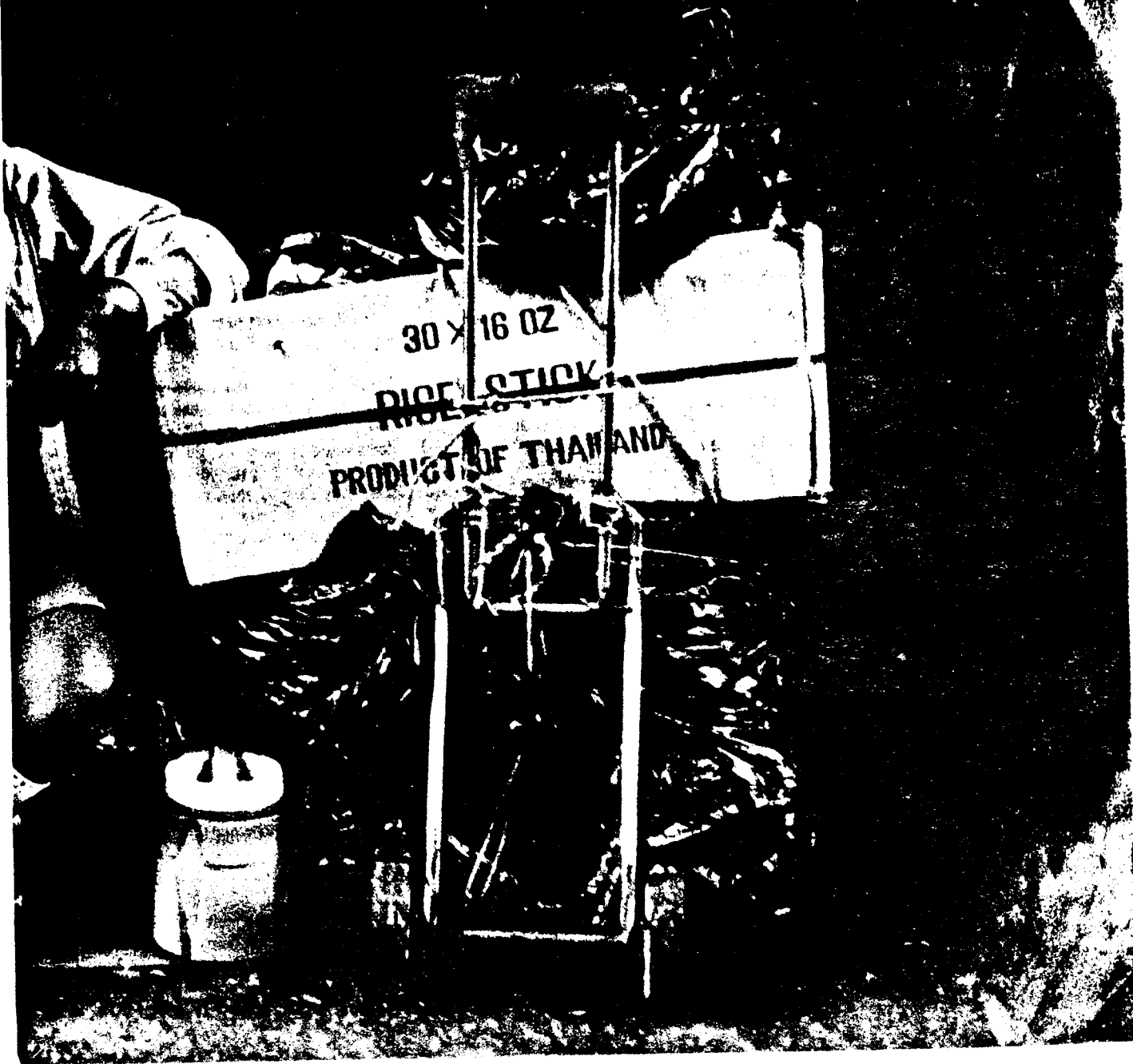
PSYCHOLOGY TODAY, February 1984

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**Y**ou are awakened by the flutter of pigeons circling the statue of General McPherson and by the distant droning of an early-morning train. A cold drizzle is falling, and the steam grate on which you slept is hard against your back. Rolling to your side, you carefully eye the plastic bags and milk cartons at your feet to make sure none of your possessions were stolen during the night.

As the morning mist rises, you see a line of nine-to-fivers stepping off a city bus, some of them heading your way. As they pass, you notice their crumpled newspapers and leather valises, both symbols of a world to which you no longer belong. Exposed, you feel indignantly naked, your bedroom forever trespassed by





*strangers. Quietly, you gather your belongings, and forsake this place of rest to begin another long day as one of the nation's more than 2,000,000 homeless persons.*

Runaway children, immigrants, bag ladies, displaced families, a growing number of unemployed, alcoholics and drug abusers and the mentally ill—these are the homeless persons who live on the mean streets of our cities. Every winter, their plight is dramatized by the media, and every winter, groups investigate the causes of and possible solutions to this age-old problem.

Approximately one-third to one-half of the homeless are believed to be mentally ill and on the streets primarily because of a process known as deinstitutionalization, which was initi-

the care of unprepared community facilities and the development of a policy of more restrictive admissions requirements. Almost anything was seen as being more benevolent than putting people in state hospitals. And to an extent, this is still the feeling.

The restrictive admission policies and continuing funding and personnel cutbacks at state hospitals make it unlikely that many of the deinstitutionalized will be reinstitutionalized. In addition, because of these restrictive admission policies, there is a fast-growing population of young, chronically mentally ill persons who have never been admitted to an institution and are living on the streets.

The results of the massive depopulation of the state mental hospitals are only now being realized. In 1955, there were more than 550,000 patients in

scribed as an alcoholic schizophrenic male. Early in his life, he was diagnosed as schizophrenic and sent to a state hospital, where he spent anywhere between two and 10 years before being discharged. Upon release, he was given a subway token to the welfare office, a disability check, if he was lucky and a bed in a public shelter. Eventually he dropped out of the system—perhaps he didn't even make it to his first psychiatric appointment—and began drinking on the street with other outcasts in similar predicaments. Soon he developed drinking patterns so close to those of an alcoholic that when he gets picked up off the street and taken to the emergency room of a hospital, the intern can't tell whether he is an alcoholic or a schizophrenic. A human pinball game follows, with this person being bounced back and forth between the psychiatrist and the alcoholic wards, getting no coordinated service from either. He ends up on city corners, begging.

The presence of numerous mentally ill persons on the skid rows of the United States is further testimony to the failure of the private and community mental-health systems to treat deinstitutionalized patients successfully, says Rodger Farr, head of Adult Psychiatric Services in Los Angeles. Many of these patients end up on skid row, Farr explains, because of a practice known as "bus therapy." Farr has documented cases of public institutions releasing patients and giving them bus fare to another city as their only form of therapy. Los Angeles, with its mild climate and a social atmosphere that tolerates their presence, is a natural magnet for many of these patients. Once they get off the bus—in the worst part of town—they lack the resources and abilities necessary to locate the existing care facilities. They end up as denizens of skid row. "These people," Farr says, "have changed the homeless population of L.A.'s skid row over the past 15 years from the alcoholic derelict population we used to see to a repository of chronically and seriously mentally ill people. Because of its allure, California is becoming a dumping ground for what is a national problem."

The population of skid row may have changed in the past 15 years, but that is a result of deinstitutionalization and economic conditions, not be-

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ated more than 20 years ago, when thousands of patients began to be released from state mental hospitals. At the time, the idea was a noble one. Deinstitutionalization was supposed to bring new hope, freedom and a second chance to those living behind the walls of overcrowded mental institutions. Instead of being cut off from the real world, they would be placed in the care of community mental-health centers, where they could continue their treatment in more humane social settings.

The deinstitutionalization movement was spurred on by advances in the development of psychotropic drugs (tranquilizers) that could be used to treat the more serious cases of mental illness and by landmark legal decisions. In 1971, deinstitutionalization changed from policy to law as a result of the *Wyatt v. Stickney* suit in Alabama, which guaranteed the right to treatment in the least restrictive setting. Other cases expanded the rights of patients to community care. The result was hasty release of patients into

state institutions. Today the figure is roughly 125,000, a reduction of 75 percent. Where did these people go? Many found places for themselves in the community, but many others ended up homeless. In Illinois, for instance, more than 30,000 patients have been deinstitutionalized within the past 20 years. Many were released into the care of underfunded and understaffed community facilities that could not provide the extensive care and follow-up treatment they needed. An abyss of bureaucratic red tape, holes in the treatment system and ineffective case management left many of the mentally ill with little or no continuity of care.

Judi Berry, a senior planning specialist at the New York State Department of Social Services, offers an example of how the system can fail to meet adequately the needs of the deinstitutionalized. One of the more common types of street person likely to be found begging on the upper West Side of New York, she says, can be de-



C. FINNEN/STICHA

An estimated 36,000 persons make their homes on the sidewalks of New York.

cause alcoholism is no longer a cause of homelessness. It is estimated that alcoholics and drug abusers represent up to 40 percent of the homeless population. Because of addictions, they cannot get or keep jobs, they cannot afford adequate housing and they usually can't get organized enough to take advantage of the services that are available.

In addition to suffering the problems associated with alcohol, drug abuse and mental illness, many of the homeless suffer from a wide range of physical disabilities. A recent study by Philadelphia psychiatrist A. Anthony

Arce and his colleagues found that 22 percent of those who sought refuge in the city's emergency shelters had evidence of physical illness. Their ailments ranged from frostbite to heart problems to drug withdrawal. And as if life on the street weren't hopeless enough, there is also the ever-present danger of personal violence. In Los Angeles, Farr says, "the chances of spending a four-hour period on Fifth Street, or The Nickel, without being stabbed or beaten or robbed are almost nil."

A few months ago, the president of the Philadelphia Committee for the

Homeless, Robert E. Jones, cited additional causes of homelessness in an article in the *Journal of Hospital and Community Psychiatry* (Vol. 34, No. 9). He blamed deinstitutionalization as the major cause, but he also mentioned, as significant contributors, economic recession, high unemployment rates and cutbacks in federal programs. In addition to blaming cutbacks in aid to individuals, he cited the cutbacks in programs for medical care, aging studies, alcoholism and drug abuse, families and children and employment training. He also cited urban renewal for severely cutting into the number of available low-cost housing units and for increasing the number of evictions.

For years, the downtowns and inner cities of our large metropolitan areas have been the havens of the homeless. It was in these places that they found church missions, shelters, SRO's (single-room occupancy hotels) and some sense of community support. However, urban development is changing this picture. In Chicago, 5,000 low-cost rooms have been lost since 1970. In Phoenix, 27 residence hotels in the inner city have been torn down in the past 10 years. In downtown Washington, D.C., housing and services used by the homeless were lost when a new convention center and hotels were built.

The buying up and remodeling of inner-city houses and changing them from inexpensive rooming houses into single-family dwellings and expensive condos is also contributing to homelessness. New York, for instance, has lost thousands of such units in the past decade.

Increased unemployment has also contributed to the homeless problems in recent years. In New York, for instance, the unemployment rate among young black males is running between 40 and 50 percent. The job situation is similar and equally serious in most major cities in the Northeast.

Many of the unemployed, frustrated with the lack of job opportunities where they live, migrate from the Northeast, making the homeless problem worse for Sun-Belt cities. According to anthropologist Louisa Stark of the St. Vincent De Paul Shelter for the Homeless, in Phoenix, Arizona, 60 percent of those using the shelter have been homeless for six months or less. These include many Mexican nationals

who fled a ruined economy and Native Americans who left their reservations, where unemployment approaches 50 percent.

The employment picture is bleak for the mentally ill. E. Fuller Torrey, a clinical and research psychiatrist, says in his book *Surviving Schizophrenia* that vocational rehabilitation efforts in the United States have, for the most part, excluded the mentally handicapped. The major focus of programs of the Labor and Health and Human Services departments, he says, has been the poorly educated members of society, especially minority groups. Consequently, there is no program especially designed for those schizophrenics who are able to return to the work force on at least a part-time basis. This is not the case, however, in other parts of the world. Sweden and England have both job opportunities and housing units for the mentally ill. This includes sheltered workshops for long-term, partial employment of psychiatric patients. In the Soviet Union, employment of schizophrenics in sheltered workshops is "the rule and not the exception," Torrey says, "and such workshops work closely with psychiatric hospitals."

"Homelessness probably has been a way of life for a certain segment of the human population since before Old Testament times," says William Mayer, administrator of the Alcohol, Drug Abuse and Mental Health Administration (ADAMHA). One of the reasons that homelessness continues to be a problem is that our society has tolerated it. In a round-table discussion sponsored by ADAMHA last spring, professionals who work with the homeless cited this tolerance as an important reason that homelessness has never been resolved or effectively dealt with. And when tolerance is lacking, some localities simply try to hide or get rid of the problem.

Phoenix has been especially inventive in its dealings with the homeless. In 1982, the city decided to rid itself of the homeless population because it felt these people were scaring away tourists and potentially lucrative business prospects. So, Phoenix began a dispersal policy. The thinking went that if the city had no facilities, no social-service agencies and no private voluntary organizations, then the homeless would all leave—take the next bus to L.A. or Salt Lake City. Consequently,

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a lot of anti-transient, or "anti-bum," legislation was passed. For example, anyone found scavenging through a full dumpster looking for recyclable cans or food could be accused of stealing city property.

The city also managed, through zoning, to shut down most of the food programs and shelters for the homeless. Between January and June 1982, the city condemned two missions that were providing shelter and two food programs. In August of that year, the Salvation Army shut down its shelter and food program because of mounting pressure from the city. (It reopened this winter.)

*You're standing in line, waiting for a lunchtime meal at Martha's Table, a soup kitchen for the needy in Washington, D.C. The line is long, extending two blocks past the storefront carry-outs and liquor stores. Your feet are aching from walking all day—the public bathrooms and soup kitchens are few and far between. Waiting with you are the city's poor, some sitting because they are tired, others pressing together in an attempt to shield each other from the rain and sleet with broken umbrellas, rags and tattered coats. You don't feel safe on this street, where drug trafficking and violence are not uncommon.*

*Inside, it's warm and the chicken soup is surprisingly tasty. Across from you is an elderly man who has been drinking and has problems spooning his soup. At the table to your left, an angry young woman is shouting obscenities to no one in particular. Most of the people, though, are quiet. With the soup eaten, you're pressed to go out again, where the temperature*

*is falling fast. Bundled up, you hit the sidewalks.*

Solutions to the problem of homelessness are likely to be as diverse as the causes, and in the next few years, all of us are going to become actively involved, whether we want to or not. The kind of involvement could vary anywhere from casting a vote for a specific housing initiative to fighting for or against the opening of a soup kitchen near where we live or work. For example, for years the D.C. government has been burdened with the homeless residents of surrounding counties. It is only recently that the states of Maryland and Virginia have acknowledged that they have a homeless problem. And only recently have local advocacy groups pressured those states into accountability.

Because of the efforts of these groups, county facilities for the needy are now being opened—but not without opposition. In Bethesda, Maryland, argument still rages among the local merchants and the county government, the Salvation Army and an advocacy group called Threshold AMI over a soup kitchen and a shelter for homeless men. Liz Farrell, a clinical social worker employed by Threshold AMI, says this type of hoopla is nothing new. "Part of the problem with opening this kind of kitchen," she says, "is community acceptance. There is still the old problem of what is called the criminal element—thinking all of the homeless are criminals. Most of the people coming to eat here," she stresses, "will be families and local residents."

The merchants of Bethesda have expressed several concerns in their series of meetings with the county. Foremost on their list is the fear that the kitchen, along with its group of indigent men, will disrupt business during the day and create a safety problem at night. They are also worried that the kitchen might attract undesirables or "a bunch of drifting criminals," as one of the merchants put it. Similar fears were expressed when a soup kitchen was opened in affluent Westport, Connecticut. But Ted Hoskins, a minister of the church that helps run that kitchen, says that since the kitchen opened last year, crime in the neighborhood has gone down more than 20 percent.

In Fairfax, Virginia, proposals for



SUSAN GREENWOOD/JANSON

*Homeless "snow birds" flock to cities like Miami to escape the cold winters of the Northeast and Midwest.*

shelters or special housing for any disadvantaged group have spawned protests of all sorts from neighboring residents. Many cry that the homeless would bring property values down. Others say that they would cause an increase in crime.

Despite the negative images associated with the homeless problem, their cause is by no means hopeless. There are several aggressive groups acting and focusing on this issue. One of the most prominent is the Coalition for the Homeless, whose legal advocate Robert M. Hayes successfully sued New York City on behalf of the homeless. The suit forced city officials to provide emergency shelters for the needy and to provide dining areas, lockers, toilets and showers.

Mitch Snyder, of the Community for Creative Non-Violence (CCNV), based in Washington, D.C., is familiar with this type of litigation. His group has a suit in the Supreme Court that is set to be decided upon early this year. Two years ago, to protest President Reagan's domestic program cuts, members of CCNV, along with many of the

District's homeless, set up tents in Lafayette Park, where their large number became a visible, but silent, protest in front of the White House. The group, after being ordered out of the park, claimed violation of its First Amendment rights and sued, saying protest by sleeping is permitted and protected by the Constitution. The case is to be argued this month or next.

CCNV is also trying to place an initiative on the November ballot of this year's D.C. elections. The question this initiative raises is whether shelter should be a legally guaranteed right. If it does make the November ballot, and wins, then all of the District's homeless will be required by law to have shelter. Snyder hopes this type of initiative will set a precedent for other cities, so that no citizen will ever be without shelter.

On a federal level, Rep. Stewart B. McKinney, R-Conn., has introduced legislation aimed at correcting the defects of deinstitutionalization. The McKinney bill, offered as an amendment to the Public Health Services Act,

would replace the requirement for "least restrictive setting" in the standard care for a mental patient to one of "optimum therapeutic setting." The bill is specific in stating that a hospital or other form of institution may be optimum for some patients, while community living is most desirable for others. The bill also puts responsibility on the states for insuring that the chronically mentally ill receive appropriate care, tying that responsibility to eligibility for federal block-grant funds.

The needs of the homeless are many and varied, but they can be met in effective ways. The participants of last year's ADAMHA round-table discussions and the Coalition for the Homeless of New York agree that this could be done with an aggressive outreach program that moves the homeless off the streets into emergency facilities, from there to transitional shelter and finally into permanent housing.

Outreach involves meeting the homeless on their own ground and making initial contacts that allow for the time and care necessary to develop trusting relationships. These first

meetings should offer easy access to basic needs and should be used to increase gradually the willingness of the homeless person to take advantage of food services, drop-in facilities and emergency shelter. The Midtown Outreach Project in New York City is actively involved in finding street people who frequently avoid treatment and administering on-the-spot medical and psychiatric therapy. Along with finding those who avoid the available treatment facilities, the Midtown project locates people who show signs of mental illness and those who cannot fend for themselves without intervention by psychiatric professionals. Marsha Martin, director of the project, says that they also provide information on the nearest shelters and psychiatric centers, and that they will sometimes even take people to their

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appointments at clinics.

In 1981, social researchers Ellen Baxter and Kim Hopper published *Private Lives/Public Spaces*, about homeless people. The authors described the Pine Street Inn of Boston, the city's

oldest and largest emergency shelter for men and women, as a model three-tier shelter program. The inn offers security, meals, counseling and nursing services to more than 500 men and women a day.

A program based on the three-tier model has been proposed recently in Phoenix by the Consortium for the Homeless, a coalition of more than 30 public and private groups.

Each tier is designed to provide a step toward complete independence and stabilization of the homeless person. Under Tier I, armories, church basements and school buildings could serve as short-term (up to 72 hours) emergency shelters where the basic needs of homeless people could be met until they are ready to move to Tier II.

Tier II is transitional shelter, where more demands are made on residents and more services provided. The goals of Tier II are independence and normalization of lifestyle. Services would include job training, the securing of entitlements (such as welfare or disability payments) and providing links with clinical services.

Unlike Tier II, which would allow people to stay up to six months, Tier III is long-term. The residences would have low-cost housing, food services and other services built in as part of the structure of everyday life.

For example, Rodger Farr's Los Angeles Skid Row Project has been successful in taking advantage of existing private community and volunteer agencies in the area and piggybacking mental-health treatment programs onto them. The Salvation Army, like other agencies in the skid row area, Farr explains, welcomes the involvement of mental health professionals to their program. "Our most valuable service as a mental health department to these nonprofit groups," he says, "is to act as consultants, educators and expeditors to the various mental-health problems of their clients." The Salvation Army has an adult rehabilitation center in Los Angeles with 180 beds. They are self-supported by their satellite Salvation Army thrift stores. The residents sleep, eat and work in a four-story building donated by a local private industry. The repair and rebuilding of various items that have been donated to the Salvation Army constitute the bulk of the rehabilitation services. This includes such things as electrical and television repair and

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The homeless, the "street people," are an acute embarrassment to us ordinary middle-class or blue-collar types. I am still uneasy as I remember how I felt about the street person, seemingly an alcoholic schizophrenic in his 30s, who was sleeping in the entryway of our upper East Side walk-up in Manhattan last winter—until the other tenants insisted on a new lock on the outside door. It is disturbing to have to step over such a stinking person, and it is more disturbing to feel utterly baffled about how to help. Back home in Santa Cruz, I see many more street people, who are attracted by a mostly benign climate and by a civic culture that is very tolerant, for the time being, but is strained almost to the breaking point by the desire of the conservative business community to roust the unwelcome visitors out of town. The situation is getting humanly intolerable.

Here is an emerging focus of public concern where psychology obviously has no ready answers, but where psychologists have a special responsibility all the same. Psychologists participated in the movement of deinstitutionalization—cleaning out the back wards

of the big state "insane asylums" in favor of "community treatment"—which is one source of the present problem. (There are clearly others.) After taking part as officers of the Joint Commission on Mental Illness and Health, which laid the basis for the deinstitutionalization that followed, Nick Hobbs and I drafted the position paper on *The Community and the Community Mental Health Center*, in which we placed special emphasis on the importance of "continuity of concern" for people in trouble and on "reaching those most in need of help." In retrospect, "community treatment" of the deinstitutionalized never dealt adequately with the problems that were shoved off on it. Since the excellent report of President Carter's Commission on Mental Health came to nought in the general retrenchment of human services under President Reagan, unwanted incompetents have been nobody's problem—until by sheer numbers and intrusive visibility they are making themselves everybody's problem.

*By M. Brewster Smith, a psychologist at the University of California at Santa Cruz.*



PHOTOGRAPHS BY BRETON LITTEHALES

*The needs of the homeless and indigent vs. the fears of local residents: Shelters and soup kitchens, like this one in Bethesda, Maryland, remain a source of public controversy.*

wood refinishing. Farr believes that the combined efforts of the public and private sectors of our society are needed to alleviate this reservoir of human suffering.

The not-for-profit sponsorship and operation of such residences, like the St. Francis Friends of the Poor Residence in New York, exemplify the humanity of this approach. Similar programs in other cities have shown that private and voluntary organizations can be successful in moving some of the homeless off the streets, sometimes permanently.

Increased federal funding, however, will be necessary to further such efforts. With regard to deinstitutionalization, for instance, Charles Kiesler of Carnegie-Mellon University and his colleagues recommend in the *American Psychologist* (Vol. 38, No. 12) that federal funds be used to improve existing methods of collecting data on men-

tal-health services. Too often, they say, there are conflicting conclusions drawn by different groups, making the quantifying of any data nearly impossible. The report also suggests that the government be more supportive in the funding of basic behavioral and biomedical research in the area of mental health, and that it assist in the development of guidelines for a minimally acceptable level of mental-health care as a national policy.

There is little doubt that the problem of homelessness will continue to exist and will be dramatized again next winter as more people freeze to death on the streets. If the problem is ever to be solved, if people are to stop living and dying on the streets, there will have to be a reduction in the public's willingness to tolerate the situation and a concerted, coordinated effort, involving the courts, lawmakers and public and private organizations.

*It's night, the northern winds are snapping hard at your fingers and toes. It's the first day of a cold wave, the kind that killed your buddy, Freddy, last year. The papers are warning pet owners to bring their animals inside. As you turn the corner of L and 15th, you are met by a screaming siren. Looking up into the windows that icily reflect swinging yellow and green streetlights, you see the red blur of a speeding ambulance. The streets are slick and suddenly vacant. Your feet are aching. Frightened, you pick up the pace. The warm grids are far away and probably crowded, but you're sure there's a spot for you somewhere. And so you walk your endless walk, occasionally wandering into dark corners, always moving, forever homeless.* □

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## The Emergence of the Homeless as a Public Problem

Mark J. Stern  
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Using the model of social problems developed by Herbert Blumer, this article examines the recent public attention directed at homelessness. Based on this analysis, the article places the homeless issue in historical perspective, arguing that it is an element of the recent reemergence of conservative political practices and the traditional style of American social welfare.

During the past century the primary goal of social welfare has been to provide for the needs of individuals within our society. The provision of the most basic needs, such as food, shelter, and warmth, has been seen as the minimum goal of the welfare state. We are shocked when we realize our failure to provide these needs. Indeed, a popular slogan of the early 1980s, concerned with the forced choice between "heating and eating," gained notoriety precisely because it exemplified the failure to provide two things that we believe all persons should have.

Although our failures to provide warmth and food have been much in the news in the past few years, a third basic need—shelter—has received the most public attention. During the early 1980s, homelessness emerged as a significant public problem. It attracted a great amount of news coverage and became the target of public and private efforts at the national, state, and local levels. Yet, much confusion exists about the nature of the problem, who the homeless are, and what can be done about them.

In this article, I wish to address these questions from an unusual perspective. Rather than getting to the "facts" about the homeless, I want to ask how the "homeless" have been conceptualized in the public's mind and what this tells us, not about the homeless, but about ourselves, our officials, and our society. Thus, rather than holding the homeless under the microscope of public and professional enquiry, I want to use the homeless as a means of looking at ourselves.

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First, I will examine the past two years to see how the homeless have become a public problem at the national level, and as a local issue in the city of Philadelphia. Second, I will place the homeless in a historical perspective and speculate about the historical significance of the emergence of this issue. Here I will make the case that the homeless as a public problem reflect the conservative drift in public policy symbolized most graphically by the Reagan administration's attack on the poor.

### The Anatomy of a Public Problem

The starting point for my examination of the homeless is Herbert Blumer's seminal essay, "Social Problems as Collective Behavior."<sup>1</sup> Blumer's essential point is that "social problems are fundamentally products of a process of collective definition instead of existing independently as a set of objective social arrangements with an intrinsic makeup."<sup>2</sup> Thus, rather than using the common geological metaphor of social problems—their "discovery" or "uncovering"—it is more appropriate to use a construction metaphor: How do we build social problems? As much as any other element of reality, public problems are socially constructed.<sup>3</sup>

This insight has a number of important implications. First, it suggests that public problems are selective; not all phenomena become public problems. (For example, although by objective measures poverty was more extensive in the 1940s and 1950s, it was not until the 1960s that we "discovered" poverty.)<sup>4</sup> Second, once we agree that a social problem exists, there is competition over what the nature of the problem is. For example, Joseph Gusfield notes in the *Culture of Public Problems* that for most of the postwar period the issue of automobile casualties was seen as a problem of individual competence.<sup>5</sup> Then, in the late 1960s, thanks to the efforts of Ralph Nader and his supporters, a competing definition emerged that stressed problems of automobile design and manufacture as the source of the problem.<sup>6</sup>

Blumer specifies five steps that comprise the career of a social problem: its emergence (through agitation, violence, interest groups, or political attention); its legitimation (when the explanation of the problem is agreed upon); the mobilization of forces to attack the problem; the development of an official "solution"; and the implementation of the plan. Of these steps, perhaps the most interesting is the legitimation stage, for it is there that the issue of who "owns" a problem is decided. Only when a paradigm of the cause of the problem emerges can we



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be sure who has a right to "know" about the problem. Again, using the automobile example during the 1950s, psychologists and doctors were the experts who explained the origins of the "drunk driver." In the post-Nader era, however, the ownership of the problem passed to reporters and other investigators of the unsafe automobile.

A final point: at any time in its career a social problem can be sidetracked from its course. When this happens, it recedes from public notice and becomes part of the accepted order of things. Here again, the example of the War on Poverty comes to mind.

## The Homeless as a Public Problem

*Emergence.*—The homeless slowly emerged as a public problem between 1980 and 1982. A combination of activism, publicity, self-interest, and timing account for the power with which homelessness burst upon the public consciousness.

The initial factor in the emergence of the homeless as a public problem appears to have been the legal action undertaken by attorney Robert Hays on behalf of vagrants in the Bowery section of New York City. As early as 1979, the city had agreed to provide more beds for the homeless on Ward's Island.<sup>7</sup> However, it was only the consent decree in the Callahan case signed by the city and the state in August 1981 that brought the issue forcefully to the public consciousness.<sup>8</sup> The decree committed the city to provide clean and safe shelter for every homeless man and woman who sought it and set standards against overcrowding in the shelters.

At the national level, this legal action was supported by direct political action. During the Democratic Convention in 1980, a coalition formed by the Community Services Society of New York, Catholic Workers, and other groups held a vigil at St. Francis of Assisi Church near Madison Square Garden in New York City. This demonstration was followed the next year by a veritable publicity blitz as first Ann Marie Rousseau's *Shopping Bag Ladies* and then Ellen Baxter and Kim Hopper's *Private Lives, Public Spaces* were released.<sup>9</sup> The Baxter and Hopper study, a combination of ethnographic observation and advocacy research, was widely publicized and served to focus public attention on the issue.

In Philadelphia, local businessmen aided in pushing the homeless forward as a public problem. In November 1981, the *Inquirer* reported that businessmen in the area of the city most frequented by homeless men were complaining that the men on the street were hurting business. They demanded that the city take action to relieve the problem.<sup>10</sup> At

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the same time, other cities, including Washington, D.C., began to pay attention to the problem.

The culminating event in the emergence of the homeless as a public problem, however, was the severe winter of 1981–82. As the newspaper filled with grim stories of the homeless freezing to death, they gained a kind of “newsworthiness” that made them accessible to the television audience.<sup>11</sup>

*Legitimation and mobilization.*—The legitimation of the homeless is an example of the contestable character of public problems. As I have noted, the goal of legitimation is to forge a paradigm to explain the nature of a problem and to suggest its solution. The resolution of this issue determines who “owns” it. Thus, when there are competing groups interested in “owning” an issue, as has been the case with the homeless, there are competing paradigms to explain and legitimate it as a public problem.

The most successful attempts to legitimate the homeless as an issue point to the deinstitutionalization of mental patients during the 1970s.<sup>12</sup> According to this theory, most of the homeless are severely disturbed individuals who in earlier decades would have been safely warehoused in state facilities. However, because of deinstitutionalization they have been dumped on the street, where they maintain a marginal existence.

As with the emergence of the homeless as a problem, this proposed paradigm had its roots in self-interest, resulting from the overlapping responsibilities of various levels of government. As early as 1980, for example, New York City Mayor Edward Koch was resisting state pressure to open more shelters, while in turn the governor of New York reacted angrily to city officials’ attempts to link the homeless to the state’s release of psychiatric patients.<sup>13</sup>

The source of this controversy was not simply disinterested social research, but the division of responsibility between the state and city. If the homeless were considered a welfare problem, the city had ultimate responsibility. If they were considered a mental health problem, the state needed to act. The deinstitutionalization theory was again voiced repeatedly by the Koch administration, leading to the mayor’s call for legislation to allow the city to involuntarily commit the homeless.<sup>14</sup> The Callahan case rendered the issue moot by holding both the city and state equally responsible for providing shelters.

In Philadelphia, a similar use of the deinstitutionalization issue took place. During the winter of 1982, the city’s Department of Public Welfare attempted to draw a distinction between the “homeless” and “street people.” Department officials claimed that street people were deinstitutionalized mental patients and should be the responsibility of the health department, while the homeless were their responsibility.<sup>15</sup>

Interestingly, the recession in the winter of 1982–83 changed the paradigm of legitimation. More and more news reports and “experts”

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linked the homeless explicitly to unemployment and foreclosures.<sup>16</sup> Thus, as the economic situation of the "normal" population declined, the homeless were portrayed as more normal.

The official plans ultimately agreed upon to fight the problem exemplified the conservatism that characterized the homeless as a public problem. Rather than entering into a complex analysis of the multiple causes of homelessness—housing shortages, gentrification, unemployment, mental problems, and other social and individual problems—almost all agreed on the most simple answer to the problem: providing food and shelter. New York City, under its commitments in the Callahan decision, led the way, and other localities followed.

The official plan had a number of important features. First, there was a central reliance on traditional voluntary agencies like the Salvation Army and church groups. The new shelter that opened in New York City in 1980 was under the authority of the Volunteers of America, and Mayor Koch was constantly calling on or berating the city's religious institutions to do their share. In addition, the efforts of the city were restricted to the provision of food and shelter. In the emergency of 1982, for example, the city of Philadelphia paid Giffre Hospital \$22 per day to shelter those homeless who could not be housed in existing voluntary shelters. By that summer, the city council had passed a bill to provide annually for shelters.<sup>17</sup>

Although in 1983 the activist groups that had originally drawn attention to the homeless were still calling for more sweeping actions to get at the root of the problem, the evidence seemed to suggest that from a social perspective, the problem had been solved. Although the number of homeless had not diminished, they had become part of the accepted order of things. Much like the poor of the eighteenth and nineteenth centuries, the homeless (outcasts, psychotics, and physically impaired) would be with us for the foreseeable future. The only solution was palliative: keep them from freezing or starving and keep them out of fashionable areas where they might provide discomfort for those who were better off. As former Haverford College President John Coleman noted while he was "underground," "Watching people come and go at the Volvo tennis tournament at Madison Square Garden, I sensed how uncomfortable they were at the presence of the homeless. Easy to love in the abstract, not so easy to [love] face to face."<sup>18</sup>

## A Public Problem for the Age of Reagan

The emergence of the homeless as a public problem is relatively easy to document. A far more difficult question is why the homeless struck

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such a responsive chord in our culture in the early 1980s. Although there was some evidence that the problem was getting worse, the increase in attention was totally out of proportion with the increase in the phenomenon. I propose that the emergence of the homeless was an element of the conservative reaction that brought Ronald Reagan to the presidency and, in Pennsylvania, led to Governor Thornburgh's proposals for the cutoff of welfare to "ablebodied" recipients.

The conservative nature of welfare policy in the 1980s has been widely commented on elsewhere.<sup>19</sup> In its first two years, the Reagan administration took steps to reduce the federal government's role in most of the major welfare programs, including Aid to Families with Dependent Children, Food Stamps, federal housing and education programs, and legal services. At the state level, in Pennsylvania, these reductions were echoed in the governor's proposals to eliminate adult men from the state's general assistance program.

These developments had a complex impact on our society. On the one hand, they represent a return to a "traditional" American approach to poverty. Yet, at the same time, they go against fifty years of government action flowing out of the New Deal. Thus, they present those in control with a delicate issue of legitimation. The response to the homeless emerged as an issue that suited the situation by allowing the better off in society to affirm their continued belief in the New Deal tradition, while reimposing an older vision of the relationship of the poor to the nonpoor.

What is the basis for such a proposal? It rests on a historical perspective of the relationship between the well-off and the poor in America, and the changes that that relationship underwent in the postwar period. Traditionally, the relationship of charity was meant to underline the social position of both parties. The giver was able to confirm his benevolence and the legitimacy of his position, while the poor were expected to understand their inferiority, the stigma attached to their position, and the docility and appreciation they should feel toward the giver. As Gareth Stedman Jones has noted in his under-read *Outcast London*, "In all known traditional societies, the gift has played a central status-maintaining function."<sup>20</sup>

Stedman Jones, following Marcel Mauss, associated the gift relationship with three conditions.<sup>21</sup> The gift implies the idea of sacrifice; it is a symbol of prestige; and it serves as a method of social control. In Jones's words, "To give, from whatever motives, generally imposes an obligation upon the receiver. In order to receive one must behave in an acceptable manner, if only by expressing gratitude and humiliation."<sup>22</sup>

Jones goes on to note that these three conditions imply that the gift entails a personal relationship. "If it is depersonalized, the gift loses

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its defining features: the elements of voluntary sacrifice, prestige, subordination, and obligation."<sup>23</sup> He claims that much of the motivation of the British Charity Organization Society in the 1860s and 1870s was to reestablish this set of relationships that urbanization had "deformed."

The United States, too, has traditionally used charity as a means of reinforcing the virtue of the rich and the immorality of the poor. As Michael Katz has recently noted, part of the "identifiable style" of welfare policy and practice in America is the "individual and degraded image of the poor."<sup>24</sup> Indeed, the often-used distinction between the worthy and unworthy poor has had much to do with issues of deference to authority. The worthy poor—widows, children, the insane, and disabled—were expected to be grateful for the beneficence of the welfare ladies, while the unworthy—the shiftless vagrants and other able-bodied recipients—were sly, ungrateful, and mendacious.

These images of the poor and the rich held up through the Great Depression. Indeed, the reports on the psychological impact of unemployment by Kamarovsky and Bakke suggest that self-blame, not anger, was a typical response to the great social crisis of the 1930s.<sup>25</sup> Yet, the dynamics of the Great Depression did set off forces that led to change.

The spread of welfare in the 1940s and 1950s and the spark of "community action" of the War on Poverty set off a new posture toward welfare that was symbolized by the welfare rights movement. Rather than seeing welfare as a gift, the National Welfare Rights Organization and like-minded groups attempted to cast it as a right or entitlement, the product of structural, not individual, breakdown.

More important than the NWRO itself during the 1970s was a perceptible change in the stance of welfare recipients. The use of food stamps was no longer a stigma. A new, assertive attitude began to characterize the actions of welfare recipients. As James Patterson noted, "Despite the hostility of the middle classes to increases in welfare, poor Americans refused at last to be cowed from applying for aid. Despite the continuing stigma attached to living on welfare, they stood firm in their determination to stay on the rolls as long as they were in need. . . . Compared to the past, when poor people—harassed and stigmatized by public authorities—were slow to claim their rights, this was a fundamental change."<sup>26</sup>

This change in the attitudes of the poor had an immense impact on the beliefs of nonrecipients. Among conservatives, there was little need for change, since they had been preaching the moral inferiority of welfare bums for decades. Among liberals, however, a greater discomfort set in.

Although liberals, like members of the welfare rights movement,

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had been preaching the structural origins of welfare, when the poor actually came to believe them, they were not happy with the results. First, the failure of the programs of the 1960s and 1970s to reduce poverty made it more difficult than ever to expose its "roots." The web of causality seemed too dense to penetrate. Furthermore, overlaid with issues of race, the new attitude of welfare recipients did not include gratitude or deference to their liberal "friends." In short, by the end of the welfare revolution of the 1970s, liberals no longer felt appreciated, the poor were no longer deferential, and the gift relationship, with its affirmation of the virtue of the rich, had broken down.

The way in which the issue of the homeless came to public consciousness in the early 1980s broke with this pattern in three decisive ways. First, it reestablished a direct relationship between the giver and receiver. Second, it was based on exacting "proper" behavior from the recipient. And finally, it simplified the web of causal attribution and strategy formulation that had so frustrated liberals during the 1970s.

The outstanding feature of the official plan to fight homelessness was its reestablishment of the bond between giver and recipient. Although the activists, like the Coalition for the Homeless, promoted the "entitlement" of the homeless to shelter and worked for government action to achieve this, the vast majority of action was directed at voluntarism and individual responsibility. Always in the forefront of the movement to evade governmental responsibility, Mayor Koch called for New York City's 3,500 houses of worship to take in ten homeless people each, and then berated synagogues for not doing their part.<sup>27</sup> Indeed, one notable feature of the homeless problem was the extent to which churches, lay organizations, and individuals did respond to the need by carrying out food drives, setting up shelters, and providing aid.

One of the reasons for this response was the comportment of the recipients. Although much attention was paid to their negative physical characteristics (bad smell, ulcerated sores), this was contrasted with their almost saintlike spirits. Docility and gratitude, not anger and suspicion, were the general images of the homeless. Thus, even for those who did not consciously advocate it, the reestablishment of a "proper" gift relationship was one element of the popularity of the homeless.

Finally, the homeless cut through the tangled web of causality that was typical of poverty policy in the 1970s. Although advocates attempted to draw continuities between the homeless and the explanations of poverty in the 1970s, the massive response of the public simplified the situation. For example, in my experience, a discussion of whether a shelter was a degrading form of aid for the homeless could be cut off with the claim, "People are hungry and cold. That's all there is to

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it." Although true enough, the homeless may have actually functioned to reduce the willingness of Americans to explore the complexities of need in the 1980s.

After two decades of guilt and worry, the framing of the homeless issue served to reestablish the gift relationship of a bygone era. Indeed, a particular irony emerged as the old "worthy" and "unworthy" distinction took on a new meaning. As I have noted, in the nineteenth century, the symbol of the worthy poor was the single mother (assumed to be widowed), and that of the unworthy poor was the vagrant and tramp. By the 1970s, the images had been reversed. It was the single mother (assumed not to be married), like those who came to Washington to denounce President Nixon's Family Assistance Plan ("You can't force me to work. . . . You better give me something better than I'm getting on welfare"), who came to symbolize the unworthy,<sup>28</sup> while the docile and appreciative homeless, like Bernice Martin, who asked Mayor Koch, "Can I go to the one [shelter] on Lafayette Street?" became the image of the worthy poor.<sup>29</sup>

The implications of this reversal are important. The distinction between worthiness and unworthiness is often seen as locked in demographic characteristics, while others have argued that it has fluctuated with the needs of the labor market. The experience of the homeless, however, suggests that a key element is comportment. Those poor who are willing to be polite and quiet, grateful and guilty, have a much better chance to be seen favorably than those who are assertive and loud, nondeferential and unbowed. The gift relationship, with all of its complexity, still haunts our welfare system. The American style of welfare remains.<sup>30</sup>

The development of the homeless as a public problem poses a severe dilemma for advocacy groups, such as the Coalition for the Homeless, that have been instrumental in drawing attention to the issue. Although the public prominence the problem has been given will undoubtedly provide more alternatives for those who wish to avail themselves of the services, the way the issue has been cast will frustrate the longer-term goal of activists: to use the homeless as an example of the general inequities of the American social welfare system.

In a sense they share an old radical dilemma. As long as radical activists clearly enunciated their position, they remained isolated from the mainstream of American politics. Only in those times when their concerns converged with those of a wider political sphere—the Socialist Party's antiwar stand in 1917, the Unemployment Councils in the early 1930s—have radicals broken out of this isolation. In the end, they have either had to face repression or surrender their issues to those who had different goals in mind.<sup>31</sup> One hopes that advocates for the homeless will not face this choice; however, events of the past two years do not provide much ground for optimism.

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## Notes

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30. See Katz, chap. 1, for a discussion of the charity organization movement's view of comportment.

31. Hopper et al., pp. 51-55; Aileen S. Kraditor ("American Radical Historians on Their Heritage," *Past and Present*, no. 56 [August 1972], pp. 136-53) presents a provocative theory of the role of radicals in the American political system.



# The Homelessness Problem

*Many of the homeless people wandering the streets of American cities and crowding into emergency shelters are mentally ill. They require adequate housing and appropriate psychiatric care*

by Ellen L. Bassuk

**M**ore Americans were homeless last winter than at any time since the Great Depression. Estimates of the size of the vagrant population vary widely. The National Coalition for the Homeless puts the figure at 2.5 million for 1983, an increase of 500,000 over the preceding year. The Federal Department of Housing and Urban Development (HUD) estimates that only 250,000 to 350,000 are homeless nationwide. Whatever the number is, everyone agrees it is growing.

Particularly in the past five years government officials and private groups in cities around the country have responded by opening emergency shelters to try to meet the immediate needs of the homeless. Beds in these shelters fill as soon as they become available, and still only a fraction of those in need are provided for. Some of the rest seek temporary refuge elsewhere, for example in hospitals, but most probably fend for themselves on the streets, huddling in doorways or over subway ventilation grates. When the weather turns cold, some die.

At night in New York City 18 public shelters house some of the thousands of men and women who roam the streets during the day; 16 of these shelters did not exist before 1980. Private groups in New York have also stepped up their efforts. In 1982, 10 churches offered a total of 113 beds to homeless people; by the end of 1983, 172 churches and synagogues were providing a total of 650 beds in 60 shelters. In Boston two large shelters recently doubled their capacity. Nevertheless, on a snowy night in January, Boston's largest shelter, the Pine Street Inn, reported a record number of "guests": the 350 beds were filled, as always, and 267 people crowded onto the Inn's bare cement floors.

Who are these people? Unfortunately there are no reliable national data on the homeless, even though they have always been numerous in American cities. Anecdotal evidence suggests that in the decades before 1970 most of the homeless were unattached, middle-aged, alcoholic men—the denizens of Skid Row. Since about 1970 the population appears to have been getting progressively younger. Moreover, the sparse literature on the subject and my own experience as a psychiatrist working with homeless people in Boston leads me to believe a more important change has taken place: an increasing number—I would say a large majority—of the homeless suffer from mental illness, ranging from schizophrenia to severe personality disorders.

**A**t a time when the accepted solution to the homelessness problem is to establish more shelters, this finding has disturbing implications. Shelters are invaluable: they save lives. The trouble is that many shelters do little more, and the mentally ill need more than just a meal and protection from the elements. Those whose disorders are treatable or at least manageable require appropriate psychiatric care, which they do not get at shelters. The chronically disabled people who will never be able to care for themselves deserve better than to spend their lives begging on the streets and sleeping on army cots in gymnasiums. Shelters have been saddled with the impossible task of replacing not only the almshouses of the past but also the large state mental institutions. At this task they must inevitably fail, and thus American society has failed in its moral responsibility to care for its weakest members.

The statement that a majority of the

homeless are mentally ill does not in itself explain why their number is growing or why a particular individual joins their ranks. Without reliable data it is difficult to answer the first question, but several factors may have contributed to the recent swelling of the homeless population. The most obvious one is the re-



**HOMELESS PEOPLE** sleep in an armory in New York City. As the number of homeless

cession. Unemployment reached a peak of 10.7 percent in November, 1982, its highest level since the 1930's. Some of those who lost their jobs and incomes undoubtedly lost their homes as well.

The effects of unemployment are intensified by another problem: the dearth of low-cost housing. According to an analysis of the Federal Government's Annual Housing Survey by the Low Income Housing Information Service, the number of renter households with incomes below \$3,000 per year dropped by about 46 percent, from 5.8 to 2.7 million, between 1970 and 1980; at the same time, however, the number of rental units available to these households at 30 percent of their income fell by 70 percent, from an estimated 5.1 to about 1.2 million (excluding dwellings for which no cash rent was paid). As the "housing gap" widened, the median rent paid by households in the lowest income bracket rose from \$72 a month in 1970 to \$179 a month in 1980. That works out to 72 percent of an annual income of \$3,000 and leaves \$71 a month to cover all other household needs. A family devoting such a large fraction of its income to rent is in a precarious position: it may easily be dislodged by a drop in its income or by a further rise in its expenses. Unemployment and the lack of low-cost housing

help to account for the increasing number of homeless families (as opposed to individuals), which once were rare.

Recent cuts in government benefit payments may also have thrown some people onto the streets, although the evidence is inferential. One of the Federal Government's most controversial measures in this area has been its effort to reform the Social Security Disability Insurance program, which in 1983 provided monthly benefits to a total of 3.8 million disabled workers and their dependents. To receive payments a worker must be physically or mentally unable to perform any kind of "substantial gainful work" for which he is qualified, regardless of whether such work is available where he lives. Following a report by the General Accounting Office that as many as 20 percent of the beneficiaries might be ineligible under the law, the Reagan Administration launched a "crackdown on ineligibility" in March, 1981. Between 150,000 and 200,000 people lost their benefits before the Administration halted its review of the beneficiary rolls in April, 1984, amid charges that truly disabled people, including some who were too mentally disabled to respond to termination notices, had been stricken from the rolls. Again, a lack of data makes it impossible to draw definite conclusions, but it

seems not unreasonable to infer that the loss of disability benefits reduced some people to not being able to pay for their housing.

Far more important, however, in its impact on the homeless population has been the long-term change in the national policy for dealing with the mentally ill. A little more than 20 years ago state and county mental institutions began releasing large numbers of patients, many of whom suffered from severe illnesses. The "deinstitutionalization" movement followed the widespread introduction in the 1950's of psychoactive drugs, which seemed to offer the possibility of rehabilitating psychotic people within a community setting, under better living conditions and with greater respect for their civil rights. It was also thought the "community mental health" approach would be cheaper than operating large state hospitals. The movement was launched in 1963 when Congress passed a law promising Federal funding for the construction of community mental health centers.

Deinstitutionalization was a well-intentioned and perhaps even enlightened reform, but it has not proceeded according to the original plan. The first step has been accomplished: the patient population at state and county mental hospitals



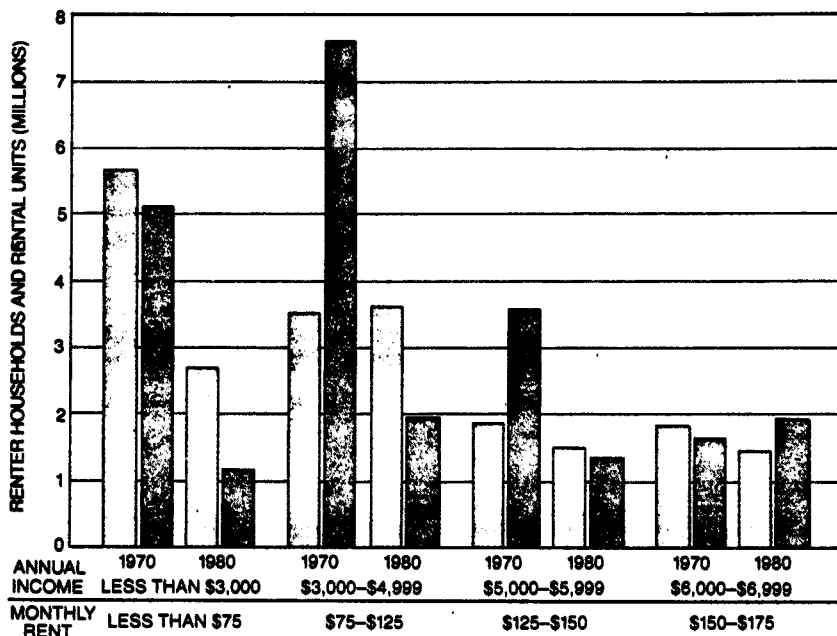
has swelled over the past few years governments and private groups have responded by providing emergency shelters. Although the food

and refuge they offer save lives, most of these shelters offer no psychiatric care and thus do not meet the needs of many of the homeless.

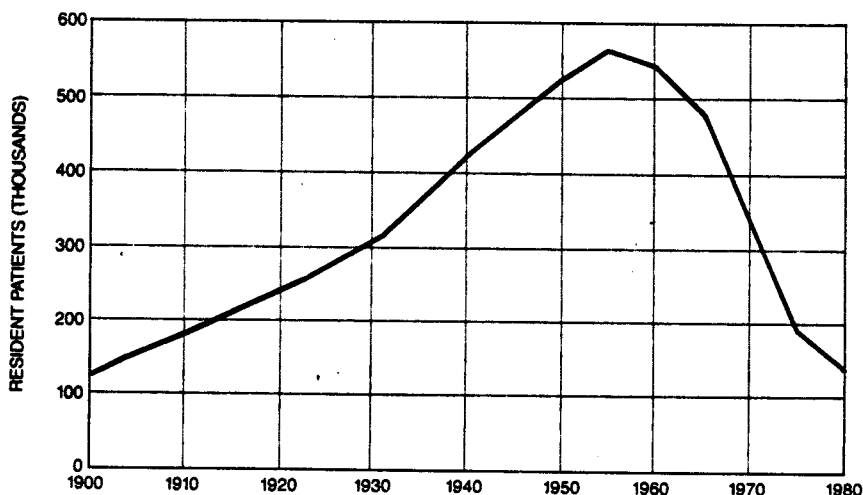
is now less than one-fourth of its 1955 peak level of 559,000. By and large, however, the various levels of government have not taken the second step: they have not provided enough places, such as halfway houses or group homes, for discharged patients to go. Other fac-

tors contributing to the problems of the system include the fact that fewer than half of the community mental health centers needed to cover the entire U.S. population have been built; moreover, existing centers often do not coordinate their activities with those of the institu-

tions that are discharging their patients. The inadequacy of the care available to deinstitutionalized patients is suggested by the large increases since the early 1960's in the rate of admissions to state mental hospitals and by the fact that a growing majority of admitted patients have been hospitalized before. The drop in the resident population of the institutions is accounted for by shorter average stays. Younger ill people who might have been institutionalized 15 years ago now receive only brief and episodic care; one major reason is that the courts have decided only those among the mentally ill who are dangerous to themselves or to others may be committed involuntarily. In the absence of alternatives to the institutions, respect for the civil rights of the disturbed sometimes conflicts with the goal of providing them with humane treatment and asylum. Chronically disturbed people are sent out into the community, often to empty lives in single-room-occupancy hotels and Skid Row rooming houses. With the growing unavailability of even these housing options many of the people end up on the streets.



**SHORTAGE OF AFFORDABLE HOUSING** for renter households with low incomes intensified in the 1970's and probably contributes to the growing homelessness problem. Colored bars indicate the number of rental units available in a rent range equal to 30 percent of the income range. As a result of inflation the total number of renter households with incomes below \$7,000 fell from 13 million to about 9.2 million between 1970 and 1980, but the number of units available at rents below \$175 (including utilities) dropped much more, from 17.9 million to 6.4 million. Many households in low-income groups that face an affordable housing gap must spend more than 30 percent of their income on rent. This illustration and the one on the opposite page are based on estimates provided by the Low Income Housing Information Service, which analyzed data from the census and from the Federal Government's Annual Housing Survey.

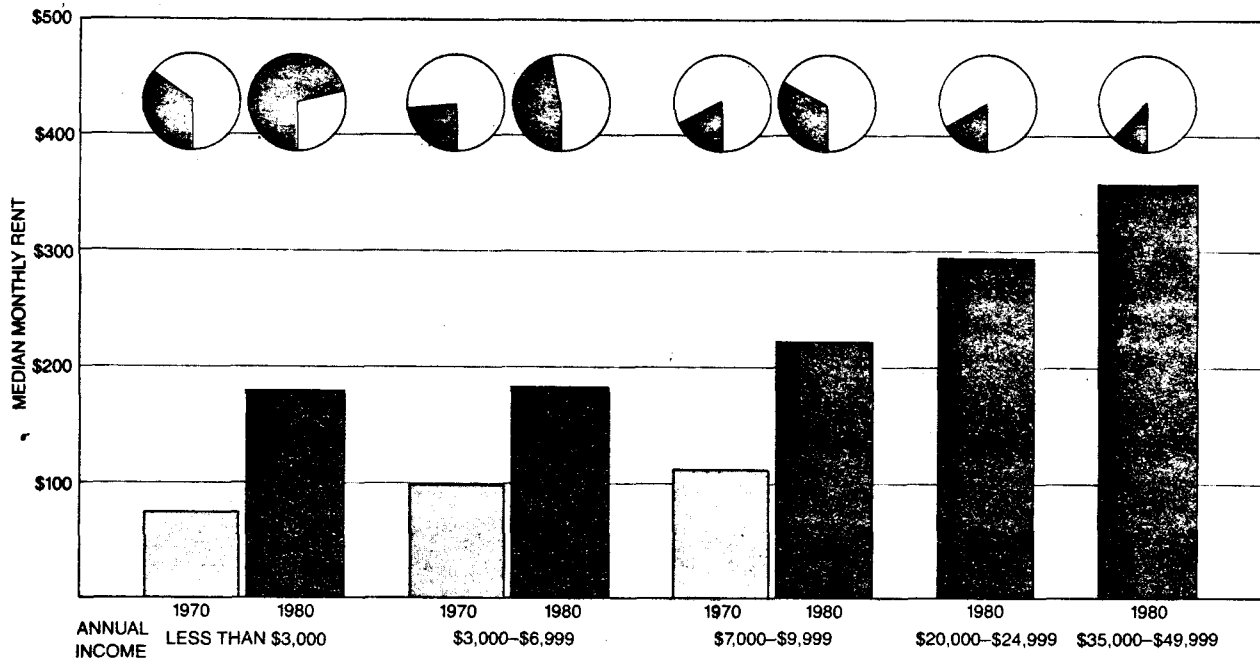


**DEINSTITUTIONALIZATION** of the mentally ill since the late 1950's has reduced the inpatient population at state and county mental hospitals. Because alternative residences and treatment programs have not been provided in many communities, many former patients, as well as some younger disturbed people who were never hospitalized, may now be homeless.

Thus it should not be surprising to find that a significant fraction of shelter residents are mentally ill. In fact, a clinical study I designed and implemented last year found at a shelter in Boston a 90 percent incidence of diagnosable mental illness: psychoses, chronic alcoholism and character disorders. The shelter selected for the study, which was under the direction of Alison Lauriat of the Massachusetts Association for Mental Health and Paul McGerigle of the United Community Planning Corporation, was considered demographically representative of Boston-area shelters.

The demographic data are themselves interesting. Men outnumbered women by four to one, although the number of women at Boston shelters seems to be increasing. The median age was 34 and apparently decreasing. One-third of the guests were either recent arrivals or only occasional users of the shelter, whereas the other two-thirds had been staying in shelters for more than six months. Some 20 percent had been on the streets and in shelters for more than two years.

My colleagues (eight psychiatrists, psychologists and social workers) and I interviewed 78 guests at the shelter over the course of five nights. We diagnosed 40 percent as suffering from some form of psychosis: a generic term for major mental illnesses whose victims have difficulty distinguishing external reality from their own thoughts and feelings. The psychoses include some manic and depressive states and some organic brain syndromes, but most of the psychotics at the shelter were schizophrenic. Often subject to delusions and



**MEDIAN RENT** paid by low-income households increased between 1970 and 1980, as did the fraction of income they devoted to rent

(colored wedges). The 1980 figures indicate that the households with higher income generally spend a smaller fraction of it on housing.

hallucinations, they have trouble coping with the demands of daily life.

A 42-year-old man, at one time a talented artist, is an extreme example. When he was 24, he killed his wife with a baseball bat because she had been unfaithful to him. At the time he believed he was Raskolnikoff, the protagonist in Dostoevski's *Crime and Punishment*. The court psychiatrist diagnosed him as schizophrenic, and he was hospitalized in an institution for the criminally insane for the next 16 years. Since being discharged more than two years ago, he has lived both in shelters and on the streets; not long before we saw him he had been arrested for trespassing in a cemetery, where he was living in a tomb he had hollowed out. He says he receives messages from spirits who speak to him through spiders.

The story of an 18-year-old shelter guest is less striking but no less tragic. Until he became psychotic he was enrolled in an Ivy League college. He was hospitalized briefly in a state institution, where he was given antipsychotic medication, but when we saw him, he was receiving no treatment. For a while after his discharge his mother cared for him; eventually, however, she became too depressed to continue. Frightened and too confused to care for himself, he now wanders the streets by day, muttering incoherently and responding to voices he alone hears. At night he goes to a shelter where the staff are too busy feeding and clothing people to devote themselves to individual problems.

Many of the people we interviewed—we estimated 29 percent—were chronic

alcoholics. One 33-year-old man had lived on the streets of Boston for 20 years and like many homeless alcoholics had been in and out of hospitals, detoxification centers and various treatment programs. In the past year he had made several suicide attempts, and he had recently been treated for pulmonary tuberculosis. (About 45 percent of the study group reported serious physical problems, including heart disease and cancer, in addition to their psychological difficulties.) Finally, about 21 percent suffered from personality disorders that made it hard for them to form and maintain relationships or to hold a job.

Chronic mental illness, even when it is severe enough to impair the ability to function in society, does not by itself cause homelessness, any more than unemployment does. For the great majority of shelter guests lack of a home is symptomatic of total disconnection from supportive people and institutions. Consider for a moment what would happen if a crisis were to strike your life—if you were to lose your job, say, or contract a serious illness. Most likely you are surrounded by family and friends, by co-workers and even by professional caretakers at various social agencies whose help you could call on to prevent a downward slide. You are insured, both in the literal sense of having coverage against financial loss and in the figurative sense of having a reliable support network.

To talk with homeless people is to be struck by how alone most of them are. The isolation is most severe for the men-

tally ill. Family and friends grow exhausted or lack the ability to help; overburdened social workers may be less responsive; the homeless themselves may be unwilling or unable to communicate their needs and to make use of the support available. Some 74 percent of the shelter residents we interviewed said they had no family relationships, and 73 percent said they had no friends, even within the shelter community. Those who had been hospitalized before for psychiatric reasons (about one-third of the group) reported even less social contact: more than 90 percent of them had neither friends nor family. About 40 percent of all the guests said they had no relationship with anyone or with any social institution; although only 6 percent worked steadily, only 22 percent received any financial assistance.

There is usually no single, simple reason for an individual's becoming homeless; rather, homelessness is often the final stage in a lifelong series of crises and missed opportunities, the culmination of a gradual disengagement from supportive relationships and institutions. A final example illustrates the point. A 45-year-old man whom I shall call Johnny M. has lived on the streets and in the shelters of Boston for four years. The youngest of four siblings in a lower-middle-class family, Johnny spent most of his adolescent years in an institution for the mentally retarded. He remembers washing dishes, going to classes and looking forward to the visits of his mother and older sister. When he turned 16, he moved back home and spent time watching television and puttering in the

garden. Ten years later his older sister died suddenly and Johnny had a "nervous breakdown." He became terrified of dying, he cried constantly and his thoughts became confused. Because he was unable to care for himself, he was involuntarily committed to a state hospital, where he remained for the next eight years. He became very attached to a social worker whom he saw twice a week for therapy.

Although the hospital had become Johnny's home, he was discharged at the height of deinstitutionalization into a single-room-occupancy hotel. His father had died, his mother was in a nursing home and neither his remaining sister nor his brother could afford to support him. Within six months he had lost contact with the hospital. Johnny was forced out of the hotel when it was converted into condominiums; unable to find a room he could afford, he roamed the streets for several months until an elderly woman and her daughter took him into their rooming house.

When the daughter died unexpectedly of a stroke, Johnny became depressed, thought the other residents were trying to harm him and grew increasingly belligerent. His landlady evicted him. Without resources or supports and with an incipient psychosis, he ended up homeless. Resigned to street life, he now spends his days walking endlessly, for-

aging in dumpsters. Occasionally he collects bottles, sells his blood for transfusion or takes part in medical experiments to make pocket money. Itching from lice, wearing tattered clothes and suffering from cellulitis of one leg, he feels lucky that he can depend on an evening meal at the shelter and that on most nights he has access to a bed.

Shelters help to keep Johnny M. and his companions in misfortune alive. That is a shelter's function: to provide food, clothing and a bed. At a typical shelter guests line up outside until the doors open in the early evening. A security guard checks each person for alcohol, drugs and weapons. New guests are also checked for lice. At some shelters volunteers cook hot meals; at others dinner consists of soup, sandwiches and coffee. Some guests spend the evening socializing and playing cards, but most are too weary or too detached and go directly to sleep. The dormitory is typically a barren auditorium-size room with rows of cots or beds and one or two cribs. Sometimes groups of six or more beds are separated by partitions. Shelter guests usually have few opportunities to wash during the day, and so at night the bathrooms at the shelter are generally overcrowded. By 10:00 P.M. the lights are turned out, and the next morning the guests are awakened early, given

coffee and a doughnut and sent out, even if the temperature is below zero.

The atmosphere in a shelter is sometimes volatile, and occasionally violent fights erupt that have to be broken up by the staff or the police. On the other hand, the anonymity and invisibility fostered by shelters is comforting to many of the guests, who spend their days as highly visible social outcasts. Shelter providers try to treat their guests with dignity and respect, asking no questions and attaching no strings to the help they offer.

Do they offer enough? In my view they do not. Shelters would be the appropriate solution if the homeless were simply the victims of unemployment, or of disasters such as floods or fires. Although these factors undoubtedly contribute to the problem, the overriding fact about the homeless is that most are mentally disabled and isolated from the support that might help to reintegrate them into society. Moreover, many are chronically, permanently ill and will never be able to live independently.

Although various innovative model programs exist, including one sponsored by St. Vincent's Hospital in New York City, shelters as a rule offer only minimal medical, psychological and social services. They are generally understaffed and have few personnel specifically trained to care for the severely disabled. Because they are open only



JOHNNY M. (a pseudonym) was one of the shelter guests interviewed by the author. He is seen here in line waiting to check into a

Boston shelter (left) and waiting for dinner to start at the shelter on Easter Sunday (right). Treated in an institution for the mentally re-

at night, they cannot offer the continuing support and supervision that many chronically ill people need. People whose condition might improve with properly supervised treatment (for example the 18-year-old student I mentioned above) do not get it at the shelters. And it hardly needs saying that shelters are not a humane solution to the problem of providing a place to live for those who suffer from permanent mental disabilities.

The precise extent to which mental illnesses are prevalent among the homeless remains a matter of controversy. Recent clinical studies at shelters in Los Angeles, New York and Philadelphia support my contention that a majority of the homeless suffer from psychiatric disorders, but other estimates have put the incidence of mental illness among shelter populations as low as 20 percent. All these studies, including our own, have been largely descriptive and have been plagued by methodological problems. Differences in results can be attributed to the different theoretical biases of the various investigators, to the use of different standardized scales as the basis for psychiatric evaluation and most of all to the difficulty of obtaining a representative sample of a constantly shifting population. In addition, there is no reason to expect the characteristics of the homeless population to be con-

stant throughout the country when mental health policies and economic conditions vary regionally.

The public debate on homelessness would undoubtedly be enlightened by more rigorous research into the causes of the problem. It can already be said, however, that at the very least a significant fraction of the people who frequent shelters have diagnosable mental disturbances. Public servants of all ideologies have failed to recognize the implications of this fact. Many political conservatives seem to believe the Government has little obligation to care for the homeless; this attitude is perhaps best exemplified by President Reagan's often quoted remark that "the homeless are homeless, you might say, by choice." For political liberals the plight of the homeless serves as ammunition in their attack on the Administration's economic policies, but the solution they tend to support is the expansion of emergency shelters: simply putting a temporary dressing on what has become a large, festering wound in the social body.

There is no mystery about the nature of a more appropriate solution. Essentially it would call for carrying out the aborted plans of the 1963 community mental health law by providing a spectrum of housing options and related health-care and social services for the

mentally ill. These would entail living arrangements with varying degrees of supervision, from 24-hour care at therapeutic residences for patients with severe psychoses to more independent living at halfway houses for patients with less severe disorders. Some patients would receive counseling and therapy with the goal of rehabilitating them and even getting them jobs in the community. The one major change needed in the community mental health program, however, is a greater recognition of the limitations of psychiatry: given the current state of the art many chronically disturbed people simply cannot be rehabilitated, and the goal in these cases would be to provide the patient with comfortable and friendly asylum.

The community mental health movement failed primarily because the Federal and state governments never allocated the money needed to fulfill its promise. American society is currently trying to solve the problem cheaply, giving the mentally ill homeless at best emergency refuge and at worst no refuge at all. The question raised by the increasing number of homeless people is a very basic one: Are Americans willing to consign a broad class of disabled people to a life of degradation, or will they make the commitment to give such people the care they need? In a civilized society the answer should be clear.



tarded as a child, Johnny M. was later committed to a mental hospital when he had a nervous breakdown. He was discharged at the height

of deinstitutionalization and lost his room when the building was converted into condominiums. He has lived on the streets for four years.

## DISPATCHES



Deppen (left) and pals under a viaduct in Seattle: Dispossessing the dispossessed

## Taking Aim at Panhandlers

Dust billowed in thick, acrid clouds under the viaduct above Alaska Way when they broke up Dave Deppen's camp. As Deppen and his pals watched sadly and police stood by warily, city crews dragged mattresses, bundles of clothing and boxes of food to a dump truck. "We lived here out of necessity," sighed Deppen, stripping laces from a pair of boots left by one of dozens of drifters who passed through his compound on a ledge overlooking Puget Sound. "The missions are full of people who talk to walls and don't remember what a shower is for. We did what we could as honestly as we could. It's all over now."

Growing up around the original Skid Road, Seattle has long cast a tolerant eye on the growing number of poor who sleep under its bridges and beg in its streets. But here as elsewhere in Reagan's America, tolerance is eroding as the gap between rich and poor grows. When merchants in Washington, D.C., complained that the homeless were turning a small park outside the State Department into an eyesore, the government built sheds over heating grates to keep derelicts from sleeping on them. In laid-back Santa Cruz, Calif., a civic stew is brewing over violence against trolls—indigents who live under bridges and in parks. Even sophisticated San Francisco has targeted punks and drunks who roam Market Street and hang around Civic Center. The operative approach to urban poverty these days seems to be out of sight, out of mind.

**Confrontation and Contempt:** In Seattle, society's failures litter the steep, mile-long stretch from Pike Place Market to Pioneer Square, cadging spare change, eating in missions, sleeping under the bridges and via-

ducts that lace the city. Gentrification is eating relentlessly into their turf, turning cheap hotels and warehouses into condominiums and trendy restaurants. And confrontation breeds contempt, on both sides. After a workout at a new Pike Place health club, two young executives turn onto Lenora Street and run into a sullen line of people outside a food bank. They retreat uneasily. "Let's go another way," says one. "I feel out of place here."

In Market Park, office workers lunch on croissant sandwiches and white wine while

## Tolerance for street people is eroding in Reagan's America as the gap between rich and poor widens.

red-eyed drifters pass a bottle in a paper bag. At a nearby ice-cream shop, a young couple buy macadamia-nut ice-cream cones with a hundred-dollar bill while bums rummage through street receptacles for aluminum cans. "There's never been a homogeneous community here," says Laurie Becker-Kiner, who chats with a friend while their children romp in the sun. "That's always been one of its attractions. But lately it's been a problem." Dining recently at a fashionable fish restaurant that adjoins the park, she was startled by a drunk spread-eagled against the window, his tongue pressed against the glass. Less-fortunate

diners in the area have been treated to impromptu strip shows by drunks who stand outside, undulate suggestively, and drop their pants.

"If you sit on the south side of the dining room," says restaurant manager Rick Boller, "you can see everything from break-dancing and clowns to people urinating and fighting." One night a man sleeping in the park was doused with kerosene and set on fire. One restaurant's art-deco elegance was shattered when a man who had been stabbed reeled in the front door and fell bleeding in front of the pasta chef. "We've been hounding the police to move these people," says Boller. "They have no place to go, but that's not really my concern."

**Changing Attitude:** Sitting on a stool in The Rose and Thistle, shopkeeper Karen Howe has seen a decade of change in Pioneer Square and takes a different view. "The area has changed," she says. "They've always been here. Now we're here." Philip Showstead, who runs a county alcohol-abuse program, agrees: "When poor people hassle poor people, no one cares. The attitude is changing because of the people who frequent these areas." While all poor people suffer from eroding services and disappearing housing, the most visible of them, the public drunks, panhandlers and hustlers, inspire little public sympathy.

Too often, official efforts to help only make things worse. A local alcohol program provides \$300 a month, food stamps and medical care to almost anyone who wanders into town, gets loaded and shows up at a detox center. "It's like being paid to drink," complains Brad Edstrom, a clerk at the Union Gospel Mission. Steve Burger, who runs the mission, longs for the older bums who shared traditional values even if they violated them. "The young guys come in demanding help," says Burger. "They think they have a constitutional right to be taken care of." It's a new "me generation" of indigents. Downwardly mobile and aggressively amoral, the worst of them turn panhandling into a form of extortion, sell their bodies to buy lunch, roll the older drunks and even steal from the missions.

As gentrification increases conflict between urban haves and have-nots, the have-nots are bound to lose. "As society becomes more conservative," says Showstead, "concerns about providing services are given a back seat to social control." Seattle may pass a panhandling law, as many cities have, but it won't go as far as Phoenix, which adopted a tough anti-skid row ordinance in 1981. Indeed, as the winter rains begin, the climate will solve some of Seattle's problems. And creative street people will get by. City crews were still picking up the oddments of his former home as the 26-year-old Deppen and his pals sunned themselves on a knoll in Market Park. "We done relocated already," he grinned. And where will he spend the night? "I'll just go stay at my girlfriend's house."

GERALD C. LUBENOW in Seattle