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Jonathan Kozol, "Are the Homeless Crazy?" in Harpers (September, 1988): 17.

[Essay]

ARE THE HOMELESS CRAZY?

From "Distancing the Homeless," by Jonathan Kozol, in the Winter 1988 issue of the Yale Review. *Kozol's most recent book is* Rachel and Her Children. *He lives in Massachusetts.*

It is commonly believed by many journalists and politicians that the homeless of America are, in large part, former patients of large mental hospitals who were deinstitutionalized in the 1970s—the consequence, it is sometimes said, of misguided liberal opinion that favored the treatment of such persons in community-based centers. It is argued that this policy, and the subsequent failure of society to build such centers or to provide them in sufficient number, is the primary cause of homelessness in the United States.

Those who work among the homeless do not find that explanation satisfactory. While conceding that a certain number of the homeless are or have been mentally unwell, they believe that, in the case of most unsheltered people, the primary reason is economic rather than clinical. The cause of homelessness, they say with disarming logic, is the lack of homes and of income with which to rent or acquire them.

They point to the loss of traditional jobs in industry (2 million every year since 1980) and to the fact that half of those who are laid off end up in work that pays a poverty-level wage. They point out that since 1968 the number of children living in poverty has grown by 3 million, while welfare benefits to families with children have declined by 35 percent.

And they note, too, that these developments have occurred during a time in which the shortage of low-income housing has intensified as the gentrification of our major cities has accelerated. Half a million units of low-income housing are lost each year to condominium conversion as well as to arson, demolition, or abandonment. Between 1978 and 1980, median rents climbed 30 percent for people in the lowest income sector, driving many of these families into the streets. Since 1980, rents have risen at even faster rates.

Hard numbers, in this instance, would appear to be of greater help than psychiatric labels in telling us why so many people become homeless. Eight million American families now use half or more of their income to pay their rent or mortgage. At the same time, federal support for low-income housing dropped from $30 billion (1980) to $7.5 billion (1988). Under Presidents Ford and Carter, 500,000 subsidized private housing units were constructed. By President Reagan's second term, the number had dropped to 25,000.

In our rush to explain the homeless as a psychiatric problem even the words of medical practitioners who care for homeless people have been curiously ignored. A study published by the Massachusetts Medical Society, for instance, has noted that, with the exceptions of alcohol and drug use, the most frequent illnesses among a sample of the homeless population were trauma (31 percent), upper-respiratory disorders (28 percent), limb disorders (19 percent), mental illness (16 percent), skin diseases (15 percent), hypertension (14 percent), and neurological illnesses (12 percent). Why, we may ask, of all these calamities, does mental illness command so much political and press attention? The answer may be that the label of mental illness places the destitute outside the sphere of ordinary life. It personalizes an anguish that is public in its genesis; it individualizes a misery that is both general in cause and general in application.

There is another reason to assign labels to the destitute and single out mental illness from among their many afflictions. All these other problems—tuberculosis, asthma, scabies, diarrhea, bleeding gums, impacted teeth, etc.—bear no stigma, and mental illness does. It conveys a stigma in the United States. It conveys a stigma in the Soviet Union as well. In both nations the label is used, whether as a matter of deliberate policy or not, to isolate and treat as special cases those who, by deed or word or by sheer presence, represent a threat to national complacence. The two situations are obviously not identical, but they are enough alike to give Americans reason for concern.

The notion that the homeless are largely psychotics who belong in institutions, rather than victims of displacement at the hands of enterprising realtors, spares us from the need to offer

realistic solutions to the deep and widening extremes of wealth and poverty in the United States. It also enables us to tell ourselves that the despair of homeless people bears no intimate connection to the privileged existence we enjoy—when, for example, we rent or purchase one of those restored town houses that once provided shelter for people now huddled in the street.

What is to be made, then, of the supposition that the homeless are primarily the former residents of mental hospitals, persons who were carelessly released during the 1970s? Many of them are, to be sure. Among the older men and women in the streets and shelters, as many as one-third (some believe as many as one-half) may be chronically disturbed, and a number of these people were deinstitutionalized during the 1970s. But to operate on that assumption in a city such as New York—where nearly half the homeless are small children whose average age is six—makes no sense. Their parents, with an average age of twenty-seven, are not likely to have been hospitalized in the 1970s, either.

A frequently cited set of figures tells us that in 1955 the average daily census of non-federal psychiatric institutions was 677,000, and that by 1984 the number had dropped to 151,000. But these people didn't go directly from a hospital room to the street. The bulk of those who had been psychiatric patients and were released from hospitals during the 1960s and early 1970s had been living in low-income housing, many in skid-row hotels or boardinghouses. Such housing—commonly known as SRO (single-room occupancy) units—was drastically diminished by the gentrification of our cities that began in the early '70s. Almost 50 percent of SRO housing was replaced by luxury apartments or office buildings between 1970 and 1980, and the remaining units have been disappearing even more rapidly.

Even for those persons who are ill and were deinstitutionalized during the decades before 1980, the precipitating cause of homelessness in 1987 is not illness but loss of housing. SRO housing offered low-cost sanctuaries for the homeless, providing a degree of safety and mutual support for those who lived within them. They were a demeaning version of the community health centers that society had promised; they were the de facto "halfway houses" of the 1970s. For these people too—at most half of the homeless single persons in America—the cause of homelessness is lack of housing.

Even in those cases where mental instability is apparent, homelessness itself is often the precipitating factor. For example, many pregnant women without homes are denied prenatal care because they constantly travel from one shelter to another. Many are anemic. Many are denied essential dietary supplements by recent federal cuts. As a consequence, some of their children do not live to see their second year of life. Do these mothers sometimes show signs of stress? Do they appear disorganized, depressed, disordered? Frequently. They are immobilized by pain, traumatized by fear. So it is no surprise that when researchers enter the scene to ask them how they "feel," the resulting reports tell us that the homeless are emotionally unwell. The reports do not tell us that we have *made* these people ill. They do not tell us that illness is a natural response to intolerable conditions. Nor do they tell us of the strength and the resilience that so many of these people retain despite the miseries they must endure.

A writer in the *New York Times* describes a homeless woman standing on a traffic island in Manhattan. "She was evicted from her small room in the hotel just across the street," and she is determined to get revenge. Until she does, "nothing will move her from that spot.... Her argumentativeness and her angry fixation on revenge, along with the apparent absence of hallucinations, mark her as a paranoid." Most physicans, I imagine, would be more reserved in passing judgment with so little evidence, but this reporter makes his diagnosis without hesitation. "The paranoids of the street," he says, "are among the most difficult to help."

Perhaps so. But does it depend on who is offering the help? Is anyone offering to help this woman get back her home? Is it crazy to seek vengeance for being thrown into the street? The absence of anger, some psychiatrists believe, might indicate much greater illness.

"No one will be turned away," says the mayor of New York City, as hundreds of young mothers with their infants are turned from the doors of shelters season after season. That may sound to some like a denial of reality. "Now you're hearing all kinds of horror stories," says the President of the United States as he denies that anyone is cold or hungry or unhoused. On another occasion he says that the unsheltered "are homeless, you might say, by choice." That sounds every bit as self-deceiving.

The woman standing on the traffic island screaming for revenge until her room has been restored to her sounds relatively healthy by comparison. If 3 million homeless people did the same, and all at the same time, we might finally be forced to listen.