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# Table of Contents

Introduction: “If they bit you on the ankle” ................................................................. 3

Figure 1: A series of potential paths to homelessness ................................................. 5

Figure 2: Direct relationships between individual risk factors, societal factors, health status, and homelessness ................................................................. 10

Figure 3: Axes of social construction and political power create four different populations to which policy is targeted ......................................................... 16

Chapter 1: Emergency ................................................................................................. 20

Figure 4: Activist Mitch Snyder in front of the Reaganville protest site, with the White House visible behind him ......................................................... 24

Chapter 2: Criminality ............................................................................................. 43

Chapter 3: Efficiency ............................................................................................... 65

Figure 5: The Continuum of Care model, as depicted in a Department of Housing and Urban Development memo ......................................................... 67

Conclusion ................................................................................................................. 79

Epilogue ..................................................................................................................... 88

Bibliography .............................................................................................................. 90
Introduction – “If they bit you on the ankle”

In 1984, activist Mitch Snyder, formerly homeless himself, testified during a Congressional hearing on the federal response to homelessness. He scolded the committee, saying, “you are watching people who wouldn’t know a homeless person if they bit [you] on the ankle[; you are] making decisions for folks who are eating out of garbage pails.”¹ Snyder’s scathing statement was delivered on behalf of the United States homeless population: men, women, and children. Homelessness is not a new problem—the homeless have lived among the housed population for centuries.² The homeless largely exist outside the normal structures of society; in fact, the Census Bureau excludes the homeless from its population count, as quantifying the homeless proves nearly impossible. Exclusion of the homeless from institutions is not always benign. There have been attempts to keep homeless children out of public schools, and nearly all of the homeless suffer from a lack of health care. In the modern United States, the homeless are most visible on street corners and at bus stops, but they also live in shelters or doubled-up with family members and friends. Removed from typical social patterns and places, homeless people are often ignored by the housed public. When they are noticed, they are often punished.

Homelessness policy is confusing. Over the last several decades, the policies have been applied without clear direction. In the 1980s, Mitch Snyder went on a 52-day hunger strike to force federal appropriation of money to a homeless shelter. In contrast, the Housing First policy of the 2000s explicitly provided free apartments to homeless people. How can these vastly

different policies be explained? Are there any common factors in homelessness policy since the 1980s? How is homelessness policy at the city level different from federal policy? How has health been integrated into homelessness policies? These questions can be at least partially answered by reviewing the history of homelessness policy since the 1980s. When looking at these policies chronologically, in conjunction with prevailing historical events and people, several broad categories emerge. Namely, the 1980s were characterized by emergency-style policy, the 1990s by criminalization of certain homeless behaviors, and the 2000s by a focus on policy efficiency. The changing themes of each era also beget broader theories about the relative lack of power of socially constructed deviant populations, and how members of this population fit into a representative democracy.

*What is Homelessness?*

The path to becoming homeless is both complex and surprisingly simple. It is complex because there are many possible contributing factors. It is simple because it only takes a few moments of bad luck for someone to become homeless. In 1988, Jennifer Wolch, Michael Dear, and Andrea Akita, scholars of urban studies and homelessness, developed a flow chart (Figure 1) that delineates a typical path to becoming homeless. In their analysis, structural factors interact with personal factors to create a population on the brink of homelessness. The at-risk population can be quickly tipped over the edge by adverse events such as divorce or financial loss.\(^3\) Once on the street, “the condition of homelessness appears to have a cumulative effect on its victims,” potentially leading to chronic homelessness.\(^4\)

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\(^4\) Jennifer R. Wolch, Michael Dear, and Andrea Akita, “Explaining Homelessness,” 448.
Figure 1: A series of potential paths to homelessness. Notably, a number of structural factors and adverse events, also referred to as “immediate causes,” together can create a situation of homelessness.\(^5\)

The definition of homelessness itself is difficult and varying. There is the street homeless population, the people that sleep on sidewalks and in public parks. There are also sheltered homeless people; they have a roof over their heads, but live in shelters that are designed to be uncomfortable and temporary. People may be outside the shelter system as well, rotating among friends and family, never having a solid place to sleep and always dependent on the goodwill of their relatives. Furthermore, defining homelessness draws boundaries that may exclude a segment of the homeless population from policies and programs. For that reason, government

agencies tend to use a strict definition of homelessness, resulting in a low estimate of the national population. In contrast, homeless advocacy organizations calculate much higher estimates. For example, in the 1980s, there was a disparity between the US Department of Health and Human Services, which estimated a national population of 350,000 homeless, compared to the estimation of a homelessness advocacy organization, Community for Creative Nonviolence (CCNV), which believed there to be 2 million homeless nationally, a figure almost 6 times larger than that provided by HHS.\footnote{McGory, Box 88, Folder 2, Library of Congress, also see Cynthia J. Bogard, \textit{Seasons Such As These: How Homelessness Took Shape in America} (New York: Aldine de Gruyter, 2003), particularly pages 97-123 for more on this controversy and how numbers of homeless are constructed and used politically.}

The lack of a concrete definition is recognized by the U.S. Census Bureau, which notes that, “there is no standard or agreed upon definition of what constitutes homelessness.”\footnote{Amy Symens Smith, Charles Holmberg, and Marcella Jones-Puthoff, \textit{The Emergency and Transitional Shelter Population: 2010}, U.S. Department of Commerce, 2012, \url{https://www.census.gov/prod/cen2010/reports/c2010sr-02.pdf}.} However, the federal government uses the definition of homelessness as delineated in the Stewart B. McKinney Homeless Assistance Act of 1987: “an individual: (1) who lacks a fixed nighttime residence; and (2) whose primary nighttime residence is a supervised temporary shelter, institution, or a place not ordinarily used for sleeping.”\footnote{H.R. 588 – Steward B. McKinney Homeless Assistance Act, \url{https://www.congress.gov/bill/100th-congress/house-bill/558?q=%7Bsearch%22%3A%5B%22mckinney+act%22%5D%7D&resultIndex=7}. The McKinney definition has perpetuated since the Act was passed in 1987, although it is more limited than some advocates would like. For example, it ignores people on the brink of eviction and thus homelessness, in addition to people in unstable living situations.\footnote{What is the official definition of homelessness? \url{https://www.nhchc.org/faq/official-definition-homelessness/}.}

The argument over the definition of homelessness creates problems when trying to gauge the size of the population. Besides being an amorphous, continually shifting group that exists...
outside the normal boundaries that permit enumeration, the lack of a universal definition of “homelessness” creates difficulty in quantifying the homeless population. Unsurprisingly, comprehensive data on the homeless is nonexistent. The Census Bureau provides limited data; in 2010, they recorded approximately 200,000 people in emergency and transitional shelters. This population was 62% men and 38% women.\textsuperscript{10} Another source of data is the yearly Annual Homeless Assessment Report provided by the Department of Housing and Urban Development to Congress. HUD collects data by asking certain homeless programs around the country to count their population on one designated night in late January.\textsuperscript{11} However, the Housing and Urban Development point-in-time survey likely underestimates the number of homeless in the United States.

In comparison, the Department of Education tracks the number of homeless children enrolled in public school per year. Their most recent available figure, from the school year of 2013-2014, measures nearly 1.3 million homeless children. Meanwhile, Housing and Urban Development estimates from their data that approximately 23% of homeless people are children under 18.\textsuperscript{12} Roughly extrapolating that number of 1.3 million homeless children, assuming they are a mere 23% of the population, would lead to an estimate of more than 5.6 million homeless people nationally, far above the HUD estimate of 700,000 (and above even the highest estimates by advocates). This disparity might be explained by the way the Department of Education tabulates its numbers. The DOE data measures children experiencing different types of homelessness beyond streets and shelters. Of the 1.3 million homeless children, 3.2% were living


\textsuperscript{12} The 2015 Annual Homeless Assessment Report (AHAR) to Congress, 1.
unsheltered, 6.2% were in hotels or motels, 14.3% were in shelters, transitional housing, or awaiting foster care, and 76.2% were living doubled-up.\textsuperscript{13} If the HUD point-in-time survey failed to measure the more hidden populations (those doubled-up or in hotels), they were missing up to 80% of the homeless population.

Other demographic information is also difficult to determine. In 1996, the National Survey of Homeless Assistance Providers and Clients (NSHAPC) found that 41% of currently homeless clients were white non-Hispanic, and 40% were black non-Hispanic. The most common age group was 25 to 34, with 23% of currently homeless clients reporting in this age range. The second most common age group was 35 to 44, with 20%.\textsuperscript{14} The 2015 HUD report to Congress estimated that most homeless individuals were men. Around 54% were white, 36% were African American, and 17% were Hispanic or Latino.\textsuperscript{15} The shift in ethnicity composition between 1996 and 2015 might reflect an actual change in the population, or it might show differences in data collection methods.\textsuperscript{16} Roughly estimating, the data suggest that many homeless live doubled-up, that there are more men than women, and that most homeless are white, although there is a disproportionate share of black homeless compared to the racial composition of the general population.\textsuperscript{17}

\textsuperscript{15} The 2015 Annual Homeless Assessment Report (AHAR) to Congress, 18.
\textsuperscript{16} It is important to note that it is extremely difficult to find demographics information from earlier decades; therefore, these data may not reflect the average composition of the homeless population over the time period of this paper.
\textsuperscript{17} According to 2013 US Census data, 13% of non-institutionalized US civilians are black. (“Race,” United States Census Bureau, 2013, https://www.census.gov/population/race/files/ppl-ba13/ba13tab01.xls.)
Homelessness and Health

Being homeless has health consequences; the homeless have higher morbidity and mortality rates than the housed population.\(^{18}\) Beyond weakened immune systems that may result in different disease risks compared to the housed population, homeless people also suffer from increased risk of weather-related ailments, such as frostbite. They are more vulnerable to assault, both physical and sexual. They also have limited access to health services, which may worsen chronic conditions such as diabetes and heart disease. Without regular access to dentistry services, homeless people often have poor oral health.\(^{19}\) A 2010 study of the unmet health needs of American homeless individuals found that a quarter experienced food insufficiency.\(^{20}\) In their study of Canadian homelessness and health, Frankish and colleagues found complex interactions between individual risk factors, societal factors, and homelessness on quality of life and health status (Figure 2). According to their research, individual risk factors and societal factors both have direct impacts on homelessness and health status. In turn, homelessness has direct impacts on health status and overall quality of life.


\(^{19}\) C. James Frankish, Stephen W. Hwang, and Darryl Quantz, “Homelessness and Health in Canada,” S23-S29.

Figure 2: Direct relationships between individual risk factors, societal factors, health status, and homelessness. These, in turn, have an impact on quality of life.\textsuperscript{21}

Homeless people have higher rates of substance abuse than the housed population. The 2003 Health Care for the Homeless User Survey found that, in the previous year, 30.7\% of homeless individuals interviewed had used both drugs and alcohol, 25.1\% had abused just illicit drugs, and 9\% had problem alcohol use.\textsuperscript{22} For comparison, data from the 2002 National Survey on Drug Use and Health (NSDUH), which presumably excluded homeless individuals due to difficulty in data collection, found that approximately 7.7\% of Americans reported alcohol dependence or abuse.\textsuperscript{23}

\textsuperscript{21} C. James Frankish, Stephen W. Hwang, and Darryl Quantz, “Homelessness and Health in Canada,” S23-S29.
\textsuperscript{22} Travis P. Baggett, James J. O’Connell, Daniel E. Singer, and Nancy A. Rigotti, “The Unmet Health Care Needs of Homeless Adults: A National Study,” 1328, Table 1.
Contrary to the stereotype of a crazed street person, the homeless population has nearly the same rate of mental illness as does the housed population. In the 2003 Health Care for the Homeless User Survey, half of the respondents reported a history of mental illness. This is very similar to the lifetime prevalence of mental illness in the American population at large, which stands at 46.4%, according to the National Comorbidity Survey Replication (NCS-R), conducted between 2001 and 2003.

One study showed that the homeless experience unmet health care needs at a rate 6 to 10 times higher than the general US population, with “needs” defined in the study as medical or surgical care, prescription medications, mental health care, eyeglasses, or dental care. Nearly three quarters of the respondents in the study had at least 1 past-year unmet health care need, and almost half had 2 or more unmet needs. Unsurprisingly, most of these unmet needs were correlated with a lack of health insurance.

Studies from Canada, where all citizens have access to health insurance, reveal that the barriers to health care for the homeless are not solely related to a lack of health insurance. 1 in 6 homeless individuals in Toronto reported unmet health care needs in the previous year. Another

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27 Ibid., 1331.
Canadian study found that homeless individuals use more health services than age- and gender-matched low-income individuals who are not homeless.\textsuperscript{29}

Perhaps explaining why a lack of health insurance is not the only barrier to receiving health care as a homeless person, a qualitative study of homeless individuals’ experiences in the health care system identified four major themes of how homeless individuals navigate the system: living without essential resources, putting off health care until absolutely necessary, encountering barriers to receiving health care, and developing underground resourcefulness.\textsuperscript{30}

Thus, both physical factors and a lack of health care access, whether or not the person has health insurance, are significant problems for the homeless.

Female homeless individuals experience particular difficulty. One study, using structured interviews, found that 23\% of female adolescent homeless individuals had been sexually victimized, compared to 11\% of homeless male adolescents.\textsuperscript{31} Another study using structured interview data found a similar percentage of 23\% of women having experienced physical or sexual victimization in the preceding 30 days, compared to 21\% of men.\textsuperscript{32} Within those percentages, however, women experience much more sexual assault than men do.\textsuperscript{33} These women were particularly vulnerable to victimization if they had a diagnosis of mania, substance

dependence, or engaged in activities such as panhandling.\textsuperscript{34} Furthermore, physical assault increases the chance that a person will have unmet health care needs. According to a Canadian study measuring health care access for homeless individuals, “[t]he higher rate of physical assault observed among single women and women with children suggests an important gender effect” with regards to women, physical assault, and a lack of proper health care.\textsuperscript{35}

These studies support the idea that housing is an important social determinant of health. A 2002 \textit{American Journal of Public Health} article concurred. The article, entitled “Housing and Health: Time Again for Public Health Action,” argued that substandard housing could increase infectious and chronic diseases, poor childhood nutrition, and mental health issues.\textsuperscript{36} While the AJPH article discussed substandard housing specifically, their findings about increased disease in substandard housing can easily be extrapolated to those living in temporary shelter or on the street.

\textbf{Homelessness and Social Welfare Policy}

In literature about American social welfare, authors consistently point to the underdevelopment of U.S. social policy in comparison to other Western nations.\textsuperscript{37} Unlike the welfare states of European countries, the United States has long directed social welfare policies at specific groups of people, such as veterans or children. These groups are often chosen due to

their relative worthiness within the general population, or because they have undergone circumstances deemed specially deserving of sympathy.\textsuperscript{38}

Michael Katz, a historian, covers the topic of “the moral distinction between the worthy and the unworthy” in his book \textit{The Undeserving Poor}.\textsuperscript{39} Tracing the early origins of American discourse surrounding poverty, he suggests that a connection between morality and poverty became more prevalent in the early nineteenth century. Reverends, contemporary commentators, and the general public gradually began to associate prolonged poverty of “the able poor,” or those who were capable of work, with weak moral standards.\textsuperscript{40} The connection between morality and poverty was enhanced with the “identification of market success with divine favor and personal worth.”\textsuperscript{41} In the opportunity-laden United States, it seemed that poverty could only be the result of personal failure.

In her book \textit{Protecting Soldiers and Mothers}, Theda Skocpol argues that the successful passage of social welfare policies at certain points in history is due to complex interactions between two groups: political leaders, who seek to garner support for themselves while functioning within institutional constraints, and social groups that push their own agendas. Effective policymaking, according to Skocpol, is also dependent on the level of harmonization between social groups and the current political climate. Advocates and policymakers must ensure that their favored social policies can successfully navigate this nexus to become law.

According to Skocpol, the amount of political leverage an organized group is able to gain depends on a “‘fit,’ or lack thereof, between a nation’s governmental institutions at a given time

\textsuperscript{39} Michael B. Katz, \textit{The Undeserving Poor: From the War on Poverty to the War on Welfare} (New York: Pantheon Books, 1990), 5.
\textsuperscript{40} Michael B. Katz, \textit{The Undeserving Poor: From the War on Poverty to the War on Welfare}, 12.
\textsuperscript{41} Ibid., 14.
and the goals and organizational capacities of the various groups and alliances that seek to influence policymaking." To be successful, a group that is able to gain the ear of politicians must also push policies that are in line with current legislative goals and the sentiment of the electorate. As will be shown, the homeless population has rarely organized successfully enough to reach the agendas of legislators. In the few examples where they have achieved significant organization, the policies that result from this activism tend to align much more with policymakers’ goals than the desires of homeless advocates.

The framing of policy depends on the group of people for which the policy is intended. Schneider and Ingram, scholars of political science and public policy, identify four large categories of people for whom policies are shaped: the advantaged, the contenders, the dependents, and the deviants. These categories reflect positive or negative social construction and the group’s level of perceived power, as illustrated in Figure 3. For example, the advantaged, such as veterans and scientists, enjoy a positive social construction and political strength. In contrast, the deviants (into which category the homeless fall) suffer negative social construction and a lack of power. For the deviant group, policy framing usually focuses on exacting punishment, even if the less punitive alternatives have more potential economic efficiency. Schneider and Ingram provide support to the idea that advocates’ policy framing differs depending on the intended population and that population’s relation to the general public.

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44 Ibid., 338.
Figure 3: Axes of social construction and political power create four different populations to which policy is targeted. These include the advantaged, the contenders, the dependents, and the deviants. Policymakers often change the framing of a policy depending on the group that the policy affects.45

The dependents and deviants, both groups with limited political power, are often targeted with policies that harken back to the morality-infused early discussion of poverty in America. American political scholar Brendon O’Connor notes that “[p]articularly in America the legitimacy of welfare and assistance to the poor is strongly influenced by intellectual debates and ideological currents because the poor are a politically weak group whose electoral participation is extremely low. Poverty assistance is regularly fought out as a moral rather than an economic or budgetary issue.”46 As O’Connor highlights, the passage of policies that assume low morality

among the poor is eased by the lack of political participation of this group. In other words, the poor have a low civic participation rate, so welfare policies tend to be decided by other groups with more political power. Often, the groups with more political power favor programs that assume a weak moral backbone in their poorer counterparts.

Their lack of political power is not lost on the homeless. As part of his testimony to the Subcommittee on Intergovernmental Relations and Human Resources as previously mentioned, Mitch Snyder testified:

I have a great deal of respect for you [the Subcommittee], and I think your intentions are excellent…but I have got to tell you I am getting sick as hell coming to speak on behalf of homeless people and watching nobody but people in suits representing the Government come first, usually to the point where there is nobody left by the time the homeless get to speak…It just always seems to work out that way, and we always seem to be last…You [the homeless] are always invisible. You are always out of the circles of power and decisionmaking, and you are watching people who wouldn’t know a homeless person if they bit them on the ankle making decisions for folks who are eating out of garbage pails.47

The literature suggests that the lowest classes of individuals, the impoverished and the homeless, generally have little political power. Without the ability to effectively lobby, homelessness policies are left up to politicians and the more civically involved population. This framework provides insight into the research question posed above: how are homelessness policies developed? However, a study of the historical background of homelessness policies is necessary to test the validity of this framework.

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Constructing a History of American Homelessness Policy

In the 1980s, the homeless population rapidly increased. In December 1979, there were 3 homeless shelters in New York City. By 1991, there were a total of 27 shelters in the same area. This rise in homelessness occurred nationally, although New York City experienced it more severely. The 1980s, then, are a logical starting point to research the most recent wave of homelessness in America.

To answer my research questions, I studied national legislation as well as policies in Philadelphia. In the case of homelessness, cities are often the epicenter of policy implementation. I chose Philadelphia in particular because it is a large, east-coast city that has generally followed national trends. A 2011 evaluation of Philadelphia’s homeless programs confirms this hypothesis, stating that “Philadelphia’s homeless population reflects that of many of America’s large cities.”

While there are certainly rural and suburban homeless who are too often forgotten, this paper focuses on urban street homeless, towards whom most homeless legislation has been directed. When researching this topic, I also set careful boundaries for which policies I examined. In keeping with the focus on homeless individuals, I did not investigate low-income or poverty policy except when it directly impacted homelessness. Of course, homelessness is tied to economic policy, social welfare policy, low-income housing, and mortgage assistance, among

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50 Fairmount Ventures, “Evaluation of Pathways to Housing PA.” January 2011. http://www.centercityphila.org/docs/Pathways_to_Housing.pdf, 7; It is important to note that each city handles homelessness and other social problems in a unique way, dependent on its geography, national funding, tax base, and the presence of universities, scholars, and advocates. Thus, while my study comparing the national legislation and that in Philadelphia provides an example of this time period, it is not entirely applicable to cities at large.
other policy areas. However, to keep the paper tightly focused on homelessness, I excluded those policies.

For sources, I relied on the papers of former senator Daniel P. Moynihan (D-NY), a significant figure in the passage of 1980s homelessness legislation, along with the papers of Mary McGrory, a well-known American journalist. I utilized contemporary newspapers, particularly local Philadelphia newspapers, to construct historical timelines and gauge public opinion. I also recorded oral history interviews from Dr. Dennis Culhane, a well-known homelessness scholar and activist located in Philadelphia, and Tracy Peterkin, a formerly homeless Philadelphian.51 I particularly paid attention to the language used in primary sources and legislation; in many cases, the words used by legislators, journalists, and the public gave insight into historical sentiment regarding homelessness.

As I found, homelessness policy shifts with the zeitgeist of the decades. In the 1980s, policies were framed as emergency stopgaps. In the 1990s, as the public became frightened of crime and random violence, legislators sought to criminalize the behavior of the homeless. With the 21st century came the categorization of the homeless as legislators sought to segment the population in an attempt at more efficient, long-term solutions. The historical changes and lack of clear direction in homelessness policy throughout the decades reveal that street homelessness policy has largely been created by interactions between the voting public and politicians, without the input of the homeless, who are left voiceless.

51 Oral history was approved by the University of Pennsylvania IRB, protocol #824693.
Chapter 1 – Emergency

Introduction

Kim Hopper, a renowned homelessness scholar and medical anthropologist, notes that “[n]ationwide, in the 1980s, the specter of homelessness proved one of the few embarrassing realities that proponents of a new morning in America could not conjure away.”52 President Ronald Reagan ran on a platform of bringing a bright morning to the country; however, this new beginning did not apply to the homeless. In the 1980s, the homeless population began to rapidly increase. The spike in the number of homeless has been attributed to many different causes, including a lack of low-income housing, a reduction in federal housing assistance programs, deinstitutionalization policies, unemployment caused by a recession, and cuts in federal employment programs.53

Dennis Culhane, a homelessness scholar and activist, characterizes homelessness in the 1980s as “a very different phenomenon...So people have to frame it as an issue of emergency shelter...we gotta rescue people from the streets and put them into shelter.”54 Indeed, the 1980s were characterized by one-time, emergency-style homelessness policies. A few years into President Ronald Reagan’s first presidency, homeless people, led by a few key activists, usually homeless themselves, began to protest Reagan’s shredding of the social safety net. Eventually, the administration responded with singular appropriations passed through the Federal Emergency Management Agency. As the decade wore on, legislators in Congress began pushing for longer-term solutions. As a result, several programs, characterized by their short-term, emergency focus, were set up. Although more than one-time appropriations, these programs were nonetheless still

54 Dennis P. Culhane, interview by author, oral history, Philadelphia, PA, July 6, 2016.
intended to be short-term. As activists gained public attention and Democrats increased in political power, more homeless legislation began to pass Congress. By 1987, Democrats in Congress had gained enough momentum to pass what is now known as the McKinney-Vento Act. Originally intended to be a single piece in a jigsaw of solutions to homelessness, the Act has remained the core of the federal response to those without homes.

The political trajectory in Philadelphia was similar to the trajectory nationally, with a few exceptions. Although there were still primarily emergency approaches to homelessness in Philadelphia, there were also some innovations and attempts at long-term solutions. Early in the decade, the city declared a right-to-shelter, which guaranteed homeless individuals emergency shelter if needed. By 1988, advocates in Philadelphia secured legality and funding for homeless people to take over abandoned houses and make them into homes. As was happening nationally, activists figured prominently in the passage of homeless programs in Philadelphia. Overall, as homelessness reached a new height of national awareness in the 1980s, legislators at first tried to quell the voices of activists that pushed for new solutions by giving short-term funding to emergency programs. As the decade progressed, however, these solutions turned to longer-term (although still limited) programs, most notably the key McKinney Act of 1987.

Social Welfare Across the 1980s

In a speech given at the annual Conservative Political Action Conference (CPAC) in 1975, Reagan argued that “[t]his is no time to repeat the shopworn panaceas of the New Deal, the Fair Deal and the Great Society.”55 His approach to social welfare as president reflected this stance, which he viewed as compassionate; in his first inauguration speech, President Reagan

said, “[w]e shall reflect the compassion that is so much a part of your [the American people’s] makeup.”\(^{56}\) Reagan’s approach to compassion during his presidency, at least in terms of social policies, involved cutting back existing social programs, particularly those of Lyndon B. Johnson’s Great Society. Reagan focused on cutting Great Society programs, rather than New Deal programs; in his diaries, he complained that “[t]he press is dying to paint me as now trying to undo the New Deal. I remind them I voted for F.D.R. 4 times. I’m trying to undo the “Great Society.” It was L.B.J.’s war on poverty that led to our present mess.”\(^{57}\) In addition, because it was politically difficult to cut Social Security and Medicare due to their funding structure, those programs remained intact.\(^{58}\)

Although Social Security and Medicare remained untouched, the Reagan administration cut a multitude of social welfare programs, including Aid to Families with Dependent Children (AFDC), the Food Stamp program, and Social Security. These cuts, according to advocates from the National Coalition for the Homeless, a not-for-profit homelessness advocacy organization, contributed to homelessness during the 1980s.\(^{59}\) In accordance with Reagan’s commitment to ending government involvement in what he deemed private affairs, he cut back on federal funding to low-income rental housing, cutting the budget for public and Section 8 housing in half.

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and shrinking the number of poor who received federal housing subsidies. Politically, these budget cuts were aided by a surge in popularity following the attempt on his life in 1981.

Reagan seems to have had little sympathy for homelessness, as he believed homelessness was the result of individual choice. In a 1984 interview on *Good Morning America*, Reagan stated his opinion that “people who are sleeping on the grates…the homeless…are homeless, you might say, by choice.” He reiterated this belief in a 1989 interview with David Brinkley, the last interview of his presidency. The 1980s were a time generally characterized by weakening social programs, and sympathy was not going to spare the homeless.

**Protests**

In 1978, protestors from the Community for Creative Nonviolence (CCNV), an activist organization founded in the 1970s, carried a coffin around the District of Columbia Building and covered the walls with fake blood in a protest against the city government’s treatment of the homeless. In November of 1981, the same organization pitched ten tents across the street from the White House. Along with the tents, they erected a sign: “Welcome to Reaganville – Reaganomics at Work.” This protest, which officially lasted until March of 1982, was one of

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62 Peter Dreier, “Reagan’s Legacy: Homelessness in America”; I have seen this same quote attributed to an interview President Reagan gave on *ABC World News Tonight*, but I have been unable to find transcripts.
many protests that were to follow.\textsuperscript{66} In Washington, D.C., the activists were usually organized by Mitch Snyder, a formerly homeless individual who took up the mantle of activism.

\textbf{Figure 4:} Activist Mitch Snyder in front of the Reaganville protest site, with the White House visible behind him.\textsuperscript{67}

Mitch Snyder, born in 1943, began work at CCNV in the 1970s.\textsuperscript{68} Snyder was a controversial figure due to his protest tactics, including several hunger strikes that nearly killed him. As Reagan sought to enact his policies of shrinking social programs, Snyder indicted “Mr. Reagan and Congress’s housing cutbacks” as “directly responsible for the homeless problem.”\textsuperscript{69} Snyder’s protest tactics had a cinematic quality eagerly covered by the media. By 1986, he had achieved enough notoriety to warrant a PBS documentary and a made-for-TV movie starring


\textsuperscript{69} Sirgany, “Remembering Mitch Snyder.”
Martin Sheen. Snyder’s public presence can be at least partially credited with bringing homelessness to the forefront of the national consciousness in the 1980s.

“The [f]ederal government can do more”

In 1982, homelessness became a topic of increased attention by activists and some members of Congress. That year, research at the National Institute of Mental Health (NIMH) began investigating connections between mental health and homelessness. The research was eventually expanded to include drug and alcohol abuse as well. In line with the general sentiment that homelessness was the individual’s fault, research focused on possible individual causes, what Wolch might call “adverse events for individuals.” The NIMH research found that, contrary to expectations, the majority of homeless individuals did not suffer from mental disorders. According to Marian Moser Jones, a social historian, the Reagan administration’s cutting of funding from social research might have contributed to a dearth of research on broader structural explanations for homelessness compared to individual causes. Although the NIMH research found that most homeless were not mentally ill or substance abusers, the “lopsided research agenda” of the 1980s may have “led to a disproportionate focus by researchers and policymakers on the individual pathology of homeless populations.” In other words, Jones contends that a lack of funding may have skewed research towards the more easily studied individual causes of homelessness, contributing to preoccupation with the mental, physical, or moral issues of the homeless, rather than attempts at understanding broader potential factors.

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71 Adam Sirgany, “Remembering Mitch Snyder.”
75 Ibid.
In December 1982, there was a testimony before the Housing Subcommittee of the Committee on Banking, Finance, and Urban Affairs to investigate the homelessness problem and determine if there should be a federal response. They heard from members of CCNV, including Mitch Snyder, along with other advocates and Congresspeople. The outcome of the testimony is unclear, although in October 1983, the Department of Health and Human Services began a Federal Interagency Task Force on Food and Shelter for the Homeless. This task force aimed to coordinate the many agencies involved in care and treatment of the homeless, including the USDA, HUD, DOD, Department of Commerce, Department of Labor, FEMA, the VA, and the Postal Service. The Task Force was chaired by the Department of Health and Human Services (HHS). The charter for the Task Force assumes that “1. Homelessness is essentially a local problem. 2. New federal programs for the homeless are not the answer. 3. Knowledge of strategies used in many communities to help the homeless needs to be transferred to other communities.”

The visibility of homelessness activism and the sway of several charity groups, including United Way, contributed to Congress passing a $50 million Emergency Food and Shelter program that was added onto a December 1982 jobs bill. Notably, charities requested that the program be handled by the Federal Emergency Management Agency (FEMA), “primarily as a

means to emphasize the emergency nature of the services to be provided.”

Thus, even though there was movement on the federal level with regard to homelessness in the early 1980s, the primary focus was emergency funding.

In January 1984, Mitch Snyder gave an optimistic *Washington Post* interview. In the months before this interview, CCNV had won some of its battles, getting access to government food stores among other things. Talking about his previous protest tactics, which included the Reaganville incident, Snyder dispensed of the need for future protests:

The changes are coming. We seem less radical today because people understand better. They respond when they hear there are thousands of people on the streets. We’re not kicking doors in or pouring blood anymore because it’s not appropriate now. The situation’s changed. When you’re offered 40 keys to a door, you don’t need to kick it in. So our response has changed. But we’re still capable of doing it.

Despite the optimism of this interview, Mitch Snyder was not done with public protests, with one of his most dramatic occurring in the fall of 1984.

In 1984, homelessness reached the mass media for two political reasons. First, 1984 was the first time the Reagan administration commented on homelessness, when Reagan stated his belief that most of the street homeless were homeless by choice in an interview. Secondly, the 1984 election campaign created public conversation. Seeking to attack Reagan’s policies, the Democratic-led House Committee on Government Operations began hearings on the federal response to homelessness. Representative Ted Weiss, a Democrat from New York and the chairman of the Human Resources Subcommittee of the Committee on Government Operations, presided. In his opening statement, he spoke of homelessness in urgent terms: “Homelessness is

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80 This may have reflected the charities’ concern with HUD’s abilities at the time. (Francis X. McCarthy, “The Emergency Food and Shelter National Board Program and Homeless Assistance,” Congressional Research Service Report no. R42766, October 5, 2012, 2, http://www.fas.org/sgp/crs/homesec/R42766.pdf.)
82 Michael Kernan, “Mitch Snyder, The Wayward Shepherd.”
An epidemic and it is a crisis. Yet we have a more efficient system in the United States to deal with stray pets than we have for homeless human beings.”  

An HHS report suggesting that “the Federal government can do more” on the topic of homelessness was a key piece of evidence at the hearings. Ted Weiss particularly called into question the homelessness policy of HHS, which he referred to as “perhaps bordering on schizophrenia.” In response to questioning, Dr. Harvey R. Vieth, the chairman of the Federal Interagency Task Force on Food and Shelter for the Homeless under HHS, said that HHS did not want “another Band-Aid approach,” indicating the agency’s desire to have long term solutions.

One of the most striking parts of the testimony was given by Mitch Snyder, who seemed to indicate his belief that the hearings were merely political, rather than an actual attempt to help the homeless. Departing from his prepared statement, he excoriated the previous speakers and the federal government, arguing that the testimonies had been “an incredible amount of gobbled-gook,” telling the assembled Congresspeople that he was “getting sick as hell…watching nobody but people in suits representing the Government come first.” He pleaded with them on behalf of homeless people: “[n]othing is moving now. No money is moving. No buildings are moving. All that is moving are people, from day to day, from bathroom to shower room to soup kitchen to shelter, who are suffering and dying in numbers beyond our comprehension.”

That same year, after the Reagan administration failed to follow through on promises to fix up the CCNV homelessness shelter, Snyder began a 52 day-long hunger fast. At first, the Reagan administration ignored him. However, as Snyder’s imminent death from starvation seemed to coincide with the end of the 1984 election, the Reagan administration hurriedly promised the shelter renovations that Snyder requested.88

Advocates continued to push for more legislation. A 1986 document from the National Coalition for the Homeless, entitled *Homelessness in America: The Need for Federal Legislation*, emphasizes advocates’ desire for long-term federal commitment to providing for the homeless, a concept which had been supported by Dr. Harvey R. Vieth in his testimony before the Human Resources Subcommittee. One key passage indicts the Reagan administration while offering a call to action: “Homelessness is now a nationwide crisis demanding federal attention. Yet current federal measures are dangerously deficient: focusing almost exclusively on time-limited, emergency operations, they have failed either to secure adequate emergency assistance or to stem the tide of homelessness by addressing its causes.”89 Homelessness advocates wanted long-term federal policies to tackle the problem of homelessness by providing more than singular financial appropriations.

In the 1986 Congressional elections, Democrats gained control over both houses of Congress. With no control over Congress and the revelations of the Iran-Contra affair, the Reagan administration was in a difficult position. The social policy agenda of the Democrats began to override Reagan conservatism, and more expansive homelessness legislation began to be introduced to Congress beginning in 1986. Two important pieces of legislation passed. First,

the Homeless Eligibility Clarification Act of 1986 passed, allowing homeless people to apply for welfare programs, including Medicaid and Supplemental Security Income, without a permanent address. Second, Congress passed the Homeless Housing Act, which provided for emergency shelters and a program to test transitional housing solutions.90

In January 1987, an important piece of homelessness legislation was introduced in Congress. Led by then-House Majority Leader Tom Foley (D-WA) and Representative Stewart McKinney (R-CT), the legislation was described in a Congressional memo as “…provid[ing] urgent relief for the homeless with special emphasis on families and children.”91 The legislation funded programs that were “considered essential by experts,” and which already existed to some extent at the time of the bill’s introduction.92 Among these pre-existing programs were the FEMA emergency food and shelter program, the HUD Emergency Shelter Grant Program, a HUD Transitional Housing Demonstration, rent subsidies for homeless families, and Community Health Centers. The legislation also intended to give money for a new mental and physical health program, and it contained an agreement to use excess government buildings for the homeless.93

A 1987 memo to Democratic senators from their staff characterized the bill as a “two year emergency response,” which would provide funding for “shelter, nutrition, health care and education” in 1987 and 1988.94 The memo included mention of funding for “assistance with longer term adjustment,” which included mental health and job training programs, but these

93 Ibid.
94 Memorandum to Democratic Senators from Staff, February 20, 1987, Daniel P. Moynihan Papers, Box 1828, Folder 1, Library of Congress, Washington, D.C.
programs were dwarfed by the mostly-emergency measures in the bill.\textsuperscript{95} According to the National Coalition for the Homeless, an advocacy network, “The McKinney-Vento Act’s greatest weakness is its focus on emergency measures—it responds to the symptoms of homelessness, not its causes.”\textsuperscript{96} At the time it was being considered, Senator Moynihan acknowledged the Act’s limitations on the Senate floor. In a March 1987 speech, he addressed the president: “[w]e would be foolhardy indeed to think that the measure introduced today will solve the tragedy of homelessness. At best, we can hope that the programs…authorized under this bill will provide emergency—and immediate—relief to many of those homeless individuals who desperately need a helping hand.”\textsuperscript{97}

The Act passed with bipartisan majorities in both houses.\textsuperscript{98} The Iran-Contra Affair, which “…undermin[ed] the administration’s credibility even with some Republicans,” possibly contributed to Reagan’s signing of the 1987 McKinney Act into law.\textsuperscript{99} On July 22, 1987, Reagan unceremoniously signed the legislation at night.\textsuperscript{100}

In the years since its passage, the McKinney Act became entrenched as the centerpiece of the federal response to homelessness; underscoring the stagnation of homelessness policy, the McKinney Act was originally intended to provide only time-limited funding, but it has continued to be reauthorized to the present day.\textsuperscript{101}

\textsuperscript{95} Memorandum to Democratic Senators from Staff, Daniel P. Moynihan Papers, Box 1828, Folder 1, Library of Congress.
\textsuperscript{96} “McKinney-Vento Act,” NCH Fact Sheet #18, National Coalition for the Homeless, June 2006, http://www.nationalhomeless.org/publications/facts/McKinney.pdf.; note that the McKinney Act was renamed the McKinney-Vento Act after Bruce Vento (D-MN), who had made it a primary focus.
\textsuperscript{97} Senate Congressional Record of the 100\textsuperscript{th} Congress, March 23, 1987, vol. 133, no. 46, Daniel P. Moynihan Papers, Box 1828, Folder 1, Library of Congress, Washington, D.C.
\textsuperscript{99} Marian Moser Jones, “Creating a Science of Homelessness During the Reagan Era,” 162.
Philadelphia

The Philadelphia response to homelessness in the 1980s mirrored the national situation, with some notable differences. While short-term, emergency responses dominated the city’s homelessness policy, the city also implemented a right to shelter law and began a program seeking to transform abandoned houses into available low-income housing for homeless individuals. The city itself legislated few homelessness policies, leaving private advocates to create programs, some of which were supported by the city. Much like the national story, the story of homelessness in Philadelphia was driven by activists and providers, some of whom were formerly homeless, and the homeless themselves.\textsuperscript{102}

During the 1970s and 1980s, as corporations found that suburbs met their needs more easily, cities became increasingly spread out. “Edge cities,” which are non-urban areas with a high concentration of people, jobs, and office and retail space, became a bigger feature of American urban life. As a result, cities became sites for entertainment, rather than industrial production.\textsuperscript{103} The shift in city life is important in understanding the context of city policies (and national policies enacted on a city level) regarding homelessness.

In Philadelphia, the Reagan-era welfare cuts made a big impact on the homeless. A 1982 state law had reclassified those between the ages of 18 and 45 on welfare rolls as “transitionally needy.” The transitionally needy were limited to three months of welfare money a year, unless they could manage to be reclassified as chronically needy.\textsuperscript{104} These cuts particularly affected Philadelphia, with a \textit{New York Times} article estimating that almost 34,000 Philadelphians were removed from welfare payments. A Philadelphia official said the city was “overwhelmed” with

\textsuperscript{102} Dennis P. Culhane, interview by author, oral history, Philadelphia, PA, July 6, 2016.
\textsuperscript{103} Lisa Krissoff Boehm, \textit{America’s Urban History} (New York: Routledge, Taylor & Francis Group, 2015), 303-305.
the new difficulties caused by the welfare cuts. At the time of the article’s publication, the Philadelphia Welfare Department had not had to turn anyone away; however, a homelessness advocate stated that many people were out on the streets for the first time.

The federal welfare cuts shifted responsibility to the state and city levels. As federal support eroded, cities struggled financially. In 1980, 22% of the budgets of large cities were supported by federal dollars. In 1988, that percentage had shrunk to around 6%. Perhaps because of the federal government’s policy of shifting responsibility to state and city government, Philadelphia began to view homelessness as a “social welfare obligation” that had fallen to them.

Perhaps as part of this social welfare obligation, Philadelphia was a national leader with three policies: enfranchisement of some homeless individuals, a right to shelter, and Dignity Housing. A 1984 court case resulted in the enfranchisement of the homeless in Philadelphia. *Committee for Dignity and Fairness for the Homeless v. Tartaglione* resulted in the court entering a consent decree, meaning that the defendant and the plaintiff both agreed that homeless individuals must be permitted to vote as long as they could list a shelter address at which they could receive first class mail. A similar case, *Pitts v. Black*, took place in New York the same year.

Along with the gain of enfranchisement for some homeless individuals, Philadelphia also established a right to shelter. In New York City in 1979, a class action lawsuit was brought to the New York State Supreme Court arguing that the state constitution provided for a right to shelter,

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meaning that those who sought shelter had a right to receive it. Several months later, the State Supreme Court ruled in favor of the right to shelter; however, it wasn’t until 1981 that the case was settled as a consent decree that required the city to provide shelter to homeless men who met a few requirements. In 1983, homeless women won the right to shelter in *Eldredge v. Koch*, along with homeless families in *McCain v. Koch*.

Following the example of New York, a right to shelter was established in Philadelphia in 1982. The city ordinance required Philadelphia to “provide for the establishment, operation and maintenance of emergency shelters as needed for the homeless.” In 1983, that decision was held up under a lawsuit filed by homelessness advocates, and the city became one of the only ones in the country to have a right to shelter obligation. The number of homeless in shelters increased rapidly, by 245% three years after the consent decree in 1983.

Dignity Housing was the third major long-term policy in Philadelphia during this time. In the mid 1980s, Chris Sprowal, a formerly homeless man who became a prominent advocate and organizer, helped form the National Union of the Homeless. In 1986, the National Union of the Homeless helped organize the Winter Offensive for Human Rights, a plan for activism during the winter of 1986, which expanded beyond Philadelphia to Chicago, New York, Boston, Baltimore, and other major cities. A charity event by MTV and Bruce Springsteen provided

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110 The consent decree came as a result of continued lawsuits claiming the city was failing to provide adequate shelter. The city and the plaintiffs agreed that the city would provide adequate shelter if the homeless men who met some basic requirements. The consent decree became known as the Callahan Decree, named after the plaintiff, a homeless man, in the original suit. See Robert W. Collin, “Homelessness: The Policy and the Law,” *The Urban Lawyer* 16, no. 2 (1984): 317-329.


114 Dennis P. Culhane, interview by author, oral history, Philadelphia, PA, July 6, 2016.

some funding for this initiative, showing the media interest in covering homelessness activism. As part of the Winter Offensive, activists and homeless people began occupying abandoned buildings. In Philadelphia specifically, fourteen houses were occupied illegally.

The Dignity Housing Program, which gave abandoned housing to homeless people, arose in part because of the Winter Offensive. Mayor Wilson Goode of Philadelphia was politically weakened by the MOVE incident in 1985 and was vulnerable to the demands of homelessness activists. This, in addition to Philadelphia’s having one of the largest squatter problems in the country, made it politically feasible for Goode to dedicate 300 housing units to the homeless (although Culhane estimates that approximately 200 of the units actually became housing). Those units were the beginning of Dignity Housing Inc.

Dignity Housing, Inc., a collective of homeless people, city government, and the federal government, began placing homeless families in these government-owned houses. The city government also purchased and renovated houses that were under the ownership of the Department of Housing and Urban Development (HUD) after the previous owners had defaulted on their government-held mortgages. Once the city owned the houses, a union of homeless people was placed in charge of screening applicants and houses, trying to place well-intentioned

117 Linda Wilenski, “BC Grad Student Starts Homeless Union,” The Heights, Boston College, LXVII, no. 20, 10 November 1986.
118 In 1985, a militant group known as MOVE barricaded themselves in a house in West Philadelphia. After a long police confrontation, the mayor of Philadelphia and other officials agreed to drop an incendiary device on the house and allow the neighboring houses to burn (all the neighbors had been evacuated). The bombing of the MOVE house resulted in 11 deaths of MOVE members and approximately $8 million in damage (Bill Peterson, “Philadelphia Inferno Sears City With Doubts,” Washington Post, May 19, 1985.)
families in supportive neighborhoods. To qualify for the program, families had to pay 30% of their income in rent, actively search for a job, and be a “compatible neighbor.”

Although it is unclear how successful these transitions were, two newspaper articles provide some insight. An article from May of 1988 details the story of Edith Morris, a woman who moved her family into one of the first homes under the Dignity Housing program. Despite the screening process, the article quotes a key member of the neighborhood block association as saying, “[w]e’re still very leery. But I’m willing to give her a chance” An article from February of 1989 happens to mention Morris again. “At first,” the article states, “Ms. Morris’s new neighbors opposed her. But after she helped them get city officials to remove several dead trees from the block, they made her vice president of the block association.” Obviously this story does not speak for the outcome of the program overall, but it gives insight to one particular case. The neighborhoods were not always friendly, but the union attempted to make the transition as smooth as possible. Despite the qualifications and limited amount of housing, Culhane calls it the “largest and most substantial victory for a homeless organization anywhere in the country to have achieved.”

Not all of the policies in Philadelphia were long-term in nature; in 1986, Philadelphia received more than $1 million under Emergency Shelter Program funding, a program passed by Congress in 1982. Money came through the Public Welfare Department and FEMA, funding

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125 The amount of funding decreased significantly in 1987, to $500,000 (“Half-million federal funds going to homeless.” Philadelphia Tribune, Mar. 3, 1987.)
sources that again emphasize the emergency nature of the program, despite being a new source of financial provision for homeless persons.

The Urban Affairs Partnership, a collaborative of businesses, advocates, and others invested in the future of Philadelphia, held a board meeting in 1986. Chris Sprowal, a formerly homeless man who became a prominent Philadelphia activist and president of the Philadelphia/Delaware Valley Union of the Homeless, was one of the speakers. According to the record of the meeting, Sprowal “stated that Philadelphia is far more advanced with regard to the homeless than most other major cities. There is much work still to be done and he encouraged those present to ask serious questions and become involved with the problem.”

Sprowal’s optimism was shared; in the mid to late 1980s, advocates in Philadelphia believed the city was making progress in treating homelessness. In 1987, a Philadelphia Tribune article recorded the opinions of Leona Smith, then-executive director of the Committee for Dignity and Fairness for the Homeless, who evaluated Philadelphia’s system with regards to other cities in the nation. She believed that “Philadelphia’s homeless program is a far cry from being the best in the nation, but it’s a lot better than other programs that exist in other cities that I visited.”

Despite the political gain of enfranchisement, the physical struggles of the homeless continued. Between 1985 and 1987, approximately forty-three homeless people, out of an estimated total of 10,000 homeless individuals in Philadelphia at the time, died due to exposure, violence, accidents, and preventable illnesses, according to a Philadelphia Inquirer investigation. City officials believed the number of homeless people had doubled over the

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preceding years. The officials attributed the increase to “the decline of the region’s manufacturing industries, Federal social budget cuts,” and the 1982 law that removed the transitionally needy from long-term welfare funds. The article emphasized that, although the city had enough beds for the homeless who needed short-term shelter, the city failed to have a plan for long-term care. Homelessness advocates criticized the city, but placed more blame on federal officials, saying that the city “shouldn’t have to make up for the Federal retreat on housing or the state retreat on welfare.” In the absence of a long-term plan, and with the crippling needs brought on by federal and state welfare cuts, homeless individuals suffered.

Towards the end of the decade, after the McKinney Act was signed, seemingly signaling a new federal commitment to the problem, Philadelphia’s programs began to break down. Chris Sprowal, the leader of the National Union of the Homeless and a key activist in the Philadelphia area, ultimately fell back into a drug addiction, and the National Union lost its driving force. During the 1980s, the city of Philadelphia raised taxes 19 times, as the financial situation of the city grew more tenuous. By 1989, the city had had two consecutive years of an $80 million dollar budget deficit. To try to alleviate the financial strain, Philadelphia cut millions of dollars from its social services programs, with the Office of Services to the Homeless and Adults and the Office of Health Services for Homeless Persons each receiving half the money they had the previous year. The right to shelter proved unsustainable, as the number of homeless people seeking city-provided shelter increased rapidly, imposing a large financial burden. As a result, the city sought, and gained, what became known as “the protocol,” a set of requirements to

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129 Lindsey Gruson, “Deaths Force Philadelphia to Face Homeless Issue.”
130 Ibid.
131 Dennis P. Culhane, interview by author, oral history, Philadelphia, PA, July 6, 2016.
134 Michael deCourcy Hinds, “50% Cutback in Money for Homeless Is Fiercely Protested in Philadelphia.”
receive shelter. In 1988, the city, which had been contracting with private homeless shelters, failed to reach new contract terms. In response, about 20 shelters evicted approximately 1,000 homeless people. A month later, two dozen homeless people pitched tents in front of the Federal Building in Philadelphia to bring attention to the city’s homelessness problem.

The director of the National Coalition for the Homeless said that, “Philadelphia is unique in turning the clock backward,” meaning that by providing less money, the city was moving in a regressive direction. Philadelphia Mayor Wilson Goode blamed the state for failing to pay their share of programs for the mentally ill homeless, and argued that guaranteeing shelter “to everybody who comes along” was not the answer to homelessness. The New York Times, in turn, indicted “…decreasing public support, particularly among businesses, for expensive programs that have failed to clear the streets of beggars and mentally ill people.” The lack of support seems to have come from all sides, predicated by economic concerns.

The New York Times was correct: businesses were getting impatient. A 1989 Philadelphia Tribune article by Charles P. Pizzi, the President of Greater Philadelphia Chamber of Commerce, argued that the presence of street homeless in the downtown area was infringing on the rights of non-homeless citizens. He cited several legislative efforts that he believed must take place. Among them, he asked for legislation “to prohibit the homeless from staking claim to public spaces and intimidating citizens,” along with transitional housing, outreach programs, and

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138 Michael deCourcy Hinds, “50% Cutback in Money for Homeless Is Fiercely Protested in Philadelphia.”
139 Ibid.
challenging court decisions that allowed the release of mentally ill patients.\footnote{In the 1950s, deinstitutionalization of the mentally ill began. Prior to this time period, the mentally ill had been kept in institutions. However, experts began to agree that it was actually worsening symptoms. This insight, along with the rise of certain antipsychotic drugs, led to a deinstitutionalization movement that turned many mentally ill back into the community. However, the outpatient care that was needed to maintain a high quality of life failed to be completely implemented, and deinstitutionalization remains a controversial topic. (Robert W. Collin, “Homelessness: The Policy and the Law,” \textit{The Urban Lawyer} 16, no. 2 (1984): 317-329.; Bernard E. Harcourt, “Reducing Mass Incarceration: Lessons from the Deinstitutionalization of Mental Hospitals in the 1960s,” \textit{Ohio State Journal of Criminal Law} 9, no. 1 (2011): 54.)} Pizzi also recommended that “individual citizens…refrain from giving spare change to pandhandlers (sic), since this encourages them to remain in the streets and avoid real help [f]or yet another day.”\footnote{Charles P. Pizzi, “Proposals to ease city’s homeless crisis,” \textit{Philadelphia Tribune}, Sep 5, 1989.} Harsh phrasing, at odds with the collaborative tone struck by the Urban Affairs Partnership, signaled the end of public interest in aiding the homeless, interest that had been replaced by frustration at their presence.

Replacing the National Union of the Homeless, other advocacy organizations, such as the Philadelphia Committee to End Homelessness as well as Project Home, began operating in Philadelphia. Project Home was run by Sister Mary Scullion, who was (and continues to be) a tireless advocate for the homeless. However, PCEH and Project Home were never as loud or as involved in politics as the National Union had been.\footnote{Dennis P. Culhane, interview by author, oral history, Philadelphia, PA, July 6, 2016.}

\textit{Conclusion – “Unstable Bases”}

Homelessness policies in the 1980s were noticeably emergency-based and short-term only. Mitch Snyder’s protests, which imbued the cause with a certain urgency, are one possible explanation. With homelessness so heavily covered in the media, it perhaps contributed to the opinion that something must be done immediately, creating an emergency framework, rather than longer-term solutions. Another explanation may be that the federal government did not view...
homelessness as a permanent problem, or that legislators did not want to commit to long-term social welfare policies.

Regardless of the political reasoning, labeling problems as emergencies treats them as if they are a new and finite phenomenon. Political scientists and public policy scholars Michael Lipsky and Steven Rathgeb Smith wrote a 1989 article about the problem of assigning emergency-status to social problems. They argued that “emergency services are unstable bases on which to ground policy” because resources are limited. Eventually the government must expand resources or change the system.\(^{143}\) During the 1980s, however, emergency-status was exactly what characterized the response to homelessness.\(^{144}\) Rather than solve the problem of homelessness by attacking its root causes, such as a loss of low income jobs and affordable housing, policy solutions like the Emergency Food and Shelter Program, money for shelter renovations, and the supposedly short-term McKinney Act held on to “[t]he traditional goal of making the lives of the homeless temporarily more bearable.”\(^{145}\) While there were certainly some long-term solutions; namely, the Dignity Housing Program and gaining some rights for homeless individuals, most solutions of the 1980s treated the problem as if it were a passing illness.

In the 1980s, the homeless had a voice: from Mitch Snyder’s heavily publicized hunger strike and made-for-TV movie, to Bruce Springsteen’s concert to raise money for the Winter Offensive. Activists raised the issue of homelessness, ostensibly giving the homeless a chance to speak up on a national level for the first time. The passage of certain policies, such as the McKinney Act, proved that homelessness was garnering important attention. However, this

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\(^{144}\) Kenneth L. Kusmer, *Down & out, on the Road* (New York: Oxford University Press, 2002), 245.

\(^{145}\) Kusmer, *Down & out, on the Road*, 245.
attention proved fickle. Activists’ gains were ultimately vulnerable to budget cuts, especially on a city level, as represented by the example of Philadelphia.

In 1990, shortly before committing suicide due to a failed romantic relationship, Mitch Snyder said that the homeless mission was “stagnating.”¹⁴⁶ In retrospect, he was correct. Homelessness activism has never achieved the prominence, nor the results, that it produced in the 1980s. The trajectory of homelessness policy slowly curved away from mass publicization and attention. In the words of Dennis Culhane, as the emergency approach became evidently unsustainable, “it began to become how are we gonna regulate these poor people?”¹⁴⁷

By the close of the decade, according to Kenneth L. Kusmer, a historian, there “…may have been simple psychic exhaustion of dealing on a daily basis with street people whose numbers, despite the generosity of the citizenry, never seemed to decline. By the early 1990s, compassion for the homeless was turning to apathy and even anger.”¹⁴⁸ Indeed, the 1990s would be characterized by harsher treatment of the homeless.¹⁴⁹

¹⁴⁷ Dennis P. Culhane, interview by author, oral history, Philadelphia, PA, July 6, 2016.
¹⁴⁸ Kenneth L. Kusmer, Down & out, on the Road (New York: Oxford University Press, 2002), 246.
¹⁴⁹ Kusmer, Down & out, on the Road, 246.
Chapter 2 – Criminality

In the 1990s, social welfare policies became more punitive towards recipients. The homeless population was not exempt; for them, the 1990s brought a new decade of criminalization of their behaviors. In the 1980s, the general trend of public policy was reactionary. Policies were intended to be short-term and usually in response to heavy media attention on the plight of the homeless in desperate situations. Rather than the emergency treatment of the homeless, though, the 1990s were dominated by criminalization.

Crime became a primary issue in the minds of the American people, even as crime rates dropped. To combat the imagined increase in violent crime, the voting public pushed elected officials to be harsher towards crime. Increasingly punitive stances also began to affect welfare. Post-Reagan administrations emphasized the role of individual responsibility, rather than federal intervention, in welfare policies. Consequently, social welfare programs shrunk, and the vacuum was filled by criminal justice policy. The criminalization of the most impoverished, the homeless, was inevitable.

Unlike the national laws of the 1980s, most laws surrounding the street homeless in the 1990s were implemented on a city-wide basis. The mayors of these cities, notably Mayor Rudy Giuliani of New York City, implemented harsh laws towards the homeless, hoping to assuage the fears of the electorate, clean up the appearance of public spaces and revitalize their cities. Being removed from public spaces as a result of behaviors that were newly criminalized, the homeless population was shifted around and recharacterized as criminal.
In 1988 during the first presidential debate of the election cycle, journalist John Mashek directed a question to then-Vice President George Bush:

Mr. Vice President, in a debate during the Republican primaries, you said most of the nation's homeless are suffering from mental illness, an assertion immediately challenged by one of your rivals. Estimates of the homeless range from a low of 250,000 by the government, to around three million, including working families and their children. What commitment are you willing to make tonight to this voiceless segment of our society?\textsuperscript{150}

The question itself was unusual; no other televised debate had given so much attention to homelessness.\textsuperscript{151} It arose at the end of an era of homeless activism and media attention, before legislators had turned to criminalization. In his response, Bush said that he wished to fully fund the McKinney Act, mentioning that Congress had not yet met the funding ceilings set by the bill. He said that he did not view the issue as “a Democrat or a Republican or a liberal or conservative idea. I see an involvement by a thousand points of light.”\textsuperscript{152} Bush intended the McKinney Act to be part of a national network of charities and programs, private and government-funded. His


\textsuperscript{151} I searched the debate transcripts of every televised debate available through the Commission on Presidential Debates website, beginning in October of 1960 and concluding in October of 2012, for the words “homeless,” “vagrant,” “housing,” and “welfare.”

opponent Dukakis, in turn, argued that the McKinney bill was insufficient. He believed that low-income housing, provisions for which were not included in the bill, was a necessary component.  

This debate question is notable here for two reasons. First, the mention of homelessness on a presidential debate stage occurred at a key historical moment, immediately following the homeless activism of the 1980s, but before the criminalization of the 1990s had entirely taken hold. Second, it illustrates the two different viewpoints of the candidates available at the time. Bush believed a fully funded McKinney Act was adequate within the existing homeless support network. His more liberal opponent was in favor of increased government involvement. In the 1988 debate, neither Bush nor Dukakis mentioned criminal issues with the homeless, or the need to protect housed people from homeless individuals. However, during the 1988 election, Bush labeled Dukakis as weak on crime. This portrayal played a role in Bush’s win over Dukakis. Thus, even though criminalization had not yet become associated with the homeless, the early tendrils of criminalization were apparent during the 1988 presidential election.

By 1990 President Bush convinced Congress to provide nearly full funding for the McKinney Act for the first time. However, advocates for the homeless believed the McKinney Act to remain insufficient, even when fully funded. For example, the McKinney Act provided $35 million a year to New York State. During the same time period, the Human Resources Administration of New York City had spent approximately $330 million a year on homeless assistance programs, a difference of about 10 times. Meanwhile, the plight of the homeless that had been so heavily covered by the media in the 1980s seems to have faded by the end of the

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decade. Bush’s response to Mashek’s question during the 1988 debate was met with confusion by many people who had never heard of the McKinney Act, possibly demonstrating that homelessness had lost its media vitality by the late 1980s.157

Even when the McKinney Act was fully funded, not all states followed its provisions. The Act included an education entitlement requiring schools to enroll district homeless children. Some school districts simply defied the law, unwilling to accept homeless children when their families were not paying taxes to the school district. Maria Foscarinis, director of the National Law Center on Homelessness and Poverty, was quoted in a newspaper article as saying that the “implementation [of the educational provisions] has been mixed at best.”158 Despite President Bush’s commitment to fully funding the McKinney Act, it still fell short of the national need.

**Criminal Fascination**

Crime became a source of public fascination in the 1990s. Lisa Boehm, an urban historian, writes about the rise of fear in modern cities due to a fixation on crime and terrorism.159 Mike Davis, an urban theorist and historian, supports this idea by noting the rise in public cameras and a search for security.160 In the 1990s, the public was particularly concerned with random violence, such as drive-by shootings and unanticipated assaults. During this time period, the news cycles responded to increased public interest by airing crime stories with greater frequency. Between 1989 and 1993, the number of crime stories on ABC, CBS, and NBC’s

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nightly newscasts quadrupled. By 1999, crime was the most-aired news topic, with four times as many crime stories as stories about Clinton’s impeachment trial. Further reflecting this fascination with crime, a number of TV shows beginning in the late 1980s took hold in the mid-1990s, including *America’s Most Wanted, Unsolved Mysteries, Cops, and Rescue 911.*

The focus on crime by the news media, presumably to attract more viewers, fed the belief that crime was increasing. A recurring Gallup poll asked the public what they believed to be the most important problem facing America, with one of the possible options being crime, among other issues such as AIDS, the economy, poverty, abortion, unemployment, and high cost of living. When polled in 1993, 9% of the population believed the most important problem to be crime. In 1994, that figure jumped to 37%, and in a subsequent poll, 52%. From 1995-1998, the percent of Americans believing crime to be the most important issue ranged from 20-27%. The 1990s had brought an increased awareness and fear of crime.

Interestingly, the public attention to crime had no bearing on actual crime statistics. One study, using the Gallup poll data cited above, found that the jump in concern about crime had no connection to an actual increase in criminal activity; rather, the study attributed the perceived importance of crime as an issue to the “sheer amount of time devoted to crime stories on network TV news.” In other words, news stories focusing on crime had led the public to believe there was a rise in crime, even as actual crime statistics proved that assumption false.

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163 Ibid., 155.
164 *Sourcebook of Criminal Justice Statistics 1997*, Table 2.1, 100, file:///Users/oliviawebb/Downloads/nps55-060612-06.pdf.
The fascination with crime erupted in 1995 with the criminal trial of OJ Simpson, which “…turned the usually staid pursuit of justice into the most riveting, sensational, and unpredictable show ever to hit the tube.” During the time of the trial, the popularity of daytime TV declined, and soap operas lost viewership. In contrast, CNN increased their viewers by a factor of five and added a daily legal discussion program called Burden of Proof. The news editor of Publishers Weekly announced that “There’s never been anything even remotely close to this [the popularity of the OJ trial]. We’re surprised by how large and long-standing the public’s consumption for this is.” After 57% of the country turned on their TVs to watch the verdict, observers noted that “[t]he world had followed every turn of the case so closely that the trial would permanently change the news cycle and media patterns,” “sow[ing] the seeds for the reality television boom to follow.” Although there have been other sensational celebrity court cases that gained popular traction in the U.S., the OJ Simpson trial particularly speaks to the mass sensationalism of crime and the public consumption of criminal details via media outlets.

“Collusive triangular relationship”

Fearful of being attacked in this new world of frequent, random crime, the public began to harden their stance towards criminals, calling for stricter laws and harsher punishment. The public placed this responsibility on the shoulders of legislators and criminal justice officials,

169 Ibid.
172 Loïc Wacquant, Prisons of Poverty (Minneapolis: University of Minnesota Press, 2009), 146.
requiring them to be “tough on crime” to continue to earn voters’ approval.\textsuperscript{173} Harsh crime laws expanded, the result of what sociologist Loïc Wacquant deems the “collusive triangular relationship between the political, media, and penal fields.”\textsuperscript{174} Wacquant highlights how the electorate, influenced by the media, pushed politicians to legislate harsher criminal justice policy.

As a result of these new laws, the number of people incarcerated grew rapidly. According to data from the Bureau of Justice Statistics, compiled by Wacquant, the imprisoned population was exploding. In 1975, there were slightly more than 379,000 people in county jails, state prisons, and federal prisons. In 1985, that number was 737,000. In 1990, it had grown to 1,145,000, and by 1995, it stood at 1,585,000. The rise in people incarcerated from 1975 to 1995, a difference of twenty years, constituted an increase of more than 400\%.\textsuperscript{175} By the early 1990s, federal prisons were filled at 146\% of their capacity.\textsuperscript{176} Furthermore, these statistics do not include those on probation or parole, the ranks of whom also increased dramatically.\textsuperscript{177} Of course, this figure was not solely the result of the public calling for tougher crime laws; the War on Drugs had a well-cited influence on the rise of the incarcerated population. Heather Schoenfeld, a sociologist, argues that the increased flow of money to law enforcement that came as a result of the War on Drugs allowed “prosecutors, as elected officials, [to respond] to heightened political rhetoric and public hysteria by using laws already on the books” to give drug offenders longer prison sentences.\textsuperscript{178} Between 1980 and 1993, state incarceration rates increased approximately 148\%, the largest increase over the last three decades, with drug offenses a major

\begin{footnotesize}
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\item \textsuperscript{173} Wacquant, \textit{Prisons of Poverty}, 154.
\item \textsuperscript{174} Ibid., 155.
\item \textsuperscript{175} Ibid., 136.
\item \textsuperscript{176} Ibid., 137.
\item \textsuperscript{177} Ibid., 138-139.
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component of this rise, along with violent and property offenses. The War on Drugs is an important factor to this time period, even though it had a less direct impact on the homeless than most other policies discussed in this paper. Nonetheless, the public saw a vast rise in incarcerated individuals, and the prison system became a much larger part of American life.

**Overtaking Social Welfare Policies**

The era of Reagan had pushed the debate over welfare to the right politically. Conservatives rejected the policies of the New Deal and the Great Society, instead pushing for greater personal responsibility and independence. Many Americans agreed with them that the “liberal welfare system” had “creat[ed] a destructive and dangerous ‘underclass.’” Conservative backlash to liberal social welfare policies had convinced many Americans of the need for self-sufficiency, legislated through work requirements. However, according to Brendon O’Connor, a scholar of American politics, the liberal welfare system that was in place after Presidents Franklin D. Roosevelt and Lyndon B. Johnson was too vast to be quickly dismantled. Furthermore, Democrats controlled the House of Representatives during the eight-year Reagan presidency. Thus, conservative forces were unable to truly gain legislative ground against liberal policies until the 1990s. Bill Clinton was one facilitator of conservative

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181 Ibid.
reform of social welfare; he emerged into the contentious post-Reagan political atmosphere, eager to bring together both sides.\textsuperscript{185}

In his 1992 speech accepting the Democratic presidential nomination, Bill Clinton emphasized the importance of hard work and “end[ing] welfare as we know it.”\textsuperscript{186} He said that he “was raised to believe the American Dream was built on rewarding hard work…For too long those who play by the rules and keep the faith have gotten the shaft, and those who cut corners and cut deals have been rewarded.”\textsuperscript{187} To combat this, he argued for a work-based welfare reform program that provided hard-working Americans with the opportunity to find jobs. Notably, he mentioned homeless people in his speech, saying that politicians had been blaming certain subgroups, including minorities, poor, and the homeless, for the problems in America. In response, he said, “…this is America. There is no them. There is only us.”\textsuperscript{188} He spoke in terms of a brighter, more unified, harder-working America.

This speech was persuasive to the electorate tired of the existing welfare system. After decades of seeming to throw money at the problem, through Roosevelt’s New Deal and Johnson’s Great Society, Americans still saw poverty as a vast problem against which they had been unable to gain ground. According to O’Connor, “Clinton admitted that the old system was a failure, something few Democrats had been willing to do because their party had largely put the liberal welfare system in place.”\textsuperscript{189} In 1992, Clinton was elected over Bush by a margin of 5.5%
of the popular vote and 370 electoral votes in comparison to Bush’s 168.190 His “Third Way” of compromise and reform won.191

From the time of Clinton’s election to the Congressional elections in 1994, according to O’Connor, Clinton became more conservative. Anticipating conservative victories in the 1994 elections, the Clinton campaign shifted rightward.192 Legislatively solidifying this relatively conservative social welfare stance, Clinton signed the 1996 Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA), which provided government assistance to families with work requirements and time limits to funding to promote a rapid reentry into the job market.193 PRWORA also replaced Aid to Families with Dependent Children (AFDC) with Temporary Assistance to Needy Families (TANF), a shift from cash welfare to block grants given to states.194

Policymakers also increasingly dealt with the poor through the criminal justice system.195 As the criminal justice system expanded, it began to erode existing social welfare policies. For example, in 1980, state and federal corrections cost the nation 6.9 billion dollars, compared to 10.9 billion for Aid to Families with Dependent Children (AFDC) and 9.6 billion dollars for food stamps. In 1995, state and federal corrections cost 46.2 billion dollars, compared to 19.9 billion

for AFDC and 27.4 for food stamps.\textsuperscript{196} Put another way, the ratio of corrections dollars to these social welfare programs was 0.337 in 1980, and 0.977 in 1995, a 190\% increase. According to Loïc Wacquant:

> Indeed, the grotesque overdevelopment of the penal sector in the past three decades emerges as the necessary counterpart to the shriveling of the welfare sector, and the joining of the remnants of the dark ghetto with the penitentiary as the logical complement to the policy of criminalization of poverty pursued by the country’s authorities.\textsuperscript{197} 

In other words, as the social welfare safety net was torn apart, the prison system stepped in. In the 1990s, there was no increase in violent crime, but there was certainly a shifting budget priority, visible through the above statistics that show a decrease in social welfare funding, and a notable increase in criminal justice system funding.\textsuperscript{198}

\textit{Criminalization of the Homeless}

The trend towards the criminalization of poverty naturally included the homeless, the most impoverished sector of the population. A 1994 article in \textit{Yale Law & Policy Review} notes that the basic survival behaviors that homeless people engaged in were often criminalized; “[s]urvival strategies regularly constitute criminal conduct, whether sleeping outdoors on public property, loitering, scavenging, public nuisance, congregating, other low-level crimes, or even trespass or burglary.”\textsuperscript{199} A study by two sociologists, David A. Snow and Leon Anderson, found that most police responses to an issue involving a homeless person stemmed from a call made by

\textsuperscript{196} Wacquant, \textit{Prisons of Poverty}, 140. All figures adjusted to current dollars at the time of writing.
\textsuperscript{197} Ibid., 158.
\textsuperscript{198} There was a rise in murders between 1985 and 1993, concentrated in black neighborhoods among black males. The crack epidemic of this time period contributed to the rise in murders. The violent crime happening among black men affected the news cycles, but did not affect the individual lives of people outside black neighborhoods (Wacquant, \textit{Prisons of Poverty}, 147)
a non-homeless individual. Homeless people were at the mercy of the public, a public who had little patience for the survival behaviors that appeared to threaten normal daily life. In an article published in 1995, David Smith, a Yale Law student at the time of his article’s publication, wrote that, at the behest of the public, Miami police officers were applying existing ordinances to homelessness, allowing them to arrest the homeless even if the ordinance had not been originally designed with homelessness in mind. Smith concludes that “[c]riminalization, then, is often an intentional public policy response to the problem of homelessness.” When the public became uncomfortable with the visible homeless, they pushed for policy solutions. In the 1990s particularly, these policy solutions took the form of criminal laws.

**National Trajectory**

The topic of homelessness was not absent from federal discussion during the 1990s. In 1993, President Bill Clinton chose Henry Cisneros to be secretary of HUD. Cisneros quickly made homelessness his primary issue, although there is little legislative footprint of this apparent prioritization of homelessness at HUD. In 1993, Clinton signed an Executive Order “to create a ‘single coordinated Federal plan for breaking the cycle of existing homelessness and preventing future homelessness.’” The resulting plan was known as *Priority: Home! The Federal Plan to Break the Cycle of Homelessness*. *Priority: Home!* represented an amalgam of emergency solutions from the 1980s and long-term, results-oriented language that gained popularity in the 2000s. The Executive Summary of the document differentiated “crisis poverty”

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201 David Smith, “A Theoretical and Legal Challenge to Homeless Criminalization as Public Policy,” 495.
from “chronic disability,” which represented a recognition that homelessness was not the monolithic mass that previous policies had assumed.204 The search for efficient results, which became the language of 2000s homelessness policy, was also evident in this document. The Executive Summary mentions that the American public “has been promised too much for too long with too little result,” and that the goal of Priority: Home! would be to determine actionable, reasonable steps.205 However, the actual impact of Priority: Home! seems to be very limited.

**Trajectory in Cities**

The 1990s were characterized far more by the individual actions of cities than federal policies, although cities were influenced by national trends. In 1987, the stock market crashed. It was a short recession; according to the National Bureau of Economic Research, it was over within eight months. However, full recovery was slow.206 As a result of the recession, “[p]ublic fear replaced self-centered optimism in the early 1990s.”207 A general attitude of fear, along with the focus on criminal activity, created a city environment in which criminal laws proliferated. Federal funding to cities decreased, and mayors became “newly skeptical of Washington.”208 They began to function more similarly to CEOs, rather than mediators between the federal government and the city budget, and public-private partnerships between cities and business

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204 *Priority: Home! The Federal Plan to Break the Cycle of Homelessness*, from Purdue University Library, May 10, 1994, Digitized by Google via https://babel.hathitrust.org/cgi/pt?id=pur1.32754064328028;view=1up;seq=1, 3.
208 Ibid., 7.
organizations proliferated. These mayors also halted the focus on poverty as the root of crime, which had perpetuated the belief that poverty relief was crime relief. They believed poverty to be the result of failed social policies. This idea freed them from having to focus on structural causes of crime, and rather target the criminals directly. In line with the general sentiment of the time, cities turned to crime control; for example, New York City using special software, Compstat, to track areas of high crime with a technique known as hotspotting. In another example, Philadelphia banned homeless people from sleeping in subway concourses, occasionally using dogs to remove obstinate individuals.

**New York City**

In 1987, Mayor Koch of New York City foreshadowed the rise of punitive policies towards the homeless when he implemented a law that forced hospitalization of the mentally ill homeless. In 1994, Rudolph Giuliani, a major proponent of increasing criminality to handle poverty, became mayor.

Having run on a campaign that “dwelt on crime and the city’s deteriorating quality of life,” Giuliani released a paper called *Police Strategy No. 5* within his first year of office. *Police Strategy No. 5* emphasized the slip in quality of life in New York, which mirrored fears of New York residents that their city was losing its former glory. According to the introduction of

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the document, “New Yorkers have for years felt that the quality of life in their city has been in
decline, that their city is moving away from, rather than toward the reality of a decent society.
The overall growth of violent crime during the past several decades has enlarged this perception.
But so has an increase in the signs of disorder in the public spaces of the city.” The sense of
violent crime and visible disorder, in line with the general fear and “tough on crime” sentiment
of the time period, gave Giuliani leverage to increase the role of police.

*Police Strategy No. 5* allowed police to take “dangerous mentally ill street people” into
custody and transport them to an emergency room for evaluation. This seems to have been a
continuation of Mayor Koch’s forced hospitalization policy. However, Giuliani expanded the
policy by attempting to create a database of street people, ostensibly with the goal of allowing
emergency room practitioners to more quickly determine a treatment plan for them. It seems
that the ideal treatment plan was involuntarily committing the homeless people for psychiatric
observation, which shifted the responsibility of the homeless person from the police to the health
care system. However, police were still the first point of contact, not medical personnel.

Giuliani expanded the role of police through several other policies as well. He passed an
anti-begging law that prohibited aggressive panhandling, specifically targeting squeegee men,
who annoyed the public by wiping windshields of cars in traffic and demanding money for the
service. A poster campaign began in the subway system, featuring “simultaneously
demeaning and threatening images of homeless people,” with the slogan “Don’t give them your

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216 New York City Police Department, *Police Strategy No. 5: Reclaiming the Public Spaces of New York*, 25.
money!"219 In 1998, Giuliani fired half the staff in the Department of Homeless Services, cutting down on the people available to run existing programs.220 According to Smith, “Rudy Giuliani has made no secret of the fact that his policies are explicitly designed to rid New York of homeless and other poor people.”221 His method of removing them was to criminalize their behavior, allowing police to enforce their removal.

Philadelphia

In Philadelphia, a similar trajectory was underway. In 1991, Mayor Wilson Goode said that, “...the programs and services for the homeless in Philadelphia have evolved into the most comprehensive and innovative in the nation.”222 Ironically, that same year, according to author and government consultant William Eggers, “Philadelphia hit rock bottom.”223 The city finances were in shambles; in 1991, City & State magazine ranked the city as having the worst financial health among the 50 largest U.S. cities.224 Legislators and business leaders wished to remove the homeless from public space in an effort to revitalize the city, and the public pushed for criminalization policies to protect themselves from the perceived threat that homeless people posed.

In 1991, Ed Rendell was elected mayor of Philadelphia. To balance the city’s budget without raising taxes, Rendell began by cutting city employees’ benefits, which far exceeded

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220 Ibid., 6.
221 Ibid., 8.
those of the private sector. At the same time, the Center City Business District, a collection of Philadelphia businesses, was also trying to revitalize the city. The Center City Business District was led by Paul Levy, a Ph.D. in history who is described by Philadelphia Magazine, “with apologies to Ed Rendell,” as being the Philadelphian most responsible “for transforming downtown from the hellhole of the 1980s to the archetype of intimate, walkable urbanity it’s become.” According to Dennis Culhane, Levy became an advocate for the homeless, an unusual outlier on the trend of business owners being anti-homeless. In the name of improved tourism, Levy “force[d] the city to reckon with the visible homelessness problem and has always been an advocate for effective programs and not just things that don’t work or putting it under the rug.” Interestingly, Levy sought to deal with homelessness by eradicating it, rather than placing the homeless in another system’s purview, a different method of solving homelessness from the rest of the country during this time period.

Despite the influence of Levy, criminalization still took hold in Philadelphia. In 1993, a city ordinance in Philadelphia prohibited loitering and sleeping in public subway stations of the Southeastern Pennsylvania Transportation Authority (SEPTA). To remove homeless people from SEPTA corridors, the police sometimes used dogs. The homeless were only permitted to stay in SEPTA corridors when the weather was dangerously cold and the city called a Code Blue.

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229 Stone, “Blackwell still outraged,” February 5, 1993.; According to the website of the city of Philadelphia, a Code Blue is called when the temperature, wind chill, and precipitation result in temperatures that feel as though they’ are “near or below” 20 degrees Fahrenheit. While it is not clear if these were the same parameters as in 1993, the parameters are presumably similar. At the time of writing, a Code Blue in Philadelphia causes the city to provide full-time outreach coverage and access to vacant beds in the existing emergency housing
In 1993, the issue of SEPTA police officers gained media attention when City Councilwoman Jannie Blackwell, who regularly provided food to the homeless, confronted a SEPTA police officer in a city subway station. Blackwell’s aide interfered in a SEPTA officer’s attempt to use a dog to move homeless people out of a subway concourse. When the police officer tried to arrest Blackwell’s aide, Blackwell intervened. The officer failed to recognize her as a councilwoman and arrested her as well.

In the aftermath of the incident, journalists interviewed homeless people who said they frequently experienced aggressive behavior from SEPTA police. A majority of homeless people interviewed agreed, although there were some who said they had had primarily pleasant, kind interactions with the SEPTA police. Many argued that the SEPTA police had become too harsh. Well-known homeless advocate Sister Mary Scullion, who had also been arrested, was among the critics. In response, the SEPTA General Manager argued that he had a responsibility to the riders of SEPTA, many of whom he said were complaining about “odors and filth.” Other city officials were concerned about the city’s image, which was being damaged by the presence of homeless individuals. They were particularly interested in maintaining a clean image as the Philadelphia Convention Center neared its grand opening. A local human rights advocate, Father Paul Washington, complained that “[b]eautiful and spacious buildings should

not take priority over human needs.” However, the city desperately needed income, and the Convention Center was part of the attempted revitalization. Regardless, City Council passed a resolution authorizing an investigation into the SEPTA police treatment of homeless and the use of dogs.\footnote{Wilson, “Homeless want their concerns met,” February 5, 1993.}

Several violent incidents perpetrated by suspected homeless people in SEPTA stations likely contributed to the perception that homeless individuals were dangerous. Shortly after the Blackwell incident, a SEPTA police officer was stabbed by a suspected homeless assailant.\footnote{Stone, “Blackwell still outraged.”} Another SEPTA officer was killed by a mentally ill homeless man. The police dogs were perhaps a reaction to these crimes; when questioned about the use of dogs, the deputy general manager of SEPTA, Howard Roberts stated that serious or violent crimes had dropped from nearly 1500 to 591 since dogs had become involved.\footnote{Julia Cass, and Lea Sitton, “A SEPTA Policeman is Stabbed,” Philadelphia Inquirer, April 6, 1993.}

For the public, odor also seemed to be a major issue. A Philadelphia Tribune article from 1993 explained: “Many users of the subway and El are repulsed by the stench of bodily wastes reeking in the Center City concourses, and these public transit riders feel ill at ease at the sight of shadowy figures, due to the prevalence of crimes in the area.”\footnote{Doreen Carvajal, “Council Members Criticize SEPTA’s Dog Use The Agency Said the Dogs Had Reduced Crime. Opponents Said They Were Reminders of Injustice,” Philadelphia Inquirer, March 3, 1993.} Another Tribune article from 1993 contained a recommendation from a teacher in a Philadelphia suburb who suggested that the SEPTA situation could be ameliorated by public showers for the homeless.\footnote{“Provide housing, not handouts,” Philadelphia Tribune, April 6, 1993.}

The issue of odor can be explained with Mary Douglas’s framework as delineated in her anthropological study Purity and Danger: An Analysis of Concepts of Pollution and Taboo. In
her words, “pollution behavior is the reaction which condemns any object or idea likely to confuse or contradict cherished classifications.”

241 In other words, dirt is a marker of deviation from well-defined patterns; this disorder bothers people. Douglas’s framework can easily be applied to homeless people, particularly in subway stations. The sight of people sleeping in a subway concourse disagrees with conceptions of socially approved sleeping places. The accompanying odor is an olfactory reminder that something is askew. Douglas also believes that “anomalous events,” those that defy standard categorization, may be treated as dangerous.

242 Thus, by living outside typical social boundaries, a homeless person is quickly labeled as dangerous.

In autumn 1995, the activism of the 1980s resurfaced in the form of an ineffective protest. A group of homeless individuals banded together, camping on a vacant lot that was to be developed with federal money, protesting the city’s requirement that homeless individuals enter shelter before they could receive subsidized housing. To catch the city government’s attention, a few individuals moved to camp in the center of Philadelphia’s historic tourist district, near the Liberty Bell. However, city officials failed to recognize the activists’ concerns, and the homeless individuals decamped back to the main tent city, recognizing that their protest would soon end when the weather turned cold. It was a brief return to the activism of the previous decade, but the wave of criminalization continued.

In 1996, City Councilman (and future mayor) James Kenney introduced a bill banning aggressive panhandling.

243 Kenney’s bill did not pass. In 1998, however, City Council passed a


similar bill prohibited bicycling and skateboarding on the sidewalk, along with “aggressive panhandling,” and panhandling within 20 feet of an ATM or bank entrance. It also allowed police to put homeless people into shelters. John Street, the future mayor of Philadelphia, said the bill “makes the city a more pleasant place for those who live, work and visit Philadelphia [sic].” He argued that the bill “is critical for the future development of the city,” appealing to Center City businesses who were worried about panhandling turning their customers away. Councilwoman Blackwell dissented, complaining that it “puts police in charge of acting as mental health counselors instead of more suitable outreach workers.” Despite Blackwell’s pushback, the bill became law.

Because of her disagreement with the law, Blackwell’s district of West Philadelphia was excluded from the anti-panhandling bill. Ironically, this caused a backlash in Blackwell’s 3rd Council district; residents were fearful that “instead of being arrested for aggressive panhandling and other types of disruptive displays in downtown Philadelphia, panhandlers and the homeless can take refuge in West Philadelphia, free from police persecution, but also free from services provided by the city.” Local business owners were also upset about being left out of the bill; they feared homeless criminal activity and crowded sidewalks. A city street cleaner was quoted in a Philadelphia Tribune article as saying, “…businesses will definitely hurt. How would you like it if one day you found a bunch of homeless people bothering customers that weren’t there before?” The electorate was in favor of a bill that constrained disagreeable behaviors by the homeless.

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Conclusion

As the decade came to an end in Philadelphia, the criminalization of the homeless seemed to subside, although laws put in place during the 1990s remained intact unless directly challenged. The criminalization of the 1990s, fostered by a short-term recession, the long-term impact of the Reagan Revolution on social welfare, and the public’s (unfounded) fear of criminal activity, led to harsh treatment of the homeless. Unlike the 1980s, which had been characterized largely by national, reactionary treatment of the homeless, the battles of the 1990s took place in cities. Mayors trying to revitalize their cities looked to business and the support of the housed public, and those voters called for tough crime laws and moving the homeless out of public space. To appease these wishes, legislators criminalized homeless behaviors.

Media coverage and public interest created a feedback loop that increased fear of crime. The electorate, in turn, pushed their representatives to do something about the crime problem. Homeless individuals were left out of the policymaking equation, used instead as a means of reelection by officials who sought to appease the public. They were also shifted around by business leaders who wished to remove them from public space in an attempt to revitalize failing cities. Without the voices of activists and prominent leaders of the decade prior, the homeless were particularly vulnerable.
Chapter 3 – Efficiency

Introduction

The 2000s were characterized by a subdividing of the homeless population, with targeted programs aimed at solving homelessness among specific subsets of the homeless population. Under this framework, chronic and veteran homelessness became particularly important, and cities were able to achieve measurable success. These goals were assisted by President George W. Bush’s commitment to “compassionate conservatism” and President Obama’s attempt to improve the economy (and perhaps the visible signs of its instability) following the Great Recession. With federal and public attention attuned to reaching well-defined goals, homelessness policy solutions focused less on the criminalized behavior of individuals and more on identifying cost-effective solutions.

In Philadelphia, revitalization was taking place through the same targeted approach that categorized the homeless, rather than treating them as a singular bloc. The Center City District, a quasi-governmental organization run by city planner Paul Levy, focused on improving the city through achievable goals. Removing public homelessness was one of these goals.

“A Cruel and Costly Circle of Futility”

By the early 2000s, homelessness programs were dominated by a loose collection of services commonly known as the Continuum of Care model (CoC). A policy memo written for the Department of Housing and Urban Development (HUD) in 2002 listed an ideal CoC model as having seven parts: prevention, outreach and assessment, emergency shelter, transitional housing, permanent supportive housing, permanent affordable housing, and supportive
services. The HUD memo envisioned these services as a web, and indeed included a diagram with all the components interconnected, as seen in Figure 5, demonstrating that a homeless person could take advantage of any of the components as necessary. In practice, however, the CoC model tended to be more of a staircase. A homeless person had to graduate from each step to increasing levels of independence. To retain his shelter, a person was required to subscribe to a curfew, drug testing, helping with chores, and other program attendance requirements. The homeless person sometimes never progressed beyond the first step, falling off the staircase due to a return to substances or the street, creating “…a cruel and costly circle of futility.” Indeed, there is evidence that those within the CoC system viewed it as punitive.


250 Ibid.

Figure 5: The Continuum of Care model, as depicted in a Department of Housing and Urban Development memo, shows a network of services, including prevention, outreach, transitional housing, permanent supportive housing, and supportive services.252

In 2000, Congress began more fully funding the “top step” of CoC, permanent supportive housing. Legislators began requiring the Department of Housing and Urban Development to dedicate at least 30 percent of its usual homelessness budget towards the creation of permanent housing.253 This represented a shift away from the emergency policies of the 1980s and the criminalization of the 1990s, as Congress demonstrated a commitment to longer-term solutions such as permanent housing.

An alternative program to CoC, known as Housing First, began to gain popularity in the early 2000s. Housing First was unique in both the population it sought to serve and its method of service. In the 1990s, Dr. Dennis Culhane, a homeless activist and scholar, published a seminal study documenting that most individuals who experience homelessness are only homeless for a

short period of time, usually a few days. However, a subset of the homeless population experiences chronic homelessness, defined as being without a home for an extended period of time, usually due to poor mental health, substance abuse problems, or advanced age.

With the goal of helping the chronically homeless, Dr. Sam Tsemberis, a family therapist, founded the organization Pathways to Housing in 1992. Pathways to Housing utilized Tsemberis’s Housing First model, which simply gave chronically homeless individuals a home, along with support services. The permanent apartments were provided with no requirements other than the individual contributing 30% of their income to rent and committing to a required twice-monthly meeting with a staff member. Perhaps most notably, Housing First apartments were provided without sobriety or program attendance requirements.

To aid the rehabilitation of homeless people once they were given a home, Housing First incorporated support services that include social workers, counselors, and other caretakers to help manage medical issues. These support services had a strong harm reduction component, which stressed the celebration of small steps in reducing drug use or other harmful behavior, rather than requiring immediate stoppage of all behavior. As defined in Marlatt’s “Harm Reduction: Come As You Are,” harm reduction seeks a third alternative to the medical and morality models of disease. Rather than label deviance as an illness or a sin, harm reduction

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256 The definition of “chronically homeless” itself changes with the study or policy, but usually encompasses individuals who have been continuously homeless for a year or longer, or who have had multiple episodes of homelessness within a limited period of time. See Culhane and Byrne, “Testing Alternative Definitions of Chronic Homelessness.”
259 Sam Tsemberis, Leyla Gulcur, and Maria Nakae, “Housing First, Consumer Choice, and Harm Reduction for Homeless Individuals With a Dual Diagnosis,” 652.
260 Ibid.
attempts to lower the level of harm resulting from the individual’s behavior. In practice, harm reduction avoids punitive measures for regression, rather seeking to make the behaviors as safe as possible. If the harmful behavior cannot be stopped, the harm reduction approach seeks to make it less consequential.

To test the Housing First program empirically, Tsemberis and his colleagues used a grant from the Substance Abuse and Mental Health Services Administration (SAMHSA), a federal agency, to randomly assign 225 homeless participants to either the CoC approach or the Housing First model. The results were encouraging; while Housing First did not decrease drug or alcohol use among its participants, it had a high percentage of people who remained stably housed, in addition to increasing perceived feelings of autonomy among the Housing First residents. The results of the program gave it a strong foothold in existing homeless policy, which had been largely unchanged for several decades.

“The measure of true compassion is results”

Housing First entered the federal policy sphere in the early 2000s. The policy’s focus on seeking results aligned with President George W. Bush’s platform of compassionate conservatism. At a fundraising event in 2002, Bush explained his theory of compassionate conservatism, advocating for a “…different approach than either big government or indifferent

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262 G. Alan Marlatt, “Harm Reduction: Come As You Are,” 786.
263 Ibid., 654-655.
The goal was “…to spend on what works. The measure of compassion,” he said, “is more than good intentions. It is good results.” Thus, the Housing First policy’s search for evidence-based success was precisely in line with President Bush’s assertion that “[t]he measure of true compassion is results.” Rather than ignoring the homeless population or continuing with a shelter system that seemingly entrenched the matter, merely shuffling homeless people through a series of institutions without permanently removing them from the streets, Bush wanted welfare policy that had a proven method for solving at least part of the problem.

Phil Mangano, the Bush administration’s homelessness czar and an outspoken advocate for Housing First policy, agreed with the focus on positive outcomes. In a 2004 article in *Atlantic*, Mangano embodied compassionate conservatism, interweaving mentions of Saint Francis of Assisi and slavery abolitionists with his discussion of the need for results in homelessness policy. According to Mangano, “[o]ur intent is to take homeless policy from the old idea of funding programs that serve homeless people endlessly and invest in results that actually end homelessness.” Programs implemented by the government must be, in the words of Mangano, “research-and-data-driven, performance-based, and results-oriented.” The Bush administration saw enormous promise in tackling a subset of homelessness through Housing First, and its leading homelessness advocate gave insight into the results-driven approach to compassionate conservatism. The Bush administration ultimately sought to end homelessness in

267 George W. Bush, “Compassionate Conservatism.”
268 Ibid.
10 years, challenging cities to release plans to this end.\textsuperscript{272} However, that challenge fell short, likely because of the foreign policy affairs that dominated President Bush’s time in office.

\textit{Public Health Approach}

Housing First is unique to American social welfare, but it is not unique to the public health field. The idea of “hot-spotting,” or purposely seeking out the highest cost patients in a health care system, came into popularity around the same time as the Housing First policy. Dr. Jeffrey Brenner, a family practice physician in Camden, New Jersey, became involved with the local police department at a time when they were testing crime hot-spotting software. The plan was to plant officers at key hot-spots of criminal activity, thereby reducing the incidence of crime. After the department had abandoned the idea, Brenner retained his fascination with the concept.

Brenner began using the software to find the addresses of the most expensive patients in the Camden area; although he was specifically interested in improving the health outcomes of patients, the patients with the highest medical bills were often those who were receiving poor care. He then traced those patients, taking over their care from doctors who were very willing to give up their most difficult cases. Speaking to these medically complicated patients, Brenner discovered that many of them struggled with barriers, beyond their health problems, that exacerbated their illnesses. Patients living in unsafe conditions and those with substance abuse problems abounded. To fix their health problems, Brenner realized, a more holistic approach was needed. For the most difficult cases, an entire team of people was deployed: a social worker, a

nurse practitioner, medical assistants, and a physician. Although this was an unusual approach to treatment, it was effective. The first thirty-six patients treated through Brenner’s method had a 56% reduction in hospital bills, not counting drug or personnel costs.\footnote{Atul Gawande, “The Hot Spotters,” \textit{The New Yorker}, January 24, 2001. http://www.newyorker.com/magazine/2011/01/24/the-hot-spotters}

There are many parallels between patient hot-spotting and Housing First; both policies seek to reduce costs by providing extra support to the most difficult cases. From this perspective, Housing First aligns with public health policy. Rather than traditional social welfare arguments, which focus on who is most deserving (as per Michael B. Katz’s work), Housing First adopts a hot-spotting-style public health approach, which focuses on which population is most expensive to the taxpayer, seeking to reduce waste in publicly provided health services.\footnote{This targeted approach has been used outside the public health world as well. For example, after the Rodney King beating, an investigation into the Los Angeles Police Department produced a report known as the Christopher Commission, which found that there were only a few police officers who tended to be overly aggressive. The report recommended more attention be focused on the officers with multiple complaints against them. See Malcolm Gladwell, “Million-Dollar Murray,” \textit{The New Yorker}, February, 12, 2006, 104, http://archives.newyorker.com/?i=2006-02-13#folio=096.}

The adoption of a public health approach redefines standard social policy framing. In a 2006 New Yorker article by renowned journalist Malcolm Gladwell, he wrote that the Housing First policy, “doesn’t seem fair…Social benefits are supposed to have some kind of moral justification. We give them to widows and disabled veterans and poor mothers with small children. Giving the homeless guy passed out on the sidewalk an apartment has a different rationale. It’s simply about efficiency.”\footnote{Malcolm Gladwell, “Million-Dollar Murray,” \textit{The New Yorker}, February, 12, 2006, 104, http://archives.newyorker.com/?i=2006-02-13#folio=096.} As Gladwell’s reference to “the homeless guy passed out on the sidewalk” illustrates, the homeless are an unsympathetic population, and to convince the public of the need to fund certain welfare policies such as Housing First, the program must be framed in terms of efficiency, not moral righteousness.
“Investing in the status quo is no longer acceptable”

When President Obama was elected, it was partially because of the failing economy. Perhaps because of this, he had an unusual focus on homelessness compared to the other presidents during the time period discussed in this paper. The Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act passed in May 2009, legislating the continued appropriation of money toward permanent housing.276

The HEARTH Act also required the US Interagency Council on Homelessness (USICH) to develop a national plan to end homelessness, much like President Bush had asked cities to do during his presidency. In 2010 that plan, called Opening Doors, was released. It included a commitment to individuals, families, and veterans.277 Notably, the letter by President Obama in the beginning of the Opening Doors document states that “investing in the status quo is no longer acceptable…we have a responsibility to tackle national challenges like homelessness in the most cost-effective ways possible.”278 Cost efficiency was crucial. The program had four original goals: ending chronic homelessness in five years, preventing and ending veteran homelessness in five years, preventing and ending homelessness for families, youth, and children in ten years, and setting a path to ending all types of homelessness.279

It was a moonshot effort, and the five year goals were not accomplished in time. An amended Opening Doors document was released in 2015, providing new goals of preventing and

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276 Dennis P. Culhane, and Thomas Byrne, Ending Chronic Homelessness: Cost-Effective Opportunities for Interagency Collaboration, 7.
ending veteran homelessness in 2015, ending chronic homelessness in 2017, preventing and ending homelessness for families, youth, and children in 2020, and setting a path to end all types of homelessness.\textsuperscript{280} Despite failing to meet the original goals, the amended document states that the \textit{Opening Doors} program was successful in reducing veteran homelessness by 33\% and chronic homelessness among individuals by 21\%.\textsuperscript{281}

The 2010 Affordable Care Act recognized the impact of homelessness on health. The ACA allowed states to expand Medicare and Medicaid to include “housing as health.”\textsuperscript{282} Under this program, states could choose to funnel public dollars through some hospitals and other health organizations into housing. By implicitly defining homelessness as enough of a risk factor to mandate federal and state-level funding from Medicare and Medicaid, the ACA recognized housing status as a social determinant of health. However, the authors of \textit{Housing First: Ending Homelessness, Transforming Systems, and Changing Lives}, one of whom, Dr. Sam Tsemberis, was instrumental in creating the Housing First program, fear that this connection may “pathologiz[e] poverty.”\textsuperscript{283} By giving medical professionals the power to determine who gets a home under this program, the authors fear that housing as health will both treat housing as a short-term medicine, rather than a permanent solution, and that it will relieve the federal government of the responsibility of providing necessary low cost housing.\textsuperscript{284}

\begin{footnotesize}
\begin{itemize}
\item \textsuperscript{281} Ibid., 5.
\item \textsuperscript{282} Deborah K. Padgett, Benjamin F. Henwood, and Sam J. Tsemberis, \textit{Housing First: Ending Homelessness, Transforming Systems, and Changing Lives}, “Housing as Health: The Affordable Care Act.”
\item \textsuperscript{283} Ibid.
\end{itemize}
\end{footnotesize}
Philadelphia

In 1999, the criminalization of homelessness in Philadelphia began to lessen. A bill known as the Sidewalk Behavior Ordinance, which banned lying on city sidewalks, went up for a vote at the City Council. Advocates decried the bill, protesting it with public rallies and by attending the Council public hearings on the bill. Finally, an amended version of the bill was passed, one which contained non-criminal penalties and required police officers to consult with outreach teams before arresting a homeless person. Some other decriminalization activities followed. A 1999 lawsuit ended the ability of some specially trained Philadelphia police to criminally cite homeless individuals if they did not accept help from an outreach team. In 2001, the decision was made to not enforce an overnight curfew in Fairmount, Philadelphia’s largest public park.

In 2008, the city continued to seek other methods of handling homelessness outside the criminal justice system by inviting the Pennsylvania Housing First program, known as Pathways to Housing PA, to Philadelphia. Of the 117 people housed through Pathways to Housing through 2008 to 2010, the majority were black, male, and aged 41-50 years of age. By 2015, Pathways to Housing PA had expanded, housing 430 people with a retention rate of 89%.

An evaluation of the Philadelphia pilot of Pathways to Housing was produced in early 2011 by a Philadelphia-based consulting firm specializing in non-profits and public

organizations. This evaluation, with data from 51 individuals, shows a 50% reduction in cost with the Pathways to Housing program compared with other permanent housing programs. The participants in Pathways to Housing in Philadelphia also experienced fewer hospitalizations and prison interactions. The evaluation credits Pathways to Housing with increasing the stability, and thus wellbeing, of the people being served because they had fewer encounters with emergency services.

Most Philadelphia businesspeople disliked the apparent decriminalization. After the 1999 Sidewalk Behavior law, which required outreach teams on-site before a homeless person could be arrested, Center City businesses faced more obstacles to removing the homeless from their storefronts. In 2011, Frank DiCicco, the Councilman for the district containing most Center City businesses, introduced an amendment to the Sidewalk Behavior law that would have removed the requirement for police to call outreach teams before citing the homeless person for aggressive panhandling. The amendment also would have inserted a measure against disorderly conduct, again without the requirement that outreach teams be called before enforcement. In June of 2011, advocates and business interests compromised by rejecting DiCicco’s first measure and accepting the second. With this compromise, police were permitted to cite disorderly conduct without an outreach team present, although they would have to call an outreach team before acting against aggressive panhandling.

Despite a possible trend towards decriminalization (the history is too recent to be conclusive), not all laws fit this pattern. In 2012, Mayor Michael Nutter banned serving food to

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294 Ibid., 2.
the homeless in public parks. The banned feeding locations notably included the Benjamin Franklin Parkway, a major Philadelphia thoroughfare lined with tourist attractions. Coincidentally, a new museum had opened on the Ben Franklin Parkway only two weeks before the ban was put into place.\textsuperscript{295} In response, religious groups sued the city, arguing that the feeding ban violated their right to demonstrate their religious beliefs by aiding the homeless. The judge presiding issued an injunction that the city accepted. In 2016, Mayor Jim Kenney overturned the ban.\textsuperscript{296}

In 2015, Philadelphia became one of several cities nationwide who met the commitments from President Obama’s Opening Doors program in ending veteran homelessness. According to Mayor Nutter, 1390 Philadelphia veterans had been permanently housed, with an additional 15 remaining on the streets by choice.\textsuperscript{297} Thus, the mayor announced that the city had reached “functional zero,” and had “effectively ended” veteran homelessness in Philadelphia. The results-oriented approach, guided by Housing First, had achieved the desired outcome for veteran homelessness in Philadelphia.

\textit{Conclusion}

The Housing First policy is still relatively new, and it still comprises a limited portion of the federal approach to homelessness. However, it approaches homelessness in a unique way, focusing on the subset of the homeless population defined as “chronically homeless.” By targeting this population, Housing First takes a somewhat public health oriented approach,

\footnotesize{\textsuperscript{296} Polaneczky, “Kenney overturns homeless feeding ban on Parkway.”}
serving those deemed the neediest, rather than those who are deemed to be worthiest. With the shift in definition comes a shift in justification; the framing of the Housing First policy replaces traditional, sympathetic social welfare framing with rationales focused on producing results and stretching taxpayer money. Although these justifications were crucial to the implementation of Housing First, they necessarily override larger social concerns that led to the homelessness problem.

In the 21st century, the homeless population was segmented into different subcategories; notably, families, veterans, children, and the chronically homeless. Targeted solutions sought to eradicate certain subcategories of homelessness. Presidents George W. Bush and Barack Obama both attempted 10 year plans to end homelessness, although such moonshot goals have, to date, failed nationally. Regardless, some localities, including the city of Philadelphia, have found success in using the Housing First program. Criminalization policies continue, but they have been tempered in recent years. The search for results ultimately continues.
Conclusion

Homelessness made a spring into modern consciousness during the 1980s; while not a new condition, its burgeoning numbers captured the media’s attention, and the conversation took on the language of crisis. The federal government responded with emergency measures to forestall media and public condemnation. Democrats seized on the minimalistic social welfare policies of the Reagan administration and called homeless people to testify in a congressional hearing aimed at attacking the president before his second presidential campaign. Mitch Snyder’s scathing testimony at the hearing was particularly emblematic of the disconnect between politicians and the homeless.

Despite the gap between legislators and activists, the 1980s saw an amplification in the voice of the homeless as advocates made their fight known both nationally and in Philadelphia. These activists, some formerly homeless themselves, organized and successfully lobbied on a scale not seen since. Their work contributed to the passage of the 1987 McKinney Act, which remains the keystone of the federal government’s response to homelessness. Philadelphia closely mirrored the federal situation, but with more long-term programs, such as Dignity Housing.

In the 1990s, crime monopolized public interest, and voters began to push policymakers to pass harsher criminal laws. As a result, homeless behaviors, such as sleeping on sidewalks and panhandling, were made illegal. To enforce these laws, police were given increased powers, such as the ability to arrest homeless people, or in the case of Philadelphia, use dogs to drive them out of subway concourses. The criminalization trend was most clearly seen at a city level, because criminal laws tended to be enacted by local governments rather than federal. During this time period, the federal government did little to aid the homeless.
In the late 1990s and early 2000s, policy language switched to talk of efficiency as homeless people were sectioned into separate groups and targeted with specific policies. The national and city goals seemed to align with the idea that homelessness could be more efficiently (and cost-effectively) solved if specific types of homelessness were eradicated. Homelessness as a possible metric may also be in view here; during the Great Recession, any measurable results indicating economic recovery were tantalizing. If policymakers could find a way to remove the homeless from the streets and, in effect, “solve” homelessness, then they were achieving quantifiable results that they could share with their electorate to gain favor.

A thorough conclusion must address the earlier research questions that guided this paper: How can the vastly different policies of the decades be explained? Are there any common factors in homelessness policy since the 1980s? How is homelessness policy at the city level different from federal policy? How has health been integrated into homelessness policies?

Over time, distinct policy shifts can be seen. Homelessness has shifted through permutations: emergency, criminality, efficiency. These categories do not fit exactly into the decades of the 1980s, 1990s, and 2000s, but they closely align. The pulse of each decade, taken through the mass media and newspaper articles, seems to be written into the homeless policies. This is most clearly seen in the dovetail between a public fascination with crime and the criminalization policies of the 1990s, but the emergency focus of the 1980s and the efficiency approach of the 2000s also align with the zeitgeist of the age. Historical moments seem to indelibly influence homelessness policy.

Of course, any policy is birthed from the age in which it was written. Policy language, priorities, and financial commitments all change with the passage of time. However, the lack of a clear direction over time for homelessness policy is striking. Unlike other social welfare reforms,
which generally focus on the sympathetic members of a population and may only become more or less generous depending on the current political administration, homelessness policy vastly shifted between treating only those who were in dire need during the 1980s, to treating those who were labeled chronically homeless by simply giving them a home during the 2000s. Sympathy of the electorate for the homeless was not the primary policy driver.

In his 1990 book *The Undeserving Poor*, Michael B. Katz gave further support to this hypothesis. He suggested that the homeless in the 1980s were “the new deserving poor.”

His book predicted that if the homeless continued to organize as they did in the 1980s, they would soon “slip again into the ranks of the undeserving poor.” His statement was prescient; the public goodwill demonstrated towards the homeless in the 1980s was replaced by much harsher policies in the 1990s. However, while the strict policies of the 1990s were not entirely gone during the 2000s, they were mitigated with the new policy of Housing First that simply provided homes for the chronically homeless, regardless of their level of worthiness. In fact, the people who received these homes in Philadelphia between 2008 and 2010 tended to be black, male, and middle-aged. Homelessness policies, then, fall outside the typical framework used to explain welfare policies.

The question remains, then: how can the disconnected homeless policies of the 1980s-2000s be explained? The answer seems to lie at the nexus of politicians, the voting public, and advocates, a nexus responsible for forming and legislating new policies. I intentionally leave the homeless out of this network. Homeless individuals have a very low voting participation rate,

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299 Michael B. Katz, *The Undeserving Poor: From the War on Poverty to the War on Welfare*, 192.
with widespread disenfranchisement until the 1980s.\textsuperscript{301} Even after they gained the legal ability to vote, the homeless remained largely barricaded from voting due to practical difficulties in registering and casting votes. Over the course of the history covered in this paper, homeless individuals have occasionally entered the policymaking decision process by becoming advocates, giving them more control over policies that affect their lives. However, they did not participate in policy formation simply by virtue of being homeless themselves. Thus, policymaking was a joint effort between politicians, the voting public, and advocates.

As explained in the introduction, Skocpol believes that the passage of legislation has two important components. First, there must be a well-organized group pushing for legislation. Second, the desired policies of that group must align with the legislative goals of policymakers and the political climate of the time. For legislators, according to Schneider and Ingram, policies must serve a political end. This provides an explanation for the homelessness policies passed during the 1980s to the 2000s. When advocates or the electorate pushed for policies that fit with legislators’ goals, Congress and City Council began to take action.

This theory indeed held true during the 1980s to the 2000s. The activism of the 1980s, led by Mitch Snyder nationally and Chris Sprowal in Philadelphia, was effective because homelessness reached national news and became a concern of legislators. When the policies pushed by advocates aligned with the political goals and wishes of the electorate, key pieces of legislation were passed. Most notably, activists were key in the passage of the 1987 McKinney

\textsuperscript{301} In the early 1980s, the District of Columbia Board of Elections and Ethics decided that homeless individuals could register to vote if they could specify a location of residence and an address at which they could receive mail (Edward J. Smith, “Disenfranchisement of Homeless Persons,” \textit{Washington University Journal of Urban and Contemporary Law}, 1987, 235.). In 1984, a court case in Philadelphia, \textit{Committee for the Dignity and Fairness for the Homeless v. Tartaglione} allowed homeless individuals to use shelters that accepted mail as a residential address on their voter registration (\textit{Pitts v. Black}, 608 F. Supp. 696, 709 (S.D.N.Y.1984). The same year, \textit{Pitts v. Black in New York} ruled that the existing election laws violated the equal protection clause of the Fourteenth Amendment and “effectively disenfranchise[d] homeless individuals” citing the existing permission of homeless individuals to vote in Washington, DC, along with the Philadelphia decision that had been reached earlier that year (\textit{Pitts v. Black}, 608 F. Supp. 696, 709 (S.D.N.Y.1984).
Act, the most influential and longest-lasting piece of homelessness legislation to date. In subsequent decades, the voice of the homeless was barely heard. Policies during the 1990s and 2000s were the product of combined desire between the electorate and legislators to remove the street homeless from sight or to eradicate certain subsections of homelessness altogether. The wishes of the homeless barely factored in, as they were removed from the policymaking equation when they lost their effective advocates.

Thus, the haphazard collection of homelessness policies from the 1980s to the 2000s can be explained with Skocpol’s conception of the policymaking process. Homelessness is a unique state in which a person is largely removed from typical social structures, and thus is usually excluded from civic participation that impacts policy. Indeed, Schneider and Ingram theorize that their “deviant” group of society, which I believe is the group that best describes the public viewpoint towards the homeless, has the lowest participation in the civic process. Deviants tend to view the government as corrupt and unable to fulfill their needs. As a result, they avoid interaction with the government, leading to low civic participation rates. Schneider and Ingram argue that this constitutes a breakdown in democracy. Schneider and Ingram’s work can be expanded by Skocpol’s policymaking theory in the case of the homeless; deviants are excluded from the government when they choose not to participate. Homeless individuals are also excluded by social structures, stigma, and disenfranchisement. Their exclusion leads to policies that ignore their needs and wishes, and it is indeed a breakdown in democracy.

Removed, intentionally or not, from the voting process and without a national voice, the homeless become a piece in a political game—the one clear continuity between homelessness policy during the decades covered in this paper. This can be seen in the 1980s, when Congressional Democrats used the case of homelessness to attempt to harm Reagan’s 1984
reelection campaign. During the 1990s, legislators used the homeless to appease the public’s fear about crime; as the public became increasingly frightened of random violence, people on the streets were increasingly labeled as criminal. In the 2000s, the Housing First policy sought results in ending homelessness. While it seems to have benefitted the homeless, at least achieving success in getting them off the streets and out of shelters, it was passed by policymakers explicitly seeking a cost-effective solution to homelessness. While few would disagree that policies should have as low a financial burden as possible, the twin desires of cost-effectiveness and seeking results dominated the Housing First discussion, rather than an explanation of how Housing First was actually aiding the homeless.

The federal response to homelessness compared to that of Philadelphia also provides some insight into policy responses to homelessness. During the decades discussed in this paper, the city of Philadelphia took more action towards homelessness than the federal government. During the 1980s, as the national policy tended towards emergency appropriations, the activists in Philadelphia gained Dignity Housing for homeless individuals. In the 1990s, there was little federal response to homelessness, but the city environments of both New York and Philadelphia became hostile to homeless behaviors such as sidewalk and subway station loitering. In the 2000s, the federal response to homelessness signaled an increasing commitment to targeted solutions with results, although the federal policy was less of a watershed moment and more of a reappropriation of limited finances towards permanent supportive housing. Meanwhile, in Philadelphia, the concept of Housing First had taken hold. The city invited Pathways to Housing PA, one of the original Housing First branches, to come to Philadelphia. Although some vestiges of criminalization remained in Philadelphia in the 2000s, such as the ban on feeding the homeless along the Ben Franklin Parkway, Mayor Michael Nutter announced in 2015 that
veteran homelessness had been eradicated, signaling that Philadelphia had achieved results thus far unattainable by the federal government.

There are several possible explanations for the greater policy action taken by Philadelphia. One is that the city, with a smaller size, was able to act more nimbly than the federal government and thus pass more policies. However, the city budget was much more limited than that of the federal government, which necessarily acted as a constraint. A more compelling explanation, in my opinion, is that the public in Philadelphia had more frequent contact with the homeless than American citizens at large did. In other words, Philadelphians passed homeless people as they commuted to work, went shopping, and played in public parks. Americans in more suburban or rural areas likely did not have the same experience. Thus, Philadelphians were more concerned with the problem of homelessness, pushing their local legislators to take greater action.

The final research question seeks to understand the connection between homelessness policy and health. When I began this research, I expected there to be much more health intertwined in homelessness policy. Homelessness and health are so closely interrelated, it seemed impossible for policies to ignore the connection. However, the history of recent homelessness policy is noticeably lacking much discussion of health. Policies in the 1980s occasionally included some minor health components, included a few programs administered by HHS that were legislated by the McKinney Act, but the policies were largely dominated by emergency food and shelter requirements. In the 1990s, the criminalization policies seemed to directly target people who had mental illness, rather than seeking to help them. In more recent years, however, homelessness and health together have become a greater topic of discussion. Housing First policy takes a public health approach to homelessness. The Affordable Care Act
permitted some Medicaid dollars to be directed towards providing housing. Future developments may well include a greater health component.

The convoluted recent history of homeless raises one more question: who is in charge of enacting change? Throughout the history of homelessness, the authority has shifted, from private corporations, to governments, to cities, always with a locus of responsibility on the homeless individual. As homelessness is categorized and treated as a metric, with language around “eradication,” perhaps public health will take over. In the current age, however, Krieger and Higgins believe that “[r]esponsibility for social determinants of health is seen as lying primarily outside the scope of public health.”

An article published in the *American Journal of Public Health* reiterates that “in general, the public health establishment has not seen the elimination of homelessness as a public health priority.” For a coherent policy focus to be formed, legislators must step outside of the political expediency framework and determine which policy sector can best fit the problem of homelessness, be it public health, economic policy, or welfare policy. Regardless, taking these steps will require a rethinking of the driving motivation that has characterized homeless policy for the past three decades.

In all, the story of homelessness is a story of political voice. Since the 1980s, homeless voices have not been heard. And since then, new policies have rarely come to fruition. Politicians feel compelled to help the population that maximizes their capital, whether this occurs through quelling the voices of angry activists, removing the visible homeless through criminal approaches, or quantifying eradication with hotspotting techniques. The story of homelessness is one infrequently punctuated by the voice of homeless people, a story more thoroughly dominated

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by the political desires of legislators, even as they create policies that directly impact the homeless.
Epilogue

My narrative of homelessness involved much less of the voices of the homeless than I had anticipated. In studying policy and programs, I discovered how rare it is that homeless individuals are able to share their personal experiences. However, in my research, I was given the opportunity to speak with Tracy, a formerly homeless woman in Philadelphia who overcame homelessness. She explained her story to me, and I feel compelled to include it to provide the reader with an example of how an individual can exercise her voice and make a difference.

Tracy was addicted to both drugs and alcohol, but she managed to get clean. However, she found herself with several kids and no job or home stability. She tried moving in with family, but that situation ended poorly. Finally, she ended up in Philadelphia, where she had previously worked at a homeless shelter herself. She contacted her former coworkers and was able to find a place at a local shelter for her and her daughter. She described the emotional aspects of being homeless to me: “it hurted. It really hurted. I’m like God, I’m homeless. My body just seemed like it broke down…I’m like wow. Come in here with four bags to my name, me and my daughter. Wow. The mental piece was—it was frightening.”

Despite the exhaustion Tracy experienced, she soon got to work within the homeless shelter. She spoke with the director of the shelter to start an empowerment group, feeling a need to let other women know their strength, telling them, “[t]hey can do this. The putting it into them, dealing with the self—how do you say it?—worthlessness—the self-worth…Only another woman knows how that feel…Somebody else walked that road, and maybe they can tell you where the hole’s at so you won’t fall in it because she fell in the holes for you already.”

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305 Peterkin, interview by author, July 20, 2016.
desire to be a positive role model for her children, both her biological children and the younger women at the shelter whom she had mentored.

Eventually, Tracy moved into transitional housing, and then permanent housing. When I spoke with her, she was living in permanent housing and had recently purchased a new dining room set for her apartment. She was eager to put other furniture on layaway and make her apartment into a home. Her efforts to make a tragic situation more bearable, and lift others in the process, were officially recognized when she received an award from a local non-profit. She scrolled through her phone, excitedly showing me pictures of her with the mayor of Philadelphia. Tracy is representative of the impact a single voice can have: a strong woman was able to navigate the system, overcome homelessness, and meanwhile make a meaningful difference in the lives of others.
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* * * * * * * * * ACADEMIC PROGRAM * * * * * * * * *

Admitted From: GROVE CITY COLLEGE

School: ARTS & SCIENCES
Division: COLLEGE OF ARTS & SCIENCES
Degree Program: BACHELOR OF ARTS
Major: HEALTH & SOCIETIES
Concentration: HEALTH POLICY & LAW
Minor: CHEMISTRY

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Dean's List 2015-16

* * * * * UNIVERSITY OF PENNSYLVANIA COURSE WORK * * * * *

Fall 2015    COLLEGE OF ARTS & SCIENCES
ANTH 238   INTRO TO MED ANTHRO  1.00 CU  A
HSOC 145   COMPARATIVE MEDICINE  1.00 CU  A-
HSOC 150   AMERICAN HEALTH POLICY  1.00 CU  A
PHYS 101   GEN.PHYS:MECH,HEAT,SOUND  1.50 CU  B+
STSC 212   SCIENCE TECHNOLOGY & WAR  1.00 CU  A

Term Statistics:       5.50  CU  GPA 3.75
Cumulative:       5.50  CU  GPA 3.75

Spring 2016   COLLEGE OF ARTS & SCIENCES
CHEM 251   PRINC BIOLOGICAL CHEM  1.00 CU  B
HSOC 112   THE PEOPLES HEALTH  1.00 CU  A
HSOC 277   MENTAL ILLNESS  1.00 CU  A
HSOC 420   RES SEM HEALTH & SOCIETY  1.00 CU  A

Term Statistics:       4.00  CU  GPA 3.75
Cumulative:       9.50  CU  GPA 3.75

Fall 2016    COLLEGE OF ARTS & SCIENCES
BIOE 575   HEALTH CARE REFORM AND THE FUTURE OF THE AMERICAN HEALTH CARE SYSTEM  1.00 CU  A+
HIST 161   AMERICAN CAPITALISM  1.00 CU  A-
HIST 168   HIST OF AMER LAW TO 1877  1.00 CU  A
HSOC 498   HONORS THESIS  1.00 CU  A
LGST 210   CORP RESP AND ETHICS  1.00 CU  A-
PSCI 496   DCC RESEARCH SEMINAR: Democracy, Citizenship & Constitutionalism  0.50 CU  A

Research Seminar  0.50 CU  A
Term Statistics:       5.50  CU  GPA 3.89
Cumulative:      15.00  CU  GPA 3.80

Spring 2017   COLLEGE OF ARTS & SCIENCES
COML 100   COMPARISON, COSMOPOLITANISM, AND THE GLOBAL NOVEL  (1.00) CU  NR
CRIM 200   CRIMINAL JUSTICE  (1.00) CU  NR
HSOC 454   MILITARY MEDICINE & TECH  (1.00) CU  NR
FUBH 507   Public Health Law & Ethics  (1.00) CU  NR
RELS 135   INTRO TO NEW TESTAMENT  (1.00) CU  NR

Term Statistics:       0.00  CU
Cumulative:      15.00  CU  GPA 3.80
Equivalent Credit:      17.00  CU
Total Credit:      32.00  CU

* * * * * * * * * PENN EQUIVALENT CREDIT * * * * * * * * *

External Transfer Credit:
GROVE CITY COLLEGE
BIOL 101   1.50 CU
BIOL 102   1.50 CU
CHEM 1   1.00 CU
CHEM 53   0.50 CU
CHEM 54   0.50 CU
CHEM 102   1.00 CU
CHEM 241   1.00 CU
CHEM 242   1.00 CU
CHEM 246   1.00 CU
MATH 103   1.00 CU
MATH 104   1.00 CU
PSYC 1   1.00 CU

Equivalent Credit:      17.00  CU
Total Credit:      32.00  CU

https://pennintouch.apps.upenn.edu/pennInTouch/jsp/fast2.do?fastButtonId=TACXM38G
RELS 10 1.00 CU
SOCI 100 1.00 CU
SPAN 140 1.00 CU
STAT 111 1.00 CU
WRIT 39 1.00 CU

Total Penn Equivalent Credit Awarded: 17.00 CU

* * * * * * * NO ENTRIES BEYOND THIS POINT * * * * * * *