

HOMELESSNESS IN AMERICA

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PREVIEW

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HOMELESSNESS IN AMERICA

by

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INTRODUCTION

The problem of homelessness in the United States has reached monumental proportions. Some estimates place the number at up to three million, and that number is still growing.

This paper will attempt to clarify the reasons which encourage this phenomenon, categorize those groups most affected, deal with current responses to the problem, and offer prospects for the future.

THE "INVISIBLE" HOMELESS

The rolls of the poor swell. Gentrifiers wipe out low-rent neighborhoods. Overcrowded mental hospitals release all the patients they can. Jobs disappear. Federal funds to build new low-income housing dry to a trickle. Enter the homeless. A recent national poll ranked homelessness as the country's No. 2 problem--directly behind the deficit. Better than eight out of ten Americans now say the issue embarrasses them. A substantial majority also believes the government should guarantee every citizen enough to eat and a decent place to sleep. The U.S. Conference of Mayors did a 26-city study recently and found that one-third of all homeless were families with young children. About 22 per cent had full or part-time jobs.

1

The composition of the homeless population in the United States is widely heterogeneous, with increasing numbers of young men and women, young minority persons, families and runaway youths. In general, the homeless are characterized as victims of the scarcity of low-cost housing, high unemployment, cutbacks in social service programs, and the deinstitutionalization of state mental hospitals.

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Though homelessness affects a diverse group of people and is the result of many interrelated factors, two broad types of homelessness can be distinguished. These can be called benign and malignant homelessness.

Benign homelessness means that the state of homelessness causes relatively little hardship, lasts for a relatively short time, and does not recur soon, and it is relatively easy to gain back a home and a stable tenure of that home. Malignant homelessness means that the state of homelessness is associated with considerable hardship or even permanent damage to the person who is homeless, it lasts for a relatively long time or recurs at short intervals, extraordinary efforts must be

expended to gain back a home with stable tenure, and these efforts are often unsuccessful.

3

Benign homelessness has several characteristics which enable the homeless person to recover.

(1) The homeless person has the life experience, state of mind, physical ability, and social support needed to take appropriate steps to gain back a home; (2) resources are available to provide respite or facilitation while taking these steps; these resources may belong to the homeless or they may be provided by friends, family, or agencies; (3) the homeless person has skills to offer and there is a market for these skills; or, the homeless person is eligible for and receives benefits; and (4) the housing market is such that it is relatively easy to find an apartment appropriate to one's income, without governmental subsidy.

4

Malignant homelessness is a much more debilitating situation. A large amount of effort is constantly spent trying to find housing, employment or even a shelter to stay in due to various obstacles. The appearance of the homeless person becomes more indicative of their situation, such as not having an address or clean clothes. Other occurrences such as sickness, assaults, or separation have effects that may be long-lasting.

Some factors that contribute to this type of homelessness are:

(1) Poverty, not only of the homeless person, but also of significant others (family, friends, and so on).

(2) Lack of job opportunities because the job market has no use for the skills of the homeless persons or the persons are disabled.

(3) Interference with the steps that must be taken to get a home or a shelter, because of lack of needed resources (e.g., lack of identification papers), barriers erected by agencies to limit their caseload, prejudice in the general population, or disability or lack of know-how of the homeless person.

(4) Unavailability of low-income housing or subsidized housing.

As the situation progresses, additional factors come into play:

(5) The struggle to find subsistence and shelter and to protect self and possessions may become so time and energy consuming that it does not leave room for other activities.

(6) The appearance of the homeless person changes, becoming that of "street people," so that an additional handicap is acquired.

(7) Injuries, illnesses, malnutrition, or robberies may further decrease one's resources or capabilities, as does lack of sleep.

(8) The experience of repeated failures, rejection, exploitation, or being hurt in a variety of ways may lead to apathy, depression, extreme suspiciousness, or even suicidal acts.

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It is this debilitating malignant homelessness to which this study is directed, and which must be recognized as a social disease within our society before efforts can be marshalled to define its limits and curtail its cancerous impact on families thus affected.

I. DEFINITION OF HOMELESSNESS IN THE UNITED STATES

In reviewing the homeless populations of the United States, several characteristics become apparent. For one thing, the homeless are not a single, homogeneous group, but rather are made up of a variety of types. These diverse groupings make a single definition of the homeless impossible as well as a single strategy for the elimination of homelessness unworkable. It is important to be aware of these various categories of homelessness in order to develop programs that will address their varying needs.

For the purpose of this paper, I will divide the homeless populations into several categories and discuss their characteristics and needs.

A. Pathological.

1. **Mentally Ill.**

The homeless mentally ill make up a segment of the homeless population that along with several other groups make up what has come to be known as the "new homeless."

Since 1965, the population of mental hospitals has declined by 75 per cent, as the result of new philosophies and practices in the mental health field. One of the major vehicles forecast to support this exodus has been the community rehabilitation residence (CRR), in theory a facility to provide support in easing the transition from the state hospital back into the community. Unfortunately, no city in the United States has enough CRR slots to accomodate the number of ex-patients in need. In fact, most cities have only a token number of such facilities.

By the hundreds of thousands, patients have been discharged and sent to unfit, unsafe or unlawfully operated boarding homes and flophouses,

without the necessary supportive medical or social aftercare services. Others are given bus fare and the address of a mental health center, and then discharged with neither planning nor preparation.

Since depopulation of America's mental asylums began, the majority of the state mental hospital patients have been released into a world unprepared or unwilling to care for them. They are the victims of a social reform movement aimed at liberating them. Many are now living, and dying, in alleys, parks, vacant lots, and abandoned buildings, with little more than garbage for food, rags for clothes, and no shelter or medical care whatsoever.

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The National Institute of Mental Health estimated that 50% of the homeless had a severe mental disorder, based on available studies through 1983.

Though a certain proportion of mental illness in the homeless is a result of deinstitutionalization, the stresses of street life are also a great factor. Among those stresses are hunger, cold, sleep deprivation, and social isolation. There is reason to believe that many of these symptoms could be alleviated through food, shelter, and sleep. It is probable that much of the bizarre and unusual behavior often seen among the homeless of the inner-city is a direct result of life on the streets.

Before the onset of deinstitutionalization, chronic mental patients would have been confined to mental hospitals. Yet, the number of chronically mentally ill among the homeless is larger than can be accounted for from this