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"The Contempt of the Poor:" A Closer Look into New York City Almshouses in the Nineteenth-Century and the Treatment of the Lower Class

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"The Contempt of the Poor:" A Closer Look into New York City Almshouses in the
Nineteenth-Century and the Treatment of the Lower Class

by
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HIS 490 History Honors Thesis

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Introduction: The Implementation of the New York City Almshouse

George Beverstock's poem, "The Silver-Key: or A fancy of TRUTH, and a Warning to YOUTH: Showing the Benefit of MONEY, and the Contempt of the Poor, under the term of a Silver-Key," emphasizes both the importance of wealth and power and the embarrassment and shame associated with poverty.[1] During the American Revolutionary era and the New Republic, happiness and prosperity, according to Beverstock, were rooted in wealth and power, as symbolized by the silver key. Without wealth, life was meaningless, and families were subject to a lifetime of poverty and hardship. The word "contempt" insinuates that those living in poverty were deemed worthless by society. The upper class controlled the standard of living for the community at large, as represented by the stanza that reads "the Silver Key doth bear the way, where men are good or bad; if you have lost the silver key, but little can be had."[2] Beverstock suggests that the upper class was seen as the only population worthy of happiness and prosperity, especially compared to those experiencing poverty. This depiction shows a lack of empathy and compassion for the poor. As a result, almshouses began their efforts to try and aid those deemed undesirable in mid-eighteenth-century New York City.

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[1] George Beverstock, "The Silver-Key: Or A Fancy of Truth, and a Warning to Youth: Shewing the Benefit of Money, and the Contempt of the Poor, under the Term of a Silver-Key.," (no. 42557 1774), 1.
[2] Beverstock, "The Silver-Key," 1.

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Scholars continuously revisit the issue of homelessness in the United States of America because of its detrimental effects on the human person and its indication of society's failure to satisfy the basic needs of its constituents. The way Americans perceive homelessness has changed since the late-eighteenth century, when governmental aid was first given to the lower class. By studying almshouses in eighteenth and nineteenth century New York City, we can learn more about the perpetual struggle to solve homelessness in the United States.

New York City almshouses during the late-eighteenth century and early-nineteenth century provided much needed public aid for the city's poor. Scholars have studied this issue by identifying the social issues the lower class faced after the American Revolution and analyzing institutional records. Suzanne Spencer-Wood argues that the existence of almshouses stems from the failure of "outdoor relief."[3] Outdoor relief refers to the time, homes, and money provided by upper class citizens to help those in the lower class. This inclination to give, however, quickly ended as negative stereotypes formed around individuals in the lower class due to the inconveniences they presented to the upper class. These hardships included the development of "slums" near wealthy neighborhoods.[4] The upper class did not think the lower class was capable of success and started labeling these individuals as lazy, idle, and/or crazy.[5] Similar vocabulary can be found in New York City almshouse ledgers, which I use in this thesis to demonstrate the historical threads of common negative stereotypes aimed at the failures of the individual instead of the failures of the community.

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[3] Suzanne M. Spencer-Wood, "Introduction and Historical Context to The Archaeology of Seventeenth and Eighteenth Century Almshouses," (*International Journal of Historical Archaeology* 5, no. 2, 2001), 116–117.

[4] Ibid.

[5] Ibid.

Once upper-class citizens stopped their voluntary aid, the New York municipal government began its own relief efforts to help the poor, donating food and clothing to those living on the streets, with the materials provided by taxing the wealthy. As the number of people experiencing homelessness rose in the early-nineteenth century as a result of a rise in population and immigration to the city, this monetary relief was no longer enough to support the homeless population.[6] At this time, there was also an increase in the amount of sickness and disease in New York City due to the high influx of immigration, creating a dangerous and emergent situation for those living on the street.[7] The New York City government saw the need for more drastic changes to combat the concerns the upper class had about the status of their communities and the failing health of the lower class, eventually leading to the establishment of the first New York City almshouse.

The History of New York City Almshouses

New York City created its first almshouse in 1735 after an increase in the amount of poor people, also called "paupers," continued to outweigh the amount of monetary support the government system could supply.[8] The first New York City almshouse was built on the Commons of the City, now occupied by City Hall.[9] The Department of Welfare was created for paupers in 1784.[10] This department established an almshouse board of commissioners to explore different legislative options the government could take to better care for individuals in the lower class. Once the city's government realized just how many people turned to almshouses, they formed its own

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[6] Spencer-Wood , 116–117.
[7] Ibid,
[8] Ibid.
[9] Thelma E. Smith, "Guide to the Municipal Government of the City of New York," Municipal Archives of the City of New York, 1-10.
[10] Ibid., 7.

almshouse department on April 23, 1832, when the Common Council appointed five commissioners as the main board.[11] The commissioners appointed the officers, agents, and servants of the almshouses while also creating the rules and regulations of all individual institutions the government supported. The New York government sought out more information from these commissioners to create more detailed admission processes into almshouses and specific programs they had planned for the future.[12] Thanks to the admission processes and program specifications the commissioners created, we have better records of who used these services and why certain programs were necessary to aid this population.

When corruption caused by the struggle for power manifested between the five commissioners, the city reorganized the department in 1845.[13] Instead of five commissioners, the Common Council appointed one commissioner to do the job. The commissioner separated the almshouse into nurseries, workhouses, hospitals for the mentally ill, and prisons.[14] The separation of these services was necessary because of the high demand almshouses found within these different populations. Already, stereotypes of paupers formed because of the specific needs this population required, including help for single mothers and child care, hospitals for those labeled as mentally insane, and correctional facilities for paupers who had committed crimes against the upper class.[15] After the Department of Public Charities abolished the Almshouse Department in 1860, the Department of Corrections took its place, effectively ending the use of the almshouse

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[11] Ibid., 8.
[12] Ibid.
[13] Ibid.
[14] Ibid.
[15] Ibid.

and beginning more individualized care at specialized sites, including some of the sites listed above.[16] **This individualized care still continues into the modern-day.**

Almshouse Ledgers

The common phrases and words the upper class utilized to degrade paupers and blame the individual for his or her poverty-stricken lifestyle, including "hobo" and "vagrant," created a stereotypical language used to describe those experiencing homelessness.[17] This language in New York City began after the formation of almshouses and prevented society from seeing paupers as worthy of additional support. Public almshouse admission ledgers, which include the "reason for admission," reveal the language the public associated with paupers.[18] Those experiencing poverty and homelessness were not able to keep their own records or journals of their experiences because many were either illiterate or did not have the means to buy the supplies needed.[19] Thus, historians must primarily use public records to learn about the services utilized by the community and the derogatory, stereotypical phrases associated with the homeless population which have followed them into the present day. Almshouse ledgers, which registered admitted individuals by name, age, place of origin, person admitted by, reason for admission, and discharge, provide historians with public discharge, census, and death reports. The admissions records for New York City almshouses are great resources to not only learn the statistical records of those living in poverty but also to learn more about the stereotypes affiliated with this population. We learn from the ledgers the date of each person's admission, who brought them, their name and age, and what brought them to the almshouse. The last column of every page leaves room for the admissions worker to write a note

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[16] Ibid., 9.
[17] Ibid.
[18] Ibid.
[19] Clement Fatovic, *America's Founding and the Struggle over Economic Inequality*, (University Press of Kansas, 2015), 45.

about the condition of the person as they arrived. This column, along with the information provided in the reason for admission, supplies more evidence of the kind of language almshouse workers used to describe residents and justify less additional aid. I will use the almshouse ledgers referenced in the New York City Municipal Archives throughout the thesis to further outline and explain the detrimental effects of this resource on modern-day stereotypes used against the homeless population.

The Homeless Population's Demographic Make-Up and Treatment

In the late-eighteenth and early-nineteenth centuries, the state of New York began separating people experiencing homelessness into two categories: the worthy and unworthy poor.[20] Those admitted into Early Republic almshouses differed from those admitted to almshouses during the American Revolution because of the changing definition between the worthy and unworthy poor. In the early- to mid-nineteenth century, those worthy of services included those who could not work for wages, and, therefore, could not contribute their own livelihood.[21] The worthy poor consisted of those whom society deemed deserving of public aid because of conditions outside of their control, such as the disabled and the elderly. In this case, the worthy poor included mothers with children, children, those with mental health related ailments, and the elderly.[22] The unworthy poor consisted of those whom society deemed undeserving of public aid because of their "personal inadequacies," such as unwed mothers and unemployed men.[23] Toward the end of the nineteenth century, those experiencing homelessness were mostly seen as undeserving and were categorized

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[20] David Levinson, *Encyclopedia of Homelessness*, (Thousand Oaks, CA: Sage Publications, 2004), 3.

[21] Burrows & Wallace, *Gotham: A History of New York City to 1898*, 510.

[22] Ibid.

[23] Michael B. Katz, *The undeserving poor: From the war on poverty to the war on welfare* (New York: Pantheon, 1990), 34.

by language which emphasized the individual's own shortcomings and attributed them to contributing to the person's continued homeless status.

Almshouses utilized women and children to help with the upkeep of the facilities and fund the program. Women were asked to perform tasks associated with the female gender, including cleaning, cooking, taking care of the children, and caring for the sick. Children were also seen as beneficial to the almshouse because so many were brought into apprenticeships and auctioned off as apprentices to benefit those in the upper classes.[24] Looking to the records of the New York City almshouses, orphaned children and women were seen as assets to the program.[25] Instead of treating the women and children as clients of the almshouse, officials saw them more as "employees" who should work for their care.[26]

The treatment of the paupers by almshouse staff members and upper-class citizens echoes the negative stereotypes surrounding these individuals. Clement Fatovic explains the treatment the poor received from the upper class, stating that paupers "were expected to exhibit appropriate levels of respect toward their 'betters' and submit to their judgments about what was best for the community as a whole."[27] The upper class saw those who used almshouse resources as lesser human beings who had no control over their own needs and desires. The paupers not only needed the almshouse for necessary services, but they also needed the almshouse to please the upper class and continue to improve the community at large.[28] And so the creation of the almshouse created outcasts of the lower class.

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[24] Ruth Wallis Herndon and John E. Murray, *Children Bound to Labor: The Pauper Apprentice System in Early America*, (Ithaca, NY: Cornell University Press, 2009): 176.
[25] Ibid.
[26] Ibid.
[27] Fatovic, *America's Founding and the Struggle over Economic Inequality*, 45.
[28] Ibid.

While some historians argue that the almshouse mimicked a family household, others suggest the early almshouses were places of intolerable living conditions.[29] David J. Rothman argues that almshouses were structured to imitate family life.[30] Rothman asserts the residents were considered "family" as a way to respectfully and justly treat the almshouse residents.[31] Historian Steven Ross argues that the eighteenth century changed the intentions behind public charity and made the almshouse more institutionalized and non-familial.[32] In addition, Ross indicates that the growing gap between the upper and lower class created "a new, more mean-spirited attitude toward many of the deserving poor [accompanied by] institutionalization."[33] Building on Ross's research, I argue in this thesis that the institutionalization of paupers in almshouses negatively impacted the care of the homeless population for years to come, and, in the process, created a wider separation between the lower class and the upper class.

Social power was a significant catalyst of inhumane behavior in nineteenth century New York. Social power "is expressed in the assumptions and normativity that instills a sense of order in human relations."[34] Because of the stereotypical characteristics attributed to those who used almshouses, many people who could identify as higher-class citizens found themselves at a better advantage than those living in poverty. Therefore, the labels used in almshouse ledgers carried weight, broadcasting to those working in almshouses that they were more important and more

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[29] Sherene Baugher, *Visible Charity: The Archaeology, Material Culture, and Landscape Design of New York City's Municipal Almshouse Complex, 1736-1797*, (International Journal of Historical Archaeology, 2001), 175.

[30] David J. Rothman, *On Being Homeless: Historical Perspectives*, (Museum of the City of New York, New York, 1987), 42-43.

[31] Ibid.

[32] Steven J. Ross, *"Objects of Charity": Poor Relief, Poverty, and the Rise of the Almshouse in Early Eighteenth-Century New York City,* (New York Historical Society, 1983), 154-156.

[33] Ibid.

[34] Simon Middleton & Billy G. Smith, *Class Matters: Early North America and the Atlantic World* (University of Pennsylvania Press, 2008), 90.

dignified than the people they were working for. Social power "is manifest as much in the needs and loyalties it nurtured as in the aspirations and behavior it forecloses and condemns."[35] Many people living in poverty felt stuck in this position because they felt trapped by the social norms accompanying these labels. As social power became more idealized, the amount of aid distributed from charities to almshouses diminished, as the stereotypes attached to the lower class made the almshouse donors wary of their decisions to part with their money.[36] With this lack of donation came the development of Blackwell's Island, the first mental health asylum in the United States which offered a variety of resources for many different groups of people experiencing homelessness, including criminals, the physically disabled, and abandoned and orphaned children.

Stereotypes influenced the amount of relief provided by private and public sources.[37] With a focus on the individual as the reason for his or her homelessness and not the lack of federal and state aid, the government continues to fail this population. The success of relief efforts has fluctuated since the formation of almshouses as the American government still tries to find the best way to combat this issue. When comparing the government-run almshouses of the nineteenth century and the current government-based public resources used to help this population, the question arises of why, after two-hundred years, does homelessness continue to rise, and why is helping this population of people not seen as more of a priority?

Scholarship to date has explored the implication of almshouses and has commonly found that this resource, though created under good intentions, negatively impacted the care paupers received in the eighteenth and nineteenth centuries. Though some, like Rothman, argue that

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[35] Middleton & Smith, *Class Matters,* 90.
[36] Burrows & Wallace, *Gotham,* 270.
[37] David Levinson, *Encyclopedia of Homelessness*, (Thousand Oaks, CA: Sage Publications, 2004), 3.

almshouses were sanctuaries for the lower class, others thought the almshouse severed the lower class too much from the normal life of the upper-class citizens in New York City. In this thesis, I will take a closer look at the almshouse documents found in the New York Municipal Archives, including admission and death ledgers, to pinpoint how almshouses not only negatively impacted the treatment of paupers in the eighteenth and nineteenth centuries, but still negatively impact the treatment of the homeless population in the twenty-first century. In chapter one, I explore how the change from outdoor relief to government aid created a more institutionalized approach to caring for those in crisis while also examining how the creation of almshouses eventually created the disjointed and failing systems used to aid the homeless population today, as outlined in the epilogue. Chapter two will investigate both the separation between the upper and lower classes in nineteenth century New York City and how this separation negatively impacted the care paupers received. Through a close study of the language used in the almshouse ledgers, I trace what stereotypes were most popular in the eighteenth and nineteenth centuries and investigate whether this language followed the lower class into modern-day conversations of the homeless population by the upper classes and the state and federal government systems.

Chapter 1: The Institutionalization of the Poor

Colonists considered New York City a "comfortable town" where people commented on the "neatness, orderliness, and cleanliness" of the area and their land with certainty.[38] With a rapidly growing population, New York City residents found comfort in their community and livelihood as they utilized the surrounding area and the harbor to their benefit.[39] Population growth at an increasingly uncontrollable rate quickly became a difficult issue for city officials to manage, however, and eventually, the perceived orderliness of this city faded.

The stress elected officials faced during this pivotal time of the city's development proved to be an obstacle when important issues arose without a figure or group of officials to address the problems effectively. Once colonists recognized a correlation between the lack of food and housing regulations with deadly diseases spreading throughout New York City, especially in areas of poverty, they began to realize the lack of communal leadership.[40] This chapter will recount the different reasons why almshouses were created and how the almshouse ensured some benefits for the physical health of their residents. I argue that the development of almshouses led to the

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[38] John Duffy, *A History of Public Health in New York City, 1625-1866* (Connecticut: Russell Sage Foundation, 1968), 40.
[39] Ibid.
[40] Ibid.

institutionalization of paupers, a rise in negative stereotypes against homeless individuals, and a larger separation between the upper and lower classes, eventually becoming impossible to mend.

Immigration, Food Regulation, and the Creation of the First "Ghetto"[41]

Rebuilding New York took decades after the British occupation during the War for Independence. In 1783, government officials found that a portion of city was ruined by fires the British troops set before evacuating.[42] In fact, many New Yorkers who returned to their homes after the British Evacuation recounted that their land looked "as if [it] had been inhabited by savages or wild beasts."[43] Those who returned to this area found it difficult to continue living in such conditions. Public buildings once used to aid the poor were now in need of repair. At the same time, private homes were left "unfit for human use."[44] Without the infrastructure to continue aiding the lower class, many of the people turning to New York in hopes of finding the same support they had before British occupation struggled to find their place and maintain their health without governmental support.

As New York residents began their journey home, a new generation of New Yorkers also followed suit. Many of these new residents were refugees from the war or immigrants from European countries, such as Ireland and England. More than one-half of the people who entered almshouse care in 1799 identified as European.[45] Many people wanted to "pick up the pieces of their former lives" and bring them into the city to find support from resources such as the government-run almshouses.[46] As time passed, the number of people living in harsh and unfit

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[41] Middleton & Smith, *Class Matters*, 90.
[42] Burrows & Wallace, *Gotham,* 259.
[43] Ibid., 265.
[44] Ibid.
[45] *Almshouse Admissions Ledger*, 1795-1822, Vol. 132.
[46] Burrows & Wallace, *Gotham*, 270.

living environments evolved as the New York population grew from twelve thousand people in 1783 to twenty-four thousand in 1785.[47] The rise of New Yorkers utilizing almshouses mirrored the rise in population, as people hoped to find some form of housing or aid to combat the unlivable conditions left behind by the British.

Table 1

Percentage of Immigrants Using Almshouses in 1795[48]

Age/Gender	Percentage Unidentified or Identified as American	Percentage Identified as European	Percentage Identified as Refugees from the American Revolution
Children under 13 years-old	20.65%	64.27%	15.08%
Females	17.33%	65.67%	17.00%
Males	26.80%	41.10%	32.10%

As I show in Table 1, the majority of people admitted to almshouses in 1795 identified as European immigrants. With such a large population of immigrants coming to New York City, elected officials and builders could not supply enough new infrastructure to support these new arrivals.[49] In addition to the lack of infrastructure, jobs were scarce.[50] The limited labor market made immigrants more prone to living in poverty when they first arrived, as indicated in Table 1. Men identified as refugees from the American Revolution and as American more than women and children did, most likely because these men had been soldiers during the American Revolution

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[47] Burrows & Wallace, *Gotham,* 270.
[48] *Almshouse Admissions Ledger*, 1795-1822, Vol. 132.
[49] Burrows & Wallace, *Gotham,* 278.
[50] Ibid, 280.

and, taking pride in the New Republic, called themselves American. The similar percentages of European women and children in almshouses is important to note because women and children were often admitted together. Unwed or widowed mothers were the most common group of women admitted into the almshouses. The close percentages of immigrant women and children shows that poor immigrant children were usually accompanied by their mother or a motherly figure when journeying to the United States. The large percentage of immigrants indicated above also correlates to the large percentage of almshouse residents who contracted infectious diseases in the almshouse.

At the start of the eighteenth century, paupers believed their access to nutritional products was limited by market and food regulations.[51] New York City bread regulations stated that every three months, the Mayor was required to "publish the bread assize in the local newspapers, setting forth the required weight, price, and quality of all bakery goods."[52] The price of these loaves of bread were standardized and set at a level which those living in poverty were unable to pay. An interest in welfare began to form among those in politics and in the social elite as they saw more people, now displaced from their original homes, starving and in search of food and services. As time progressed, many residents saw an increase in the number of homeless and poor individuals congregated together and creating small communities to live in. Because of the segregation and poverty these groups faced, historians Simon Middleton and Billy Smith compared these small communities to the definition of a modern-day "ghetto" because of the segregation and poverty this group faced.[53] Eventually, the term "deserving poor" found its way into the literature of new legislation and livelihoods of New York City residents.[54] Though charity was still seen as a

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[51] Burrows & Wallace, *Gotham,* 270.
[52] Ibid.
[53] Middleton & Smith, *Class Matters,* 79.
[54] Ibid.

"private responsibility" for those in higher classes, the rise of ghettos displayed to officials the necessary changes that needed to be addressed.[55]

Though many people supported the needs of this population, there were still many others who believed the use of money to help to be unnecessary and a waste. These latter people, who mostly came from the upper class, created a flawed system of charity that resulted in the start of the welfare system and the use of almshouses. Instead of using their own money to aid those in this population, they found it more convenient to ask the government to pay for those in the lower class by taxing everyone in the upper class equally.[56]

With the obvious need apparent to lawmakers, New York City officials signed a petition to the Governor in 1748 demanding more food and less exports to other countries.[57] In this call for action, the officials even resorted to advocating for those in the lower classes. They wrote that these changes were necessary because of "the very great Oppression and Loss of all Degrees of People, but more especially to the industrious and laborious Poor amongst" them.[58] Though initially New York City legislators and officials dissociated themselves from the lower class because of its connection to diseases, they were eventually forced to confront the hunger and destruction caused with the creation of ghettos, and placed the aid efforts for the lower class at the forefront of the first official use of welfare and first attempts at regulating and assisting those experiencing homelessness. Using both the disease outburst and the hunger spike as main causes for its creation, the first New York City almshouse was built in 1736, which continued medical

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[55] Ibid.
[56] Burrows & Wallace, *Gotham,* 270.
[57] John Duffy, *A History of Public Health in New York City, 1625-1866* (Connecticut: Russell Sage Foundation, 1968), 67.
[58] Ibid.

care and began other services for those experiencing homelessness, such as specific treatment plans and basic needs assessments.[59]

The Spread of Disease

With such a large percentage of almshouse residents identifying as immigrants, many did not have the immune system to fight against yellow fever and smallpox, leading to an outbreak among paupers. In addition, the long passage across the sea, spanning an average of sixteen weeks, proved detrimental to many individuals' mental health. Crowded into small sailing vessels where "captains and owners, eager to make every penny possible, cut food and water to an absolute minimum," many immigrants, along with physical diseases, arrived in New York City with traumatic stories of the harsh treatment they endured in their travels, often resulting in symptoms resembling Post-Traumatic Stress Disorder (PTSD).[60] Many of these stories recounted a lack of sanitary sleeping conditions while others focused on severe hunger.[61] The worst symptoms of PTSD came from paupers whose family members died in the midst of their journeys.[62]

Immigrants endured the harsh travel to New York City, a desired destination for paupers, to seek asylum from their home countries. However, when they arrived, they found a disruptive city with little to no shelter for them, eventually leading to many immigrants living on dirt streets or in poorly-crafted buildings with dirt floors.[63] Unfortunately, the dirt in New York City at the turn of the century was riddled with bacteria that caused deadly diseases, and the lower-class citizens and immigrants living in it became overwhelmed by smallpox and yellow fever.[64] As we

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[59] Stacy Horn, *Damnation Island: Poor Sick, Mad & Criminal in 19th Century New York* (Algonquin Books of Chapel Hill, 2018), 159.

[60] Duffy, *A History of Public Health*, 67.

[61] Ibid.

[62] Ibid.

[63] Ibid.

[64] Ibid, 65.

see in Table 2, the areas of the city most affected by this outbreak of disease were built around the less productive land in the city, including homes and communities on swamps and "slimy ground."[65] Because this land was not prosperous, those living in poverty or in a lower class found the area affordable and needed the land to survive. With the connection between dirt and disease, however, these lower-class areas became harmful to their residents. Cadwallader Colden, the Surveyor-General of the Province and part of the Governor's Council in the early 1730s and 1740s, addressed the land issue in the Sanitation Act of 1743, suggesting the city "drain out the slimy, wet grounds" to make room for more prosperous living.[66] Colden's intentions were rooted in a positive desire to help those affected by disease. Through this process, however, Colden moved many people experiencing homelessness or living in poverty into the more-developed areas of the city that were less inclined to support them. As the population of New York City, still growing at a rapid rate, struggled to cope with the diseases killing its poor people, the city's need for welfare and continued support of the lower class began.

After the creation of the new Department of Welfare, government help grew stagnant, and those working with the poor and homeless populations in New York saw an influx of people affected by these diseases from the late-eighteenth century into the mid-nineteenth century.[67] Many upper class citizens worried about the "epidemical disorders" that "struck down the infants and children" during this time as well.[68] As was found in the almshouse ledgers concerning children intake services, more orphans and children from poor families encountered smallpox and yellow fever than any other population.[69] Though New Yorkers from the early-eighteenth century

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[65] Duffy, *A History of Public Health*), 67.
[66] Ibid.
[67] *Almshouse Admissions Ledger*, 1795-1822, Vol. 132.
[68] Duffy, *A History of Public Health*), 43.
[69] *Almshouse Admissions Ledger*, 1795-1822, Vol. 132.

did not have the greatest respect for those living in poverty at the time, many conceded the need to address this issue in order to combat the threat to future generations.[70] This created the need for change on a city-wide level, supporting the creation and development of more resources for almshouses.

Table 2

Average Date and Age of Paupers with Smallpox and Yellow Fever, 1795[71]-1849[72]

Year of Almshouse Admission	Age/Gender	Number of People diagnosed with Smallpox	Number of People Diagnosed with Yellow Fever	Percentage of Total Group Population with a Diagnosis
1795	Children under 13 years-old	76	43	59.28%
1795	Women	34	53	29.34%
1795	Men	42	95	39.14%
1849	Children under 13 years-old	8	23	18.50%
1849	Women	5	18	2.92%
1849	Men	9	33	2.57%

The statistics in Table 2 outline the severity of the diseases found amongst the lower class towards the beginning of the nineteenth century. The almshouse records of 1795 indicate a correlation among the quantity of people identifying as sick and in need of services and New York's diminished aid and public support after the American Revolution. By 1849, however, the number of people diagnosed with smallpox and yellow fever did drastically decrease. In one way, this decrease could support the claim that almshouses were helping paupers stay out of unsafe

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[70] Middleton & Smith, *Class Matters,* 79.

[71] Ibid.

[72] New York City Municipal Archives, *Almshouse Admissions Ledger*, 1835-1849, Vol. 141.

living conditions on the street. From this angle, almshouses could be seen as beneficial for the lower class system. As historian John Duffy reports, almshouses gave the paupers space away from the public to recover from smallpox or yellow fever.[73] Unfortunately, sixty percent of paupers still died from these two diseases by 1849.[74] Despite this high percentage of death in the almshouse, by confining those infected to a separate space from the majority of people, the city was able to create safer and healthier living environments for the greater population.[75] Unlike yellow fever, smallpox became almost non-existent among paupers by 1849. The smallpox vaccine made available to almshouse residents in 1796 attests for this decrease.[76]

In accordance with the decrease in paupers diagnosed with smallpox and yellow fever, almshouses created better living conditions for residents living in the late-eighteenth and early-nineteenth centuries. Accounting for the physical health of the residents, government officials saw almshouses as successful for the time period and as a fix for the situation at hand. However, even as almshouses saw a decrease in the amount of people diagnosed with these diseases, they still continued their services, thus beginning the institutionalization of the poor for years to come.

Criminals, Women, and Children

The next issue which necessitated a change in the almshouse system arose from the increase of incarcerated paupers. As a way to care for the deserving poor and make an example out of the undeserving poor, legislators and officials, at first, would not accept criminals into almshouses. Though this eventually changed, the separation between those deemed deserving of services and those seen instead as undeserving resulted in starkly different ways in which the

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[73] Duffy, *A History of Public Health*, 49.
[74] Ibid.
[75] *Almshouse Admissions Ledger*, 1795-1822, Vol. 132.
[76] Burrows and Wallace, *Gotham*, 567.

government treated each group. When individuals were imprisoned for their crimes, they were expected to find their own food and necessary medical care because they were not seen as deserving of the rights provided by the almshouse.[77] Because their incarceration resulted in a total lack of funds and financial resources, many charitable groups asked for aid on their behalf. Despite this advocacy, many convicts were not granted assess to more stable and helpful resources because of the stereotypes that encapsulated their criminal acts.[78] Instead of using almshouse services, criminals were forced to live on the outskirts of the city without any connection to society or more advanced aid.[79] This justifies the obvious lack of people identifying as criminals in almshouse records up until the formation of Blackwell's Island in the beginning of the nineteenth century, which provided more individual care to people of many different backgrounds, including those with criminal backgrounds.[80]

At the beginning of the almshouse movement, there was no clear separation of services at Blackwell's Island, so several different groups of people found the necessities vital to their survival in New York City. The services given at almshouses, however, changed these different groups' ways of life. Women and children were among those that needed to conform to the almshouse living conditions to gain access to the resources they needed to survive. Widows and orphans were usually grouped together during the intake process, and many orphans were paired with widows without having a previous relationship with them in hopes that the women would become motherly figures.[81] In 1839, this exact situation presented itself as a child named Benjamin Raynoe was

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[77] Duffy, *A History of Public Health*, 69.
[78] Ibid.
[79] Ibid.
[80] Horn, *Damnation Island,* 109.
[81] *Almshouse Admissions Ledger*, 1835-1849, Vol. 141.

admitted to an almshouse at the age of two.[82] In the notes section of his admission documentation, the worker reported that this boy was brought in by a widow, Elizabeth Smith, who also wanted services from the same almshouse.[83] While there is no specification in the record that explains why these two individuals were brought in together or why it seemed the widow was caring for the young boy, a similar trend is found throughout the same ledger, with another thirty cases of children being placed with widowed women so as to be cared for by them in the almshouse.[84] It is possible officials intentionally used widows that came to the almshouses as care providers for younger children.

At this point in New York City history, despite the continued rapid population growth, both almshouse and elected officials believed the almshouse was "an appropriate and long-lasting solution to the numerous problems the city faced because of poverty."[85] In the eighteenth century, the population was still small enough to manage with a restricted number of people to help in the government system. However, progressing into the nineteenth century, these confident officials and legislators faced an even bigger influx of people in need, eventually exposing the requirement of Blackwell's Island. Between the years 1790 and 1825, the New York City population multiplied "five-fold, jumping from 33,000 to 166,000."[86] The rise in population generated even more unfortunate living conditions for those in the lower class, which in turn necessitated more legislation and changes in the welfare and almshouse systems.

The New York City almshouses passed legislation to accommodate the changing nature of the lower class largely in consequence of the growing population. By 1797, the New York City

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[82] *Almshouse Admissions Ledger*, 1835-1849, Vol. 141.
[83] *Almshouse Admissions Ledger*, 1795-1822, Vol. 132.
[84] Ibid.
[85] Duffy, *A History of Public Health,* 70.
[86] Ibid.

government raised the funds to create a new almshouse with more room for the growing number of people in need.[87] This almshouse later reported in 1813 that "2,814 individuals had been admitted, 1,316 had been discharged, and another 233 had died."[88] This statistic shows that the population of people in need of services was still growing at a higher rate than the number of people actually receiving the appropriate services. Due to the staggering number of people in need, city officials formed a special committee which, in searching for solutions regarding the issues affecting the lower class, evaluated the use of almshouses. After surveying the people utilizing the services in the winter of 1816-1817, this committee found that one-seventh of the population had received either public or private charity.[89] Instead of regulating the number of people able to use almshouse services at one time or finding more systemic solutions to these problems, the committee tried to place blame on a population within the lower class to account for the vast amount of people using almshouses.

As they continued to investigate overpopulation in almshouses, "the committee members blamed seven-eighths of the poverty upon the 'free and inordinate' use of spirituous liquors, and urged limiting the number of liquor licenses."[90] Adding to the stereotype that many of the people in the lower class abused this drug, the almshouse committee convinced the city that the main disturbance and issue with this population of people was their alcohol use. In actuality, many almshouse admissions records show that the primarily-identified issue for more than half of the people requesting care was a diagnosed disease, as it had been in the beginning of the eighteenth century. This skewed and false narrative supported and fostered ongoing judgment and criticism

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[87] Ibid., 261.
[88] Ibid.
[89] Horn, *Damnation Island*, 45.
[90] Duffy, *A History of Public Health*, 261.

of paupers. Though several officials of the time advocated for more funds to support those living in poverty, the majority of their efforts focused on using this money to either continue almshouse work or to move these individuals to other parts of the city, away from the upper class areas.[91]

Sanitary reforms seemed to be the most important policy change during the nineteenth century for the poor and homeless. Without spreading diseases from unsanitary living conditions and an increase in population, the New York City government may not have seen the need for the creation of almshouses. In addition to these reforms, the separation between the upper and lower classes seemed more prominent because lower class neighborhoods suffered from a lack of resources needed to survive. As time moved forward into the mid-nineteenth century, an increase in the diversity of paupers created a need for more individualized care within governmental aid. While the population continued to grow and diversify, almshouses struggled to keep up with the high demand. In response, Blackwell's Island was created, institutionalizing a separation of services used to address the many needs of those living in poverty. Though New York City started to understand the severity of the issues people living in poverty faced, the large and growing gap between the upper and lower classes halted any hope that those experiencing poverty and homelessness would gain better access to a more prosperous and successful livelihood.

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[91] Horn, *Damnation Island,* 89.

Chapter 2: The Separation of the Upper Class and the Lower Class

"'Poverty,' journalist Junius Henri Browne explained in 1869, 'is the only crime society cannot forgive.'"[92] This common assumption set the tone for the treatment of the poor in nineteenth-century America. Immoral and critical terminology that labeled paupers as lazy, undetermined, and idiotic followed the unworthy poor as they tried to navigate their survival.[93] Because of the upper class' opinions on those living in poverty, the poor often had difficulty finding appropriate care and treatment, even within government-supported resources such as the almshouse.

This chapter will recount different experiences paupers had with upper class citizens, revealing the negative public perception of the poor that limited the lower class from receiving appropriate care. Using the almshouse ledgers, this chapter will identify key language that adversely impacted the treatment of paupers in the nineteenth-century, creating a larger division between the upper and lower class.

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[92] Horn, *Damnation Island,* 138.
[93] *Almshouse Admissions Ledger*, 1795-1822, Vol. 132.

Causes for Admission to Almshouses

New York City almshouse records reveal the type of people who utilized services in the eighteenth and nineteenth centuries, providing better insight into the lives and treatment of the American lower class. Almshouse records housed at the New York City Municipal Archives reveals quite a bit of information about the types of people treated, including the people who used almshouse services, the origins of stereotypical language still used today to speak about the poor, the difference in care between poor men, women, and children, and the main causes of death in almshouses.

Table 3

Percentage of People Utilizing Almshouse Services, 1795[94]-1849[95]

Year	Children Under 13-Years-Old	Women	Men
1795	12.33%	15.20%	72.47%
1849	18.90%	12.78%	68.32%

The majority of people admitted to almshouses in the early to mid-nineteenth-century were recorded as men with almost forty people admitted to almshouses every day in the year 1822.[96] Around one-forth of the population were female or children as seen in Table 3. Children were usually admitted by a female constituent or came in with their mothers. The reason for admission varied from person to person, though there were some patterns that were consistent. The language used to describe the men and women admitted to almshouses showcases the **stereotypes** brought up against this population of people starting back in the early nineteenth-century and continuing

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[94] *Almshouse Admissions Ledger*, 1795-1822, Vol. 132.
[95] *Almshouse Admissions Ledger*, 1835-1849, Vol. 141.
[96] *Almshouse Admissions Ledger*, 1795-1822, Vol. 132.

into modern-day.[97] Each almshouse admissions book provided reasons for entry and treatment. The admissions secretary assessed the incoming patient and was required to document the apparent reason for entry. The ledger dated 1795 to 1822 recorded "sick" as the main reason for over three hundred entries in 1796 alone.[98] Since almshouses were created to provide relief for the poor, the vulnerable, including mothers and children, the disabled, and the elderly, however, it is important to note what the main causes for admission was during the eighteenth and nineteenth-century.[99]

Table 4

Almshouse Admission Causes in Percentages, 1795[100]-1849[101]

Year of Almshouse Admission	Age/Gender	Cause Related to Sickness	Cause Related to Mental Illness	Cause Related to Disability	Cause Related to Abandonment	Caused by a Personal Flaw (example: laziness, vagrant, etc.)	Cause Unknown
1795	Children under 13 years-old	59.28%	1.50%	3.50%	23.43%	10.50%	1.79%
1795	Women	29.34%	23.56%	5.89%	2.30%	24.30%	14.52%
1795	Men	39.14%	7.00%	14.33%	_	23.66%	13.20%
1849	Children under 13 years-old	18.50%	5.00%	8.00%	20.00%	43.50%	5.00%
1849	Women	2.92%	15.30%	4.30%	_	53.23%	24.25%
1849	Men	2.57%	6.00%	32.56%	_	41.63%	17.24%

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[97] Ibid.
[98] Ibid.
[99] Burrows & Wallace, *Gotham.* 493-515.
[100] *Almshouse Admissions Ledger*, 1795-1822, Vol. 132.
[101] *Almshouse Admissions Ledger*, 1835-1849, Vol. 141.

Table 4 outlines the reasons people entered almshouses in both 1795 and 1849. Other than the column labeled "sickness," the next highest reason for admission falls under the category of "personal flaw" for men and women in both years and children in 1849. The personal flaws, which usually used words such as lazy, idiot, vagrant, and delinquent, reveal the negative stereotypes used to describe those entering almshouses. These reasons are outlined below in Table 5 below.

Table 5

Personal Flaws Used as Stereotypes Against Paupers in Percentages, 1795[102]-1849[103]

Year of Almshouse Admission	Age/Gender	Lazy	Idiot	Vagrant	Delinquent
1795	Children under 13 years-old	12.70%	10.30%	34.00%	43.00%
1795	Women	12.17%	10.30%	53.23%	24.30%
1795	Men	56.30%	36.50%	3.00%	4.20%
1849	Children under 13 years-old	7.21%	10.50%	35.70%	46.59%
1849	Women	13.42%	4.50%	36.78%	45.20%
1849	Men	46.35%	36.90%	12.15%	4.6%

The personal flaws indicated in the above table follow the reasoning usually given for each gender according to who the admissions workers thought were worthy and unworthy of the services they provided. Men were more often described as lazy or idiotic compared to the women and children. Women and children were seen as deserving of the resources provided to them

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[102] *Almshouse Admissions Ledger*, 1795-1822, Vol. 132.
[103] *Almshouse Admissions Ledger*, 1835-1849, Vol. 141.

because able men should have had the resources and will-power to create a better life for themselves without the government help.

On April 10, 1822, the admissions records show that two children were brought in with no adult. One of the children was eleven years old and the other only a year. When looking at the reason for admission, these two boys were said to be "delinquents from the street."[104] A juvenile delinquent can be seen as someone who participates in illegal behavior or causes detriment to surrounding people or events. Despite the young age of one of the children, the person writing the admissions records found these boys to be trouble-makers. It is not clear why this word was used, although this word often came up in the admissions book, trying to pinpoint why a child would need these services or find themselves in this situation.

Similarly, on May 30, 1822, the admissions book held a record of Rebecca Glenn, a thirteen-year-old girl orphan brought in by a caretaker, Mrs. Hamilton. In the notes section of this entry, the admissions worker wrote that Mrs. Hamilton was bound to care for the child by the police but could not keep her because of "bad conduct."[105] Although almshouses were mostly used for aiding the poor and providing appropriate care, they also turned into corrections facilities, especially for children. Because so many children were brought in for poor behavior, children in almshouses were seen as unruly. With this connotation surrounding them, children in almshouses found less common resources compared to children with physical ailments.

Along with the stereotypes created against children during this time, people of color also faced severe stigmas when entering almshouses. On March 6, 1822, an unidentified black woman aged around twenty-five was brought in "in a dying state."[106] The notes for this record stated that

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[104] *Almshouse Admissions Ledger*, 1795-1822, Vol. 132.
[105] *Almshouse Admissions Ledger*, 1795-1822, Vol. 132.
[106] Ibid.

the woman was escorted by a white male who stated he did not know where the woman came from. The woman was identified as black. In the case notes of the ledger, the almshouse worker indicated that black woman died only one week after she was admitted because of a "lack of resources available for her kind."[107] Because black individuals were not seen as fully human and were discriminated against in society, they were also discriminated against in the almshouses, providing less help for her than help for a white individual. Males admitted into the almshouses were also recorded and many times had negative words connected to their cases such as "lazy" and "idiocracy [sic]."[108] The stereotypes used in these admission books showcase the grave disadvantage those utilizing resources had because of the vulnerable status.

Blackwell's Island and the Permanent Separation Between the Upper and Lower Classes

In 1832, with a larger gap between classes continued to expand, those in the upper class cited paupers as a "nuisance."[109] Many government officials wanted the poor removed from sight. They believed most of the people utilizing almshouse services deserved to live in isolation because of mental and physical ailments, deeming them unfit for the work.[110] Because many of the people were labeled as insane during their admission process into almshouses, asylums became the best substitution for almshouses due to the lack of funding in the mid-nineteenth-century. Insanity was now perceived as a disease, which caused New Yorkers to fear those living in almshouses.

In response to the number of people living in poverty and the lack of money available, Blackwell's Island created a space for those society believed should be in isolation. On Blackwell's Island, many institutions were formed or continued their aid to the lowly, making treatment more

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[107] Ibid.
[108] *Almshouse Admissions Ledger*, 1795-1822, Vol. 132.
[109] Stacy Horn, *Damnation Island,* 4.
[110] Ibid.

individualized. The island was home to the lunatic asylum, the workhouse, the almshouse, and penitentiary, and the charity hospital, which were all funded by the government. Because all of these different sections of care were included in one location, many people in the almshouses who were originally documented as "insane" and in need of help were sent to asylums, further supporting the stereotype that those living in poverty were a risk to society and needed to be separate from the greater population.[111]

As the third institution to be placed on Blackwell's Island after many years in Manhattan, the almshouse was home to many people living in poverty. Reports from workers in these almshouses reveals that "misery and destitution [would bring] them in…and death [sweep] them out."[112] Many of the people placed on Blackwell's Island would go there to live out the rest of their lives, as they were deemed no longer able to make a living and were, therefore, no longer worthy of living with the rest of society. The almshouse was located between the workhouse and the penitentiary, which historians found fitting in response to the way society viewed this group of people.[113] Many people thought this group of people were "criminals in either direction, three of a kind, all of whom, to one degree or another, deserved punishment."[114] This almshouse became known as a place of "hopelessness," as people living in this institution found themselves at a loss, confused on what to do with their lives.

To save on costs needed to run these institutions, many almshouse commissioners required patients to work around the complex. One of the primary causes of death found in the almshouse ledgers included exhaustion as the primary cause.[115] This reason was given for people of all

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[111] Ibid.
[112] Ibid, 136.
[113] Ibid, 137.
[114] Ibid, 137.
[115] New York City Municipal Archives, *Certificates of Death Ledger*, 1853-1858, Vol. 156.

different age groups, including small children as young as seven years old. The influx of death caused by exhaustion among children is connected to the high amounts of child labor in the almshouses.[116] As workers, children became apprentices to many of the jobs around the almshouse, which usually lead to this overwhelming feeling of exhaustion that eventually led to their death. Similarly, infants were not given the appropriate care they required in these underfunded institutions. In the 1891 child admissions ledger of the Blackwell's Island almshouse, many infants were recorded as dying within three years of birth. Because many of the mothers in the almshouses were not well taken care of properly and were still required to work during their time in the institution while they were pregnant and after giving birth, these infants were not given proper care.

Almshouse records provide insight into the lives of those living in poverty in the 1800s. Further investigation into their lives and the history of New York City creates a storyline for the population of people many deemed unworthy of placement in society. Moving forward, we will look at the written government laws that protected this injustice and demeaning attitude toward the poor into the modern-day.

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[116] Horn, *Damnation Island,* 150.

Epilogue: What Does "Homeless" Mean Now and What is America Doing to Combat It?

Though almshouses were once created with the hope of alleviating the hardships of the lower class, the New York City municipal government did not resolve the long-lasting systemic issues plaguing those experiencing homelessness. As illustrated in the vocabulary used to describe the reasons for admission in the almshouse ledgers, the stigma surrounding paupers and homeless individuals was evident in the late nineteenth-century when the separation between the upper and lower classes grew. When the New York City population expanded due to the rise in immigration, the government system saw a need to confine those in the lower class to almshouses, in hopes that the rest of the city would continue to thrive.[117] Though New York City became a successful landmark for the United States, paupers continued to suffer. As time moved forward, the New York City government failed to find more permanent ways to help these people while also integrating them into the larger culture and community. This lack of integration remains

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[117] Spencer-Wood, "Introduction and Historical Context to The Archaeology of Seventeenth and Eighteenth Century Almshouses," 116–117.

problematic as the amount of people experiencing homelessness continues to rise without proper aid.

The way Americans perceive homelessness has changed several times since the nineteenth-century.[118] Because "homelessness is not and cannot be a precisely defined condition," it is difficult to create exact qualifications to correctly label what homelessness is and who homelessness affects the most.[119] Collecting patterns throughout American history, however, can contribute to a definition most widely used in modern-day. Homeless relief efforts and resources have not changed much since the United States was founded in 1776.[120] This epilogue will continue the original research of this thesis by expanding across the last two centuries to pinpoint what ways the government is still failing the homeless population. Taking into account the changing definitions of the past two-hundred years, homelessness today can be defined as people living in poverty without permanent housing due to either their mental and/or physical illnesses, their minority status, or the state's lack of affordable housing available for those living in poverty. These identities are connected to trends that followed this population since almshouses were first created.

As outlined in chapter 1, the rise in immigration and the continuous population growth in nineteenth-century New York City created a gap between the social elite and paupers. This gap separated the two groups into two different parts of the city: the "slum" and "wealthier

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[118] Levinson, *Encyclopedia of Homelessness*, 2.

[119] James D. Wright, *Address Unknown: The Homeless in America*, (New Brunswick, NJ: Aldine Transaction, 2009): 19.

[120] Joseph Murphy and Kerri Tobin, "Homelessness in the U.S.: a historical analysis," (*American Educational History Journal* 41, 2014), 3.

neighborhoods."[121] The separation between the classes led to a decreased visibility of homeless individuals and people living in poverty, which still plagues this population.[122] Though elected officials and social elites knew poverty existed, they could not understand the true magnitude of the issue without seeing how poorly this population was living. Since the nineteenth-century, the visibility of homelessness in New York City has transitioned numerous times depending on the economic standing of the government.[123] When homelessness was more confined, as it was when almshouses were first created and during the economic boom after World War II between 1950 and 1980, the issue of homelessness was seen less by the average citizen and, therefore, generated less legislation aimed at tackling this issue.[124] This contrasts the 1930s when homelessness and poverty "was never more visible…during the Depression."[125]

Though there has not been a spike in population growth since the mid-twentieth-century during the time of the baby boomers, there is still a steady increase in the number of people living in poverty in the modern-day.[126] This correlates to the economic turmoil New York City has faced since the Recession starting in December of 2007. Just over ten years since the beginning of the Recession, the United States has again seen an increase in the number of people living in poverty.[127] In 2015, an estimated forty-five million Americans out of the nation-wide population of three-hundred and twenty-one million, or fourteen percent, lived at or below the federal poverty line.[128] This is four percent higher than the amount of people who lived at or below the poverty

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[121] Spencer-Wood, "Introduction and Historical Context to The Archaeology of Seventeenth and Eighteenth Century Almshouses," 116–117.
[122] Murphy & Tobin, "Homelessness in the U.S.," 4.
[123] Ibid.
[124] Ibid.
[125] Ibid.
[126] Jane Fullerton Lemons, "Fighting Urban Poverty," *CQ Researcher* 25, (2015): 601-624.
[127] Lemons, "Fighting Urban Poverty," 614.
[128] Ibid.

line in 1980.[129] High-poverty areas of large cities, including New York City, tripled between 1970
and 2010, which made poverty more prominent throughout the city.[130] We can compare the amount
of people utilizing services in 1794, 1849, 1980, and 2015 to visualize how the issue of
homelessness has not only continued but has also intensified since the creation of the American
almshouse.

Table 6

Number and Percentage of People Experiencing Poverty in New York City in 1795,[131]

1849,[132] 1980,[133] and 2015[134]

Year	Number of People Living in Poverty in New York City	Percentage of People Living in Poverty Compared to Total Population in New York City In Each Time Period
1795	1,245 (based on almshouse admission records)	2.49%
1849	9,825 (based on almshouse admission records)	10.23%
1980	1.2 million	17.14%
2015	1.7 million	21.25%

Looking at Table 6 above, it is obvious that there is a growing trend in the number of people
experiencing poverty in New York City. The shocking difference between 1795 and 1849 suggests
that overall population growth and the higher utilization of almshouses and government-aided

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[129] Ibid.
[130] Ibid.
[131] *Almshouse Admissions Ledger*, 1795-1822, Vol. 132.
[132] *Almshouse Admissions Ledger*, 1835-1849, Vol. 141.
[133] Lemons, "Fighting Urban Poverty," 624.
[134] Ibid.

services could have led to the almost eight percent increase. Without extensive information about the amount of people experiencing poverty in these two years, I relied on the amount of people in the almshouse system found in the admissions ledgers for 1795 and 1849. The lower percentage of people experiencing poverty in 1795 may be because less people were using the newer almshouse system to relieve their pressure than in the coming years when the resources became more popular. This may skew some of the information in Table 6 because there are no statistics provided by the government on the exact number of people experiencing poverty at these two points of history.

Between 1795 and 1849, there was a population growth of almost 133,000 people.[135] Population growth is connected to the increase in homelessness seen over the course of American history because it is often recognized as one of the leading causes of poverty in cities.[136] When population surges, cities are overwhelmed with the large number of people requiring aid and cannot produce enough services the population needs to prosper. As referenced in chapter 1 of this thesis, the growing population, especially in correlation to the increase in immigration to New York City, forced more people into poverty because there was no affordable place to live other than in the slums in the nineteenth-century. A similar trend is seen in each of the four years used in Table 6.

Between 1980 and 2015, the number of people living in poverty grew by over half a million while the population of New York City only grew by one million people.[137] The increase in percentage over the course of these two years is quite troubling. With more resources and agencies created each year, there seems to be a disconnect between the people living in poverty and the

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[135] Burrows & Wallace, *Gotham,* 270.
[136] Murphy & Tobin, "Homelessness in the U.S.," 4.
[137] Lemons, "Fighting Urban Poverty," 621.

people trying to help. With this continued increase in the percentage of New Yorkers experiencing poverty and, as a result, becoming more prone to homelessness, poverty should be regarded as a systemic issue and should require more focused and detailed research to break the common patterns plaguing this population and preventing them from getting long-lasting aid. The rise in urbanization and industrialization over the course of American history created an increase in poverty because the New York economy could not withstand the increase in population, especially of immigrants. Just as the government of the late nineteenth-century did not know how to cope with this shift of people living below the poverty line, the same rings true through the twentieth and twenty-first century as the economy continues to fluctuate.

As seen in the multiple causes of poverty and homelessness in the nineteenth-century as outlined in chapter 2 of this thesis, people seen as "different from the majority or the most ideal citizen" were more likely to need government-related aid.[138] This justifies the trend that those in the minority are more likely to suffer from poverty and homelessness. The most common causes of poverty in 2015 were identified as "illness, racism, crime, unemployment, poor schools, [and] family breakdowns."[139] All of the individuals who fall victim to these causes are seen as the less ideal citizen, just as paupers were seen in the late eighteenth and early nineteenth-century.

As I discuss in Chapter 2, language used to describe paupers focused on the individual's role in their homeless status. Though those society deemed worthy of governmental aid were placed into early almshouses and given attention, the government system blamed the unworthy poor for their situation without calling attention to the systematic issues that plagued this population.[140] The definitions of the worthy and unworthy poor used in the eighteenth and

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[138] Ibid.
[139] Lemons, "Fighting Urban Poverty," 604.
[140] Burrows & Wallace, *Gotham,* 270.

nineteenth-century eventually diminished when all paupers were given the opportunity to receive aid at asylums, such as Blackwell's Island in the mid-nineteenth-century. Though government officials now recognize that all individuals are worthy of aid when experiencing poverty and homelessness, society still places the blame on the individual, clouding personal judgment of this population resulting in name-calling similar to the phrases used in almshouse admission ledgers.[141] For example, terms such as "lazy" and "idiot," as found in Table 5, are still used to this day in common conversation about the poor.[142] This trend of negative language association continues to plague the homeless population and, unfortunately, makes people less likely to help those in poverty out of their situations. Such harsh language creates a toxic atmosphere for people trying to better their situations and find sufficient help.

The social stigma that comes with experiencing homelessness can negatively impact the self-esteem of these individuals. Self-esteem "reflects the extent to which a person meets or exceeds self-expectations."[143] With a decrease in self-worth, twenty-five percent of people experiencing homelessness feel unworthy of the services provided to them.[144] This feeling of unworthiness prevents some individuals from looking for services and accepting help once provided to them. The homeless identity affiliated with "a stereotyped view by people who see homelessness as a character flaw," creates an unhealthy mental picture of one's worth, which in turn can make an individual more susceptive to mental health related issues such as depression and

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[141] Lemons, "Fighting Urban Poverty," 604.
[142] Ibid.
[143] Josie Parker, Donald C. Reitzes, and Erin E. Ruel, "Preserving and Protecting Well-being among Homeless Men" (*Sociological Perspectives* (2017), 201–218.
[144] Gina S. Lovasi, Stephen J. Mooney, Peter Muennig, Charles DiMaggio, "Cause and context: Place-based approaches to investigate how environments affect mental health," (*Social Psychiatry and Psychiatric Epidemiology*, 2016), 1571-1579.

anxiety.[145] This idea of a character flaw can originate back to the almshouse admission ledgers from the nineteenth-century, as seen in Table 4 of chapter 2. Unlike the numerous different categories of causes Table 4 provides, the most common cause of homelessness in the modern-day, as the federal government depicts, are these character flaws.[146] In fact, homeless individuals claim that service providers employed by the government will blame the individual for their own mental health, physical health, and sicknesses, which are some of the other causes for almshouse entry found in Table 4.[147] Without focusing on the systemic issues that are causing this increase in poverty, the homeless population feels they are to blame.[148]

Deinstitutionalization

Poor health is one of the main variables contributing to low self-esteem among the homeless population, which in turn makes it more difficult for people experiencing homelessness to find the self-love and confidence needed to improve their situation.[149] The physical hardships of homelessness are not the only negative effects that stems from the harsh lifestyle of living on the street or in shelter. Many individuals experiencing homelessness also report challenges to their mental well-being.[150] Although the American government tried to better the conditions for those experiencing homelessness and those considered mentally ill, the growing number of chronic mentally ill people and the inadequacy of understanding these illnesses diminishes their success.[151]

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[145] Mortaza Zare, John Ross, Hank Strevel, and Nourah Alfayez, "Down but not out: The role of narrative identity and resources in transitioning through homelessness," *(Tamara Journal of Critical Organization Inquiry*, 2017), 191-202.

[146] Ibid.

[147] Ibid.

[148] Ibid.

[149] Lovasi, 1571-1579.

[150] Reitzes, 201–218.

[151] Ibid.

Starting in the nineteenth-century, there was a move from urban almshouses to asylums for those suffering with a mentally illness. There was a "belief…that new cases of insanity could be cured by segregating the so-called distracted into small, pastoral asylums where they could receive humane care and instruction."[152] Blackwell's Island is the most prominent example of a successful asylum in the nineteenth-century. Using Blackwell's Island to further separate the social elites and paupers not only continued to hide the harmful effects of poverty from the general public but also added to the low self-esteem this population of people suffered from, increasing the risk of mental health concerns and experiences of trauma.[153] After some time, these asylums that were once places of support and help were transformed into "custodial institutions" and places of community protection from those society believed were dangerous to the community's well-being.[154] Asylums were used from the mid-nineteenth-century until the mid-twentieth-century to conceal the "poor and disturbed."[155] The treatment of the asylum patients was not as important as maintaining social stability during this time period; there was a lack of focus on the human person and human dignity starting at the creation of asylums until the call for deinstitutionalization began.[156]

Although deinstitutionalization occurred at different times throughout the country, the main movement developed in the middle of the 1960s during President John F. Kennedy's administration. During a time of widespread expansion of welfare programs, America tried to push toward using community-based care instead of institutions.[157] The real move toward true deinstitutionalization occurred under President Kennedy's Community Mental Health Centers

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[152] Frank Stricker, *Why American Lost the War on Poverty--And How to Win It*, (University of North Carolina Press, 2007), 38.
[153] Ibid.
[154] Ibid.
[155] Ibid.
[156] Murphy & Tobin, "Homelessness in the U.S.," 7.
[157] Ibid, 9.

(CMHC) Act of 1963. Kennedy wanted to use this act to reduce the number of patients in these hospitals by fifty percent within the next ten to twenty years.[158] The CMHC was supposed to change the outlook on mental health care to one of positivity. Unfortunately, this act occurred at a quicker pace than Kennedy anticipated which in turn meant that the supportive services that were supposed to come with the CMHC were not ready in time to help as they were supposed to, directly affecting those who were now deinstitutionalized with the undersupply of mental health care needed to continue treatment.[159] Without proper mental health care and with an increase in the amount of people now without housing, there was an increase in the number of people experiencing homelessness. As this movement brought people out of isolation from state mental health facilities and back into society, a growing distain for people experiencing homelessness emerged.[160] Society

The deinstitutionalization of mental asylums during President Kennedy's administration in the 1960s led to a twenty-five percent increase in the amount of people experiencing homelessness with "untreated or poorly treated emotional disorders."[161] Therefore, more people experiencing homelessness had a mental health related issues than ever before. With an increase in the amount of people suffering from serious mental illnesses, from around five hundred and fifty thousand people, or 0.05% of the population, in 1955 to to nearly ten million people, or four percent of the population, in 2015, more individuals are at a higher risk for debilitating illnesses that could lead to homelessness.[162]

The hardships and limitations the current lower class face are similar if not worse today than in the nineteenth-century because the American government system has not placed enough

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[158] Ibid.
[159] Ibid.
[160] Lemons, "Fighting Urban Poverty," 604.
[161] Levinson, *Encyclopedia of Homelessness*, 2.
[162] Lemons, "Fighting Urban Poverty," 604.

importance around the issue of homelessness. The United States government system needs to understand the severity of this situation and recognize the combined history of the homeless population found in this thesis to fully grasp the necessity of changing current protocol and programs to better help those experiencing homelessness.

Within the expanding population of people experiencing homelessness, one-third of the current homeless population is considered "chronically homeless."[163] The United States Interagency Council on Homelessness refers to individuals who are "continuously homeless for a year or more *or* had at least four episodes of homelessness in the past three years" as those who are "chronic homelessness."[164] The need for this definition reveals how poverty creates a long-lasting cycle of homelessness for vulnerable populations of people who cannot gain access to the necessary resources that will help with ailments that plague this population,

These important statistics and definitions demonstrate that poverty and homelessness are not issues of past. With such a strong correlation between those below the poverty line and those who will experience homelessness in the future, the United States government system must find and create sustainable and feasible resources and policies to decrease these numbers, just as the New York City government system tried to do with the creation of the almshouse. Government officials need to learn from our past to find the systemic issues causing the rise in modern homelessness to create a cohesive plan of action.

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[163] Ibid.
[164] Craig Willse, *The Value of Homelessness: Managing Surplus Life in the United States*, (Minneapolis: University of Minnesota Press, 2015): 139.

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