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The Medicalization of Homelessness and the Theater of Repression

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## The Medicalization of Homelessness and the Theater of Repression

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*As a result of changes in the economy and attendant government policy decisions, the United States is experiencing a crisis in homelessness unprecedented since the Great Depression. While some homeless people are mentally disabled, the majority are not—they are homeless because they lack sufficiently well-paying jobs and because of a lack of adequate, affordable housing. This article examines how, during the 1980s, the New York City government publicly and politically linked homelessness with mental illness, a linkage frequently reinforced by the press. This medicalization was used to divert attention from the socioeconomic roots of the problem and to justify the removal of homeless people from public spaces. The author examines changes in government policies and responses of activists, the public, and the press in several different phases over the decade. [homelessness, medicalization, poverty, mental illness]*

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During the late 20th century, economic shifts and policy decisions in the United States have led to a level of poverty and homelessness that has been unprecedented since the Great Depression. This article focuses on the case of New York City during the 1980s, where the politicians and the press consistently linked homelessness with mental illness, thus medicalizing a socioeconomic problem. Although some homeless people were also mentally ill, most people were not and had become homeless because of decreased low-income housing, declining real wages, unemployment, and cuts in government benefits. Broadly speaking, the city government's medicalization of homelessness was an attempt to delegitimize the plight of homeless people as victims of national political and economic shifts and to divert attention from the structural causes of growing poverty. The characterization of homeless people as mentally ill undercut their credibility in the drama played out in the media, where government officials assumed the roles of defining homelessness and dealing with it. This analysis shows that the New York City government's policies, touted as protecting mentally ill people living on the street, were in fact a form of medicalization initiated by the administration to justify the removal of homeless people from public spaces.

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This article draws from my fieldwork in New York City, from 1984 to 1990, and from press reports of the period. The information was collected through interviews and visits with families and individuals living in hotels and shelters, participation in meetings and other activities of organizations of homeless people and of advocates, and attendance at government meetings and hearings. An archive of press reports was also developed, which provided a chronicle of the city government's policies and the responses of advocates and activists, the public, and the press.

### **Structural Causes of Homelessness**

Since the mid-18th century, homelessness in the United States has occurred as a result of shifts in the economy (Erickson and Wilhelm 1986; Hoch 1987). The rise of homelessness during the 1980s is no exception. The recent crisis occurred in the context of a changing global economy in which the United States is in a position of declining international hegemony and in the process of deindustrialization that has affected the labor market and left millions of people without adequate wages. Scholars identify economic conditions of the 1970s—high unemployment levels, rising inflation, and declining real wages—as precipitating the crisis of the 1980s (Hopper and Hamberg 1984:21). The Reagan administration's policy decisions and the concomitant redistribution of income upward, however, are more immediately responsible for the dramatic increase in the number of people who became homeless during the past decade (Blau 1992; Hope and Young 1986a, 1986b; Marcuse 1988).

At a time when workers' real wages were declining, the Reagan administration tightened eligibility requirements for government assistance and cut the benefits derived from federal programs, including unemployment insurance, Social Security, and public assistance for families. During the first two years of the Reagan administration (1981–82), the government cut federal income maintenance programs by more than \$20 billion (Scott 1984:21). At a time when the stock of low-income housing had decreased dramatically, the administration reduced funding for subsidized housing. From 1981 to 1989, HUD's (the federal agency for Housing and Urban Development) budget for low-income housing programs was cut by almost 80% (Coalition for the Homeless 1989:2).

While many people in the United States, regardless of geographic region or of urban or rural domicile, found their day-to-day lives increasingly impoverished, the people of New York City were doubly affected. In response to a mid-1970s city fiscal crisis, the municipal government initiated policies to shore up the financial and corporate interests of the city. At the same time, the government ignored the needs of low- and moderate-income people and withdrew services from their neighborhoods.<sup>1</sup> Massive displacement occurred as a result of housing abandonment and demolition, arson, eviction, and gentrification. Between 1978 and 1987, the number of vacant apartments renting for \$300 a month or less dropped by 72%; by contrast, the number of those renting for \$500 or more (in constant dollars) increased by 112% (Weitzman 1989).

From the mid-1970s through the 1980s, New Yorkers who had already been economically disenfranchised, including many people of color, found themselves in the throes of an upward redistribution of wealth, orchestrated both nationally and

locally. In 1984, the Coalition for the Homeless (1984:5–6) estimated that there were 35,000 homeless people in New York City. By 1989, the estimated numbers of homeless people had reached 70,000 to 90,000 (Blau 1992:220). The number of homeless families in New York City shelters alone rose from 500 in January 1981 (New York Times 1987b), to 1,400 in January 1983, 2,400 in January 1984, and 3,300 in December 1984, representing “a staggering annual rate of increase of more than 67% in the number of homeless families being served” (Erickson and Wilhelm 1986:xxvi). The dramatic increase in the number of homeless families continued into the second half of the 1980s, so that by 1988, New York City was providing temporary shelter to 5,200 families (Blau 1992:157).<sup>2</sup>

### **Medicalization of Homelessness and Government Responsibility**

The personal characteristics of poor people have often been cited as an explanation for poverty and homelessness in the United States. Kim Hopper, a prolific writer on homelessness as it has occurred historically and as it occurs today, has examined earlier portrayals of homeless people to understand how these portrayals are replicated in current perceptions. Writing of New York’s attempts to deal with homeless people, he argues: “Persistent efforts have been made to reduce the problem of homelessness to the problems of the homeless poor themselves—variously construed as defects, vices, or ailments” (Hopper 1991:123). In official discourse, Hopper argues, “repeatedly, the language of pathology and images of the grotesque have been resorted to in order to explain distressed circumstances” (127).<sup>3</sup>

#### *Voices in the Theater of Repression*

During the 1980s, some government officials denied that a problem of homelessness existed. Philip Abrams from HUD claimed in 1982: “No one is living in the streets” (Hope and Young 1986a:248). Other government officials attempted to delegitimize homeless people as victims of economic shifts and as players with voices worthy of being heard. President Reagan and other members of his administration argued that people who were homeless, hungry, or unemployed, were so by choice (Guardian 1989; New York Times 1988d). Koch, the mayor of New York City, claimed that “families were voluntarily becoming homeless and taking ‘the welfare hotel route’ in order to get better apartments” (New York Times 1986b:30). A response by the mayor to questions from the audience at the American Institute of Architects’ 120th national convention was a particularly cruel attempt at stigmatization. The mayor instructed the audience on differentiating people in public spaces: “‘These homeless people, you can tell who they are’, he said. ‘They’re sitting on the floor, occasionally defecating, urinating, talking to themselves—many, not all, but many—or panhandling’” (New York Times 1988c:B4).

Through the 1980s, the mainstream media remained equivocal in its characterizations of homeless people, alternating between portrayals that demeaned and degraded and those that attempted to elicit sympathy from readers or viewers. Some of the extreme portrayals earlier in the decade were especially vicious. Descriptions became elaborations of earlier skid row stereotypes: people forced to ride the subway at night for lack of shelter were portrayed as “the worst of life . . . drunks,

vagrants, prostitutes, wild-eyed men with matted hair and beard who may well be insane" (New York Times April 9, 1980, cited in Baxter and Hopper 1981:13). A 1989 cartoon in a Brooklyn paper depicting homeless people as human refuse was hardly less vicious.

Activists challenged the negative characterizations of official and media discourse and campaigned to alter the public image of homeless people. Ruth Young, who was homeless for a year and a half and who was the executive director of Parents on the Move, an organization of homeless families, told a reporter: "We have to do a lot of education. We have to deal with the stigma of homelessness. Many people in the community think homeless people are two-headed monsters. Or just lazy people on welfare . . . [e]ducation is very important" (Unity 1989:6).

Young and other homeless activists worked by word and example to alter the negative stereotypes. They testified at public hearings, lobbied local and national elected officials, participated in community and civic activities in local churches and schools, and spoke at university and other public conferences. Young, an African-American woman, speaking at an educational forum to a predominantly white, middle-class group, told them:

The stereotyping that goes along with homeless folks has to be changed. You have to talk about attitudes and perceptions—you know, if I touch you and you are homeless, I might catch it too.<sup>4</sup> They say homeless folk are on drugs, are lazy and docile and uneducated. We have to change that perception. People also may say we're homeless because we've been evicted. But we have to look at the whole cycle; we have to talk about economic and social justice and about people taking their communities back. We have to talk about racism and about apartheid right here. . . . You have to talk about the whole thing.<sup>5</sup>

### *Homelessness and Mental Illness*

In his essay, "The Emergence of the Homeless as a Public Problem," Stern (1986) argues that the problem "emerged" in the public's consciousness in the early 1980s as a result of legal action requiring New York City to provide clean and safe shelter for people who sought it, political action through demonstrations, and reports revealing the living conditions of people without homes. An advocacy study by Baxter and Hopper (1981) portrayed the dangers faced by mentally ill adults living on the streets, and further focused the public's attention on the issue.

During this period, the medicalization of homelessness was most prominent in portrayals of homeless people as severely disturbed individuals who had lost their housing when state mental institutions were closed ("deinstitutionalization"). The struggle by New York's city and state governments in 1980 to shirk responsibility for people without housing was a preview of the city administration's later attempt to create a drama that would rationalize measures of confinement and control.

As early as 1980 . . . 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. . . . 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 repeat-

edly by the Koch administration, leading to the mayor's call for legislation to allow the city to involuntarily commit the homeless. [Stern 1986:116]

The argument that deinstitutionalization was the cause of homelessness, however, does not hold. The period of deinstitutionalization occurred primarily during the 1960s and early 1970s. In a letter to the *Guardian*, Hopper stated: "Over half the total decline in inpatients from 1965 to 1985 took place by 1971" (Hopper 1987a:19). Evidence of increasing numbers of people without shelter, however, did not appear until the late 1970s, when deinstitutionalization was ending. The numbers of homeless people burgeoned even later, in the 1980s.<sup>6</sup>

Young children and their mothers, furthermore, constituted the largest, fastest-growing segment of the homeless population. In 1986, "New York City reported that 66 percent of its homeless were families with children" (New York Times, 1986a:1B). The overwhelming majority had no contact with a mental institution and showed no signs of mental illness. The linking of homelessness with mental illness by some politicians and in news reports continued, however.

Certainly some of the more *visible* victims of homelessness had suffered mental illness and were on the street because no community care facilities or low-cost housing existed to provide a refuge for them. Others who occupied public spaces had moved into a mental netherworld as a result of pain, loneliness, and the disorientation of having no base from which to engage in the most minimal activities and social relationships by which people assume their humanity. By comparison with the haunting visibility and disturbing presence of mentally ill people living in the streets, many others who had become homeless were living doubled or tripled up with relatives or friends and had thus become the "hidden homeless."<sup>7</sup> Others managed to sustain a normal appearance and, consequently, blended in with the common passerby in the street and were not identified as "homeless." Thus, people with the most alarming appearance frequently influenced what many of the public came to consider as "the homeless."

Stern contends that the recession that occurred during the winter of 1982 and 1983 changed the framework of legislation geared at the theory of deinstitutionalization. "More and more news reports and 'experts' linked the homeless explicitly to unemployment and foreclosures. Thus, as the economic situation of the 'normal' population declined, the homeless were portrayed as more normal" (Stern 1986:116). In New York City, however, the mayor continued to link the problem of homelessness with mental illness and frequently was well served by the press, for instance, the *New York Times*, in perpetuating this linkage into the second half of the 1980s.

## Medicalization and the Confinement of Homeless People

### *Government Policy: Benevolence or Control?*

An overview of the city's administration policies from 1984 to 1989 indicates that officials were more concerned with removing homeless people from the public's view than assuring that homeless individuals—mentally ill or not—would receive adequate housing and social services.

During the winter of 1984 and 1985, record numbers of people sought emergency shelter from the cold, at times straining the shelter system beyond its capacity. In a *New York Times* article, "Police to Round up Homeless when a Cold Wave Grips City," the mayor announced: "the police would remove homeless people from the streets during periods of severe cold and take them to municipal hospitals whether they were willing to go or not" (New York Times, 1985a:B1). The new policy not only overrode the requirement of psychiatric diagnosis before unconsenting hospitalization but also emphasized the issue as one of homelessness, not mental illness.

Furthermore, the shelter system was severely inadequate for the people who did seek protection. The city government had only consented to provide shelter to homeless people when forced by a State Supreme Court decision (*Callahan vs. Carey* 1981). Inadequate in number, the shelters soon were overcrowded—some of the barrack-type shelters housed up to one thousand men at a time—and the conditions were wretched. Repeated court orders were issued to force the city administration to comply with the minimal standards of the original consent decree (Hopper 1987b:94). Repeatedly through the decade, homeless people, organizations of homeless activists such as Homeward Bound Community Services, the Homeless Clients Advisory Committee, and Parents on the Move, as well as advocates, including those from the Coalition for the Homeless, the Citizens Committee for Children of New York, and the New York Civil Liberties Union, decried the scandalous conditions in the shelters and hotels where homeless people lived.

In a telling example of poor standards in the shelters, the State Commission of Corrections rejected a building as a proposed jail where a city agency had been housing 280 homeless men. The building failed to meet fire safety codes (New York Times 1989a). Public assistance for people who were mentally ill and homeless also was far from adequate, as evidenced in the shortage of resident mental-health facilities and programs providing outpatient or long-term mental-health care. Thus, when the city government announced its policy of removing people from the streets, homeless men and women and advocates argued that if facilities were available and in adequate and safe condition, force would not be necessary.

The following winter, the government responded to the first blast of freezing temperatures and icy winds with a policy similar to that of the previous year. It announced that it was directing police and authorizing doctors, nurses, social workers, and mental-health workers to forcibly hospitalize people living in the streets when the temperature fell below freezing. The city administration portrayed itself as concerned and humane. This policy, it maintained, was created to protect mentally ill people from freezing to death by getting them to shelters and hospitals (New York Times 1985c, 1985d).

To what degree was the city government's policy in fact motivated by benevolence and caring? First, as I have noted, in New York City there was a dearth of adequate and humane temporary shelters or mental-health facilities. Second, police, rather than health workers, had been designated to identify and pick up people, and psychiatrists, social workers, and nurses were not at hand when people were taken from Grand Central Terminal and other gathering places. If people were in fact mentally troubled, help was not forthcoming!

The policy in part may have been an attempt to force the state government to assume responsibility for mentally ill patients (as implied in the *New York Times* 1985b). But I believe there was a more immediate strategy behind these measures. That is, the city administration's moves were not simply kind efforts to keep mentally ill people from the cold; rather, they were attempts to keep homeless people out of sight. In fact, much of the "rounding up" of people was not from freezing streets, but from interior spaces, such as Grand Central Terminal, Port Authority Bus Terminal, and Pennsylvania Station, where people had gone to keep out of the cold; these were also *public* places, where the visibility of homelessness was bringing increasing shame to the city. At the public transportation terminals, commuters and out-of-town visitors were constantly confronted with the evidence that New York City was not providing adequate housing for its people, not even in the cruelest winter weather.

The government's attempt to keep destitute people out of public view became even more evident later that year when the administration announced it had decided to extend this program, which had been instituted as a "cold weather policy," through the summer; and even more so in the later years of the 1980s as the administration attempted systematically to remove people who were homeless from other public spaces, such as the parks and subways.

### *The Role of the Press*

Over the next year and a half, the public debate regarding homelessness and mental illness continued. For instance, after the *New York Times* printed an article on the psychiatric care system, which linked homelessness to mental illness (*New York Times* 1986c), a team of epidemiologists wrote a letter to the *New York Times* to argue against the article:

The exaggerated estimate ("the proportion of those in shelters with serious psychiatric problems has been estimated at more than 70 percent") is grossly at odds with our recent research, which finds indications of serious mental illness (excluding those with drug or alcohol problems only) among 25 percent of users of New York's single-adult shelters. [Struening et al. 1986:A34]<sup>8</sup>

The Mayor's press releases and the newspapers continued to conflate homelessness and mental illness. Articles about the Mayor's policy—which, in fact, was a policy applicable to mentally ill people who were without homes—were headlined "Koch's *Homeless Plan*" (*New York Times* 1987d, 1987e), or "Koch Policy for *Homeless*" (*New York Times* 1987f) (emphases added). These three articles, in fact, respectively discussed psychiatrists' and social workers' assessments of the policy in relation to psychiatric facilities, a psychiatric ward at Bellevue Hospital, and changes in the behavior of people who are both mentally ill and without homes, and the extent to which these changes are brought on by fears of hospitalization. The articles thus concerned people who were both mentally ill and homeless, rather than homeless people in general.

### *The Case of Billy Boggs: "I was not insane when they picked me up—I was homeless"*

In August 1987, the mayor expanded the criteria regarding who in the city could be given treatment against their will. Beginning in October, "homeless people



‘in danger of serious harm within the reasonably foreseeable future’” would be taken to Bellevue Hospital for a 15-day examination (New York Times 1987c:1). During the year, the administration’s linking of homelessness to mental illness made the headlines repeatedly and with some notoriety. The first person the administration chose to “round up” in its 1987 “campaign” of institutionalization turned out to be an articulate woman—Billy Boggs, née Joyce Brown—who, with the help of the New York Civil Liberties Union, challenged the government’s attempt to hospitalize and medicate a homeless person. The State Supreme Court judge hearing the case ruled that the city had failed to prove that Boggs was mentally ill or unable to care for herself. Furthermore, the judge wrote in his decision:

It cannot be reasoned that because Joyce Brown is homeless she is mentally ill. What must be proved is that because she is mentally ill she is incapable of providing herself with food, clothing and shelter. Yet, though homeless, she copes, she is fit, she survives.

She refuses to be housed in a shelter. That may reveal more about conditions in shelters than about Joyce Brown’s mental state. It might, in fact, prove that she’s quite sane. [New York Times 1987h:B2]

The city administration persisted and appealed the ruling. Consequently, a state appellate court barred Boggs’s release and ruled she be held for at least two weeks for psychiatric treatment. A little more than a month later, in a three-to-two decision, the Appellate Division of the State Supreme Court ruled that Boggs was “mentally ill and a danger to herself and others.” The *New York Times* reported this decision under the headline of the “Koch Homeless Plan” (New York Times 1987i:1).

Yet another month later, city doctors discharged Boggs from the hospital when a state judge barred doctors from treating her with antipsychotic drugs against her will. In an interview, Boggs declared she hoped “to get a job as a secretary and put her life back together. . . . ‘I wasted 12 weeks of my life in the hospital. . . . I was not insane when they picked me up—I was homeless’” (New York Times 1988a:A1).

By April of 1988, the *New York Times* reported that the mayor’s policy had been impeded by court hearings, overcrowding, and placement problems in mental health facilities, as well as by bureaucratic squabbles. Also, city workers had picked up far fewer people than officials had predicted (New York Times 1988b).

### **Government Policy: From Medicalization to Criminalization**

The promotional image of Koch’s New York—a thriving, swirling mass of economic recovery and investment opportunities—was destroyed by the ubiquitous sight of public-space homeless. Now that their presence is beginning to affect commerce, transportation officials are worried. What if, as Lynn Tierney of the Port Authority, which now houses up to 500 people daily, asks, “people get off a plane from Japan and are greeted with the sight of 200 homeless in the international arrivals building at Kennedy Airport?” Bad for business. [Village Voice 1989:35]

In the late 1980s, with declining low-cost housing, increasing violence in city shelters, and growing threats from TB and AIDS, greater numbers of homeless people sought refuge in public places. They sought protection from the winter cold

in indoor bus and train terminals and subways; they congregated and slept in parks in the warmer months.

The press during this time featured articles highlighting the presence of homeless people in public spaces and the effect of such visible misery on the public. A *New York Times* headline read: "A First Look at Homeless Is Raw Sight for Tourists" (New York Times 1987g). The article described homeless people in lurid terms—"bloated women with ulcerated legs and hollow-eyed men who shout obscenities," and measures were taken to protect tourists—signs stating "People in uniform are here to help you; people not in uniform could hurt you" (New York Times 1987g:B1–2). Upon interviewing visitors, however, the reporter found some who did not judge homeless people harshly. "The saddest thing is the contrast," a school psychologist from Massachusetts told the reporter. "That a society should be so incredibly wealthy at one end and so desperate at the other! The bag ladies and the Gucci bags, if you will." But it was not only tourists who felt something was awry, the reporter averred. "[O]verwhelmingly, it is not the out-of-towners who feel most threatened or inconvenienced by the homeless, but rather the commuters and suburbanites who are weary of the pervasive misery in their midst and unsettled by feelings of guilt or helplessness" (New York Times 1987g:B1–2).

After the city's policy failed to institutionalize people against their will, the administration took on an overtly repressive posture during the last two years of the decade. During this period, it became increasingly apparent that city policy aimed to rid public spaces of visibly homeless people. In March 1987, the mayor "declared his support for a drive to keep the homeless from sleeping in city bus and train depots" and railroad police at Grand Central Terminal arrested 24 people who "appeared homeless," six times the average daily number of arrests there (New York Times 1987a:B6). Those arrested were charged with criminal trespass, a tactic, civil liberties lawyers contended, that circumvented the previous day's State Supreme Court ruling that barred arresting people for loitering in such places (New York Times 1987a). Reporting on the arrests, the *New York Times* commented:

Their [referring to people who were homeless] presence in a magnificent Beaux-Arts monument somehow seems more of an issue, and to some, more of an affront. Perhaps it is the contrast between architecture that so well embodies a society's aspirations and living evidence of the wretchedness of some of its members [New York Times 1987a:B6]

By the 1989 mayoral election, homelessness had become one of the prime concerns of voters, and the mayor increasingly had come under attack. The issue of homelessness was repeatedly posed in mayoral debates. A *New York Times*-CBS poll in New York City found that four out of five registered voters routinely saw homeless people in their neighborhoods or on their way to work. The accompanying *New York Times* headline read, "Poll Shows New Yorkers Fault City Efforts for the Homeless" (New York Times 1989b). In 1989, preceding the election, government officials made a major effort to sweep the problem from view.

Early in the year, the mayor had announced as top priority the removal of homeless people from parks, subways, transportation terminals, and streets. The administration increased the police force in the terminals, and several months later created a pilot program whereby a charitable agency would encourage people to move to shelters (though they repeatedly had refused to go to city shelters because

of the level of violence, infectious diseases, and prison-like regulations there). Other city strategies for "removal" included closing off spaces that had been used as gathering places by homeless people (for instance, at Grand Central) or, alternatively, opening the "doors of Grand Central Station to be sure that the winds would blow upon its sleep-ins as fiercely as on the streets outside," and spreading ammonia on terminal floors to discourage people from sleeping there (New York Newsday 1989a:6).

In the autumn of 1989, the city administration also instituted "codes of conduct," many of which "appeared aimed at the homeless," and which "advocates for the homeless and civil rights lawyers immediately denounced . . . as illogical and mean-spirited [and which] appeared to be part of barely disguised effort [*sic*] to displace the homeless through police harassment" (New York Times 1989c:B11). The New York City Metropolitan Transit Authority announced this effort in posters displayed in subway stations and trains and in brochures distributed to riders. The posters and brochures listed the codes of conduct and identified them as part of the city's "Operation Enforcement." The nature of the operation was graphically highlighted in the posters and literature with the image of an oversized police badge.

The City Parks Department similarly developed park rules to clear poor and dispossessed persons from view. Press headlines announced the administration's plan in which police would "Sweep Homeless" from the parks (New York Newsday 1989b).

Advocates and homeless people attacked the inhumanity and injustice, as well as the "sweep mentality," of the city government's response to homelessness. A homeless man told film director Bill Brand: "They look at us like we're germs, like we're dirt" (in the film *Home Less Home*). A formerly homeless mother, expressing dismay and abhorrence at the government's measures and identifying with the people who were targetted, remarked to me, "We're today's outcasts of society." Organizations of homeless people who had become activists, such as the Homeless Clients Advisory Committee, Homeward Bound Community Services, United Homeless Organization, Parents on the Move, and others, publicly denounced the policies. Homeless people camped in Tompkins Square Park and protested their removal from the public space with militance.<sup>9</sup>

## Conclusion

Although perceptions of poor and homeless people in the United States have varied over time, the primary characterization has been one that attributed cause or blame to the individual (Blau 1988; Bremner 1972; Hoch 1987; Hopper 1991). Solutions to the problems of poverty and homelessness also have varied, ranging from the more severe systems of compulsory labor, indenture, imprisonment, banishment, and even torture, to the more humane—though not necessarily adequate or unstigmatized—programs of the New Deal and the Great Society (Abrahamovitz 1988; Blau 1988; Erickson and Wilhelm 1986; Hoch 1987; Trattner 1974).

In the 1980s, when the numbers of homeless people rose at a staggering rate, some government officials resorted to earlier negative stereotypes and attempted to delegitimize the plight of homeless people. In New York City, where the rate of homelessness was among the highest in the nation, the city government attempted

to create a drama in which it would appear that the personal flaws and disabilities of people without housing had brought on the crisis of homelessness. The mayor deprecated homeless people and characterized them as mentally ill. The linking of homelessness to mental illness set the stage for government measures that would confine and control homeless people.

The medicalization of homelessness by attributing it to the closing of mental-health facilities appears initially to have been an attempt by the mayor to force the state government to take on the responsibility for sheltering homeless people. Even when it became clear that young children and their mothers constituted a large segment of the homeless population, the mayor continued to link homelessness with mental illness. Broadly speaking, the administration's continued identification of homelessness as a medical problem of individuals served to divert attention from homelessness as a systemic economic and housing problem. Close examination of the city administration's policies between 1984 and 1989 reveals yet another use of the medicalization of a socioeconomic problem. It was used to justify the removal of homeless persons from public spaces and from the view of the public.

The administration of Mayor Koch was cited repeatedly for failing to provide safe and adequate shelter to homeless persons who in many instances had refused to go to shelters because of the unhealthy and violent conditions there. In fact, an official had admitted that the administration deliberately provided minimum services to deter people from using the shelter system (Ferrer, Golden, and Shulman 1987). While facilities for homeless people were abysmally inadequate and frequently dangerous, provisions for mentally ill people were no better. Community mental health residence facilities, treatment programs, and outpatient and long-term care programs were inadequate.

Despite these conditions of scarcity and neglect, officials continued to portray city government as concerned and humane. From 1984 to 1988, officials claimed that the policy of forcing people into hospitals and shelters was created to protect them. Homeless people and advocates argued that forced institutionalization was a violation of legal rights and that if the city provided decent and safe shelter, people without homes would use it. Furthermore, what homeless people really needed was affordable housing.

In the second year of the city's forced hospitalization policy, the administration emphasized that it was a wintertime effort to prevent mentally ill people from freezing to death. However, the government's actions indicated otherwise. Police—rather than medical practitioners—picked up homeless people, and beds for mentally disabled people were not available in the municipal hospitals, in any case. Furthermore, during the winter, officials removed people from indoor public places where they had gone to protect themselves from the cold; alternatively, they treated the indoor spaces to prevent homeless people from using them. Finally, when the winter cold ended, the administration extended its policy into the summer.

In the late 1980s, challenges to the legality of the government's institutionalizing people against their will; administration failures in carrying out the policy; and increasing numbers of homeless people in public spaces pushed the government into a more confrontational and repressive posture. By 1987, the city government discontinued phrasing its policies of containment of homeless people in medical terms. In 1989, when homelessness was an election year issue, the mayor instituted police measures to "sweep" homeless people—and the issue—from view. Earlier

policies that attempted to medicalize homelessness were abandoned for policies that criminalized homelessness.

What was absent from these responses to homelessness were policies that effectively dealt with the actual threats to homeless people's health and well-being, as well as to the root causes of homelessness itself, that is, the lack of decent wages and low-cost housing. Over the course of the decade, few homeless people received adequate, permanent housing. The lives of homeless people in shelters, hotels, and in the street continued to be particularly endangered by malnutrition, disease, and violence. Actual health threats, such as tuberculosis, spread among shelter residents and homeless people living on the streets. And mentally ill people who were homeless continued to be without the appropriate medical care or the apartments or resident facilities they required.

## NOTES

*Acknowledgments.* I am especially indebted to the women, men, and children who allowed me into the improvised "homes" of their hotel and shelter quarters and who accepted and trusted me to attend their meetings. This essay is adapted from a chapter of my dissertation, *Parents on the Move: Families Resist*, The Graduate Faculty of Political and Social Science of the New School For Social Research, March 1991. I thank my committee—Shirley Lindenbaum, Rayna Rapp, Kim Hopper, and Louise Tilly—for their perceptive critiques of that document.

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1. Alcala and Mermelstein (1977), Castells (1977), and Tabb (1984) provide an analysis of the causes and consequences of the New York City fiscal crisis. Blau (1992) examines the way in which decisions made in response to the fiscal crisis by the mayoral administrations of Abraham Beame and Edward Koch (spanning the years from 1975 to 1989) contributed to the proliferation of homelessness in New York City.

2. It is not possible to calculate the exact numbers of people who are, or were, homeless for the obvious reasons that many are so difficult to reach. For example, people living in abandoned buildings or cars, moving throughout streets, parks, subways, or other spaces, or living doubled up with families or friends because they lack housing are not included in these figures. Precise numbers are not the point, however; estimates serve to illustrate the magnitude of the crisis.

3. In his examination of the shaping of public and official views of poverty, Bremner notes the mid- to late-19th century—when the United States was rapidly industrializing and required increasing numbers of industrial workers—as a critical juncture. A prevailing attitude was that poverty was "an individual matter" and "the obvious consequence of sloth and sinfulness" (Bremner 1972:16, 17). Even during severe economic depressions, such as that of 1873–79, portrayals of poor people were rendered in imagery of personal flaws, vice, and even evil. Francis Wayland, a Yale professor, speaking to an audience at a Conference of State Charities equated "tramps"—people without permanent jobs or homes—with professional thieves and described them as criminals prone toward the unspeakable: people who would "rob a defenseless child . . . murder a cripple" (Blau 1988:7).

4. At times, homeless activists also used the language of pathology and contagion, but they used it to expose and condemn the way in which homeless people were stigmatized. Describing the harmful and persisting nature of the "homeless" label, Ruth Young said: "Once you are 'homeless', you are no longer a member of the society you were part of. You are a leper and will carry that with you the rest of your life." Young's image of leprosy emphasizes the pariah status homeless people experience and echoes official discourse of

the 1960s when poor men and women living on the Bowery's "skid row" were also described as "lepers" [Hopper 1991:122].

5. Private and governmental agency reports from 1986 and 1988 show that slightly more than half of the population of people who were homeless in the United States were of color, primarily black and Latino (Blau 1992:26). A 1987 study of the New York City shelter system found 72% of residents were black non-Hispanic, 17% were Hispanic (Struening 1987).

6. Blau (1992) examines the relationship between homelessness and the release of patients from mental institutions. For a detailed discussion of deinstitutionalization, see Johnson (1990).

7. In 1987, the city released a report estimating the number of doubled up families—the "hidden homeless"—was as high as 100,000 families in Housing Authority apartments *alone* (Citizens Committee for Children of New York, Inc. 1988:6).

8. For a discussion the ways in which figures indicating the percentage of mentally ill people in the homeless population become inflated, see Blau (1988). Lovell (1992) examines the extent to which psychiatric classification in public policy research contributes to the conflation of homelessness and mental illness.

9. David Dinkins defeated Edward Koch in the 1989 mayoral election. Homelessness as an issue in the election was raised repeatedly by the public and the media and in preelection debates; homeless advocates and activists energetically registered homeless people to vote and campaign for Mr. Dinkins.

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