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# Preliminary Study of the Homeless in Omaha-Douglas County

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**A PRELIMINARY STUDY  
OF THE  
HOMELESS IN OMAHA-DOUGLAS COUNTY**

by

Jeff S. Luke, Ph.D.

August 1986



Center for Applied Urban Research  
College of Public Affairs and Community Service  
University of Nebraska at Omaha



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## EXECUTIVE SUMMARY

- The homeless population in the country appears to be increasing. However, there is considerable disagreement among government officials and service providers about the exact number of homeless because of problems with methodologies and differences in definitions.
  - The demographic mix of the homeless in the United States includes more women, children, and minorities today than in previous years.
  - Many of today's homeless are victims of economic and physical circumstances beyond their control, unlike the homeless of previous eras.
- Generally, eight subpopulations make up the new homeless population in the United States:
  - Mentally ill individuals who are not provided adequate follow-up care following deinstitutionalization and are forced to live in shelters or on the streets;
  - Individuals or families who are foreclosed or evicted from their homes;
  - People who are displaced from low-cost shelters, such as single-room occupancy hotels, because of condominium conversions, urban renewal, and gentrification;
  - Abused or battered women, with or without children;
  - Single, older male transients;
  - Victims of alcoholism;
  - Victims of natural and man-made disasters; and
  - Illegal immigrants.
- A single-night census of the homeless in Omaha-Douglas County on March 28, 1986, found 331 men, women, and children who were homeless. This figure excludes individuals who were on the streets and not housed in any shelter or institution.
  - There were 285 sheltered homeless: 204 male adults, 51 female adults, and 30 children under age 17.
  - Reasons for seeking shelter on that night were identified in more in-depth questionnaires completed at five family oriented shelters. The three major reasons for seeking shelter were: leaving a battering or abusive spouse, eviction from home, and inability to pay rent.
- The number of homeless individuals on the streets was too difficult to determine during this initial census. Methodological problems in counting the street homeless resulted in an underestimation of the extent of the problem in Omaha.

- Policymakers disagree about the appropriate governmental responses to the problem of homelessness. However, four policy areas need attention:
  - Preventive strategies,
  - Emergency treatment,
  - Transitional services, and
  - Stabilization programs.
- Urban analysts agree that the lack of housing and income are the two primary causes of homelessness, nationally and locally, and that the homeless are the victims of unemployment, domestic violence, a shortage of low-income housing, mental illness and mental retardation, alcoholism, and drug abuse.



## INTRODUCTION

Homelessness is not a new phenomenon. The period between the Civil War and World War I, for example, witnessed a large increase in predominantly male transients who followed an active labor market and formed a highly visible subcommunity called skid row.<sup>1</sup> Today's homeless population, however, includes more women, children, and minorities and fewer single men and drifters than previous populations. In addition to changes in the demographic composition of the homeless population, most experts agree that the problem of homelessness is increasing.

Since the early 1980s homelessness has become a more visible problem. Homelessness has struck a responsive chord in society, and has attracted much media coverage and political attention. Recently, the number of advocates for the homeless has increased noticeably. Their intense activism has increased public sympathy and concern for the plight of the homeless, while generating controversy and disagreement over the extent of the problem.

### Difficulties in Definition

Homelessness is difficult to define, yet it generally refers to individuals and families who live on the streets, have no permanent address, and seek shelter and protection from the elements. A homeless person has no residence, is forced to seek public or charitable shelter, or is forced to sleep on the street. The federal government defines the homeless as persons whose nighttime residences include the following:

(a) Public or private emergency shelters which take a variety of forms, such as armories, schools, church basements, government buildings, or former firehouses, where temporary vouchers are provided by private or public agencies, hotels, apartments, or boarding homes;

(b) Streets, parks, subways, bus terminals, railroad stations, airports, under bridges or aqueducts, abandoned buildings without utilities, cars, trucks, or any other public or private space that is not designed for shelter; or

(c) Persons who are temporarily in jails or hospitals but whose usual nighttime residence is (a) or (b) above.<sup>2</sup>

Some definitions also include individuals who may be homeless but are patients in detoxification centers or mental health facilities. Most

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<sup>1</sup>The term comes from Seattle's Skid Road, a lumberjack district popular with homeless seasonal workers in the late 1800's (Schneider, 1984).

<sup>2</sup>U.S. Department of Housing and Urban Development, Office of Policy Development and Research, 1984.



definitions exclude persons who do not have a home or a shelter and reside with friends or family.<sup>3</sup>

#### Difficulties in Measurement

Homelessness is difficult to define, and it is more difficult to accurately count or measure the number of homeless. The magnitude and causes of the problem in the United States are unclear and the subject of much debate. Although it is difficult to count the number of homeless, considerable anecdotal and empirical evidence indicates that the number is increasing in major metropolitan areas. Requests for shelter and food have increased dramatically among local governments across the country.<sup>4</sup> By several accounts, there were more homeless in the United States during the winter of 1983-84, than at any other time since the Great Depression.<sup>5</sup> Estimates of the number of homeless vary from 2.5 million<sup>6</sup> to 2.2 million<sup>7</sup> to 250,000.<sup>8</sup>

Although the actual number of homeless remains open to dispute, the number appears to be increasing and the population appears to be more diverse than the classical skid-row types.<sup>9</sup> It also appears that the demographic composition of the homeless has changed and that the new homeless have little in common with their skid-row predecessors. The new homeless, although still mostly male, include more younger women, children, and minorities than earlier populations.

Several in-depth studies indicate that the new homeless are not so by choice but have slipped from the ranks of the poor into homelessness. Unlike hobos and vagrants, many of today's homeless are victims of economic and physical circumstances that are beyond their control. They are, in many cases, unable to take care of themselves, to protect themselves, or to provide the necessities of life for themselves. Thus, they live in public shelters, jails, and hospitals and on the streets. Because of changes in the composition of the homeless and the increasing number of homeless, it is important to redefine the problem and our image of the homeless.

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<sup>3</sup>In many cases these hidden homeless can represent a sizeable subpopulation. New York City, for example, found that more than 1,070 of the families in its public housing units were doubled up (Robbins, 1984).

<sup>4</sup>U.S. Conference of Mayors, 1984.

<sup>5</sup>Bassuk, 1984.

<sup>6</sup>National Coalition for the Homeless, Washington, DC.

<sup>7</sup>Center for Creative Non-Violence, Washington, DC.

<sup>8</sup>U.S. Department of Housing and Urban Development.

<sup>9</sup>Baxter and Hopper, 1981.

## HOW MANY ARE HOMELESS NATIONALLY?

The number of homeless in the country remains a matter of controversy. Most research has been conducted by service providers and social advocates. The Center for Creative Non-Violence (CCNV), a social-activist organization in Washington, DC, estimated that one percent of the U.S. population was homeless (approximately 2.2 million people). Although this has become a popular estimate, controversy surrounds this figure for two reasons. First, the center's methodology for arriving at this figure is based on casual estimates and anecdotal types of data. Second, this is an estimate of the number of homeless during a year, and it is significantly higher than the count from a single-night census.

The estimate of 2.2 million homeless persons originated in congressional testimony given by members of the CCNV for the House Committee on the District of Columbia in 1980. In a later version, published in 1982, the authors concluded:

Approximately 1 percent of the population, or 2.2 million people, lacked shelter. We arrived at that conclusion on the basis of information received from more than 100 agencies and organizations in 25 cities and states.<sup>10</sup>

Although this figure is the one most often cited by advocates for shelters, considerable controversy surrounds its accuracy.<sup>11</sup> The U.S. Department of Housing and Urban Development (HUD) compiled national statistics in 1983. Using four methodologies for estimating the number of homeless in the country, HUD officials concluded that on an average night during December 1983 and January 1984, the number of homeless ranged from 192,000 to 856,000. They estimated, however, that the most reliable range was from 250,000 to 500,000 (table 1).

The Heritage Foundation strongly defends the HUD estimates and suggests that because the number of homeless is so small the problem rests primarily with state and local governments, community-based organizations, and private charitable agencies.<sup>12</sup> However, subsequent congressional testimony by several urban analysts revealed serious methodological deficiencies in each of HUD's four approaches and argued that the estimates were guided by a desire by the Reagan administration to minimize the problem.<sup>13</sup> Whether intentional or not, the HUD report has been acknowledged by many researchers to have underestimated the extent of the problem.<sup>14</sup>

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<sup>10</sup>Hombs and Snyder, 1982, p. vi.

<sup>11</sup>Kondratas, 1985.

<sup>12</sup>Kondratas, 1985.

<sup>13</sup>For example, Hartman, 1984.

<sup>14</sup>Appelbaum, 1986.

Table 1

## Estimates of Homeless Persons Nationwide, 1984

	<u>Number</u>
Approach 1: Extrapolation from highest published estimates in 37 localities in metropolitan areas (see Appendix 1)	586,000
Approach 2: Extrapolation from estimates in 60 metropolitan areas obtained in interviews with 500+ local experts (see Appendix 2)	254,000
Approach 3: Extrapolation of estimates based on interviews from a national non-random sample of 125 shelter operators	353,000
Approach 4: Extrapolation from estimates of shelter populations and local area street counts, and shelter populations and 1980 census street count	192,000 267,000

Source: U.S. Department of Housing and Urban Development, 1984.

There is less controversy and disagreement that the demographic composition of the homeless population, whether 250,000 or 2 million, has changed in the last decade. Demographic information indicates that the homeless are no longer poor, white, middle-aged single men and drifters. The homeless now include:

- A large percentage of young minority men,<sup>15</sup>
- An increasing number of single mothers and children,<sup>16</sup>
- An increasing number of families who are unable to afford more permanent shelter,<sup>17</sup> and
- An increasing number of individuals with a history of psychiatric hospitalization and mental illness.<sup>18</sup>

<sup>15</sup>Kasinitz, 1984.

<sup>16</sup>Hoch and Cibulskis, 1986.

<sup>17</sup>Wilmes, 1985.

<sup>18</sup>Baxter, 1982.

## WHO ARE THE HOMELESS?

The homeless population today is quite diverse and includes a greater mix of people than the earlier population of skid row (see Appendix 3 for a history of the skid row in Omaha). Generally, eight subpopulations make up the new homeless:

- Mentally ill individuals who are not provided adequate follow-up care following deinstitutionalization and are forced to live in shelters or on the streets;
- Individuals or families who are foreclosed or evicted from their homes;
- People who are displaced from low-cost shelters, such as single-room occupancy hotels, because of condominium conversions, urban renewal, and gentrification;
- Abused or battered women, with or without children;
- Single, older male transients;
- Victims of alcoholism;
- Victims of natural and man-made disasters; and
- Illegal immigrants.

### Deinstitutionalized Mentally Ill

Considerable evidence suggests that many of the nation's homeless have diagnosable mental illnesses and that many of the chronically mentally ill are homeless at any given time.<sup>19</sup> An in-depth study at a Boston shelter, which was considered demographically representative of the area's shelters, found that 90 percent of the shelter's population had a diagnosable mental illness.

The study team consisted of eight psychiatrists, psychologists, and social workers. They interviewed 78 individuals who stayed at the shelter over the course of 5 nights. Specifically, the study team found that 40 percent of the people were suffering from some form of psychosis, a generic term for a variety of mental illnesses where individuals have difficulty distinguishing external events from their thoughts and projections. Frequently, these individuals also experience hallucinations and delusions. Three of the most cited psychoses were schizophrenia, manic-depressive states, and organic brain syndromes. The following example provides a sense of the psychosis found at the Boston shelter.

A 42-year-old man, at one time a talented artist, is an extreme example. When he was 24, he killed his

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<sup>19</sup>Arce, et al., 1983; Baxter and Hopper, 1984; and Bassuk, 1984.

wife with a baseball bat because she had been unfaithful to him. At the time he believed he was Raskolnikoff, the protagonist in Dostoyevsky's Crime and Punishment. The court psychiatrist diagnosed him a schizophrenic, and he was hospitalized in an institution for the criminally insane for the next 16 years. Since being discharged more than two years ago, he has lived both in shelters and on the streets; not long before we saw him he had been arrested for trespassing in a cemetery, where he was living in a tomb he had hollowed out. He says he receives messages from spirits who speak to him through spiders.<sup>20</sup>

Approximately 30 percent of the shelter population was diagnosed as suffering from chronic alcoholism. One 33-year-old man, for example, had lived on the streets of Boston for 20 years. He had been in and out of hospitals, detoxification centers, and a variety of other alcoholic treatment programs.

The research team also found that approximately 20 percent of the shelter population suffered from less severe personality disorders. But, these disorders made it extremely difficult for them to cope with the demands of holding a job or forming and maintaining relationships with other individuals. In addition, the researchers found that about 45 percent of the shelter users reported serious physical problems, including heart disease and cancer.

Many attribute this large percentage of mentally ill homeless to federal, state, and local governments' efforts in the 1970s and 1980s to deinstitutionalize the mentally ill. This added large numbers of mentally ill persons to communities; many of these individuals have subsequently become homeless.

Thirty years ago, the most chronically mentally ill were housed in a state mental hospital.<sup>21</sup> Yet, following the widespread use of psychoactive drugs in the 1950s, the mentally ill could be treated within the community. This caused a large decrease in the patient population at state and county psychiatric hospitals. In 1955, the hospital population at these state and county facilities was approximately 559,000. By the early 1980s less than 130,000 persons were institutionalized in these hospitals. Richard Lamb, Chair of the American Psychiatric Association's task force on the mentally ill homeless provides a poignant example:

A 28-year-old man was brought to a California state hospital with a diagnosis of acute paranoid schizophrenia. He had been living under a freeway overpass for the past six weeks. There was no prior

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<sup>20</sup>Bassuk, 1984, p. 43.

<sup>21</sup>Lamb, 1984.

record of his hospitalization in the state. After a month in the hospital he had gone into partial remission and was transferred to a community residential program. There he was assigned to a skilled low-key, sensitive clinician. Over a period of several weeks he gradually improved and returned to what was probably his normal state of being, guarded and suspicious but not overtly psychotic.

Though he isolated himself much of the time, he appeared quite comfortable with the program and with the staff and indicated that he would, if allowed, stay indefinitely. He denied possessing a birth certificate, baptismal certificate, driver's license, or any other proof of identity. He steadfastly refused to give the whereabouts of his family or reveal his place of birth or anything else about his identity, even though he realized such information was necessary to qualify him for any type of financial or housing assistance. Clearly his autonomy was precious to him. And in an unguarded moment he said, 'I couldn't bear to have my family know what a failure I have been.' At the end of three months, the maximum length of stay allowed by the community program's contract, he had to be discharged to a mission.<sup>22</sup>

The increase in the number of mentally ill persons in shelters does not mean that homelessness is caused by deinstitutionalization. Homelessness of the mentally ill is not the result of deinstitutionalization, Lamb argues, but results from the poor implementation of the deinstitutionalization policy. Bassuk adds that homelessness among the mentally ill is symptomatic of a larger social-psychological issue: the total disconnection from supportive people and institutions.<sup>23</sup> Fernandez emphasizes, however, that the problem of homelessness among the mentally ill cannot be equated exclusively with "the lack of a permanent roof over one's head."<sup>24</sup>

This deflects attention from what is believed to be the essential deficit of homelessness, namely, the absence of a stable base of caring or supportive individuals whose concern and support help buffer the homeless against the vicissitudes of life. In this context, it is felt that the absence of such a base, or the inability to establish or to approximate such a

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<sup>22</sup>Lamb, 1984, p. 901.

<sup>23</sup>Bassuk, 1984.

<sup>24</sup>Fernandez, (1983).

base, is the essential deficit of patients with 'no-fixed-abode.'<sup>25</sup>

The major problems faced by the mentally ill homeless are acquiring mental health services and obtaining shelter. Various agencies in Douglas County that serve the homeless agree that the number of mentally ill homeless in the Omaha area is increasing significantly. Omaha provides a midpoint for homeless people who are traveling between coasts and, thus, may have a higher incidence of mentally ill homeless.

Regardless of the causes of the mentally ill being homeless, whether changes in mental health policies or inadequate processes by which the new policies are implemented, the dependence of this group on support services leaves it in extreme jeopardy.

#### Gentrification

The problem of homelessness is further exacerbated by the reduction of low-income housing in downtown areas, such as single-room-occupancy hotels (SROs) and rooming houses. For example:

A 45-year-old man whom I shall call Johnny M. has lived on the streets and in the shelters of Boston for four years. The youngest of four siblings in a lower middle-class family, Johnny spent most of his adolescent years in an institution for the mentally retarded. He remembers washing dishes, going to classes, and looking forward to the visits of his mother and older sister. When he turned 16 he moved back home and spent time watching television and puttering in the garden. Ten years later his older sister died suddenly and Johnny had a 'nervous breakdown.' He became terrified of dying, he cried constantly and his thoughts became confused. Because he was unable to care for himself, he was involuntarily committed to a state hospital, where he remained for the next eight years. He became very attached to a social worker whom he saw twice a week for therapy.

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

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<sup>25</sup>Lamb, 1984.

several months until an elderly woman and her daughter took him into their rooming house.<sup>26</sup>

The civic and commercial renovation that stimulates condominium conversions, as well as the conversion of old hotels to tourist hotels and high-income housing, is known generally as gentrification. Gentrification, a British term, indicates a move of middle- and upper-income couples back to the city.<sup>27</sup> It also describes the process whereby downtown revitalization is undertaken by public and private agencies in a piecemeal fashion, in contrast to large, predominantly publicly funded urban renewal projects. The revitalization is undertaken with the assistance of government policies, including local zoning changes, landmark designations, federal tax breaks, local tax abatement, and various direct government grants for renewal of downtown areas.

Gentrification generally results in the removal or replacement of a city's least desirable housing stock, which is usually one step above public and private charitable shelters. Gentrification, for example, often eliminates large portions of single-room-occupancy units. An SRO is a dwelling unit that is usually found in old hotels and boarding-room houses and consists of one room, usually without a separate kitchen, and a bathroom that is shared by several units. SROs usually have the lowest rent in a metropolitan area, and provide low-cost single accommodations that are vital to poor persons. Gentrification and the resulting decline in affordable housing for the very poor forces many of them to live on the streets or in shelters.

Gentrification in New York City resulted in a decline from 50,000 SRO units to 19,000 units between 1975 and 1981.<sup>28</sup> In San Francisco, the conversion of old hotels to tourist hotels and high-income housing units resulted in a decrease from 32,000 SRO units in 1975 to 2,000 units in 1979, and dropped even more in the early 1980s.<sup>29</sup>

#### Evicted Families and Foreclosed Homes

Homelessness is linked explicitly to unemployment and foreclosures, and is also tied to a nationwide decrease in available housing for low-income families.<sup>30</sup> The lack of old, low-cost housing is spreading beyond declining SROs and old downtown hotels and is reaching up into the housing stock for low-income families. Federal cuts in housing programs since 1981, for example, in public housing, Section 8 housing, and rehabilitation loans, have reduced the supply of housing potentially available to low-income families.

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<sup>26</sup>Bassuk, 1984, p. 44.

<sup>27</sup>Kasinitz, 1984.

<sup>28</sup>Kasinitz, 1984.

<sup>29</sup>Kasinitz, 1984.

<sup>30</sup>Stern, 1984.



In 1981, the recession pushed unemployment to its highest level since the 1930s (10.7 percent) and mortgage foreclosures and delinquencies reached an all-time high nationally. As a result of high unemployment and the declining low-income housing stock, increasing numbers of families experienced homelessness.

Forced to choose between eating and heating, poor families find alternate shelter by doubling up with other families or by utilizing public shelters. Locally, many families and individuals have insufficient incomes to pay for shelter and utilities. The Metropolitan Utilities District in Omaha reported that 3,224 families were at least 60 days in arrears on their gas/water/sewer payments in January 1985.<sup>31</sup> In addition, nearly 1,000 families were on the waiting list at the Omaha Housing Authority (OHA) for Section 8 housing subsidies. Over 645 of those on the waiting list are single, female heads-of-households and 72 percent rely on Aid to Dependent Children (ADC) income.

#### Battered Women

Shelter operators across the country are reporting that more middle-aged women and members of minority groups have slipped into a homeless population that was once dominated by alcoholic white men.<sup>32</sup> Unlike shopping bag ladies, many of these homeless women and young single females report that they left their homes after repeated occurrences of abuse or rape by spouses, incest, or desertion.<sup>33</sup> This pattern has become apparent with the development of publicly and privately funded shelters for victims of domestic violence.<sup>34</sup>

#### THE HOMELESS IN OMAHA-DOUGLAS COUNTY

Since homelessness emerged as an issue in the 1980s, government officials and social activists have agreed that it is very difficult to count the homeless. The homeless population is characterized by shifting location and changing composition, characteristics that inhibit accurate demographic counts. Many homeless individuals have a strong desire to remain invisible. A census count is thus vulnerable to potentially serious methodological problems. Nevertheless, the Center for Applied Urban Research (CAUR) conducted an initial single-night count of a major portion of the homeless in Omaha-Douglas County:

- To obtain a preliminary sense of the incidence of homelessness in the metropolitan area;
- To provide an approximate baseline for comparison of future counts of the homeless; and
- To test a research methodology that will be improved and refined for future counts of the homeless.

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<sup>31</sup>Wilmes, 1985.

<sup>32</sup>Baxter and Hopper, 1981, p. 30-48.

<sup>33</sup>Stover, 1983.

<sup>34</sup>Stove, 1984.

A single-night census is crucial to determining the size of the homeless population in an area. Unfortunately, the single-night method misses the total number of homeless in the area during a given year, and understates the suffering of individuals who are forced to be homeless for a few weeks or months. Nevertheless, the methodology was used in this study and focused on three distinct subpopulations of the homeless for a single day, March 28, 1986.

- **The sheltered homeless:** Individuals residing temporarily in one of the eight shelters provided by private charitable agencies;
- **The nonsheltered street homeless:** Individuals who prefer to sleep in abandoned buildings or bus terminals, under bridges, on heating grates, and in other public spaces; and
- **The institutionalized homeless:** Individuals who would be homeless but who were institutionalized in a mental health facility, detoxification center, hospital, or county jail.

### The Sheltered Homeless

On March 28, 1986, a shelter count of the homeless was coordinated by CAUR. Shelter operators counted the individuals sleeping in their facilities that night. A questionnaire was used to collect additional demographic data on the sheltered homeless that evening (see Appendix 4). On that night, 384 shelter beds were available for homeless men, women, and children at nine shelters in the Omaha area (table 2).

On March 28, 1986, 285 homeless men, women, and children were provided temporary housing at these shelters. The temperature on this evening was unusually warm, about 75°F between 9:00 p.m. and 11:00 p.m. Because of the less severe weather, our count of the sheltered homeless likely undercounts the number of individuals seeking shelter on a typical spring evening in Omaha. Interviews with shelter operators indicated that many homeless individuals sought shelter outside during this warm spell.

A questionnaire designed and administered by CAUR and tabulated by each shelter director was used to collect data. Therefore, figures on the sheltered homeless can be considered self-reports submitted by shelters using CAUR's questionnaire. A very preliminary demographic analysis revealed that of the 285 homeless, 204 were male adults, 51 were female adults, and 30 were children under 17 years of age (table 3). Nineteen single adults staying at shelters had children, while two couples (four adults) had children staying with them (table 4).

More detailed survey responses were obtained from the family oriented shelters: Siena House, Salvation Army Booth Center, Stephens Center, St. Vincent DePaul's Family Shelter, and United Catholic Social Services (UCSS) Shelter. The larger all-male shelters (Salvation Army Men's Center, Open Door Mission, and St. Francis House) provided less detailed information. The family oriented shelters provided information regarding the reasons for

Table 2

## Shelter Capacity for the Homeless in Omaha, Nebraska, 1986

Name of shelter	Bed capacity of shelter	Population served
St. Francis House	19	Men only
Siena House	16	Couples, single women, and children
Salvation Army Booth Center	50	Couples, single women, and children
Salvation Army Men's Center	115	Men only
Open Door Mission	96	Men only (usually)
Stephens Center	35	Men, women, and children
St. Vincent DePaul Family Shelter	46	Couples, single women, and children
United Catholic Social Services Shelter	7	Single women and children
Total capacity on March 28, 1986	384	

Table 3

## Sheltered Homeless in Omaha, Nebraska, 1986

Population	Number
Male adults	204
Female adults	51
Children:	
0-4	19
5-7	6
8-10	3
11-13	1
14-17	1

individuals seeking shelter at their facilities. They indicated that 24 percent (14) of the homeless were seeking shelter to avoid spousal abuse. Nineteen percent (11) of the homeless were staying at these shelters because they had been evicted from their homes, while 12 percent (7) were homeless because they could not afford rent payments. Nine percent (5) of the homeless in these family oriented shelters had just arrived in Omaha and were without work. Seven percent (4) of the homeless were victims of alcohol or drug abuse. Three percent (2) were considered long-term homeless; and 2 percent (1) of the homeless were victims of mental illness (table 5).

Table 4

Single Adults and Couples with Children  
at Shelters for the Homeless in Omaha, Nebraska, 1986

Population	Number
Single adults with no children	226
Couples with no children	3 (six adults)
Single adults with children	19
Couples with children	2 (four adults)
Children	30

Table 5

Reasons for Staying in a Shelter in Omaha, Nebraska, 1986

Description	Percent <sup>1</sup>
Battered/abused	24
Eviction from home	19
Could not afford rent	12
New in town/no work	9
Long-term homeless	3
Mental illness	2
Alcohol/drug abuse	7
Unknown	24
Total	100

<sup>1</sup>Percentages derived from detailed survey responses from Siena House, Salvation Army Booth Hospital, Stephens Center, St. Vincent DePaul Family Shelter, and UCSS Shelter.

A recent case history can illustrate some of the causes of homelessness in Omaha. This family has been staying at an emergency shelter for homeless families for 11 days. The husband is 35 years old, the wife is 30 years old, and the three sons are 7 and 5 years old and 18 months old. The husband has a high school degree and earns minimum wage working as a cook in a local hotel. The wife also graduated from high school and is currently unemployed. They described their parents' financial conditions as fair.

This family has always lived in Omaha and before coming to the shelter they lived in an apartment near the downtown area. The primary reason the family gives for its homelessness is that the city closed the apartment building for repairs. Before they left their apartment it was broken into and \$300 was stolen. The family was left with no place to live and with no financial resources to find housing. They were referred to the shelter by the Red Cross.

The parents believe that their children are feeling a little embarrassed about living in the shelter but that they are having fun playing with the other children. The parents are thankful to have a place to stay other than the streets, however, they are also embarrassed and depressed about their housing and financial problems. The father wants to find permanent housing and a higher paying job so that he will be better able to support the family.

#### Temporary Shelters

Homeless individuals and families are sometimes referred to temporary lodging facilities, such as the Imperial 400 motel, TraveLodge motel, and the YMCA, by the Omaha office of the Red Cross and the county and state Departments of Social Services. The motel expenses are usually paid by social services' general assistance funds. On March 28, 1986, there were no homeless individuals or families placed in these lodgings.

#### The Nonsheltered Street Homeless

The nonsheltered street homeless were the most difficult to count because of their desire to remain hidden and to conceal places where they sleep for fear of being harassed or victimized. The street count was complicated further because many of the street homeless maintain a reasonably good appearance, do not behave in stereotypical fashion, and are overlooked by casual observers.

This subpopulation was the most difficult to count. Police officers were unavailable to help in the count and could not be used as enumerators. In addition, the Douglas County Sheriff's Office warned of possible dangerous situations if CAUR researchers trespassed into abandoned buildings and onto riverfront areas to count the homeless.

Such methodological problems were difficult to overcome, but because of the significance of the problem, the following approach was taken to test the accuracy of the count.<sup>35</sup>

- Two groups of five observers toured two different sections of the downtown area (see Appendix 5).<sup>36</sup>
- Each team was responsible for taking a visual count of individuals who could be considered homeless. A rating of 1 to 10 was used to assess certainty of homelessness, 1 being "very uncertain" and 10 being "very certain" that the person was homeless (see Appendix 6).

This methodology was later considered inadequate to get an accurate count of the street homeless, therefore, the preliminary figures were not included in the single-night count of the homeless in Omaha-Douglas County.

#### The Institutionalized Homeless

The institutionalized homeless were also counted. This group includes individuals who, upon admission to a mental health facility, detoxification center, hospital, or Douglas County jail, had no permanent address and no source of income to pay for housing or shelter upon release from the institution. These individuals had no permanent shelter, although their temporary shelter was an institution.

On March 28, 1986, ten institutions were surveyed; 46 individuals had been placed temporarily in a mental health facility, a detoxification center, and the Douglas County jail (table 6). Individuals were considered to be homeless if the following two conditions were met:

- They had no permanent address upon admission (or used a shelter's address for their permanent address); and
- They had no income or financial support to secure housing upon release from the institution.

The institutions that participated in the count of the institutionalized homeless were the Douglas County Jail; Richard Young Memorial Hospital; St. Joseph's Center for Mental Health; Douglas County Mental Health Clinic; Immanuel Medical Center Alcoholism Treatment Center; Veterans Administration Hospital; Nebraska Psychiatric Institute (NPI); Eppley Chemical Dependency Unit; New Options, Values, and Alternatives (NOVA); and St. Gabriel's Center. Other institutions likely providing temporary shelter to the institutionalized homeless (such as the Four Winds Alcohol Program) declined to participate in the census.

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<sup>35</sup>Three studies conducted during periods of mild weather found significant numbers of street homeless: a Boston study (October 1983) found 1,190 street homeless, a Pittsburgh study (June 1983) found 485 street homeless, and a Phoenix study (March 1983) found 1,813 street homeless. See U.S. Housing and Urban Development, 1984.

<sup>36</sup>Few street homeless live in suburban areas. Typically, they are drawn to central city areas where services, such as soup kitchens, are located.

Table 6

## Institutionalized Homeless in Omaha, Nebraska, 1986

Age	Number	Percent
Under 20	3	6.5
20-30	9	19.5
31-40	9	19.5
41-50	6	13.0
51-60	6	13.0
61 and over	13 <sup>1</sup>	28.5

<sup>1</sup>Twelve of these individuals were institutionalized in the Veterans Administration Hospital.

## IMPLICATIONS FOR FURTHER RESEARCH

These figures are the result of an initial census of the homeless that tested a research methodology. This survey is an introduction to the problem in the Omaha area and is not a comprehensive analysis. The problem of homelessness has yet to be examined fully by local social scientists; such an analysis will require a more refined research methodology.

The following issues should be addressed during the next count:

- The shelter surveys, conducted by shelter operators, are subject to interviewer bias; this must be addressed during the next census count.
- The count of the street homeless should be conducted between 1:00 a.m. and 5:00 a.m., and could be managed better with the assistance of uniformed or nonuniformed law enforcement officers.
- In-depth interviews should be conducted at several shelters to ascertain the degree of mental illness among the homeless and to identify the extent to which gentrification, evictions, and spousal abuse contribute to homelessness. Such interviews will enrich our understanding of the problem.
- In-depth analyses need to be conducted on the extent of gentrification and doubling-up and their impact on increasing homelessness.
- Policy options need to be developed to provide solutions to the problem.

## POLICY OPTIONS

The problem of homelessness is being treated in a variety of ways throughout the country. In Tucson, Arizona, the mayor was recently re-elected to a fourth term on a platform of "get the transients the hell out of town."<sup>37</sup> The state of Massachusetts, on the other hand, has developed a comprehensive three-phase policy response that includes: emergency steps, such as providing shelter, food, and clothing; a transitional phase for providing mental health services and employment assistance; and stabilization services, such as permanent housing and support services. The approach of most local and state governments is somewhere between these two responses.

### Causes of Homelessness

There are many interpretations of the causes of homelessness. It is a multidimensional problem with a variety of interrelated causes and it affects a diverse population. Preliminary data from Omaha-Douglas County reveal many reasons for homelessness. Therefore, no simple policy or program solutions are available. Rather, the problem requires interventions by public and charitable organizations and a variety of policy choices at the local, state, and federal levels.

Homelessness cannot be addressed simply by providing shelters on cold nights. The shelter strategy does not address the underlying causes of homelessness. The cycle of homelessness must first be recognized and then addressed. However, unless employment and permanent housing are provided for the homeless, emergency shelters will be a necessary stopgap.

### A Policy Framework

Although there may be considerable debate among service providers and government officials over the appropriate policy responses to the growing number of homeless, four policy areas need attention: preventive strategies, emergency treatment, transitional services, and stabilization programs. This approach is based on the assumptions that the lack of housing and income are the two primary causes of homelessness and that the homeless are the victims of unemployment, domestic violence, a shortage of low-income housing, mental illness and mental retardation, alcoholism, and drug abuse. National and local data indicate that these are the primary causes of homelessness.

Prevention will require a variety of policy and program changes as well as new social services and mental health interventions to reduce these factors. Policy initiatives focusing on reducing unemployment, housing scarcity, alcoholism, drug abuse, domestic violence, and treating the mentally ill are necessary for long-term permanent solutions. Some frequently mentioned policies include efforts to expand the nation's low-income housing supply, the expansion and improvement of residential community health programs, and the prevention of evictions and foreclosures of individuals and families who are caught in a cycle of unemployment or underemployment.

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<sup>37</sup>Newsweek, January 2, 1984.



A comprehensive community approach to solving or ameliorating the plight of the homeless should eventually address three policy areas relevant to the development of housing and services (figure 1).<sup>38</sup> Similar approaches are being implemented currently by the state of Massachusetts as well as by the Skid Row Development Corporation in Los Angeles.<sup>39</sup>

Emergency treatment would include providing temporary shelter, food, clothing, immediate financial assistance, and initial mental health counseling. This phase cannot cure homelessness, but it can treat the problem. The transitional step would include providing temporary housing assistance, clinical care, counseling and therapy, long-term social services and vocational rehabilitation, and transitional residential housing. The transitional housing would provide an address which would enable individuals to receive appropriate entitlements and public assistance, such as Medicare and food stamps. The transitional phase assumes that with proper support and opportunities individuals can eventually live independently of temporary shelters. This phase would provide the mentally ill homeless with community care and living arrangements with varying degrees of household supervision, from 24-hour care in therapeutic residences for the severely mentally ill to more independent arrangements at halfway houses for individuals with less severe disorders.<sup>40</sup>

The stabilization phase would include providing a long-term residence, a stable source of income, and an array of ongoing support services necessary to assist in everyday living for low- and moderate-income individuals and families. Bassuk argues that psychiatry for the severely mentally ill is still limited, that many chronically mentally ill persons simply cannot be rehabilitated, and that they will require access to long-term acute hospitalization.<sup>41</sup> Residential placements would provide the necessary permanent housing needed by individuals who are mildly or moderately mentally ill.

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<sup>38</sup>This approach builds on the continuum of services suggested by Nancy Kaufman, 1984.

<sup>39</sup>Kaufman, 1984, and Skid Row Development Corporation, 1981.

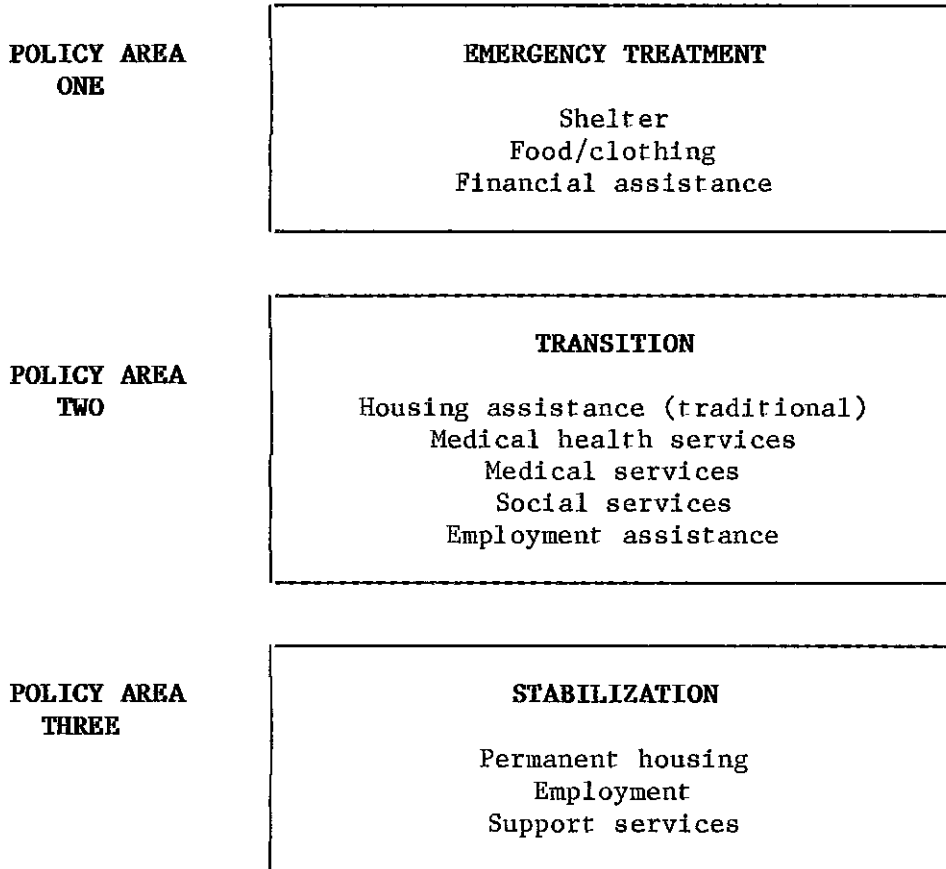
<sup>40</sup>Bassuk, 1984.

<sup>41</sup>Bassuk, 1984.

Figure 1

A Three-step Policy Approach to Reducing Homelessness

**CAUSES** Mental illness/mental retardation, alcoholism/drug abuse, unemployment, domestic violence, and a lack of low-cost housing.



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APPENDIX 1

Published Estimates of the Number of Homeless Persons  
in 37 Localities

Place	Number	Sources
Atlanta	1,500- 3,500	a, b, c
Baltimore	8,000-15,000	<u>Baltimore Sun</u> 9/24/82, <u>Atlantic</u> 10-83
Birmingham	291	<u>Birmingham News</u> 11/24/83
Boston	2,000- 8,000	a, b
Brockton	250	e
Buffalo	500	d
Chicago	12,000-25,000	a, c, <u>The New York Times</u> 6/3/83
Cleveland	400- 1,000	a, c
Denver	1,500- 5,000	b, c, <u>Denver Post</u> 3/6/83, <u>USNWR</u> 1/17/83
Detroit	2,000- 8,000	a, b, <u>New York Times</u> 6/3/83
Elizabeth	300	<u>Star Ledger</u> 4/22/83
Fresno	600	f
Jacksonville	150- 300	a
Los Angeles	22,000-30,000	b, <u>Los Angeles Times</u> 12/26/82 <u>USNWR</u> 1/17/83
Miami	4,000	<u>Miami News</u> 2/12/83
Minneapolis	900	<u>Minneapolis Tribune</u> 11/29/81
New York	36,000-50,000	b, <u>Atlantic</u> 10/83
New Orleans	700	a
Norfolk	100- 300	f
Orlando	400	f
Philadelphia	8,000	<u>Philadelphia Inquirer</u> 12/12/81
Phoenix	500- 6,200	a, b, c, <u>Newsweek</u> 1/2/84
Pittsburgh	1,500	<u>Pittsburgh Post Gazette</u> 1/2/82
Pittsfield	50	e
Portland	1,000- 2,000	a
Richmond	2,000- 4,000	a
Rochester	400- 500	<u>Rochester Times-Union</u> 3/11/82
Salt Lake City	600- 1,000	a, c
San Francisco	4,000-10,000	a, b, c
San Jose	1,000	a
Seattle	500- 5,000	a, b, f, <u>USA Today</u> 2/18/83
Springfield	570- 780	c, e
Syracuse	450	d
Tucson	3,000	<u>Los Angeles Times</u> 12/26/82
Tulsa	1,300	a
Washington, DC	5,000-10,000	<u>Washington Post</u> 9/11/83
Worcester	2,500	e

Notes:

- a. 1933-1983, Never Again, A Report to the National Governor's Association Task Force on the Homeless, July 1983, Mario Cuomo, Task Force Chair.
- b. Editorial Research Report, October 24, 1982.

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- d. Governor's Task Force on the Homeless, Albany, New York.
- e. "Profile of the Homeless in Massachusetts," Governor's Office, April 18, 1983, Special Report.
- f. Jacksonville Community Council, Downtown Derelicts Study, May 1982.

Source: The Extent of Homelessness in America: A Report to the Secretary on the Homeless and Emergency Shelters, U.S. Department of Housing and Urban Development, Office of Policy Development and Research, Washington, DC, 1984.

APPENDIX 2

Local Estimates of Homeless Persons in 60 Metropolitan Areas

Location	Lowest estimate	Highest estimate	Most reliable range
<u>Large metropolitan areas:</u>			
Baltimore	450	750	630-750
Boston	2,300	5,000	3,100-3,300
Chicago	17,000	26,000	19,400-20,300
Cincinnati	350	1,350	800-950
Cleveland	200	2,000	400-420
Detroit	3,000	9,000	7,200-7,800
Hartford	250	1,800	600-1,800
Houston	450	12,500	5,200-7,500
Kansas City, MO	150	1,500	340-400
Los Angeles	19,500	39,000	31,300-33,800
Miami	1,000	10,000	5,100-6,800
Minneapolis/St. Paul	700	1,150	870-1,150
New York	12,000	50,000	28,000-30,000
Philadelphia	450	8,050	2,200-5,000
Phoenix	300	1,500	750-1,400
Pittsburgh	50	1,500	600-1,175
Portland	600	2,700	1,400-1,700
San Francisco	7,500	11,500	7,700-8,800
Seattle	1,300	5,000	3,100-3,250
Washington, DC	3,000	10,500	3,000-6,400
<u>Medium-sized metropolitan areas:</u>			
Baton Rouge, LA	100	200	150-200
Birmingham, AL	300	1,000	550-600
Charleston, SC	50	250	75-90
Charlotte, NC	70	400	235-315
Colorado Springs, CO	45	200	95-100
Davenport, IA	75	500	330-390
Dayton, OH	75	1,000	250-340
Fort Wayne, IN	150	1,000	700-750
Grand Rapids, MI	56	550	270-430
Little Rock, AR	100	3,000	250-770
Las Vegas, NV	400	2,000	950-1,250
Louisville, KY	300	2,000	500-650
Raleigh, NC	50	225	200-225
Richmond, VA	325	2,250	1,100-1,250
Rochester, NY	91	300	120-150
Salt Lake City, UT	200	650	425-650
Scranton, PA	50	100	65-75
Syracuse, NY	250	450	370-380
Tampa, FL	250	1,500	550-700
Worcester, MA	700	3,250	1,500-1,900

Small metropolitan areas:

Annapolis, MD	10	125	70-80
Athens, GA	10	75	25-60
Binghamton, NY	44	75	40-65
Bowling Green, KY	0	9	8-9
Columbia, MO	15	85	55-75
Danville, VA	0	150	30-100
Durham, NC	10	50	40-50
Fall River, MA	5	150	25-40
Hazleton, PA	0	100	5-20
Jackson, MI	25	88	40-55
Lincoln, NE	50	150	115-150
Lewiston, ME	22	30	25-30
Lompoc, CA	2	55	20-50
Merced, CA	20	50	35-50
Monroe, LA	25	120	25-105
Monroe, MI	15	37	20-25
Pueblo, CO	35	55	45-50
Reno, NV	100	400	285-340
Sioux City, IA	50	73	50-60
Tyler, TX	18	350	35-50

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Source: The Extent of Homelessness in America: A Report to the Secretary on the Homeless and Emergency Shelters, U.S. Department of Housing and Urban Development, Office of Policy Development and Research, Washington, DC, 1984.



## APPENDIX 3

### Omaha's Skid Row: 1880-1960<sup>1</sup>

The earliest skid rows formed in the context of an active labor marketplace during the second half of the nineteenth century. A male-dominated immigration, the rapid development and exploitation of the trans-Mississippi West and the general absence of working-class job security were only the most significant of the factors that made the period between the Civil War and World War I an age of transient and seasonal workers.<sup>2</sup> Men on the tramp routinely passed through cities because transportation termini, employment agencies, and a good deal of casual work were located there. Transient workers were drawn to the downtown near the docks or railyards, where they established a highly visible subcommunity at a time when differentiated land use characterized American cities.<sup>3</sup>

### Skid Row in its Heyday: The "Main Stem," 1880-1920

The term skid row derives from Seattle's "skid road" (a lumberjack district of the late nineteenth century) but was not a term commonly used until the 1930s. Between the 1890s and 1920s it was more typical to hear tramping workers speak of the "main stem." Here a variety of places served the needs of transient and unattached men. In cheap lodging houses a man could spend as little as 7¢ for a night on a wooden bunk, a dirty hammock, or a bare floor.<sup>4</sup> Nearby were cheap restaurants, second-hand clothing stores, employment offices, and most importantly saloons, where tramping workers could eat and drink, socialize, perhaps talk to prospective employers who came there looking for men, and even spend the night.<sup>5</sup> At the turn of the century a well defined homeless men's area was an established part of every city. New York's was famous. "From Canal Street to Bayard Street on the west side of the Bowery," wrote one investigator in 1909, "every building is a cheap lodging house, and from Chatham Square to Cooper Square about every other building on each side of the street is a lodging-house, and there are more saloons than

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<sup>1</sup>Excerpt from: John C. Schnieder, "Skid Row as an Urban Neighborhood, 1880-1960," Urbanism Past and Present, Vol. 9, Winter/Spring 1984, pp. 10-19.

<sup>2</sup>Eric M. Monkkonen (Ed.), Walking to Work: Tramps in America, 1790-1920, Lincoln, NE: University of Nebraska Press, 1975.

<sup>3</sup>David Ward, Cities and Immigrants: A Geography of Change in Nineteenth Century America, New York: Oxford University Press, 1970.

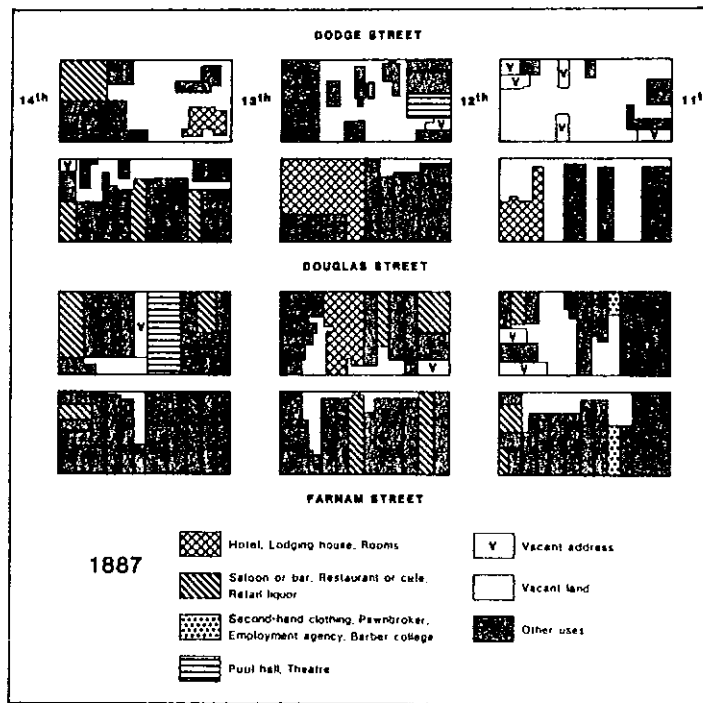
<sup>4</sup>Jacob Riis, Repr. ed., How the Other Half Lives, New York: Hill Wang, 1957, pp. 59-67; Alice W. Solenberger, One Thousand Homeless Men, New York: Russell Sage Foundation, 1911, pp. 314-29.

<sup>5</sup>Jon M. Kingsdale, "The 'Poor Man's Club': Social Functions of the Urban Working-Class Saloon," American Quarterly, 25(October 1973), 472-89.

lodging houses."<sup>6</sup> No less important in their own right were Chicago's West Madison Street (the largest homeless men's area), Seattle's Yesler Way, San Francisco's South of Market district, or the Gateway in Minneapolis, a twenty-five-block area that in 1900 had 109 saloons and 113 hotels and lodging houses.<sup>7</sup>

The city of Omaha was also an important regional center for tramping workers, and the development of its main stem serves as a useful case study. Omaha was situated on major rail lines and was near seasonal farm work and railroad construction jobs. It was first settled in the 1850s, progressed steadily over the next two decades, and then enjoyed spectacular growth in the 1880s as a railroad, commercial, and meatpacking center. A bustling city of around 100,000 people in the late 1880s, Omaha harbored large numbers of transient workers on their way to and from jobs throughout the American West. A scanning of the manuscript schedules of the 1885 Nebraska state census shows that the principal concentration of lodgers and roomers lay between 9th and 15th Streets for several blocks above and below Douglas, one of the main east-west streets. Many of the city's cheapest lodging houses were located in the vicinity. The core of this area was the six blocks around Douglas between 11th and 14th Streets. Here clearly was the embryo of a skid row.<sup>8</sup>

Map 1  
Center of the Transient Men's Area in Omaha, 1887



<sup>6</sup>Frank M. White, "Eliminate the Tramp," Harper's Weekly, 53(February 6, 1909):16.

<sup>7</sup>Keith Lovald, "From Hobohemia to Skid Row," pp. 121-22. Doctoral dissertation, University of Minnesota, 1960.

<sup>8</sup>Reels 15-17, Nebraska State Census, 1885, Nebraska State Historical Society, "A Bed for a Dime," Omaha Republican, February 23, 1890, p. 4.

Map 1 reveals, however, that as of 1887 the area had not attracted a significant concentration of homeless men's services.<sup>9</sup> In fact, there were not even that many lodging houses and cheap hotels (although it is clear from press reports and the census schedules that many second and third floors above shops and stores were used for lodgings but were not so described in the city directories or Sanborn insurance maps.<sup>10</sup> So, while the Douglas Street area housed transient men in these years, it had still not acquired the look and feel of a "main stem."

This began to change in the 1890s. The nucleus of the central business district was inexorably moving west along Douglas, Farnam, and Harney Streets, from 10th Street in the early days, to 13th and then 15th by the 1870s, to 16th after the 1880s. As it did so, homeless men and their services rushed into the backwash created in the less attractive older business area. The westward drift of Omaha's business district probably speeded up the development of the city's main stem. It was a process not without some direction, for as main stem businesses crowded on to Douglas and the cross streets they created what one Omahan called a "line of respectability" around 14th and 15th Streets. Businessmen to the west were determined to hold this line. In 1898 they prodded the police into raiding a gambling den that was operating in the back room of a store just west of 15th, threatening to draw other disreputable businesses to the block.<sup>11</sup>

Map 2 exhibits the considerable change that had taken place in the Douglas Street transient quarter by 1912. Hotels and lodging houses had proliferated and were now joined by a host of supporting businesses: saloons, cafes, secondhand stores, pawnbrokers, employment agencies, even vaudeville theaters. Where only 16 percent of the addresses in the six blocks supported businesses serving tramping workers in 1887, by 1912 the figure had jumped to 45 percent. There were other areas around the downtown that catered to these

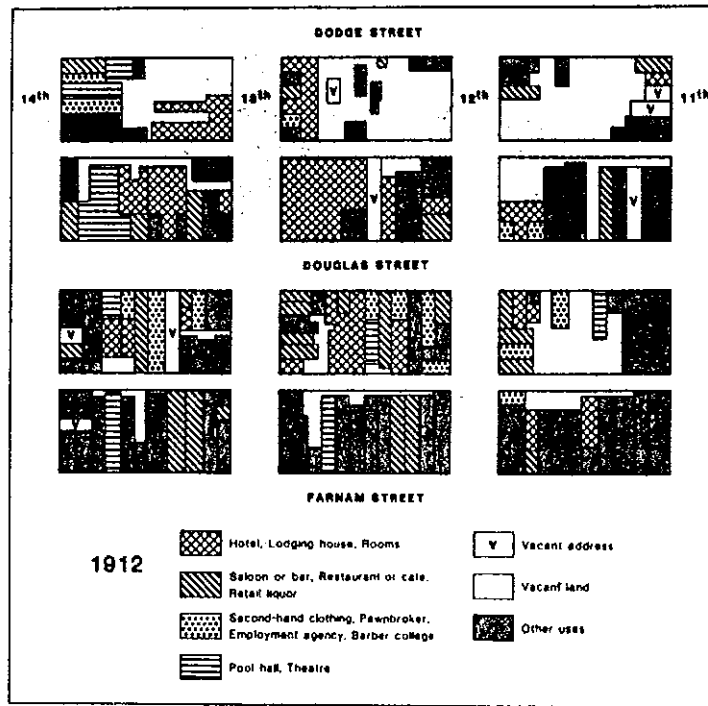
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<sup>9</sup>Sources for the maps in this paper are the Sanborn Fire Insurance maps of Omaha (1887, 1934, 1953), Baist's Real Estate Atlas of Surveys of Omaha (Philadelphia: G. William Baist, 1910), and the Omaha city directories for 1887, 1912, 1934, and 1953. All are in the Nebraska State Historical Society except for the 1953 Sanborn maps, which are located at the Omaha Public Library. Obviously not all of the places I identify as serving homeless men necessarily did so most of the time. This is especially true of hotels and restaurants. However, I chose not to include other places that probably did serve homeless men at least part of the time, namely barber shops, men's clothing stores (not secondhand), and cigar shops.

<sup>10</sup>Later editions of the city directory identify second and third floor lodgings more fully, but it still ought to be said that lodgings are underrepresented in all the maps prepared for this paper. Where there were lodgings or rooms above a first floor with different uses, the addresses are displayed on the maps as divided into front and rear spaces.

<sup>11</sup>"Movement of the Business Center," Omaha Daily Bee, March 29, 1903, p. 21; "Omaha Realty," Omaha Daily Bee, January 26, 1901, p. 4; "Grief to Gamblers," Omaha Daily Bee, March 17, 1898, p. 1.

Map 2  
The "Main Stem" in Omaha, 1912



men, but a check of the city directory and real estate surveys shows no area, even a relatively small one, with anything like the concentration of men's services that Douglas Street had. Douglas was now indeed Omaha's main stem....

Street life on the main stem therefore had a more positive quality than the often destitute and desperate condition of tramping workers would suggest. The crowded and busy sidewalks--"swarming with migratory workers" as one hobo recalled--offered the men an exhilarating experience. The sociologist Nels Anderson traveled the west as a hobo worker when he was a young man. In 1907 he arrived in Omaha on a freight out of Billings, Montana, and was impressed with the size of the city's main stem and the variety of its services. He and a companion seemed genuinely excited walking along what was undoubtedly Douglas Street and taking in the view. Anderson's friend stood on one corner and estimated that from there he could see at least a thousand men on the streets and sidewalks.<sup>12</sup> On main stems such as Omaha's, knots of men were likely to gather outside the employment agencies that displayed large placards announcing farm jobs or railroad section work. The agencies tended

<sup>12</sup>Roger A. Bruns, Knights of the Road: A Hobo History, (New York: Methuen, 1980), p. 163; Nels Anderson, The American Hobo: An Autobiography (Leiden: E. J. Brill, 1975), p. 85.

to cluster in Omaha (as they did in most cities), mainly on 10th, 11th, and 12th Streets just south of Farnam. Men fresh from the freight yards added to the bustle of main stem sidewalks as they moved along in search of a lodginghouse, secondhand store, cafe, or saloon. In saloons they took advantage of the free lunch given for the price of a schooner of beer....

The main stem, to be sure, was not altogether upbeat. Observers often described scenes that revealed a dark side--the pathetic beggars, the men with black stares and drooping heads. "They huddle together perforce on the narrow benches," wrote one journalist about the tramps he saw in a New York park, "but they seldom speak to each other, and then in low and spiritless tones. ... Sodden and hopeless, they doze under the trees that bar the rays of the electric lights, living shadows of silent despair."<sup>13</sup> Still, the descriptions of homeless men's areas by Anderson, Wyckoff, and others belie these unhappy views. There seems little doubt that at least in the midwestern and western cities where there were large contingents of robust seasonal workers the main stem was a lively place, a genuine workingmen's quarter in which much of the wretchedness was obscured by the comings and goings of harvest workers, construction gangs, lumbermen, and even tramping artisans.

#### A Neighborhood in Decline, 1920-1940

The main stem began to change in the 1920s, principally as a result of new labor market conditions. Mechanization on the farm, in factories, and in the lumber industry, along with the decline in railroad construction, reduced the seasonal demand for unskilled and semi-skilled migrant labor. The migrant workers who remained, furthermore, more typically traveled by automobile or truck--the U.S. Department of Labor estimated in 1926 that 65 percent of the harvest workers in Kansas came to the wheat fields by car.<sup>14</sup> These and other factors, including the generally favorable employment conditions of the 1920s, had a marked effect on the main stem. The decline in seasonal migrant work opportunities meant fewer men stopping at job agencies and lodging houses, while the widespread use of motor vehicles deprived the main stem of the men who used to catch freights and pass in and out of the homeless men's districts that had always been an adjunct to downtown rail yards. As the main stem lost

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<sup>13</sup>Mariner J. Kent, "The Making of a Tramp," Independent, 55(March 1903): 667. See also Josiah Flynt [Willard], Tramping with Tramps: Studies and Sketches of Vagabond Life (New York: Century, 1899).

<sup>14</sup>John J. Hader, "Honk Honk Hobo," Survey, 60(August 1, 1928):453. On mechanization and the decline of the unattached migrant worker, see Wilson Compton, "Recent Developments in the Lumber Industry," Journal of Forestry, 30(April 1932):440-50; Paul S. Taylor, "Migratory Farm Labor in the United States," Monthly Labor Review, 44(March 1937):538-39; Nels Anderson, Men on the Move (Chicago: University of Chicago Press, 1940), pp. 169-76; Thomas D. Isern, "Adoption of the Combine on the Northern Plains," South Dakota History 10(Spring 1980):101-18; James F. Rooney, "Societal Forces and the Unattached Male," in Howard Bahr, Ed., Disaffiliated Man (Toronto: University of Toronto Press, 1970) pp. 18-20.

the visits from tramping workers, it became more closely identified with the "home guard," to use the tramping vernacular. These were the men who stayed on a particular main stem the year round and traveled primarily to settle on another stem. Augmenting this group were inveterate casuals who would have done more traveling had migrant work opportunities been greater....

With its changing and shrinking population and withered institutional life, the main stem lost much of its liveliness during the 1920s.... The Bowery and other main stems changed as the heterogeneous transient population of the great hobo era gave way to a smaller, more stationary population of odd-jobbers and the handicapped and misfits for whom the main stem had always been a haven. The phlegmatic and dispirited atmosphere evident on the Bowery signalled the transition from the animated "main stem" to "skid row" as we know it today.

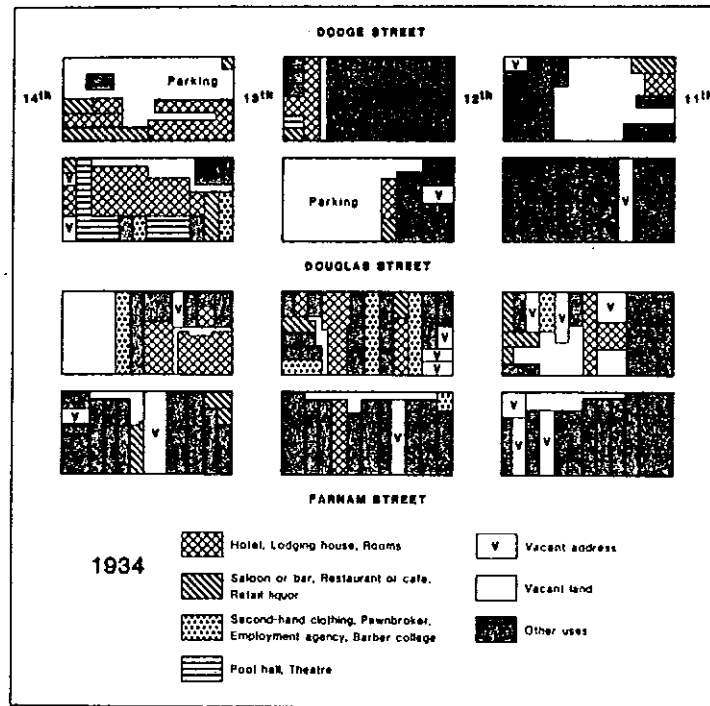
The Great Depression enlarged skid row's population and created a new public awareness of its problems. Social workers had concerned themselves with homeless men since at least the 1890s, when "model" lodging houses first appeared under both municipal and charitable auspices. By the 1920s the professionalization of social work was well underway and the individualized casework approach had become the ideal. Social workers hoped at the time to extend this approach to homeless men, but with the inundation of skid row in the 1930s by thousands of the unemployed there was little else to do but provide most homeless men with "congregate care" of the type they had received since the late nineteenth century. State and city governments helped unattached homeless men first by increasing support to established municipal lodging houses, then by making arrangements with private agencies such as The Salvation Army, and finally by establishing "shelters" in and around skid row in abandoned school buildings and factories. In 1933, Congress passed the Federal Emergency Relief Act creating the Federal Transient Program, and the New Deal came to skid row in the form of additional federal shelters....<sup>15</sup>

The streets themselves were changing as well, as a return look at Douglas Street in Omaha clearly reveals. The area between 11th and 14th Streets--now sometimes referred to as "pawnshop row"--remained the heart of the homeless mens district in Omaha, but it was not the area it had been before the First World War. Map 3 shows that by 1934 the proportion of addresses serving homeless men had fallen sharply, from 45 percent to 34 percent. All the categories of services had declined in numbers. The Salvation Army had now taken over an old bank building on 13th south of Douglas and turned it into a sizable hotel that also served as a shelter under the Homeless Men's Bureau.

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<sup>15</sup>Roy Lubove, The Professional Altruist: The Emergence of Social Work as a Career, 1880-1930 (Cambridge: Harvard University Press, 1965); Manfred Lilliefors, Jr., "Social Case Work and the Homeless Man," Family 9(January 1929):291-94; Alvin Roseman, Shelter Care and the Local Homeless Man, Publication No. 46, (Chicago: Public Administration Service, 1935); Russell H. Kurtz, Ed., Social Work Year Book 1939, (New York: Russell Sage Foundation, 1939), pp. 441-44.

Map 3  
Skid Row in Omaha, 1934



At the same time, however, two large hotels on Douglas Street were gone and another was reduced in size. The legacy of Prohibition remained: there were no saloons or taverns anywhere, at least not listed as such, since liquor by the drink had yet to return to Omaha. Along Farnam Street, on the fringes of the area, mainstream businesses had made a noticeable comeback (the same thing had happened on the Bowery in the 1920s).<sup>16</sup> Moreover, in these depressed years, vacant addresses were common and more broadly distributed than in 1912, and a large empty lot now met the eye at 14th and Douglas. Not dissimilar in their visual and communal effect were the intrusions of the auto age: two parking lots—one where a hotel had been—and also a filling station at Dodge and 14th. All in all, the old main stem had eroded. Its heyday was apparently over, its future uncertain.

A Neighborhood of Vulnerability: "Skid Row," 1940-1960

The 1940s were perhaps the most important short span of years in all the history of skid row. The wartime industrial buildup helped to end the depression and eradicate the unemployment problem that had brought so many men

<sup>16</sup>William N. Hubbell, "Adventures in the Bowery District," Missionary Review of the World, 52(July 1929):528.

to skid row. While postwar economic adjustments probably led to some temporary increases in skid row populations, the overall trend continued to be downward. Detroit's skid row population, for example, fell by 17 percent between 1940 and 1950 and New York's by 50 percent between 1949 and 1964.<sup>17</sup> Soldiers returning home from this war were less likely than those in previous ones to end up on skid row now that there were veterans' benefits easing the transition to civilian life. In the meantime, automation in agriculture, industry, transportation, and warehousing continued to reduce the need for seasonal, migrant, and unskilled labor. As early as 1940 Nels Anderson could write that the old-time hobo had become little more than a curiosity.<sup>18</sup>

The men who remained on skid-row--mostly the home guard, handicapped, and pensioners--were an older and less mobile group. The average age of the men in Chicago's municipal shelters increased from 40 to 57 in just the short period from 1938 to 1942, and the men stayed much longer, about three months on the average in 1942 compared to only three weeks in 1938.<sup>19</sup> The long-term trend was clear.... As the population got older it became less mobile. Over half of the men on Chicago's skid row in 1958 had lived there continuously for at least a year, two-thirds of the men on the Gateway in Minneapolis did not leave the Twin Cities area during a twelve-month period in 1957-58...<sup>20</sup>

The public's new preoccupation with skid row focused on the problem of alcoholism among the homeless men living there. "Skid Row, U.S.A., to anyone who does not really know it from inside," reported one investigator in 1956, "is that place where alcoholics on their last legs have come to drink in peace."<sup>21</sup> The old main stem had been associated with drinking as well, but even its most pious critics saw the classic hoboes and tramps mostly as rough workingmen or social misfits who simply overindulged in low-life saloons and then went on the road again. Their sins were wanderlust and laziness, not alcoholic addiction. The typical skid row man of the 1950s, however, was

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<sup>17</sup>H. Warran Dunham, Homeless Men and Their Habitats: A Research Planning Report (Detroit: Wayne State University Press, 1953), pp. 11, 37-38; Howard M. Bahr and Theodore Caplow, Old Men Drunk and Sober (New York: New York University Press, 1973), p. 16. See also Donald Bogue, Skid Row in American Cities (Chicago: University of Chicago Press, 1963), pp. 8-12.

<sup>18</sup>Nels Anderson, Men on the Move, p. 21. See also Samuel E. Wallace, Skid Row as a Way of Life (Totowa, NJ: Bedminster Press, 1965), pp. 22-23; Bogue, Skid Row in American Cities, p. 476.

<sup>19</sup>J. W. Dees, Flophouse, (Francestown, NH: Marshal Jones, 1948), pp. 143-44.

<sup>20</sup>Bogue, Skid Row in American Cities, pp. 111, 243-44; Lovald, "From Hobohemia to Skid Row," p. 303; Leonard Blumberg et al., The Men on Skid Row: A Study of Philadelphia's Homeless Man Population, mimeograph, Department of Psychology, Temple University School of Medicine, December 1960, p. 24.

<sup>21</sup>Sara Harris, Skid Row, U.S.A. (New York, Doubleday, 1956), p. 26.



supposedly a hopeless alcoholic, enslaved by his addiction to the point where he was totally unproductive. He was a pathetic creature lying in littered alleys, consumed by the daily quest for alcoholic oblivion. More sophisticated studies by sociologists and psychologists in these years pointed out that many skid row men were not alcoholics and that some did not drink at all. At the same time, however, these investigators left little doubt that drinking was indeed the most important activity that took place on skid row....<sup>22</sup>

The rapid deterioration of skid row's image invited the municipal "clean-up" efforts first proposed in the late 1940s. The old main stem may have been an urban blight in the eyes of many people, but it was also a crowded and lively part of the city whose function as a men's quarter lent it legitimacy. By the 1950s skid row was not only less crowded and lively, it had lost its tie to the cultural mainstream with the decline since early in the century of the male ethic and the widespread bachelor-style fraternizing that went with it. Moreover, skid row usually occupied some of the least attractive areas of an urban downtown that was losing its soul to the suburbs. Little wonder skid rows were prime targets for new urban renewal schemes and interstate highway routes. By the late 1950s Kansas City, Los Angeles, Sacramento, Denver, Minneapolis, New York, Philadelphia, and Detroit had all pulled down large segments of their skid rows or were contemplating doing so.<sup>23</sup>

Omaha's Douglas Street skid row would also face the wrecking ball, but not before the 1970s. Until then it stood as a classic example of the decline of skid rows in postwar America. Its population had plummeted. One study estimated that there were at most only two thousand homeless men in downtown Omaha in 1950. There were probably four times that number around the turn of the century.<sup>24</sup> Map 4 shows that by 1953 only 30% of the addresses in the Douglas Street area served homeless men, down even further from the 1930s. The concentration of job agencies just off the map south of Farnam had gone, along with the migrant seasonal work the agencies had specialized in; and the few that remained probably served more and more outsiders, as Keith Lovald

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<sup>22</sup>Robert Strauss, "Alcohol and the Homeless Man," Quarterly Journal of Studies on Alcohol, 7(December 1946):360-404; Robert Strauss and Raymond G. McCarthy, "Non-Addictive Pathological Drinking Patterns of Homeless Men," ibid., 12(December 1951):601-11; Joan K. Jackson and Ralph G. Connor, "The Skid Road Alcoholic," ibid., 14(September 1953):468-86; W. Jack Peterson and Milton A. Maxwell, "The Skid Road 'Wino,'" Social Problems, 5(Spring 1958):308-16.

<sup>23</sup>"Hallelujah Time for Bums," Time, 70(October 14, 1957):33, The Homeless Man on Skid Row (Chicago: Tenants' Relocation Bureau, 1961), p. i.

<sup>24</sup>Bogue, Skid Row in American Cities, pp. 6,8. Chicago's skid row population had also fallen to a quarter of what it was in 1910.

found was the case on the Gateway in Minneapolis during the 1950s.<sup>25</sup> There were now as many retail liquor stores as bars, an indication not only of the drinking problem on skid row but also of the social environment in which much of it took place. Men were buying cheap bottles and drinking on the street, in alleys, and in hotel rooms.

As homeless men's services decreased in the Douglas Street area over the years they did not become more concentrated. Skid row in Omaha did not shrink that much, it just thinned out. Consequently, a much smaller skid row population in the 1950s used services that were distributed over roughly the same area as fifty years earlier in the heyday of the main stem. Moreover, the thinning out of Omaha's skid row did not mean the remaining services were mixed in with empty lots and abandoned buildings. There was actually a lower vacancy rate in 1953 than there had been in 1934. Skid row businesses operated alongside gas stations, wholesale suppliers, appliance repair shops, and other establishments with a markedly different function and clientele than places serving homeless men. The nucleus of Omaha's central business district had continued to move west, but its eastern edge still rested at 16th Street. Skid row, only two blocks away, therefore still had enough site value to attract "legitimate" businesses, although not enough to attract the glamorous sectors of the downtown economy: new hotels, offices, banks, and chic retail stores. Lower Douglas Street remained largely the "zone of discard" in downtown Omaha. Only in the 1970s would it become the focus of major urban renewal, mostly for a park designed to establish a visual link between the downtown and the riverfront in an effort to restore vitality to the heart of the city.

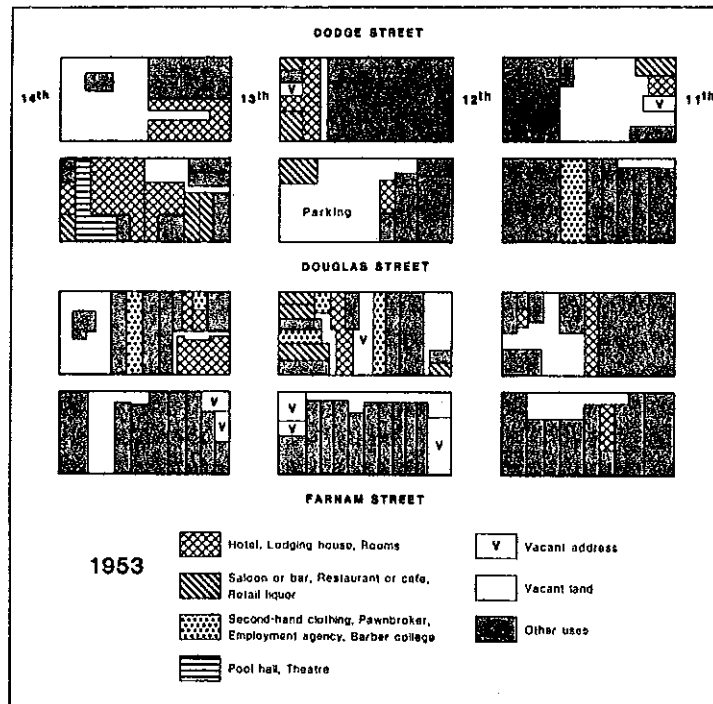
The implications of postwar development for street life on skid row are difficult to judge....the spatial context of much of the socializing that took place on skid row had unquestionably changed, and with it the social experience itself. The Omaha evidence suggests that the typical skid row in the 1950s had fewer areas where the men, themselves fewer in number, would be likely to gather informally, such as along blocks where most if not all of the frontages opened to skid row services. Even in the heart of skid row, homeless men rubbed shoulders with outsiders. As a result, the men were more exposed, more vulnerable, with a less sure claim to the sidewalks they had dominated when Nels Anderson walked along Douglas Street in 1907. Their exposure was highlighted by the fact that their outdoor loitering was a throwback to a time when public spaces had many uses. This had given way during the twentieth century to the idea that streets and sidewalks, especially downtown, were exclusively thoroughfares for pedestrian and vehicular traffic moving quickly to a destination. The socializing that skid rowers enjoyed on the street was something other urbanites did indoors, including in their automobiles.

As the skid row population got smaller and suffered further in its public image, and as skid row's physical plant changed, the police assumed a far greater role. By the 1960s patrolmen on skid row acted not so much in the

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<sup>25</sup>Keith Lovald, "From Hobohemia to Skid Row," pp. 352-62.

Map 4  
Skid Row in Omaha, 1953



interest of homeless men but rather in response to the sensibilities of the larger public and in particular those persons who worked in and around skid row in businesses unconnected with the skid row economy. The police on skid row were managers as much as order-keepers, seeing to it that the street made a presentable appearance. Patrolmen were encouraged in this approach by the fact that the street scenes they usually encountered now involved relatively small groups of men--isolated and intimate situations, easily comprehended, easily dealt with. Since skid rowers had become so immobile, they could become quite well-known individually to police officers, who sometimes developed a paternalistic relationship with them. However, this did not interfere with the absolute authority of the patrolman on skid row and his undisputed prerogative to make an arrest at any time. The police were clearly more tolerant of certain behavior on skid row than they were elsewhere--for example, men staggering about or lying down on the sidewalk--but skid rowers had to be prepared at almost any time to be picked up by police patrols. The charge was usually drunkenness, whether the men were actually drunk or not. It

was often just a surrogate for a vagrancy charge, which posed questions of constitutionality and was under attack in the 1950s and early 1960s.<sup>26</sup>

The day-to-day interaction between skid rowers and the criminal justice system developed into a ritualistic one, and even served as an induction ceremony for men new to skid row. "The jail is perhaps the most important scene in the life of tramps," wrote James Spradley in his interesting work on skid row men in Seattle during the 1960s. "It is here they find the remaining shreds of respectable identity stripped away as they become participants in an elaborate ritual--that of making the bucket. Identity change takes place for these men as they are labelled 'bums,' cut off from former roles and identities, treated as objects to be manipulated...."<sup>27</sup> Confronting the police had preoccupied tramping workers in the days of the main stem as well, but the men were much more numerous and mobile then. They stood a lesser chance of getting frequently arrested and jailed, and they could more easily elude the police, even carrying on what amounted to a heroic test of wit and skill with the "yard bulls" employed by the railroads. They were not helpless objects of police manipulation passing regularly through a humiliating criminal justice process.

The police problem inhibited street life on skid row. Homeless men had to be incessantly watchful, hoping not to draw attention to themselves by their actions. It became safer to socialize in alleys, under viaducts, or simply on the move, aping unconvincingly respectable society's sidewalk behavior, and all the while trying to stay within the skid row area. Once outside, the men became like a "fifth wheel," as one skid rower put it. In fact, between the decline of street life and the threat of the police, homeless men often beat a hasty retreat indoors, to the few bars and theaters that were open to them (and even these were often invaded by outsiders at night), as well as to the lodging house, which in the past had not been a place to linger. Hotel proprietors now commonly allowed the men to sit in the lobby and watch television. Half of Chicago's skid rowers in 1958 watched television on a daily basis. Even the tiny hotel rooms and cubicles became places to socialize or to sit alone and drink. For an increasing number of men, they became places to die....<sup>28</sup>

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<sup>26</sup>Egon, Bittner, "The Police on Skid Row: A Study in Peace-Keeping," American Sociological Review 32(October 1967):706-14; Wiseman, Stations of the Lost, p. 67; Forrest W. Lacey, "Vagrancy and Other Crimes of Personal Condition," Harvard Law Review, 66(May 1953):1203-06; Arthur H. Sherry, "Vagrants, Rogues, and Vagabonds--Old Concepts in Need of Revision," California Law Review, 48(October 1960):557-67; Gary V. Dubin and Richard H. Robinson, "The Vagrancy Concept Reconsidered: Problems and Abuses of Status Criminality," New York University Law Review, 37(January 1962):123-36.

<sup>27</sup>James P. Spradley, You Owe Yourself a Drunk: An Ethnology of Urban Nomads (Bowtown: Little Brown, 1970), p. 223.

<sup>28</sup>Spradley, You Owe Yourself a Drunk, p. 124; Wiseman, Stations of the Lost, p. 23; Bogue, Skid Row in American Cities, p. 246; Lovald, "From Hobohemia to Skid Row," pp. 389-402; Wallace, Skid Row as a Way of Life, p. 121.

The transformation of skid row from labor marketplace to ward of policemen and the welfare state can be depicted in a superficial way by three imaginary street scenes, dated approximately 1900, 1930, and 1960. In the first we see great bunches of workingmen ambling along a city block crowded with men's services. The second reveals a more orderly yet disturbing scene. Hundreds of men, looking strangely alike in their overcoats, hats, and dazed expressions, stand in a long line stretching down the block and around the corner from a soup kitchen. The last view is striking for its less crowded appearance. Here we see a few lone pedestrians walking past a man sprawled out on the sidewalk. Several others crouch along a storefront and watch, and a foursome lurks in the shadows of an alley passing around a bottle of wine.

These images of skid row at various stages in its history are not drawn here for their accuracy. They are misleading in that much on skid row remained the same over the first half of the century.... Still, the images clearly belong to three distinct epochs in skid row's history and tell us a great deal about real changes that have taken place on skid row....

Throughout the first half of this century Douglas Street remained Omaha's principal skid row area. The same fixedness was true of the larger area in which homeless men and their services could be found (including what amounted to a small secondary skid row a few blocks away on North 16th Street). There is a remarkable fit between the area Omaha officials described for Donald Bogue's survey of skid rows in 1958 and the distribution of lodgers and roomers in the 1885 state census. Spatial inertia has characterized homeless men's areas in most cities. The boundaries of skid row in urban America have always been clear to homeless men and outsiders alike.<sup>29</sup>

The fact that Douglas Street served as the traditional center of a larger homeless men's area extending loosely over part of the downtown only added to the importance of the strong concentration of men's services there in the heyday of the main stem early in the century. Small though it was, this four-to-six block concentration was critical in legitimizing, protecting, and reinforcing the subculture of the main stem. Their little patch of urban turf stood as a grand achievement to tramping workers--a sort of "home territory" over which they exercised a sense of control.<sup>30</sup> The decay of the main stem in

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<sup>29</sup>Bogue, Skid Row in American Cities, p. 34. Lovald, "From Hobohemia to Skid Row," p. 434. Interstate highway construction in the 1960s and urban renewal in the 1970s finally weakened the hold of Omaha's skid row on its traditional ground and led to the rise of at least one new skid row area downtown--about ten blocks to the west. See "24th, Farnam: 'A Dangerous Corner,'" Omaha World Herald, July 25, 1976, Sec. B, pp. 1, 6. The dispersion of skid row from its ancient turf was also true of other cities in the 1960s and 1970s, profoundly altering the social experience for many "skid row men." See Howard M. Bahr, "The Gradual Disappearance of Skid Row, Social Problems, 15(Summer 1967):43-45; Barrett A. Lee, "The Disappearance of Skid Row: Some Ecological Evidence," Urban Affairs Quarterly, 16(September 1980):104-5.

<sup>30</sup>Stanford M. Lyman and Marvin B. Scott, "Territoriality: A Neglected Sociological Dimension," Social Problems, 15(Fall 1967):236-49.

later years, while by no means complete, blurred the spatial definition of the Douglas Street skid row, undermined the coherence of the area, and altered the social environment for its habitues, who had become fewer and undoubtedly older, less mobile, and disspirited. The evidence suggests a cruel paradox: as skid row men became more detached from the socio-economic mainstream, and retreated more or less permanently to a particular skid row, they were less able to enjoy the sense of security afforded by a neighborhood they could truly call their own.

APPENDIX 4

Survey of Homeless Clients

(To be completed for every client or family in the shelter)

Shelter \_\_\_\_\_

Date of Count: March 28, 1986

Name of shelter official completing this client survey: \_\_\_\_\_

This is one of a series of semiannual counts of the homeless conducted by the Center for Applied Urban Research. The information gathered by the survey will be vital in attaining funding and in planning for services for the homeless in Omaha/Douglas County. Please address the questions as time permits to every client or family so that we may have an accurate update regarding areas of concern.

1. Type of client-family relationships:

- a. Single male/single female \_\_\_\_\_
- b. Single male/single female with children \_\_\_\_\_
- c. Couple \_\_\_\_\_
- d. Couple with children \_\_\_\_\_

2. Family size:           Adults \_\_\_\_\_                          Children \_\_\_\_\_

3. Age of clients:       Adults    Children

Under 20	_____	0-4	_____
20-30	_____	5-7	_____
31-40	_____	8-10	_____
41-50	_____	11-13	_____
51-60	_____	14-17	_____
61 and over	_____		

4. Race of clients:       Male                          Female                          Children

- a. White                          \_\_\_\_\_
- b. Black                          \_\_\_\_\_
- c. Hispanic                          \_\_\_\_\_
- d. American Indian                          \_\_\_\_\_
- e. Other                          \_\_\_\_\_

5. Monthly income of head of household:   Source of income:

<ul style="list-style-type: none"> <li>a. 0 _____</li> <li>b. Below \$100 _____</li> <li>c. \$100-\$200 _____</li> <li>d. \$201-\$300 _____</li> <li>e. \$301-\$400 _____</li> <li>f. \$401-\$500 _____</li> <li>g. Above \$500 _____</li> </ul>	<ul style="list-style-type: none"> <li>a. Employment _____ (type of job held) _____</li> <li>b. Unemployment insurance _____</li> <li>c. ADC _____</li> <li>d. SSI _____</li> <li>e. Social security _____</li> <li>f. Retirement _____</li> <li>g. General assistance _____</li> <li>h. Family support _____</li> <li>i. Other _____</li> </ul>
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6. Education of client-family:	<u>Male</u>	<u>Female</u>	<u>Children</u>
a. Preschool	_____	_____	_____
b. K to 6	_____	_____	_____
c. 7 to 9	_____	_____	_____
d. 10 to 12	_____	_____	_____
e. GED	_____	_____	_____
f. College	_____	_____	_____

7. Expected stay of this client:

- a. 1-5 days \_\_\_\_\_
- b. 1-2 weeks \_\_\_\_\_
- c. 3-4 weeks \_\_\_\_\_
- d. 5 weeks or more \_\_\_\_\_

8. Reasons for client's stay at shelter:

- a. Evicted from home \_\_\_\_\_
- b. Long-term homelessness \_\_\_\_\_
- c. Battered or abused \_\_\_\_\_
- d. Alcohol or drug abuse \_\_\_\_\_
- e. Mental illness \_\_\_\_\_
- f. Runaway child \_\_\_\_\_
- g. Insufficient funds for rental housing \_\_\_\_\_
- h. New in town looking for work \_\_\_\_\_

9. Do you believe this client or family member is in need of long-term mental health treatment? (medication, hospitalization) \_\_\_\_\_

10. Last permanent residence before entering shelter:

- |   |                            |
|---|----------------------------|
| a. Omaha metropolitan area _____                          | f. Northeastern U.S. _____ |
| b. Eastern Nebraska (other than metropolitan Omaha) _____ | g. Southeastern U.S. _____ |
| c. Western Nebraska _____                                 | h. Northwestern U.S. _____ |
| d. Iowa _____   | i. Southwestern U.S. _____ |
| e. Other Midwestern State _____                           |                            |



## APPENDIX 5

### Survey Areas

The two teams making the initial visual count of the street homeless included: Dr. Vincent Webb, Dr. Jeff Luke, R. K. Piper, Stuart Bullington, Pat Sullivan, Kelly Latimar, and Lt. Jack O'Donnel. The two groups visually scanned the following downtown areas between 9 p.m. and 11 p.m. on March 28:

- Around downtown W. Dale Clark Library?
- Regis Glass area, area around Drake
- Court Apartments, 10th Street viaduct (10th and Jackson Streets)
- Burlington Railroad area
- Heated bus shelters - 16th Street and 19th and Douglas Streets (southwest corner)
- Behind Paxton Manor - (loading dock)
- Purex and nearby factories, meat packing plants
- Fairmont Foods - hot air vent
- Dyke north of Open Door Mission
- Alcohol plant
- Union Pacific Museum? 13th and Missouri Streets
- 24th Street bridge by Salvation Army
- Morman Bridge area, N.P. Dodge Park: (3-4 communities) and dead-end roads in the area
- Area north of the airport along the river
- Area around Stephens Center
- Abandoned cars
- Abandoned buildings and factories
- Center of town (50-75 people)
- South of Cummings Street to I-80 (50-60 people)
- Rosenblatt Stadium, - winter time, behind Henry Doorly Zoo, Riverside Park
- End of Bancroft Street- (Kellogg plant and by railroad tracks)
- Holy Family Church-18th and Icard Streets, front steps and unfenced portion of lawn, and alley to south of church
- I-480 overpass on Lake Street, Hamilton Street (underneath)
- Doorways of buildings from river west to about 20th Street or 24th Street
- Greyhound Bus Terminal, 18th and Farnam Streets
- Courthouse-- (17th and Farnam Streets)
- Alley by Service Life Building on 19th Street between Service Life Building and Farm Credit Bank
- Bus stop at Farnam and 20th Streets
- Alcoves in alley between Douglas and Farnam Streets that run from 24th Street to 20th Street; (one behind apartment building and one beside Imperial 400). People live out of their cars and in abandoned cars here.
- Bus stop by Mary Magdeline Church (19th and Dodge Streets)

APPENDIX 6

Census of Homeless

Team \_\_\_\_\_

Observation Number <sup>1</sup>	Location <sup>2</sup>	Time <sup>3</sup>	Status <sup>4</sup>		Sex <sup>5</sup>		Race <sup>6</sup>				Age <sup>7</sup>			In Group <sup>8</sup>		Appears Intoxicated <sup>9</sup>		Certainty <sup>10</sup>	
			Adult	Child	M	F	W	B	NA	O	UY	Y	MA	O	Y	N	Y		N

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- <sup>1</sup>Enter numbers consecutively to reflect count.
- <sup>2</sup>Record location.
- <sup>3</sup>Record time.
- <sup>4</sup>Record A for adult, C for child.
- <sup>5</sup>Record M for male, F for female.
- <sup>6</sup>Record W for white or caucasian, B for black, NA for Native American, O for others.
- <sup>7</sup>Record UY for under 25, Y for 26-40, MA for 40-55, O for 55 or older.
- <sup>8</sup>Record Y if individual(s) observed appears to be part of group, N if alone.
- <sup>9</sup>Record Y if individual appears to be intoxicated, N if not.
- <sup>10</sup>Record your estimate of how certain you feel that individual(s) observed are homeless; 1 = very uncertain, 10 = very certain.

