

Spring 2020

## **Rocks for the homeless: the health conditions of Spokane homeless people**

Brandon T. Poepping  
*Eastern Washington University*

Follow this and additional works at: <https://dc.ewu.edu/theses>



Part of the [Psychology Commons](#), [Social Policy Commons](#), and the [Social Welfare Commons](#)

---

### **Recommended Citation**

Poepping, Brandon T., "Rocks for the homeless: the health conditions of Spokane homeless people" (2020). *EWU Masters Thesis Collection*. 618.  
<https://dc.ewu.edu/theses/618>

This Thesis is brought to you for free and open access by the Student Research and Creative Works at EWU Digital Commons. It has been accepted for inclusion in EWU Masters Thesis Collection by an authorized administrator of EWU Digital Commons. For more information, please contact [jotto@ewu.edu](mailto:jotto@ewu.edu).

ROCKS FOR THE HOMELESS:  
THE HEALTH CONDITIONS OF SPOKANE HOMELESS PEOPLE

---

A Thesis

Presented To

Eastern Washington University

Cheney, Washington

---

In Partial Fulfillment of the Requirements

for the Degree

Master of Arts in Critical GIS and Public Anthropology

---

By

Brandon T. Poepping

Spring 2020

THESIS OF BRANDON POEPPING APPROVED BY

**Dr. Kassahun Kebede, Graduate Study Chair**

\_\_\_\_\_ DATE\_\_\_\_\_

**Dr. Matthew Anderson, Graduate Study Committee**

\_\_\_\_\_ DATE\_\_\_\_\_

**Dr. Timothy Hilton, Graduate Study Committee**

\_\_\_\_\_ DATE\_\_\_\_\_

Abstract

ROCKS FOR THE HOMELESS:  
THE HEALTH CONDITIONS OF SPOKANE HOMELESS PEOPLE

BY

BRANDON POEPPING

SPRING 2020

Over the past four decades, the United States has seen an increase in the numbers of homeless. Upward of half a million people in the United States experience homelessness per night. This thesis discusses causes and conditions of homelessness in Spokane, Washington. Specifically, the thesis focuses on the causes of homelessness, the homeless people's lived experiences on the street, their encounters with the medical establishments, and the public perception about them. Data was collected beginning in the summer of 2018. A total of twenty homeless individuals were interviewed. I also attended public events and forums where the issue of homelessness in the city was discussed and debated.

The findings indicated an entrenched society-wide misunderstanding about homelessness making helping the homeless daunting and costly. Society and those in power view them as individuals who inflicted poverty and wretchedness upon themselves, and even the homeless blame themselves. However, a more in-depth analysis indicates homelessness is structurally produced. Many of the interviewees were forced into homelessness because of family fractures, loss of employment, unaffordable housing, and untreated mental illness. Once they became homeless, they experienced hunger, physical and sexual violence, and many other societal brutalities. The majority felt discriminated by the medical establishment and were even denied services, although they had serious chronic medical issues. Maltreatment and neglect forced them into potentially unsafe health services. The lack of an institutionalized approach to help the homeless make their effort to find permanent shelter an uphill battle.

The multiple levels of physical, psychological, and societal cruelties could be significantly reduced. However, the thesis discusses the continued neglect perpetrated by the various organizations attempting to serve the homeless. Spokane city's policymakers and other stakeholders treat them as undeserving, thankless, and ungrateful. The thesis argues that the problem of homelessness can significantly be reduced when a poor-people-centric social policy is implemented. Through changes to unfair economic arrangements, Universal Basic Income (UBI), affordable housing, and Medicare for all, homelessness can become a distant memory.

## Preface

The idea of this thesis came from the everyday interactions and observations of the homeless community in Spokane, WA. Seeing nearly every day the numbers of homeless that were at the House of Charity in downtown Spokane began the formulation of questions in my mind. To answer these questions I began to look into the community resources and wonder what was happening and why when it came to the homeless and access to medical care.

The start of this research began as idea in a graduate research methods class and developed into the text that is to follow. I began by finding the places that were important as hangouts or shelter for the homeless as a way to observe and later to interview. The more data I collected the more possibilities appeared. But unfortunately the difficult part of the process was earning the trust of those that I needed to interview for the data. Understandably the homeless are not easy to gain the trust of. But with enough time out in the street I was able to find some generous assistance from many people in the homeless community in Spokane to allow me to interview them.

The development of this thesis could not have been accomplished without the assistance of many important individuals. This thesis could not have been possible without the more than generous assistance from the homeless that were gracious and kind enough to allow me to view just a brief but important glimpse into their lives. Their voice and perspective could only have been seen through their words and lived experience.

Also important for this thesis becoming a reality is Dr. Kassahun Kebede, Dr. Matt Anderson, and Dr. Julia Smith. Dr. Kebede was both supportive and instrumental in my pushing through to achieve the final product of the thesis. I was able to

see new viewpoints and areas of investigation in a way that did not occur without his particular lens. He also assisted in guiding me through the processes of finetuning my theoretical framework that allowed the thesis to become rich and salient to the moment in Spokane. Dr. Matt Anderson was crucial in the beginning for assisting in the development of my theoretical lens that I used during the research process. And finally Dr. Julia Smith always was available for giving direction and giving a mental reset when it was needed at times when the research process seemed daunting.

Finally I would like to thank the Union Gospel Mission for allowing me to come and tour their facility and spend time talking with the homeless that they serve. It allowed me the first opportunity to have contact with the homeless and understand the shelter process firsthand. I would also like to mention the Spokane Homeless Coalition allowing me membership in their organization which opened a door or two for my gaining observational data that I may not have obtained any other way.

## TABLE OF CONTENTS

<b>Abstract .....</b>	<b>iv</b>
<b>Preface.....</b>	<b>vi</b>
<b>Chapter 1 :Introduction.....</b>	<b>1</b>
1.1 INTRODUCTION .....	1
1.2 RESEARCH OBJECTIVES .....	3
1.3 RESEARCH QUESTIONS .....	4
1.4 RESEARCH METHODS .....	5
1.5 LIMITATIONS AND RESTRICTIONS.....	9
<b>Chapter 2: Literature Review On Homelessness.....</b>	<b>11</b>
2.1 HISTORICAL CONTEXT OF HOMELESSNESS.....	11
2.2 THE CULTURE OF POVERTY THEORY.....	13
2.3 THE THEORY OF LUMPEN ABUSE.....	15
<b>Chapter 3: Profiles Of The Homeless And Homelessness.....</b>	<b>20</b>
3.1 THE MAGNITUDE OF NATIONAL HOMELESSNESS.....	21
3.2 HOMELESSNESS WITHIN WASHINGTON STATE .....	23
3.3 HOMELESSNESS BY COUNTY IN WASHINGTON STATE .....	24
3.4 HOMELESSNESS IN SPOKANE, WA.....	26
3.5 CATALYSTS OF HOMELESSNESS.....	27
3.5.1 Family Fracture.....	29
3.5.2 Addiction and Illness .....	30
3.5.3 Loss of Employment.....	33
3.6 TYPES OF HOMELESSNESS .....	35
<b>Chapter 4 :Health Conditions of the Spokane Homeless .....</b>	<b>36</b>
4.1 EXPOSURE TO AND WORSENING DRUG ADDICTION .....	37
4.2 PHYSICAL AND SEXUAL HARM.....	41
4.2.1 Physical Harm and Violence .....	42
4.2.2 Sexual Harm .....	45
4.3 MORTALITY AND MORBIDITY.....	48
4.4 MENTAL ILLNESS.....	51
4.5 SOCIAL ISOLATION, DISRESPECT AND STRESS.....	54
4.6 HUNGER AND NUTRITIONAL DEFICIENCIES .....	57



**Chapter 5 :Rocks for the Homeless-Invisiblization of Social Problems ..... 62**

5.1 ROCKS FOR THE HOMELESS ..... 62

5.2 UNGRATEFUL HOMELESS PEOPLE ..... 64

5.3 BLAMING THE VICTIM ..... 66

5.4 WHY THE HOMELESS SHUN SHELTERS ..... 70

5.5 REGRETS, SPOKANE MAYORAL ELECTION AND THE HOMELESS ..... 72

**Chapter 6 :Conclusion and Recommendation..... 75**

6.1 CONCLUSION ..... 75

6.2 RECOMMENDATIONS ..... 78

**References ..... 86**

## **Chapter 1: Introduction**

### **1.1. Introduction**

Homelessness in Spokane has consistently dominated newspaper captions. *The Washington State Wire* recently ran a headline story, “Homelessness takes center stage in local election story.” The issue of homelessness has embroiled the mayoral election that has just been concluded. The mayor elect, Nadine Woodward, was open to banning homeless people from the public library, while her opponent openly stated that if he were homeless, he too would take a drink or use drugs. While it remains to be seen what the mayor is going to do, this thesis investigates the causes as well as the health and well-being of the homeless population in Spokane, WA. Understanding the reasoning behind why individuals and families become homeless help us to address the problem of homelessness. (Goldberg 2019)

The rhetoric used by local politicians to increase security and even through the banning of homeless people altogether from the Spokane public library are mostly informed by the misinterpreted and reductionist framework of the “culture of poverty” where homeless people are seen as inherently apathetic, lazy and are the cause of their own homelessness. Although individual inadequacies and shortcomings may not be dismissed as irrelevant, many of the traits often associated with the homeless population are structural in nature.

Beyond blaming the victims as just those who abused drugs, research has been done to document the condition of homelessness in the county. In 2014 however, the city of Spokane conducted a point-in-time count of 1,033 homeless people

that live on the streets. The count did not include those couch-surfing or staying in shelters. Included within this number were 146 homeless families with children, approximately 257 people with severe mental illness, 182 people suffering from substance abuse, 238 domestic violence survivors, and 151 people who are considered chronically homeless. (spokanecares.org 2017b). In Spokane County there are approximately 5,000 homeless people, of which more than 3,000 are children between grades K-12, a number that is 1/3 higher than the statewide average. Of these homeless children in Spokane County schools, 3/4 of them are “doubled up”, such as those that may not be on the street but are couch-surfing, living in cars, and staying in shelters. (Francovich 2015).

Regardless of the gravity of the problem, the issue of homelessness is always discussed as a blight on the city. Of course, how homeless people deface the city becomes intense during election years. In November of 2016 an outbreak of the Norovirus infected dozens of people from Spokane’s homeless population that were temporarily staying at the House of Charity and the Union Gospel Mission, which created much consternation and soul searching. Spokane City Officials directed tents to be set up in the street at both the House of Charity and the Union Gospel Mission to house those who had not been infected by the virus to have an uninfected place to stay. (Culver 2016)

Due to the circumstances that thrust Spokane’s homeless population into the norovirus outbreak, it became important to ask why the care they were receiving was seemingly limited to these two homeless shelters in particular. Community Health Association of Spokane (CHAS) is the medical authority that has an outreach program for the homeless that includes health care (aside from many other useful services), but the organization was surprisingly uninvolved in this discussion. The barriers

within the medical and economic systems illustrating the homeless' lack of social and economic capital seem to show their presence but what they are can only be hinted to by the misinterpretation of the "culture of poverty", problems within capitalism, and assumptions associated within the "American Dream".

The occurrence of the homeless being treated at the aforementioned homeless shelters in Spokane leads me to question the adequacy of the medical access and the well-being of the individuals in the Spokane homeless community. The idea that homelessness is situated between individual responsibility, medicalization of the homeless, and the effects of shelterization (Lyon-Callo 2000) has a strong effect in shaping societal responses which make it structurally difficult for the homeless to be housed. As Aldeia (2013) summed up, "The individualization of causes and solutions for homelessness renders invisible the structural factors that make certain subjects "homeless." Such thinking makes homelessness as a "symptom of the severe mental illness and substance abuse of the few and [as having] little to do with working and housing conditions for the many" (Gowan, 2010 quoted in Aldeia 2013: 73).

## **1.2 Research Objectives**

The overall research objective was to investigate and analyze the condition of the homeless in Spokane, the causes of homelessness and more specifically the health and well-being of the Spokane homeless population. The specific objectives are:

1. To understand the causes of homelessness

2. To explore the underlying structures, societal and/or economic, that expose Spokane's homeless to health risks and challenges
3. To investigate what factors exist (that both enable and foreclose) in accessing medical and social services for the Spokane homeless.
4. To document the overall mental and physical well-being of Spokane's homeless people

### **1.3. Research Questions**

As stated above, there is a commonsense assumption that Spokane's homeless population are drug abusers and suffers from mental illness. Such assumptions are not supported by empirical facts. In order to understand the condition of homeless people in Spokane, I explored the following questions:

1. What structural factors produce homelessness?
2. Do the homeless have a distrust for the medical system, due to misplaced blame, imposed social responsibilities, and unjust stereotypes?
3. Does the underlying distrust force the homeless to seek potentially unsafe services of the free medical clinics?
4. What are the ramifications of the homeless being exposed to every day forms of violence, the routine practices and expressions of interpersonal aggression that serve to normalize violence at the microlevel such as domestic, delinquent and sexual conflict, and even substance abuse with the term being used to prevent explaining away individual-level

confrontations by psychological or individualistic approaches that blame the victims (Bourgois 2001: 8-9), and in what ways does it affect the self-worth of the homeless and force ownership of blame for their homelessness on themselves?

#### **1.4. Research Methods**

For this research a total of 20 participants were sampled. The participants broke down to 11 men (55 %), 7 women (35%), and 2 transgender (10%). The ages of the participants ranged from early 20's through the 60's. The individuals that were interviewed were chosen using purposive and cluster sampling. Two individuals allowed for life history interviews and others were suggested by one of these participants to enrich the data. During each interview observation of the participant and the surroundings was crucial to give a full picture of each encounter. The questions that were asked of each participant were related to their personal experience with homelessness and what their individual perspective is within homelessness.

The research process that was undertaken for this thesis consisted of participant observation and individual interviews which occurred in Spokane, WA. The research began with participant observation of the homeless housed at the Union Gospel Mission, around the downtown public library, and gradually progressed to locations that were revealed by the individual interviews including the Spokane Homeless Connect, Women's Hearth, and under the I-90 overpass by the Jefferson Park and Ride. Since the homeless are not found in just one location, the study documented a variety of locations. The fact that Spokane is not a large metropolitan city makes it possible to erect a comprehensive inventory of where these various sites are

located. The fact that few studies have been situated in a small city center made it a good candidate to examine homelessness from a new critical viewpoint.

Due to the fact that those individuals that will be sampled come from a widely distributed population frequenting many locations across Spokane the research utilized cluster sampling in every location where multiple informants were located. Through the interviewing process snowball sampling was also utilized in an attempt to increase the number of informants for interviewing. (Bernard 2011) The number of individuals within the sample should be as large as possible to reflect the various demographics of the homeless around the city of Spokane. These individuals would consist of both males and females within the city as well as various ethnicities and wide age ranges. The ethnicity and age groups would account for many subgroups within the population. Sampling from both the male, female and transgender homeless populations allow for documenting the differences in being unsheltered from the context of gender.

Data collection for this research project includes the techniques of participant observation (Kawulich 2005), semi-structured interviews (Galletta 2013), and life histories (Slater 2000). Participant observation of the homeless was conducted at the Union Gospel Mission, around the downtown Spokane library, and various other locations around Spokane. Interviews of the homeless were semi-structured to allow for the interview process to develop in the context needed to gather the data. In depth life histories of willing participants within Spokane's homeless population were conducted. Utilizing the same technique as the individual interviews, the life histories are semi-structured interviews with more in depth questions than used for typical interviews.

The benefits of this mixed-method research design is that it allows for gathering data that can be cross-verified, which would enhance the validity of the data, as it gives a voice to those that are normally silenced. The observations of the thesis population allowed for the capture of eccentricities, such as signs of illness, addiction, age, body language that may be telling about the life of the informants, that would otherwise be missed during interviewing. The semi-structured interviews and life histories allow for depth and detail of the problem and give a sense of authenticity.

Participant Observation: Before and during interviewing the informants in the research various levels of participant observation were performed. These included a seminar at Sacred Heart Hospital, member meetings of the Spokane Homeless Coalition, a viewing of the premiere of *Hidden In Plain Sight: Fighting Homelessness In Spokane* and the panel discussion following the showing, Spokane City Council Meetings, observation of Spokane's Community Court, investigation of various facilities that Spokane's homeless frequent, and also during the interviews of the informants. Observation is a major source of data that cannot be captured through interviewing alone. (Silverman 2001, 61-68). The objective of the observation was to obtain data that was not available through interviewing. During the Sacred Heart Seminar a breakdown of the theoretical lens that is instructed as doctrine by the Providence medical establishment and various interconnected agencies related to the services provided by Providence was presented. The observation of the seminar allowed for understanding how the homeless are viewed as a separate culture from the rest of society in thought and action. Unfortunately, this perspective, then, shapes how employees are instructed, and disciplines how they manage their interactions with the homeless and poor. It constructs a preconceived dialog framework and mindset for the employee in relation to the poor and homeless.



For many months observation of the monthly meetings of the Spokane Homeless Coalition was undertaken to ascertain what is being done within the community with respect to the homeless of Spokane. The members of the coalition did feel that there was much work to be done in the community and that through coming together they could work as a team to accomplish the goal of ending homelessness. The members of the coalition had different ideas of what it means to end homelessness. One group believes that by housing the homeless the problem will be solved while another believes that bringing the word of God into the lives of the homeless will cause them to change their ways and get off the street. The way the homeless are viewed by the many factions of the coalition complicate what they can and will achieve.

A viewing of the premiere of *Hidden in Plain Sight: Fighting Homelessness in Spokane* and the panel discussion following the showing, Spokane City Council Meetings, and observation of Spokane's Community Court all allowed for the further understanding of where the interagency work toward the homeless in Spokane is progressing. The documentary and panel discussion allowed the observation of members of the city council, the heads of the UGM and House of Charity, and the heads of the social service organizations in Spokane to sit and debate what can and should be done about the issue of homelessness. This allowed for the political and cultural biases to be displayed and demonstrated who and what agencies in Spokane are working toward positive changes for the homeless. The Spokane City Council meetings and observation of the Community Court showed how the political and legal agencies in Spokane are working to improve or complicate the lives of the homeless.

Interviews: Life histories and individual interviews that will be collected during data collection will be transcribed. The transcription will entail capturing the subtle devices used within the spoken text. These may include emotional states, pause, interruptions and overlaps, and basic sentence intonations. (Agar 1987) Every interview was transcribed to allow for all of the participants responses to be examined for hidden nuance and emotional content along with the obvious verbal meaning and connotation. The transcription was carefully utilized to capture background sounds, nonverbal cues and sounds, and anything unusual with the recording medium.

The life history presented a level of depth into the life of a homeless individual that allows for a nuanced understanding of how that individual came to the point in their life journey of being homeless. The individual interviews give the majority of data needed to answer the questions within the study. The interviews are crucial to obtain and observe the humanity and vulnerability of the individual. The individuals interviewed are crucial for also determining where else to investigate during the study.

### **1.5. Research Limitations**

Researching homelessness is rewarding and challenging. Given the vilification of the homelessness, acquiring access to them was the major barrier. There was so much distrust. For example, getting approval from facilities that the homeless frequent for services become a blockage to talk to informants. Many facilities protect the marginalized and in so doing prevent access to those they serve. But if lucky enough to receive permission through a gatekeeper some facilities unconsciously

group individuals that are within their ideological mindset. This cherry-picking impacted the kind and quality of data that is presented.

The issue that restricted data collection the most was the distrust the homeless showed towards me. Regardless of where the homeless are found, sheltered or unsheltered, they are reluctant to talk to anyone who is not one of their group. It was difficult to gain the trust of the homeless due to the fact that from their perspective most people want something from them. The potential interviewee wanted to be compensated. Many of those that are asked to interview agree under the condition that they receive money or some kinds of compensation.

In addition, local, regional, and statewide agencies were less cooperative in terms of sharing secondary data. More specifically the access to data was blocked because many agencies lacked the need to collect the data that I was looking for. More specifically morbidity and mortality data for the homeless locally and regionally were either not collected or the agencies were unwilling to share. When planning what data was needed to be collected for the research it was crucial to set some restrictions. Data was only collected from men and women. No children and families were interviewed due to the extra precautions required with minors. The fact that the research deals with homelessness in Spokane, WA no homeless individuals were interviewed from outside the Spokane area.

## **Chapter-2: Literature Review on Homelessness**

In this chapter, I briefly discuss the historical contexts of homelessness in the United States and outline theoretical debates surrounding homelessness. As I have indicated in the introduction, the most dominant narrative as to why people become homeless is individual flaws. Such a dominant regime of truth as Foucault calls it stifles alternative perspectives. A set of hidden methods that construct a conformed idea of truth which include the types of discourse it uses and function as true, the mechanisms which enable individuals to distinguish truth from fiction including the way in which each idea is sanctioned, the techniques and procedures that are held sacred for obtaining truth, and the status of those who have positions in which they say what is true. (Foucault 1977: 13). Here, drawing on a wealth of social science research, I discuss not only the singularizing factor but also structural factors that produce homelessness.

### **2.1. Historical Context of Homelessness**

Even before the founding of America the idea of being unsheltered and homeless was seen as a criminal offence. In England in the 1500's an individual would be branded with a "V" for vagabond and later executed for the second offense of homelessness. Later in America in the 1600's a wave of homeless native Americans were created when English settlers displaced them from their land. In the 1600's-1700's English settlers were required to go before the city fathers and prove that they were going to be productive citizens or be kicked out of town. After the Civil war the terms "Hobo" and "Tramp" became

part of America's lexicon. The terms "homeless" and "homelessness" became terminology for the unsheltered in the 1970's and 1980's. (National Coalition for the Homeless, 2018b, Streetwise 2010)

At the end of the 1970's homelessness had emerged as a public issue due to the visible presence of homeless people seeking shelter in openly public places (Baxter 1981). The vast majority of research done with regards to homelessness in the U.S. has also been situated within larger metropolitan regions (Baxter 1981, Hopper 1985, Wolch and Dear 1993, Mitchell 1997, 2011, Williams 1999, Berti 2010, Gowan 2010, Becket and Herbert 2010) while comparatively less has been done on rural or small town homelessness (Hilton and DeJong 2010, Trella and Hilton 2014, Brown 2017).

During the 1980's federal services were minimized, housing prices skyrocketed, and industrial jobs left the United States causing the reduction in available sources of work. This all culminated in a widespread increase in homelessness (Hopper 1985). The global and hegemonic perspective of the poor and homeless as dispensable within the global economy has positioned them as either invisible or disposable. This ideology, only enlivened by an increasingly hegemonic neoliberal ethos promoting individual culpability (Harvey 2005), led to a popular understanding of homelessness as caused by individual failures and deficiencies as opposed to broader structural economic forces and inequities. (Snow and Anderson 1987).

The praxis of the neoliberal ethos allowed for a reduction in the workforce increasing the numbers of homeless both within the United States and globally. Thus, the treatment of the surplus labor force invariably produced during periods of economic crisis and recession (Sassen 1991, Castells 1996), Marx's ([1867] 1976), "industrial reserve army," of which the most vulnerable and marginalized are rendered homeless, was one of abandonment of these workers and a jettisoning of them

out of the viable workforce and a separation from mainstream society. This group being seen as worthless and having no value. (Sassen 1991, Castells 1996)

Changes in the urban environment, such as the gentrification of long disinvested central city areas, has entailed a systematic erosion of the very spaces homeless populations had previously inhabited. The concentration of the homeless in these invisible communities became barriers to the “revitalization” of these neighborhoods, a visible representation of poverty and crime that had to be erased if the city’s tax base was to be revived. (Baxter 1981, Marcuse 1985, and Mitchell 1995, Smith 1996).

## **2.2: The Culture of Poverty Theory**

In 1959 the anthropologist Oscar Lewis developed the concept of “the culture of poverty” from his research done in the slums of India and Mexico. Lewis presents a cultural framework in which he described a subculture that he believed was prevalent with the poor and the homeless. Those that are poor and homeless have structures and functions within every aspect of their lives that promote and reinforce their poverty. These structures are passed from one generation to another. The major issues that Lewis pointed to within this “culture of poverty” were thought to affect the mainstream social structures in exclusively negative ways, although he noted that those individuals are not criminal or evil. The clash between the subculture and the mainstream, according to Lewis, is what resulted in crime, prostitution, delinquency, vice, and violence. However,

this, purportedly, can all be remediated through psychological interventions to affect change in the ideology of the poor and homeless. (Lewis 1959, 1963, 1967).

This interpretation of the forces that establish the conditions that leave people in a state of poverty and potential homelessness is severely flawed. Lewis' "culture of poverty" in actuality was a declaration of the methods that the poor and homeless are forced to use as an adaptation to the effects of capitalist-induced inequality and an ascendant neoliberal hegemony (that sought to explain this phenomenon as bound to individual behavior). Lewis' interpretation merely reflected this increasingly dominant interpretation, of which can now be thought of as the mainstream basis for "blaming the victim"-placing blame for this phenomenon squarely on the poor and homeless themselves, which should be placed elsewhere. (Harvey and Reed 1996)

The act of living without shelter in modern society regularly leads to a variety of medical issues, and the lack of social and financial support, poor nutrition, and lack of access to medical care compound the situation. Due to this the mortality and morbidity rates are higher for the homeless than the rest of society, even poor people with access to housing (Baer 1997). A number of studies have recently identified a developing ideology referred to as the medicalization of the homeless. This represents the influence of neoliberal explanations of poverty in the context of the shelter community, where homeless people are medically treated for an assumed underlying deviancy that has supposedly caused them to become homeless. (Lyon-Callo 2000, Mathieu 1993, Conrad 1992). However, the culture of poverty is still a dominant narrative. In his widely discussed

book, *Hillbilly Elegy: A Memoir of a Family and Culture in Crisis*, Vance (2016), discusses how much of societies social ailments including homelessness can be attributed to ‘decaying culture’ and personal failures.

### **2.3. The Theory of Lumpen Abuse**

Recently there are a number of studies that looked into the causes of homelessness (Susser 1997; Bourgois 2003; Bourgois and Schonberg 2009; Timmer, Eitzen, and Talley 2019). These scholars discussed homelessness as a direct result of changes within the U.S economy related to deindustrialization, outsourcing, federal budget cuts in social services, changing real estate markets, and detrimental increases in the cost of living and housing, not the mistakes of the individual. Personal problems including mental illness and substance abuse increase the susceptibility of homelessness during times of worsening economic conditions. (Baer 1997, 64). The structural causes of homelessness has been discussed extensively. Wright, one influential researcher, explicitly stated how even a hypothetical situation “where there are no alcoholics, no drug addicts, no mentally ill, no deinstitutionalization movement, indeed no personal or social pathologies at all, there would still be a formidable homelessness problem, simply because at this stage in American history, there is not enough low-income housing to accommodate the poverty population.” (1989, p. 50).

A plethora of factors such as unemployment, the declining value of the minimum wage, housing costs, and health care and other services contribute to poverty (Nooe and Patterson 2010: 5). Perhaps homelessness could be understood as the product of structural violence. Structural violence arguably describes the social frameworks that put people in potentially



harmful situations. The frameworks are structural because they are intrinsic in the political and economic organization of our social world. They are violent because they cause injury. The fault does not lie on the culture or the individual, but historically inherent and economically propagated processes and forces constrain individual rights and liberty. Structural violence rests upon those whose social status prevents access to scientific, political, legal, and social progress (Farmer et al 2006). A major example of the structural violence that is being imposed on the homeless population as a way to degrade and delegitimize the people themselves, is through the imposing of laws that criminalize the kinds of things that homeless people need to do to survive. Homelessness is, through these laws, classified as an illegal state either through being present in certain locations, by practicing certain habits required to survive, or by gender. (Mitchell 2011, 1997) Marcuse (2009) argues that this mode of structural violence imposed upon the homeless creates an identity of being “directly oppressed”, due to race, ethnicity, gender, lifestyle, and placement within the economy, and those that can bring this to light, academics, activists, or anyone that poses resistance to the dominant system that prevents everyone from having their basic needs, are considered to be “alienated”.

Being homeless creates a state of perpetual liminality. Anthropologist Victor Turner (1974) discussed the concepts of a socially constructed counterculture community. This oppositional mainstream culture manifests three distinct components. These components are liminality, outsiderhood, and structural inferiority. An individual’s sense of identity morphs to some extent causing a sense of disorientation, but also new perspectives. Turner suggests that, if liminality is seen as a point where an individual withdraws from normal modes of social action, it potentially is a period of alteration for the central values and rules of the culture where it exists. A state where normal boundaries of thought, self-understanding, and behavior are altered.

Liminality represents the midpoint of transition in a sequence between two positions exhibiting marginality. Turner uses the term marginality to define the state of simultaneously belonging to two or more social or cultural groups and insists that marginality should not be confused with true outsiderhood (that is, being outside of the social structure). Individuals are neither included nor excluded but remain in a figurative limbo. These people also exhibit a sense of inferiority within themselves due to the lack of belonging or social acceptance. This then leads to the lowest rung in a system of social stratification in which unequal rewards are accorded to functionally differentiated positions. (1974: 233-237).

The homeless population of any city exists within a state of liminality. Liminality positions an individual in a space of belonging and not belonging. There is only an existence of being “matter out of place” and living on the social and spatial margins of mainstream culture. (Wardhaugh 1996) The homeless person is placed in this position due to some social or economic problem or difficulty. As a result, they are marginalized and excluded from social conventions and this causes the individual to possess one or many stigmas. According to Erving Goffman a stigma is an attribute that is deeply discrediting. A stigma may be called a failing, a shortcoming, or a handicap: “It constitutes a special discrepancy between virtual and actual social identity. Note, too, that not all undesirable attributes are at issue . . . only those which are incongruous with our stereotype of what a given type of individual should be.” (1963, 3)

There are three types of stigma that can be levied upon an individual. They are stigmas of various physical deformities, of blemishes of individual character, and the tribal stigma of race, nation, and family. (Goffman 1963, 4) When an individual encounters a homeless person on the street they will either avoid recognition of their existence or systematically judge them for

one or more stigmas that they observe the person to possess. This encounter begins the process of shame being levied by the individual possessing the supposed social stigma and over time bring the homeless individual to believe that they do fall short of what they ought to be. “Shame becomes a central possibility, arising from the individuals perception of one of [their] own attributes as being a defiling thing to possess, and one [they] could readily see [themselves] as not possessing.” (Goffman 1963, 7)

A homeless individual, in varying levels depending upon the level of homelessness, has placed upon them a stigma that is undeniable. This stigma whether covert or blatant is socially imposed upon the homeless and is psychosocially problematic. The stigma forces the individual into a social structure that is hard to bear and harder to extricate themselves from. (Smith 2011, 361) Within the cities that the homeless live many levels of social services are potentially offered to alleviate the problems that the homeless experience. Unfortunately, the interactions that take place between the homeless and the social services outreach workers impose a level of stigma that may not be easily apparent. The homeless individual must divulge personal history and sensitive information that illuminates the many levels of stigma that a homeless individual socially embodies due to their need to receive the social assistance. This interaction further compounds the mental harm that is levied upon the already vulnerable individual. And unfortunately the interaction may be repeated many times in the acquisition of various social services. (Smith 2011, 362-364).

Generally, the problem of homelessness becomes very clear if we look at it from the vantage point of the *theory of lumpen abuse*. In a longitudinal study that looked into homelessness in San Francisco, Bourgois and Schonberg (2009) define

the theory of lumpen abuse accordingly. “The theory encapsulates the structural difficulties stigmatizing the lives of the homeless. This theory is derived from Marx’s idea of “lumpen proletariat” which is considered the detritus inevitably produced from the operations and functions inherent in the economy. The lumpen are understood as having become no longer usable within the prevailing conditions of production and become “drop-outs from history”. They are marginalized and considered “scum, offal, refuse of all the classes (Marx [1852] 1963:75)”.

Bourgois and Schonberg states that “abuse sets the individual experience of intolerable levels of suffering among the socially vulnerable (which often manifests itself in the form of interpersonal violence and self- destruction) in the context of structural forces (political, economic, institutional, cultural) and embodied manifestations of distress (morbidity, physical pain, emotional craving). (2009, 16) The usual connotation of violence– the poor and homeless are inherently violent and criminal – does not work in relation to lumpen abuse. Paul Farmer suggests a form of violence that powerfully effects the homeless, structural violence. It explains how political and economic processes within society inflicts harmful stress upon vulnerable groups of people. (2004)

### **Chapter 3: Profile of the Homeless and Homelessness**

Jacob is sixty-one years old. He has been homeless off and on for the past three decades. In fact, Jacob attempted to build a stable life. He was married at the age of 41 and remained married for 17 years. He went to college and earned his degree. He remembers the time when he was homeless while going to college. It was thirty years ago, he recalls. He went to the Union Gospel Mission (UGM) to seek help. The UGM was on Brown and Spokane Falls Boulevard. He grew up in a poor household in Arkansas. He became homeless because of a mistake. He stole his parent's rent check and bought cocaine with it. He described it as, "I burned every single bridge behind" me. His parents told him that they "don't care whether you live or die." He never got help to overcome his exposure to cocaine which became an addiction. His effort to deal with addiction resulted in numerous medical bills which made him and his family homeless. He was on disability, due to his being an amputee and his back trauma, and his wife did not work. Jacob lists his medical issues as lactose intolerant, Type 2 diabetic, chronic pain due to back injury, and amputee. He takes multiple prescriptions when he can get them. Due to his back and his leg has trouble holding his weight and his hands have trouble grasping things. Jacob is a chronic homeless person.

In this chapter, I discuss the profile of the homeless and homelessness at the national and the local level. The chapter provides context for understanding the health issues homeless people face which is a topic to be discussed in chapter four. In light of Jacob's story above, it is important to understand how many people are homeless nationally and/or locally and their socioeconomic status to obtain a good understanding of the multitude of ways that someone can become homeless not to

mention the many types of individuals that are classified as homeless. The best way to understand the complexity is to look at the various kinds of homeless people that are seen or not seen within the United States.

### **3.1. The Magnitude of National Homelessness**

Every year in January the U.S. Department of Housing and Urban Development's (HUD) Office of Community Planning and Development conducts a Point-in-Time survey of the nation's homeless population. The objective of the survey is to assess the demographics and socioeconomic status as well as capture a living picture of who they are and where they are. As of January of 2017, 550,996 people were experiencing homelessness in the United States. (Henry et al, 2018) Although the number is very conservative, the statistic shows that for every 10,000 people in the country, there were 17 homeless people. This population was seen to be 35% unsheltered, the homeless that live on the street or out in the open, and 65% sheltered, the homeless that frequently stay or are housed at shelters or stay with friends and family. Of the sheltered population 35% were single individuals and 30% sheltered people within families. In addition, within the unsheltered population, 32% were single individuals and 3% were unsheltered people with families. Of those experiencing homeless in January of 2017, 61% were men, 39% were women, and less than one percent were either transgender or did not identify as male, female, or transgender. (Henry et al, 2017)

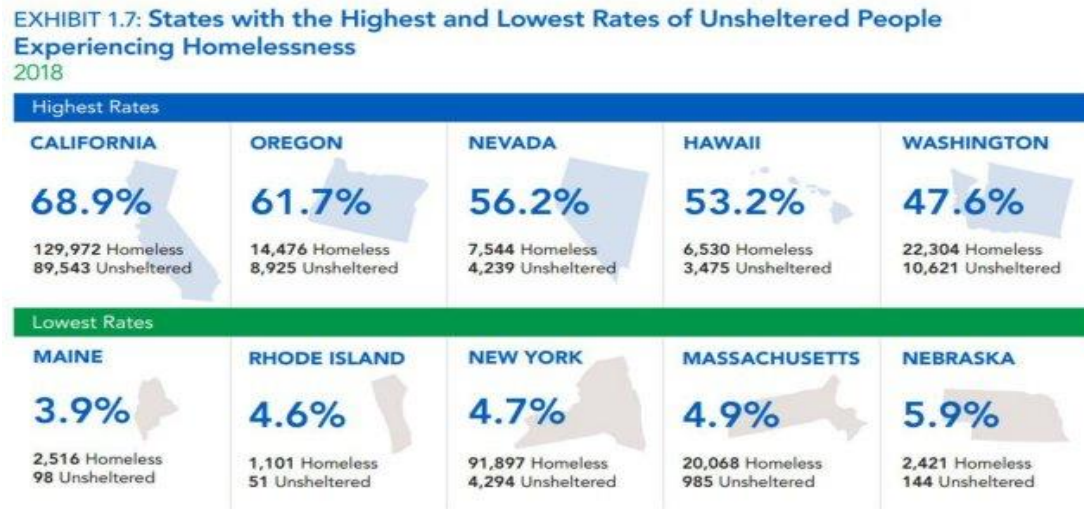
The following year, January of 2018, 552,830 people were experiencing homelessness in the United States. Of this total 65% were in sheltered locations and 35% were considered unsheltered. Of the sheltered population 35% were single

individuals and 30% sheltered people within families. And within the unsheltered population 32% were single individuals and 3% were unsheltered people within families. Of those experiencing homeless in January of 2017 60% were men, 39% were women, and less than one percent were either transgender or did not identify as male, female, or transgender. (Henry et al, 2018)

Although homelessness is a national phenomenon, half of all the nations homeless reside in five states: California (24% or 129,972 people), New York (17% or 91,897 people), Florida (6% or 31,030 people), Texas (5% or 25,310 people), or Washington (4% or 22,304 people). California and New York had the greatest number of people experiencing homelessness and high rates of homelessness at 33 and 46 people per 10,000. Hawaii and Oregon also had high rates with 46 and 35 people per 10,000. While Florida and Texas contributed large numbers of homeless to the national estimates, the rates of homelessness were lower than the national average of 17 people per 10,000 (15 per 10,000 for Florida and 9 per 10,000 for Texas).

Almost half of all unsheltered homeless in the U.S. were in California (47% or 89,543). Coming in second was Florida with 7% of the U.S. total (13,393 people). The change in homelessness in the United States from 2017 to 2018 as a whole only increased by 0.3%. This is seen from the increase in the national population of the unsheltered homeless. The numbers of sheltered homeless decreased by 0.7% while at the same time the numbers of unsheltered homeless increased by 2%. (Henry et al, 2018)

Table 1: 2018 Annual Homeless Assessment Report to Congress (Henry et al, 2018)



### 3.2. Homelessness within Washington State

The state of Washington is one of the five states with the highest rates of unsheltered homeless. It was estimated in January of 2017 there were 21,112 homeless individuals with 59.3% sheltered and 40.7% unsheltered. Of the estimated total in Washington 14,781 were single individuals, 6,331 were people in families with children, 2,135 were unaccompanied homeless minors, 2,093 were veterans, and 4,357 chronically homeless single individuals. The numbers indicate that approximately 29 individuals out of every 10,000 in the state of Washington were homeless as of 2017. (Henry et al 2017; 93)

In January of 2018, there were 22,304 homeless individuals with 52.4% sheltered and 47.6% unsheltered. Of these totals 16,424 were single individuals, 5,880 were people in families with children, 2,184 were unaccompanied homeless minors,



1,636 were veterans, and 5,775 chronically homeless single individuals. The numbers indicate that approximately 30 individuals out of every 10,000 in the state of Washington were homeless in 2018. The change in total numbers of homeless individuals within the state of Washington increased by 5.6% from 2017 to 2018 despite so called economic boom. (Henry et al 2018; 96)

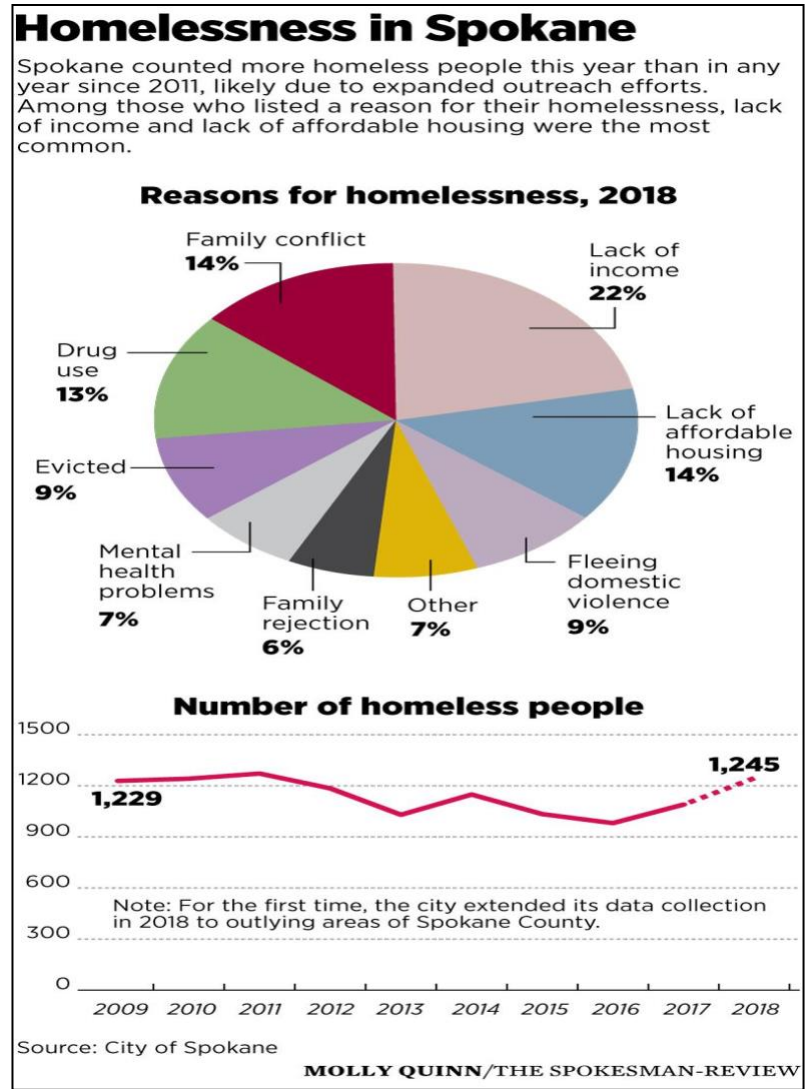
### **3.3. Homelessness by County in Washington State**

Within the State of Washington, the homeless population is tabulated for each county. For 2017 the top five counties that had the highest numbers of homeless individuals were King (11,643), Pierce (1,321), Spokane (1,090), Snohomish (1,066), and Clark (749). The counties with the lowest numbers were Columbia (2), Adams (4), Skamania (4), Wahkiakum (4), and Lincoln (8). (State of Washington, 2017) In the year 2018 the top five counties were King (12,112), Pierce (1,628), Spokane (1,245), Snohomish (858), and Thurston (835). The counties with the lowest numbers were Adams (2), Garfield (2), Columbia (4), Lincoln (4), and Wahkiakum (7). (State of Washington, 2017)

In the state of Washington, King County has the highest number of homelessness. In fact the homeless population in Seattle and King County continues to be the third largest in the country, outranked only by New York City and Los Angeles. More than 12,000 people were counted as homeless in Seattle and King County in 2018, a 4 percent increase over last year.” (Walters, 2018). Soaring living costs and scarcity of rental properties are driving the number of people without home. As Coleman (2017) put it, “As rents soar and access to affordable housing shrinks, the number of people living in states along the

West Coast is trending in the wrong direction.” Including in the city of Spokane, authorities are working to reduce the numbers although the reforms are sometimes injurious to the homeless.

**Table A**



### **3.4. Homelessness in Spokane, WA**

Since this research is centered on homelessness in the city of Spokane, it is important to understand the demographics of the homeless population. The 2018 Point-in-Time count, as illustrated in Table A, found that there were 1245 homeless individuals (could be part of a family household or an unaccompanied individual) and 1012 homeless households (may include one or more persons). Of the total homeless in Spokane 62% were male, 38% were female, 76% were over the age of 24, 8% were age 18-24, 16% were under age 18. Of the 1245 homeless individuals, 75% were sheltered and 25% were unsheltered. (City of Spokane, 2018).

The city of Spokane has one of the most visible homeless populations although this homeless population has not actually grown in the last five years. In 2014, the annual point-in-time homeless count found about 1,150 homeless people sleeping outside or in shelters. In 2018, that number was about 1,250. What has changed in the last few months is a longtime shelter closing and a suspended city policy, both of which some say led to more people spending their days and nights in downtown Spokane. The conditions that force people into homelessness whether economic or through city ordinances have created a situation in which the homeless have lost their anonymity. With nowhere to legally hide they are no longer invisible and become a community nuisance and social concern. (Langegger and Koester 2016)

It is difficult to picture something that is not right in front of your eyes or that is something that you do not want to see. However, in the United States there is a strong sentiment for who the homeless are and why they are. Before seeing reality, it is crucial to understand the common ideas that most people have for homelessness.

### **3.5. Catalysts of Homelessness**

The popular ideas for why people become homeless usually are that the homeless are lazy and do not want to work, are mentally ill and/or suffer from drug addiction, are single and old, only exist in the big cities, and only live on the streets. (Lopez 2015) These myths are prevalent when any discussion tries to personify who the homeless are. Unfortunately, the reality is far from the reductionist picture that society has painted. The real picture is something that is multifaceted and takes some discussion by first looking at the different kinds of homelessness and then the many ways in which people become homeless.

The many individuals that are seen within a given homeless community are diverse. They are of many genders, ages, and races. The main defining characteristic is that these people have had a major traumatic event occur in their life that caused them to lose their home or residence. The majority of individuals that can be seen in the homeless community are those that have encountered one event they financially could not come back from. For others the ongoing fight with addiction brings them to losing security and home. Others fight mental illness and find themselves out on the streets trying to run from their

demons. For others the real battle is that they fought for our country and it left them broken and not able to cope with the rigors of life and they find the streets the place that makes sense.

According to the National Alliance to End Homelessness (NAEH) the causes of homelessness include the lack of available or affordable housing for individuals with low to no income, lack of income to afford a place to live, when an individual's health condition becomes disabling and it is too difficult to keep and maintain stable housing without help, fleeing violence, and racial inequality. (NAEH, 2018) Additionally, homelessness can be precipitated by shifts in the economy and societal issues and system failures that remove needed support for fragile and sensitive populations. (Bourgois and Schonberg 2009: 148, Homeless Hub, 2018). Included in this is the fact that the capitalist economic system inherently requires a certain amount of unemployment to keep the system viable and if society does not want to pay for the blowback from this fact then there will always be some degree of homelessness either visible or invisible. (Mitchell 2003)

During the course of interviewing, I asked each of the participants numerous questions to illustrate their issues within homelessness. The more salient questions included "How did you become homeless?", "Where do you go to get shelter? I also asked them about "the causes of homelessness?", and "Do you think that there will be an end to homelessness?" Based on the interview and analysis of data I have divided the catalysts of homelessness into 3 major factors: family fracture, addiction and illness, and loss of employment. To protect their confidentiality each participant was given a name that fits them but is in no way an identifier of who they are.

### 3.5.1. Family Fracture

Of my informants 8 out of 20 indicated how the dissolution of family, disagreement among family members and abuse forced them to become homeless. Saint has stated that family issues led to his having no place to live. He moved from Arizona to Washington with his mother and moved in with other family in Washington. After a clash with his in-laws he was forced on the street with nowhere to go.

Me: How did you become homeless?

Saint: I was coming from Mesa . . . down here . . . and this is the first time that I have been in the mission . . . And me and my mom came down here and went by my cousin's house up in Moses Lake. And she wanted to stay there and his wife threw me out cause she's on Seraquil and smokin' weed . . .

Saint: . . . does all kinds of drugs. You know. And instead of having a confrontation with her I just left . . . Whatever . . . you know. And now my mom is in an assisted living home . . . and she is spiraling down.

Dragging the whole empire down with her. You know . . . at five thousand dollars a month how far is \$92000 gonna go. (Discussing how much money is required to keep his mother in an assisted living home versus the amount of money available to pay for it that his mother has)

Saint is a middle-aged man that has strong political opinions. He calls himself a libertarian. He has medical issues that need to be addressed but he needs to wait until he can have them taken care of, particularly an artificial hip replacement. Saint was just waiting for his personal resources to catch up with him then he will no longer be homeless. He also stated how he was different from the other men in the Union Gospel Mission stating that he was not like them. This admission could be true but he may also be hiding the reality that he is the same as the other homeless men in the Union Gospel Mission but does not want to be.

One of my male interviewees happened to be gay. This young homeless gay man is Bruce. He became homeless because of a disagreement with his father. Bruce stated that he was spending most of his time staying at the Women's Hearth day center for safety reasons. Bruce said, "Got in a fight with my dad. Me and my dad got into it and he did not like my attitude and he kicked me out of the house."

Similarly, when I asked Trent, a young homeless veteran, about how he became homeless he stated that he and his wife got divorced. He said,

I can tell you from my own personal situation like mine. As soon as my wife took . . . my kids and took off and decided she wanted a divorce . . . after that . . . it just became me . . . ah, and no matter what I did like . . . she had, she . . . took, took everything. So it was like I just, I personally . . . didn't need to be inside.

Trent is just one of the 8 that I interviewed that find a problem with family being the main reason for not being sheltered. A young homeless woman that was given the name Mary also stated that her mother kicked her out and even though Peter didn't say that he was kicked out he did say that he was living at the Salvation Army when his family moved without him.

### **3.5.2. Addiction and Illness**

A frequently mentioned catalyst of homelessness is addiction and illness. Out of the 20 interviewed 7 had either a problem with addiction or had been affected by it.

Jacob is an educated man. He has been married and at one time owned his own home. However, due to his addiction and divorce he has become homeless more than once. Now disabled and in his early 60's Jacob has a long history of homelessness. He stated how he has been, "off and on" on the street for most of his adult life. Jacob stated how the use of drugs was a major contributor to his becoming homeless. He was exposed to drugs when he was a young man and after causing financial distress for his parents was kicked out of their house and had nowhere go.

Me: Jacob, you told me you became homeless thirty-one years ago. That is a pretty long time. Tell me more about it.

Jacob: I . . . for some of that time I was not I was married for 17 years. I went to school for another five, so part of . . . that time I was wasn't homeless but there was good chances that most of it was. I started out here in the Union Gospel Mission as homeless. When I was 30 years old I came walking through the doors down there in the old mission. Showed up here . . . about 12 years ago and did . . . did my own entry \*fit care\* while in the midst of being homeless I went to college and got my degree.

Me: I see . . .

Jacob: I came walking through the doors at 30 years old, umm, a \$200 a day cocaine addict. Anything I could get my hands on besides that, having burned every single bridge behind me, ah, having your mom and dad tell you "we don't care whether you live or die" because I stole the rent check and bought cocaine with it. So, they have real good reasons to say we don't care. Umm, the first time I was here I was here for almost 6 years. Umm, working through all those things where I wasn't a tramp anymore. I was human just like everybody else. I had the same problems. I did the same things. Ah, was it, was it a fight to get me there? Yeah, it was. I was stuck in my ways. I didn't care what I looked like in front of people. They should accept me for who I am not what I look like.

Damian, a young man in his late twenties, is affected by issues dealing with addiction and mental health. He became homeless over issues dealing with drug addiction. He had been in court mandated recovery and had completed the time required. But when it was time for him to leave the recovery facility he had nowhere to go.



Me: So . . . how did you become homeless?

Damian: I was in a recovery house a couple of years ago I relapsed ended up with a couple of medical problems so I . . . so I lost my home . . . house at the recovery house ended up here . . . the respite program at House of Charity and have been homeless ever since.

His attitude during the interview illustrated his desire to be housed. He talked a lot about recovery. Nevertheless, the fact that the recovery program did not prevent him from returning to the street seemed to leave him feeling as though he has no control over his situation. Lucy just like Damian believes addiction and lack of recovery as the underlying cause of her homelessness. Her body showed the effects of Methamphetamine usage such as severe tooth decay. She said that she had been a Meth user in the recent past and fully admitted and accepted the fact that it was the cause of her being homeless. She mentioned how her homelessness made her addiction worse.

Me: So . . . how did you become homeless?

Lucy: Meth. Basically, wait, wait, wait, wait there's more to it. Ah, I took a diet pill called a Phen-Phen and it got me back into Meth and it also causes deep psychosis. So I was in the psychosis for about 10 years. And, um . . . this guy, that, I met downtown and he said it was a real honor to meet you. I just accepted, like you know. I had some grandiose part, part of myself that I was living with. But really, I was homeless.

Me: What do you mean?

Lucy: You know. And he took me home and I asked him what he did with his mother or where his mother was and he says she was homeless somewhere out in the streets. And I looked at myself and realized that's where I was. So I didn't know that before that.

Lucy was dispirited, showing strong psychological dependence on meth. She looked confused although she mentioned how she was an individual that knows how to take care of herself. Lucy does illustrate a problematic level of putting herself into dangerous situations for supplying her needs. The fact that she is currently being processed by the community court because of her being homeless and a Meth user may prove to be the redirection that will help her find a way off the streets.

### 3.5.3. Loss of Employment

Of my informants 3 out of 20 indicated how a lack of employment or loss of employment was the main reason why they become homeless.

Erin, a 54-year-old homeless gay man, lost his home to divorce and then lost his job. He moved to Washington to be closer to his father and started working in Spokane. He ended up getting divorced and lost his property. Due to office politics he was fired from the real estate firm he had been working at and later had his car repossessed.

Erin: . . . see I lost; I lost my job. I do real estate and mortgage. I made a lot of money in California. And came up, I bought property in 2007 in Springdale. I have 31 acres. So . . . I come up here to visit my dad. And, ah . . . so I get into an office and I bust ass. My supervisor comes to me and she tells me . . . "slow down dude you're making us all look bad" . . . And all the employees are tied pretty close to the owner . . . We got into an argument about that because I went faster. You know? Ah . . . so I, I ended up getting fired cause there was too much friction, too, too political up here in certain offices . . . But, so . . . the, they repossessed my Lincoln navigator. What are you gonna do, you ain't making nothing? You know what I mean? So, ah, I lost the place, lost, been ripped off every other week, my bike, all my belongings, you know . . . I, um, um, pretty much disabled. I have, my bodies fucked up too . . . I have COPD, asthma . . . and my hearts not, not good...Severe DDD {degenerative disc disease}, I've had surgeries on my spine.

He has numerous physical and mental medical issues that are complicating his life being homeless. The level of illness that he experiences everyday keeps him from rejoining the work force.

Susan, a recently homeless woman in her 40's, stated that she was homeless due to a past housing eviction. She is married but cannot be on her husband's lease. She works and can afford to pay rent but the past eviction negates obtaining housing. According to Susan,

. . . the place that I was renting trespassed me because I was having an argument with the ex-wife and stepdaughter . . . I'm remarried and I have evictions . . . So because of something from several years ago, um, I can't pay rent to those traditional private property management companies. So I have to find alternative landlords and that ends up being very vicarious because it's very, they take advantage . . . They jack up the rent for people living in crappy places . . . But when you have the ability to pay like my husband and I together would have the ability to pay rent but we can't get housed together most places . . . And it's very hard . . . they are causing a segment of the homeless population.

Raven, a homeless transgender woman in her late 40's, narrated her story of homelessness that clearly showed economic challenges. Being diagnosed with severe Type 2 diabetes caused Raven's loss of employment and later a drastic reduction in social security disability benefits created the moment that transitioned her to homelessness. Raven made every effort to improve her condition. She graduated high school. She also graduated with a degree in mechanics from Spokane Community College and got a culinary arts degree from the Northwest Culinary Institute. After working successfully as first a mechanic and then a chef at Northern Quest Casino and Resort she lost her career as a chef due to complications from Type 2 diabetes. Unfortunately, this caused issues that removed her ability to work. Raven said,

I was forced into retirement . . . due to complications with diabetes. When I'm on my feet for too long my feet start to swell up . . . there's no way I can do, even if I cut back it doesn't matter, there is just no way I could work in the field anymore. I had to stop something that I absolutely love to do. I was forced to . . . get on to social security and retire early on disability. And I tried and tried and tried to get another job somewhere else unfortunately the doors were closed because it was just obvious.

Raven had a place to live within her means on Washington State Disability (ABD, Aged, Blind, and Disabled) but in 2014 when Obamacare took effect the amount ABD paid per month was cut down to \$189. She ended up homeless and disabled. During this time, she tried getting numerous jobs with her skills but without being able to stand for any length of time it was near impossible.

### **3.6. Types of Homelessness**

There are three kinds of homelessness that people experience. They are chronic, transitional, and episodic homelessness. The first kind of homeless are the chronic homeless. They are the stereotypical example of what a homeless person that most people picture. These individuals are the most likely to be embedded into the shelter system in which shelters become a place for a long-term existence than an emergency life raft. They tend to be older with long term issues of unemployment and often suffer from a disability or substance abuse, out of the 20 homeless interviewed 5 of them fit this criteria. They are the smallest group within the homeless population.

The other category of homeless are the transitional homeless. They are those individuals that are homeless for a short time or only stay at a shelter for a short period. Unfortunately, it does appear to occur more than once for some individuals. These individuals tend to be younger and have been couch surfing due to some tragic consequence connected to their life before entering the shelter system. These individuals are those that make up the majority of the homeless at any given time due to their transitioning from housed to homeless and back again, out of the 20 interviewed 12 fit this criteria.

The last level of homelessness are the episodic homeless. They are much like the transitional homeless but they tend to go from housed to homeless more frequently and often are chronically unemployed and experience medical problems, mental health issues, and problems with addiction. (National Coalition for the Homeless, 2018a)

#### **Chapter 4: Health Conditions of the Spokane Homeless**

As we may recall from Jacob's story he was pushed out when he was a young man. Because of decades of homelessness his health condition and many of the individuals interviewed discussed how their health conditions worsened after they became homeless. Over the many years of being on the street, they recall how they have worsening dental health, suffer from diabetes and high blood pressure, and skin-related issues. Jacob is an amputee because of diabetes. He has difficulty receiving the appropriate level of treatment to maintain his health. Wheelchair bound, toothless, and declining vision Jacob clearly demonstrates the grinding impacts of homelessness. Jacob specifically states how his health outcome is compromised due to lack of health care options, poor diet, and the endless stress of being homeless.

Many informants indicated how being homeless put them in a situation that places an individual in a position of multiple and overlapping vulnerability. Many of the homeless people I interviewed share overlapping experiences. Their health conditions worsened mostly after they became homeless. Exposure to the elements, lack of sanitation, reduced intake of food and water, and a decrease in physical and psychological safety takes a major toll on the well-being of the homeless individuals. The degradation of homeless people as blemishes, stains and burdens on society in this largely conservative region is injurious to these homeless people. They frequently hear, "get a job" slur, although sometimes members of the community are supportive. Specifically, in Spokane, the lack of policy intervention that takes into account the living situations of the city's homeless complicates and compounds the situation of the homeless.

In this chapter, I discuss the major health issues homeless individuals' experience. Many experience physical injuries, hunger and poor nutrition, problems with the skin and feet, higher risk of occasional infectious illnesses, dental problems, respiratory illness, sexual and reproductive health, and most frequently mental illness. (Woolley 2015) In the following section I discuss a few of the health risk factors such as exposure to and worsening drug addiction, physical and sexual harm, increased Morbidity and Mortality, Nutritional deficiency, and everyday forms of violence.

#### **4.1. Exposure to and Worsening Drug Addiction**

Drug addiction or substance abuse is often one of the main catalysts of homelessness. A survey conducted in 2008 asked homeless individuals in 25 cities in the United States for the top three causes of homelessness. Substance abuse was the single largest cause of homelessness for single adults (reported by 68% of cities). (National Coalition for the Homeless 2018a) In King County, Washington “21% of the King County homeless population cite drug or alcohol addiction as the cause of them being homeless” (United Way of King County 2019) When individuals with drug issues end up on the street in spite of getting help their health condition worsens. Many of my informants indicated how their exposure to drugs frayed family and friend relationships and drug problems worsened once they found themselves on the street.

Of the homeless individuals that were interviewed 7 (35%) had struggled with addiction or had been affected by it. Akin to Jacob many stated how their drug use worsened on the street. Although the reasons why people are exposed to drug

addiction are structural many of my informants blame themselves. They try to justify why they were pushed out, “thrown out” by friends and family, and deserve their condition. Jacob stated,

Ah! Having your mom and dad tell you “we don’t care whether you live or die” because I stole the rent check and bought cocaine with it was hurtful. They have real good reasons to say they don’t care about me. The first time I was admitted to the Union Gospel Mission, I remained here for almost 6 years. Working through all those things where I wasn’t a tramp anymore. I was human just like everybody else.

Many of my informants underscore how their extensive use of illegal drugs and being homeless had compromised their wellbeing.

Equally important, unlike conventional thinking not every homeless person has problems with drug or alcohol abuse. For some of my informants, substance abuse is the result of homelessness. As stated in chapter two I discussed how, economic factors or job loss as the main catalyst of being homeless making drug and alcohol addiction as a secondary catalyst of homelessness. Informants discussed how they turned to drugs and alcohol to manage their situations. Drugs become a coping mechanism. They used it to alleviate pain and take relief from their predicament. Other times, as my informants indicated, they get into drug addiction to be accepted into the homeless ‘community.’ Damian, a young man in his late twenties to early thirties, has been dealing with the mental health establishment in Spokane for over a decade and during this time developed addiction. During his interview, Damian was very reserved to call himself a drug addict but blames homelessness for his on and off habits. He narrates,

I was in a recovery house a couple of years ago I relapsed ended up with a couple of medical problems so I . . . so I lost my home . . . house at the recovery house ended up at . . . the respite program at House of Charity and have been homeless ever since.

Lucy was unapologetic about her drug addiction. She has been a long-time user of Methamphetamines. She was also in a celebratory mood. She recently stopped using Methamphetamines for the fact that she was ordered into treatment by Community Court. Lucy appeared thin and was very frenetic. During the interview she smoked cigarettes in a way that seemed done in an unconscious, habitual way. She also appeared to have some skin issues and while listening to her talk I noticed that her teeth were in poor condition. Her chronic addiction has led her to treatment but with her repeating the same patterns up to the point that she is sent to Community Court. Lucy has been homeless for the last ten years due to her addiction but before that she was off the street for a 3-year period. Before that Lucy alludes to being homeless even before that which makes it more than reasonable that she has experienced multiple bouts of homelessness.

In many ways Saint, a homeless man that was interviewed at the Union Gospel Mission, is in his early to mid-50s, represents the experiences of several of my informants. Saint had been working for Blackwater contractors. He stated that in 2008 he was injured chasing drug traffickers. He had been living in a suburb of Phoenix, AZ with his mother working as an Asset doing protection detail. Saint gave as his reason for being homeless the use of drugs by a member of his family. More accurately he blames his sister-in-law's drug use and to protect his mother he left which caused him to have nowhere to go.

Saint: And me and my mom came down here and went by my cousin's house up in Moses Lake. And she wanted to stay there and his wife through me out cause she's on Seraquil and smokin' weed . . .

Saint: . . . does all kinds of drugs. You know. And instead of having a confrontation with her I just left . . . Whatever . . . you know. And now my mom is in an assisted living home . . . and she is spiraling down. Dragging the whole empire down with her. You know . . . at five thousand dollars a month how far is \$92000 gonna go.

Me: Not very far.



Saint: Nope. And the states take . . . trying to take the money . . . certain amount of money. Trying to take her CRV and they can't because my name is right below her name on the title. And my name is on the insurance . . . Geico. (Noise in the background) I mean I have a vehicle outside so . . . an Eldorado black truck. But I don't know my way that well around Spokane. So my daughter's mother helps me.

Me: So you haven't spent too much time on the street? You've been staying in your car or vehicle or with family that kind of thing?

Saint: Yah.

For Saint being homeless removed the security of having a safe place to recover from an upcoming surgical procedure.

Saint stated that he has “a Biomet metal on metal hip implant which was recalled by the FDA . . . went to SNAP and got assessed, but the housing authority put me on a waiting list for 60 days and that's bullshit because I'm gonna have an operation before then. And I can't come back here after having a leg implant done. They won't allow.” The time of recovery from a surgery requires a safe, stable recuperative space but being homeless prevents Saint from having anywhere to go to recuperate and therefore prevents the operation from taking place. Saint also had reservations with CHAS over the way they prescribe medications. He believes that “CHAS is a joke” due to the fact that for orthopedic pain they prescribed Ibuprofen and tramadol, one does not relieve his pain and the other makes him sick. Chas refused to fill his diazepam that Saint needs for sleep. There could be various reasons for this, but he added it to the list of why CHAS is less than adequate.

Peter has had many challenges when dealing with his addiction. He stated that methamphetamines and alcohol were and are a major stumbling block for his life. He even demonstrated the difficulties with sobriety, “...just in one summer alone when I was struggling with crack addiction...” His family moved away when he was staying at a Salvation Army shelter. This

illuminates that there must have been a strong sense of animosity between Peter and his family over the choices he was making in life. Peter explains how he works to stay sober,

Do something for, me I write music, you know what I mean. If you want to stay off of meth, heroine, and alcohol find a positive outlet to replace it . . . Go to church every Sunday. Go to this, I'm going to a men's study, a bible study, every Saturday. Every week.

In sum, 6 of the homeless people I interviewed had drug addiction problems. Some of them experienced drug and alcoholism once they joined the ranks of homeless. Others were evicted from their parents' home or apartment because of drug addiction. Most of them were not only chronically homeless but also long-time drug users. Becoming homeless combined with drug use compromised their health situations. Physical exhaustion, dental problems, injuries, bloodshot eyes, slurred speeches, tremors and so forth were some of the condition of the homeless people I interviewed.

#### **4.2. Physical and Sexual Harm**

Nationally, homeless individuals face numerous physical assaults. Sexual harassments are also common. A study of 119 homeless men and 38 homeless women were interviewed about trauma experiences while homeless in Sydney, Australia. All women and over 90% of men reported at least one event of trauma in their life. 58% suffered serious physical assault and 55% witnessed someone being badly injured or killed. Half the women and 10% of men reported that they had been raped. (Buhrich, Hodder, and Teesson 2000) Of these attacks transgender receive the most physical violence followed by women.

Homeless men are assaulted but not to the extent that the other groups appear to receive violence and discrimination. Out of the 20 homeless that were interviewed 5 had been either attacked physically or experienced rape.

#### **4.2.1. Physical Harm and Violence**

Many of my informants indicated constant threat of physical attacks. Many of them have stories of physical harm either before leaving home and after they became homeless. These attacks are most common among unsheltered homeless people. Lena and her husband had been living unsheltered near Gonzaga University recently. On one evening Lena's husband heard a woman scream. Thinking that it was Lena he ran to investigate. A girl tripped him and 5 college boys jumped him and beat him. After that attack both Lena and her husband are afraid to sleep or even be in public due to the fact that the attackers followed them when they moved somewhere else. Lena's husband tried to report the incident to Gonzaga security but couldn't make contact with anyone.

One of my informants talked about physical harm during when he seeks medical care. The following was my conversation with Damian.

Me: When you have to go for medical care do you feel safe going or do you feel unsafe?

Damian: If I, if I'm going in for medical reasons yah I feel safe, but if I'm going in for a mental health problem it's a no because, especially at Sacred Heart, their security has bullied me so much. And I follow them to but they also bullied me at times when they have strapped me down on a four-point and they totally hurt me like physically, you know. And that's why I don't go in for mental reasons, you know.

When talking to Damian about physical safety as a homeless person he alluded to the fact that he had issues with the large medical establishments being abusive to him. He did come out and say that the House of Charity is an easy place to get drugs and get high versus the Union Gospel Mission because of their no tolerance policy. Most informants indicated how the House of Charity's level of safety for their homeless visitors is significantly lower than for those at the Union Gospel Mission. Peter has stated that he was severely attacked while on the street. He was beaten by an individual that he used to work with. The attacker jumps him every time he encounters Peter. Peter illustrates,

. . . he got fired, he lost his girl and this and that. But he never let go of it, you know. Over the last four years every time I see him on the streets it's on onsite, you know. I fricken got kneed to the head. My whole head split open right here . . . Ah, fricken . . . I tried to pull a knife out, a box cutter, this blade from work over at goodwill, last time when he ran up on me to sock me and, ah, I dropped it. And he ended up picking it up and throwing it at the side of my head. And it fricken it felt like I got punched harder than I've ever been punched in my life. And I fricken, ah, I was bleeding everywhere . . . And I just had enough after all these years, you know. I just pulled out this huge old Rambo knife and I came at him and I just blacked out. Luckily, I didn't stab him because right at the last minute this person screamed out "whoa, whoa, hey guys" . . . and I just it was enough for me to, ah, come back to reality . . .

Three other individuals that were interviewed also stated that they had been assaulted. Both the transgender stated they had been attacked and one had been robbed. One of the women also stated that she had been attacked but would not explain or go into detail. Presumably due to trauma from the incident that she experienced.

Violence among the homeless or the attack of the homeless is very common often resulting in trauma. Most attacks are by individuals that have an inherent bias against the homeless. Some individuals view the homeless as something of less value. Often labeled as a hate crime, but unfortunately for people who are homeless there is no legal precedent that allows the

homeless to be considered a protected population. The National Coalition for the Homeless publishes an annual report about the violence that people who are homeless are experiencing. They have documented 1,769 acts of violence against homeless individuals, 476 have lost their lives, by non-homeless over the past 19 years (1999-2017). These crimes are believed to have been motivated by the perpetrators' biases against people experiencing homelessness or by their ability to target homeless people with relative ease. The crimes include an array of atrocities such as murder, beatings, rapes, and even mutilations.

(National Coalition for the Homeless, 2018a)

Joan, an older homeless woman, shared the most gruesome story. She witnessed violent crime against homeless on the street. Joan recalled,

I see the homeless doing more damage to each other . . . No, I've watched them shoot . . . each other and there wasn't a soul in their eyes. I've only seen that twice in my 60 years of life.

Joan's comment on the mental state of the individual perpetuating the crime illustrates the dire situation that the homeless deal with to remain safe on the street.

When asked about physical harm on the street Susan, a homeless woman that was interviewed outside Women's hearth, described what she had seen. Susan recounts,

I have seen a woman almost murdered and there was another woman that I knew that was murdered in Minnesota . . . when you are camping . . . and you're outside, you're very vulnerable to that. I saw a woman in Minnesota take a . . . he had a cane but he owed her money she took his cane and started beating, beating him over the head with the cane. Ah, it's just, it's bad . . .

Susan's recollections of the homeless violence illustrate another piece of the puzzle when trying to understand the levels of violence that are experienced by the homeless.

#### 4.2.2. Sexual Harm

In addition to or in connection to physical harm sexual harm is also common among the homeless in the United States. The multitude of examples of sexual assault against the homeless is prevalent in the media across the United States. Sometimes these acts of violence are grim, and the media reports are replete with stories of how the homeless are victimized. Recently, a homeless woman found in a Cleveland home was held prisoner and became a victim of forced prostitution according to local police (Ferrise 2016). Similarly, an unnamed homeless woman sleeping outside of a motel in Albany, Georgia awoke to an unknown man raping her and when she attempted to resist him he beat her with a baseball bat (WALB News Team 2016). A systematic study has not been done on the topic and the spectrum of violence that is reported by the media could be a small portion of the acts of brutality that the homeless face every year.

Weinrich et al. state that almost 1 out of every 3 homeless women (32%) in the United States, United Kingdom, and Australia has experienced childhood sexual trauma. In the study 29 homeless women from three Southern California community sites: one residential safe house and two safe parking areas, more than half of the women (54%) reported a history of sexual trauma. That rate was higher (86%) among women living at the safe home than among women staying at the safe parking sites (only 42%). (2016). Among a sample of 141 homeless women in a single-adult shelter in New York City the frequency of aggressive sexual and physical assault was high. Twenty-one women reported being raped, 42 women reported both rape and physical abuse, and 62 women reported physical abuse without sexual abuse. The sheltered women reported

frequently experiencing high levels of depressive symptoms, psychotic symptoms, and hospitalization for psychiatric, medical, alcohol, and drug problems. (D'Ercole and Struening 1990). The situation is even worse for women of color, LGBT women, and those with disabilities. Some of the factors that increase the chances of women's victimization while homeless are substance abuse, mental illness, length of time spent homeless, use of high-risk survival strategies. (Goodman, Fels, Glenn, and Benitez 2006) According to a study of homeless and marginally housed people by Kushel et al., 32% of women, 27% of men, and 38% of transgendered persons reported either physical or sexual victimization in the previous year. (2003)

In this study many victims who have experienced sexual assault have access to legal, medical, or mental health assistance through the use of the services provided through Community Court but they find that in many cases the places that supply the services unwittingly demonstrate a level of treatment or service that is influenced by everyday forms of violence. Among my informants the issue of sexual assault was a sensitive topic. Many of them know someone who was victimized. Lucy was open about her experience. For many of my informants finding safety from the dangers of the streets leads to decisions that put them into physical and sexual situations that may or may not be better than being unsheltered. Trading physical or sexual currency for perceived safety is commonplace for homeless women, men, and transgender individuals. Women have a higher rate of physical and sexual assault. They take a partner that serves as a protector. However, these so-called protectors end up abusing them. According to a study by Goodman, Fels, Glenn, and Benitez, women experience disproportionately high levels of violence before, during, and after periods of homelessness. Homeless women often experience victimization from multiple offenders throughout their life starting at a young age. Homeless transgender

individuals experiences levels of sexual assault greater than women due to having higher levels of societal discrimination and ignorance because of who they are. (2006)

When talking to Lucy the levels of sexual abuse and physical vulnerability become evident. She admits coming from a home that was shadowed by addiction which only contributed to her developing an addiction and later becoming homeless.

Me: What do you do when you want to get off the street? What typically happens for you to get off the street?

Lucy: I just keep, I just act trashy. Act super trashy and some guy will pick me up . . . right, well actually I would just get really sloppy in Meth. I haven't done Meth in like 5 weeks. Oh, wait, I did it once but I had to stay at the hospital that night.

Lucy continued to explain the problems of sexual intercourse as a homeless person and expressed the difficulty of privacy and legality of the act. She was afraid of being caught and therefore would look for shelter for sex. Lucy stated that she didn't do this herself and a friend commonly would allow people to use his apartment, but her demeanor made me question where she was not giving me the full truth.

During the interview with a homeless woman, Joan, I asked if she had ever been assaulted while on the street. Joan's experiences were a lot similar to that of Lucy. Joan said, "I got drugged and raped and some men stopped that quick . . . it was the first time in 10, 20, 30 years. It took, I, they came in, the Spokane police department. I was on the phone screaming as he was zipping his pants up." Joan expressed her anger, frustration and helplessness. She stated, "if any one of the police officers had let me I would have shot the man." The stories of sexual assault were uncommon. Erin, a transgender individual, had stated that he had been sexually assaulted as well.



The end result of becoming homeless, whether nationally or locally, is the significant increase of physical and/or sexual harm that an individual is in danger of experiencing. The rate of harm is highest for those that are transgender and women, but men are also at risk for harm. The lack of no safe place to allow an individual to rest and be healthy is the crucial piece that puts these individuals into high levels of stress which in the end leads to mental and physical illness. Unfortunately, the common ideas prevalent in society reduce the options for the homeless to find and keep a level of security that will maintain a positive sense of wellbeing.

#### **4.3. Mortality and Morbidity**

The rate of morbidity and mortality is very high among homeless people nationwide although national statistics seem unavailable. In 2017, for example, 22 cities in the US reported the numbers of people experiencing homelessness. Out of those cities that reported, 2,525 homeless community members passed away (National Coalition for the Homeless, 2018c). Research shows that homelessness may be associated with a 20-year decrease in overall life expectancy. A study published in July of 2018 examined the mortality rates of the homeless population in Boston, MA and discovered that the “mortality rates for unsheltered homeless adults in the study were higher than those for the Massachusetts adult population and a sheltered adult homeless cohort with equivalent services.” More specifically the study showed that the mortality rate of Boston’s unsheltered population is 10 times greater than the overall Massachusetts population and 3 times greater than the sheltered homeless group within the study. (Roncarati et al. 2018). The average age of death of homeless persons is about 50 years, the

age at which Americans commonly died in 1900. Today, non-homeless Americans can expect to live to age 78. (National Coalition for the Homeless, 2018c)

Fazel et al. analyzed studies dealing with the epidemiology and rates of homelessness in high income countries and found that mortality is substantially increased within the homeless population with an excess risk present for younger people and, in some studies, women. Of the studies that were investigated the standardized mortality ratios varied between studies and countries but are typically 2-5 times that of the general housed population. They found that even though there is evidence that, despite expansion of homeless services, the excess mortality has remained similar during the past two decades, even though shifts in the cause of death have occurred with a decline from HIV infection and an increase from drug overdose and substance misuse disorders. (2014)

King County has been keeping a record of homeless deaths over the past few years. Over the past six years leading up to 2018, the King County medical examiner found a 117% increase in homeless deaths. The year 2018 has so far ranked as the deadliest on record for homeless people in King County. A preliminary count by the King County Medical Examiner totals 191 deaths. In 2017, the number was 169. There will probably be an increase yet to come out of 2018, once investigations wrap up and the medical examiner finalizes their report. (Greenstone 2019).

Investigating for mortality numbers for the unsheltered within Spokane county and the city of Spokane uncovered a troubling lack of data. The Spokane county medical examiner and the Spokane Regional Health District (SRHD) were contacted. However, the Spokane county medical examiner stated that collecting mortality data for the homeless population in

Spokane county or city is not something that their office collects and directed me to contact the SRHD. SRHD had no data as well. The office stated that homeless mortality data is not available. I was directed to contact the Washington State Department of Health. When contacted the WSDH also stated that they did not collect data on the mortality of the homeless for the state of Washington. The subtle truth that the agency and departmental runaround presents to the picture of homelessness in Spokane is another aspect of structural violence. The death of the homeless in Spokane is either not important enough to be tallied or they are not of political or fiscal value and become invisible through their death.

The collection of such important information is left to an outreach program associated with the Community Health Association of Spokane. They collect the data from shelters and various service providers throughout Spokane. A record of the deaths of the homeless in Spokane has been collected for the past 16 years. CHAS holds an annual memorial and in 2016 they commemorated the lives of 33 homeless individuals that passed that year (Alexander 2016).

Morbidity is most frequent among the homeless population. The homeless that were interviewed were mostly unaffected by acute illness, but many did suffer from chronic illness. A couple of the interviewees did have colds but 10 of the 20 had chronic issues that were characteristic of those that are seen in the homeless such as type 2 diabetes, high blood pressure, skin problems, respiratory issues, and dental problems. When asked where they go for medical treatment the common answers were CHAS and the emergency room at one of the Providence hospitals. One homeless individual did state that he liked to go to the Native Project. The Native Project is an Indian Health Services Contract Clinic with expertise in Indian health that provides medical, dental, behavioral health, pharmacy, patient care coordination, wellness, and prevention

services for both Natives and Non-Natives in the Spokane community. (Native Project 2020). Those that go to the emergency room have a different experience than those that go to the urgent care options. According to Trent and Damian who have both experienced what happens at the emergency room have said that the wait times are longer for those that are homeless and that they are treated as though they are seeking narcotics whether they are there for pain or not.

Among the homeless there are many medical issues that commonly occur. These chronic issues tend to be unintentional issues such as bruises, cuts, and burns, musculoskeletal disorders and chronic pain, skin and foot problems, infectious diseases such as HIV, tuberculosis, and hepatitis, dental problems, respiratory illness such as bronchitis and emphysema, chronic diseases such as high blood pressure and diabetes, and mental health issues such as depression and suicide. (Woolley 2015)

#### **4.4. Mental Illness**

Mental health issues are pervasive among the homeless population. The number of people experiencing homelessness has increased for the first time in seven years, according to the Annual Homeless Assessment Report delivered to Congress in December of 2017. An estimated 553,742 people were experiencing homelessness on a single night in 2017, according to the report, the first time since 2010 in which there was an increase from the year prior. With conservative estimates of 25% of the homeless population having mental illness, this means that more than 138,435 individuals with serious mental illness were experiencing homelessness on a single night in 2017. The prevalence of serious mental illness among unsheltered individuals

is much higher than in the general homeless population, which includes youth and homeless families. In addition, widely reported are the significant increases of serious mental illness among homeless individuals in metropolitan areas in California. (Sinclair 2018)

According to a 2015 assessment by the U.S. Department of Housing and Urban Development, 564,708 people were homeless on a given night in the United States. At a minimum, 140,000 or 25 percent of these people were mentally ill, and 250,000 or 45 percent had any mental illness. By comparison, a 2016 study found that 4.2 percent of U.S. adults have been diagnosed with a serious mental illness.

In my research 6 out of the 20 (30%) interviewees stated that they had mental health issue. The most common types of mental illness among people experiencing homelessness are affective disorders such as depression and bipolar disorder, schizophrenia, anxiety disorders and substance abuse disorders are among the most common types of mental illness in the homeless population. According to a paper by Tarr, most researchers agree that the connection between homelessness and mental illness is a complicated, two-way relationship. An individual's mental illness may lead to cognitive and behavioral problems that make it difficult to earn a stable income or to carry out daily activities in ways that encourage stable housing. Several studies have shown, however, that individuals with mental illnesses often find themselves homeless primarily as the result of poverty and a lack of low-income housing. The combination of mental illness and homelessness also can lead to other factors such as increased levels of alcohol and drug abuse and violent victimization that reinforce the connection between health and homelessness. (2018)

The examination of the available statistics and the collected interview data show that there is a significant number of homeless that are dealing with mental illness. The majority of these individuals are dealing with issues that cause their existence on the street to be complicated by illnesses that drive them away from people which in itself reduces their chances of receiving help and potentially finding a safe place off of the street. More importantly, someone who does not have mental illness before becoming homeless can in many instances develop anxiety, depression, and/or paranoia and then need psychiatric assistance because the difficulties of homelessness are more than some people can bear. For some that experience this complication of homelessness also venture deeper into choices that exacerbate their situation by self-medicating which can and does lead to some level of addiction.

One of Damian's issues that is complicated by being homeless is his mental illness. His lack of personal safety prevents him from seeking assistance from the medical community.

Me: So, when you have to go for medical care do you feel safe?

Damian: If I, if I'm going in for medical reasons, I feel safe, but if I'm going in for a mental health problem it's a no. Especially at Sacred Heart, their security has harassed me so much. And I follow them to, but they also bullied me at times when they have strapped me down on a four-point and they totally hurt me like physically, you know. And that's why I don't go in for mental reasons, you know.

For Damian, the choice to seek medical care brings with it a high possibility of mental and physical trauma that would not otherwise occur. For him being homeless has a price that he is less than willing to pay. Likewise, Erin stated not only the establishments that treat mental health issues are unwelcoming, the biggest problem with seeking treatment for his mental illness is limited available treatment. The staffs are also less respectful to the homeless. Erin suffers from schizophrenia. She

stated how the course of treatment runs out before any problems are remedied. According to Erin, “Funding runs out after six months. My schizophrenia doesn’t run away after six months . . . One of the bosses at frontier kicked me out of the office because I let him know exactly what I just told you.” Erin found that the available insurance he had for mental health treatment would run out and he had no other way to pay for the treatment and his schizophrenia would become a problem. Those of my informants with mental illness shared similar experiences.

#### **4.5. Social Isolation, Disrespect and Stress**

Homeless people encounter discrimination, disrespect and verbal abuses. Homelessness sits at the epicenter of stigma, isolation, and vulnerability. Although homelessness can most often be highly visible, the average public often ignore individuals or purposefully stare which reinforces their status as the “other” either by making them invisible or making them visible only with a negative connotation. This “other” status positions people experiencing homelessness vulnerable to acts of violence, exploitation, and extreme social isolation which can create barriers to stable housing and employment and in addition trigger or worsen mental health issues. (Schultheis 2018). According to D. D. Winter and D. C. Leighton, everyday forms of violence, occurs whenever people are disadvantaged by political, legal, economic or cultural traditions. Because they are longstanding, structural inequalities usually seem ordinary, [the] way things are and always have been...structural violence is the result of societal systems, such as social stratification, that have been in place for years-systems that create situations where people don’t have access to the things required to fulfill their basic human needs. (Engard 2017)

For people that are homeless everyday forms of violence is experienced in many different ways that causes a dehumanization of their humanity. These ways include segregation, fear, criminalization, being labeled, attacked by the police, refused a place to sleep, property stolen legally such as the police confiscating everything a homeless person would have at a campsite, denied food and bathrooms, verbally abused and attacked, and ultimately the denial of their existence.

From the interview data 8 of the 20 (45%) experience a varying level of loneliness and distrust of others. The data also showed that 7 of the 20 (35%) had varying levels of mistreatment from strangers in public. 11 of the 20 stated a varying level of harassment for the police from being told to move on from where they were to taking their belongings to locking them up for the night.

During the time I talked with Damian he discussed how his homelessness led to losing friends and family. He said that his connections to his peer group had been lost and he had no one to connect with, talk to or to help him. He mentioned that his group of friends had one by one moved away or out of town and he lost contact with them. If the others in his group had also been dealing with addiction and received treatment, they may have severed contact with him after sobering up. His lack of connection whether with other individuals in recovery, with others outside of it, or with family has been the experiences of most of my respondents. Damian discussed how he was treated differently due to being homeless by those in the medical establishment. He felt disrespected.

Me: Tell me more about your experiences dealing the medical facilities in town...

Damian: Oh, yah they . . . a lot of time when I go into an ER or something and they know that I'm homeless. They automatically know I'm homeless cause they have seen me so many times. I've seen that they push the



homeless to the back of the line every time. And like I've noticed people they just come in there, I've been waiting 3 hours, they just walk in and they cut right in front of me. And it's weird. People with private insurance go right in and I have to wait six or seven hours sometimes just to be seen, you know.

The disrespect they experienced either with the medical establishment, convenience stores, and other places made them to question their individual worth. Merely socializing is often seen as criminal. According to the National Law Center on Homelessness and Poverty there are 735 ordinances in 187 cities across the United States that criminalize various avenues of being homeless. (Bauman et al. 2018) The ordinances penalize individuals for doing what is required to live on the street such as sleeping in a public place, creating a temporary campsite, or panhandling. These ordinances create a literal alienation from "the right to the city". (Mitchell 2003, 19)

The sole existence of the homeless population in Spokane has caused a slew of ordinances and responses from the city of Spokane that have increased the chances of detrimental health outcomes that I discuss in the next chapter. However, homeless people often experiences taunts, insults and people telling them to go get a job on a daily basis.

This causes homeless people to feel hopeless and creates stress on them. Consciously or unconsciously, the unsheltered homeless find ways to cope that remove themselves from further abuse such as roaming aimlessly, finding a place to hide and rest, heading for a shelter if there is room, or leaving the boundaries of the city ordinances outside of downtown. When people do not have somewhere to go there is nowhere for them to legally rest which instigates inordinate levels of stress physically and mentally. The process of protecting public spaces from the homeless can in reality be "dehumanizing" the homeless. (Langegger and Koester 2016, 15)

#### **4.6. Hunger and Nutritional Deficiencies**

Hunger is often recognized as a prevalent side effect of homelessness. Maintaining a nutritious diet can be especially challenging for the homeless population due to a poor understanding of nutrition, inability to purchase food, inadequate food supplies, and a lack of refrigeration or cooking facilities (Albrecht 2017: 21). In any given metropolis or city, large or small and specifically Spokane, one of the major considerations on a daily basis is access to food. The difficulty in finding a suitable amount or nutritionally sufficient is a major concern for the homeless. This problem is known as food insecurity which “refers to a lack of available financial resources for food at the level of the household” which creates “a lack of consistent access to enough food for an active, healthy life.” (feedingamerica.org 2018).

For most of my informants, the most obvious locations for obtaining food are from the various homeless shelters and charitable missions scattered throughout the urban center in Spokane. The homeless shelters and missions receive donated food products from various outlets including grocery stores, food banks, food warehouses, and if lucky to be located close enough to farms from them as well. Unfortunately, the quality of food that is donated or obtained is most often not as nutritious and well balanced, such that is heavy in carbohydrates, fat, and sugar while not having enough vegetables, fruit, and protein. The problem that then exists for the homeless is that they are not just eating but they are creating health problems at the same time. The homeless have fallen into a gap in the cheap food pit of American culture with little hope of escaping on their own.

In Spokane alone, there are more than 15 charitable locations that serve food to Spokane's homeless population. (spokanecares.org 2017a) This food is not the wholesome, nutrient packed sustenance that a person needs to be healthy and happy. Many of the homeless feel transiently full but do not realize that the food is not as healthy as it should and could be. I toured the Union Gospel Mission. It is one of the many places that the homeless go to receive a meal every day. Dozens of men come and stay and attend meals daily. I struck up a conversation with Jacob. During his interview, Jacob, has stated that the food distributed by the Union Gospel Mission is filling. He mentioned how the food items were a recipe for high blood pressure, high cholesterol, diabetes, and obesity.

The dominant paradigm of treating the symptoms without effecting a change in the cause of hunger is something that the shelters and missions are uniquely positioned to be the catalyst for change in the nutrition of the homeless and poor. These places that are feeding the homeless are not solely to blame. First, there exists no national standard for food served in shelters and missions for the homeless. Second, these facilities are not federally required to do any more than feed people. More importantly, they do not have enough budget to stock their pantry. They can only serve whatever they have access to and/or can glean from charitable donors.

When the homeless regularly eat a diet high in fat, sugar, and simple carbohydrates it affects them as if they were a couch potato watching long periods of television every day and eating junk food. They become overweight which eventually leads to hypertension, high cholesterol, and type II diabetes. This may seem incongruent from the perspective of being homeless, but the fact is there are many homeless that require medical care for diet related chronic illness. According to Irene

Alton, a nutritionist with Health Care for the Homeless in Minnesota, provides nutritional advice at shelters and drop-in sites states that she frequently sees homeless people who are struggling with health problems that are often chronic conditions that have gone untreated. “There's a lot of people with diabetes, a lot of people with hypertension,” she said. “Obesity is very prevalent.” Nearly 25 percent of homeless adults in Minnesota have high blood pressure, and 8 percent have diabetes. (Siple 2011).

Jim O’Connell, president of the Boston Health Care for the Homeless Program authored a study in Boston in 2012 assessing the levels of obesity in the homeless population with the use of the Body Mass Index (BMI). He and his fellow researchers found that “roughly one-third fell in what’s considered a normal weight range. Some 65.7 percent were overweight, of which half — 32.3 percent of the study’s total homeless population — were formally obese.” (Keim 2012) Just this study alone should give some weight to the argument that the homeless are just as in danger from food, since choice is low to none existent, as they are from the perils of living on the street whether in Spokane or other cities.

This problem is made worse by the phenomenon called a food desert. Food deserts are defined as “parts of the country vapid of fresh fruit, vegetables, and other healthful whole foods, usually found in impoverished areas. This is largely due to a lack of grocery stores, farmers’ markets, and healthy food providers.” (Gallagher 2011). Except for the homeless the problem exists not only that there may not be available nutritious food where they are located but because they have little to no available means to purchase the nutritious food that their body needs. The locations that exist for them to receive food, such as food shelters and missions, have available to them food products, such as foods high in fat, sugar, simple carbohydrates and

low in vitamins and whole grains, that cause them to be nothing more than a food desert devoid of wholesomeness and nutrition.

My informants were well aware of the situation with a lack of affordable grocery stores that offer health food items and the unhealthy nature of meals served by shelters and missions. The unfortunate complication is that these individuals do not have the option of declining what food is provided which contains the hidden requirement of attending some sort of faith-based service in payment. Jacob stated,

I mean it's amazing to me that there's a lot of guys here that are type II diabetics. I mean I am and probably last night we had, I think they said we had, 120 people last night stay here, no women just guys. Umm...and probably, I'd probably say a third of them probably have type II diabetes. With me I need to check once a day. So you get these programs that send you stuff so you can test yourself for free. Umm...but...the way that you eat at home is different than the way that you eat here. So, you're not quite sure, ahh, what it's doing to your blood sugar. There's always desert here, always. Umm, sometimes the food is inedible.

While talking with Jacob at the Union Gospel Mission the topic of nutritious food came up. He indicated how the homeless compete for healthy food. He said, "if you ask most of these guys out here (referring to the T.V. room), ahh, you'll see coming in at lunch, there's both men and women coming in, you can tell the ones that work on the program and the ones that do not. Just watch what they grab. The bowl there that has apples in it will be empty."

Jacob motions to the table against the wall behind me that has multiple bowls of apples, oranges, and bananas. He indicated how the shelter let the true transients in here. Those homeless individuals that are so accustomed to being homeless that they are lacking in what is needed to not be homeless. He complained how these transients take four or five apples and stick them in their pockets. He continued, "They'll load up a tray this high (illustrates over 6 inches) knowing that they are not

going to eat it all. I've seen them take bags, ahh, baggies out of their pockets and dump the entrée inside the baggie so they can stick it back in their jacket and walk out knowing that way they have dinner tonight.”

Generally, the findings indicate that most of my informants expressed how the lack of quality of food made their health condition worse. The prevalence of food insecurity in my sample was expressed by 12 of the 20 homeless interviewed. Most of them indicated experiencing hunger and skipping meals: “People who are forced to decide between paying for housing or groceries will, more often than not, choose the former.” (Move for Hunger 2020)

## **Chapter 5: Rocks for the Homeless—Invisibilization of Social Problems**

“Czar Ben Stuckart has danced with the 1 percent for too long,” Alfredo LLamedo

In this chapter, I discuss the City of Spokane’s draconian response to homeless people. I present two contending perspectives and the major shortcomings of the stakeholder’s attempts to shelter the homeless. On the one hand, the city accuses the homeless for making their condition worse by staying on the street despite available shelters. They underscore how they have spent millions of taxpayer’s dollars to provide shelter only to be shunned by “ungrateful” homeless people. On the other hand, the policies implemented by the city do not take into account the concerns of the homeless, why the homeless refuse to inhabit homes provided by the city. I argue that the attempt to remove the homeless from public view is driven by public safety and the invisibilization of the homeless to create the aura of a livable and safe city which in doing so alienates and discriminates against the homeless.

### **5.1. Rocks for the Homeless**

On November 12, 2018, a local Spokane activist, Alfredo LLamedo, began a hunger strike to fight a discriminatory ordinance passed by the City of Spokane barring individuals from sitting and lying on the city’s sidewalks. This ordinance, which has been suspended, became known as the sit-lie law<sup>1</sup>. A much similar law in Boise violated the constitutional rights of

<sup>1</sup> In the United States, a sit-lie ordinance (also sometimes referred to as sit-lie law) is a municipal ordinance, which prohibits sitting or lying on the sidewalk or in other public spaces. (Spokane, WA Municipal Code § 10.10.026)

homeless people because there were no rooms for them at local shelters (Dougherty 2019). Llamedo reiterated during the city council meeting that same day that he will not stop the hunger strike until the law is repealed. Critics of the law say that the creation of the law is overt criminalization of the homeless and targets people who are specifically unsheltered. The law pertains to the period between 6 AM and midnight and only when the available homeless shelters have room for occupants. The homeless that are cited are ticketed and sent to community court where they are directed to various social services and court-mandated community service (White 2018). Llamedo and many social critics stated how the ordinance dehumanizes the homeless and demonstrate how much the city administration are using poorly designed techniques to make the homeless disappear from visibility.

Even before Alfredo Llamedo began his hunger strike and drew the attention of the public to the problems of the homeless, Spokane's city hall implemented one of the most inadequate and clearly pathetic attempts to make the homeless invisible. In September of 2017, the City of Spokane began dumping tons of basalt boulders below Interstate 90 in an effort to stop homeless people from camping in downtown Spokane. The rocks were spread for a cost of \$150,000, and city leaders stated that it was the beginning of many steps that the City of Spokane is taking to get people off the streets and into the shelter system.

The city funds the shelter system in Spokane, which is open 24 hours a day, seven days a week. The then Spokane City council president Stuckart stated that the local businesses near where the homeless camp under the overpass of Interstate 90 have issued concerns about the homeless causing problems on private property and being too close to Lewis and Clark high



school. The city council has spent tens of millions of dollars on the shelter system. Thus, they want the homeless of Spokane to utilize the shelters (Deshais 2017).

## **5.2. Ungrateful Homeless People**

The city's administration and other concerned parties blame the homeless for "refusing" to be sheltered. Adopting the sit-lie ordinance and placement of rock under the overpass were seen as attempts to force the homeless to the shelters. Steve Allen, the executive director of Family Promise of Spokane, a mission shelter for homeless families, said, "If this forces families and homeless people into what the city's invested in, the shelters, then those are vehicles to help them get off the streets and into homes. The services are there. There's no need to sleep under the bridge anymore." In its editorial the Spokesman Review in an attempt to silence public outcry about rocks dumped under the freeway, clearly sided with the city stating,

To those not aware of the big picture, it looked like an isolated incident – a heartless effort to shoo the homeless along. In fact, it was part of a larger effort to get the homeless into Spokane shelters and housing, and from there, to get them connected to needed services. It was also a reaction to the legitimate complaints from surrounding businesses and Lewis and Clark High School. The setting was not safe (The Spokesman Review, 2017:1).

Although they could not specifically mention what those legitimate complaints are, many individuals including the heads of the Union Gospel Mission (UGM) and Catholic Charities Spokane House of Charity have strong opinions about what should be done. Much of their narratives are influenced by the notion of uninformed homeless and ungrateful homeless, which

harkens to the culture of poverty. UGM Executive Director Phil Altmeyer, in early May of 2019, has criticized the new movement of housing first for homeless individuals with addiction issues. Many homeless people as I have discussed in the previous section have several health problems. However, UGM reduces their plight as those refusing to be housed and addicts. Altmeyer has been increasingly vocal leading up to the rocks dumping fiasco criticizing what he sees as a failed housing model that is supported by the federal government. "If you want to solve homelessness, you have to deal with addiction," according to Altmeyer, "And that is where the model breaks down: We're not dealing with causes, we're dealing with it by saying we put a roof over their head." (Criscione 2019).

Making resting ground of the homeless inhospitable would go down in the history of social policy as senseless. Good intentions aside, the various stakeholders are more interested in pristine Spokane, an inland gateway. Making the homeless invisible is viewed as an "effective" approach. Altmeyer believes that giving housing to someone fighting addiction is a mistake. He believes that treating the addiction first then housing the individual is the correct policy. There is no motivation to get clean if they are given housing first. Jonathan Mallahan, vice president of housing for Catholic Charities, on the other hand believes that to treat addiction the homeless individual needs to be housed first. Despite such tug-war, the individual needs to move away from the circumstances that are triggers for the continued use of drugs that undermine their health and well-being. The fact that a homeless individual with addiction has more motivation to get and stay clean if they are housed first. (Criscione 2019) These polar ideologies may be in conflict, but they are trying to achieve the same end of getting the homeless off the street.

### 5.3. Blaming the Victim

The problematic structural lens that many agencies and individuals exhibit and propagate regarding how they became and who the homeless are in Spokane can be saliently demonstrated by three specific ideologies. They were regular seminars and discussions about Spokane Homeless sponsored by Providence Health and Services, the programs at the various ministries that assist and feed the homeless, and the legislation levied by the local government within the city and county of Spokane.

According to their website, “Providence Health & Services is the largest health care provider in Washington state. Our not-for-profit network includes hospitals, physicians, clinics, care centers, hospice and home health programs and diverse community services across Washington with more than 35 hospitals and various health and living facilities and 20,000 employees statewide.” (Providence Health and Services)

The seminar titled “Communicating Within the Culture of Poverty”, presented by Amy Yardley of Yardley Training and Consulting, presents a structural picture illustrating that the homeless whether in Spokane or elsewhere are socially, culturally, and intellectually different from those that they seek medical care and social services. In the participant handout Yardley states, “within each class there exists a set of hidden rules. When you grow up in a particular class, hidden rules become a part of who you are.” She continues by stating that these rules are different for the homeless and people in poverty, and different from those that are not, can be understood as a “culture of poverty”. (Yardley 2017). Yardley promotes ideas that she says poverty teaches. But in reality, she is recklessly blaming the victims. Without supporting her claim with research, she free lists the following values, ideologies or beliefs shared by the homeless:

- Things that happen are due to fate and nothing can change it.
- Failure is inevitable.
- The future is unpredictable, unclear and often difficult and painful to envision. It is better to focus on today.
- Having a job means working long hours but it doesn't mean there will be enough money to cover rent and food. At the same time takes us away from family.
- Money must be used before it gets away as there is never enough anyway.
- Emotions are expressed when they are felt. They show that a person is genuine.
- The police often hurt the ones we love. They are unfriendly and out to get us. They should be avoided.
- Education is useless and not for us. It's for other people. It causes additional stress because school is expensive.
- Doctors are associated as being bearers of bad news since we only see them when we are really ill or injured.
- Dentists cause feelings of fear. Brushing and flossing are rules that other people made up.
- Nutrition and exercise are not something that we talk about. The big worry is about getting enough food on the table. Whatever happens to our bodies will happen.

Yardley also discusses how the culture of poverty emphasizes an oral culture in comparison to everyone else exhibiting a written culture. Because of this people in poverty will not understand paperwork and those that need to deal with them must bring things into their oral culture perspective for them to understand while at the same time remembering that inherent to the culture of poverty that they experience decision fatigue. She extends the idea by illustrating that work, education, business,

and medical systems operate using the rules of the middle class and to be successful in these areas an individual needs to be able to work within a print culture and use a middleclass value system. But unfortunately moving from an oral culture to a print culture results in culture shock. (Yardley 2017)

The glaring problem that is evident with the seminar that is given regularly and that is part of Providence Health and Services employee training for those that deal with the homeless and individuals that are in a state of poverty is that it cultivates a companywide structure of the “other” which includes company accepted practices on how they should be treated. When someone is considered different certain levels of policies that are not normally used for people become a viable tool for dealing with the “other”. By instructing those within the Providence system that the homeless are not like us and must be treated differently it opens the door for the discrimination, the medicalization, and criminalization of the homeless.

During the time of the seminar, which was at capacity, individuals other than employees within Providence Health and Services were in attendance. Along with administration, clerical, and accounting department personnel for Providence it was observed that various individuals from varying areas of Spokane’s social services, legal, and housing programs were also in attendance. At first it may appear to be a useful thing to understand how to work with and help the homeless and poor of Spokane but when it is done in a way that denigrates and places a vulnerable population within the status of the “other”, it does more harm than good. It should not come as a surprise that rocks are dumped under the freeway where homeless people take shelter.

Within the city of Spokane there are many groups that describe themselves as ministries that help to assist, cloth, feed, and house the homeless population that comes through their doors. Two of the largest are the Union Gospel Mission and the House of Charity. As part of the structure for assisting the homeless is the ideology of Christian charity and an individual taking responsibility for their actions. The idea of personal responsibility is pushed toward the side of blame rather than simple acceptance. The fact that an individual is homeless, as seen from the primer of how ministries work, places blame on the individual. But along with this the light of hope requires an acceptance of the higher power to save them. On the Union Gospel Missions website they state,

When we try to fill our need for God with food, sex, alcohol, drugs, codependency, gambling, counterfeit spirituality, thrill-seeking, or anything else, more often than not the end result is disastrous. Families are broken. Moms and dads fight. Children are neglected and abused – and, too often, they grow up to mimic the behavior they witnessed. Our ability to freely share this wonderful truth is essential to what we do, and that’s the reason UGM accepts no government funding. For more than six decades, UGM has depended on God – through his people – to provide everything necessary to share this message of hope and freedom with homeless and hurting people in the Inland Northwest.

During a tour of the facility of Union Gospel Mission’s men’s shelter it was stated that the individuals that are allowed to stay at the shelter must fulfill one main requirement. They cannot test positive for any illegal drugs. This is why they do not take federal funding to run the mission. This sole criterion allows the organization to functionally choose which people they take. (Union Gospel Mission) The House of Charity on the other hand does not turn anyone away and because of this receives federal funding to run their operation.

#### **5.4. Why the Homeless Shun Shelters**

Many of the homeless interviewed appreciated the idea of getting sheltered although they were all appalled by the story of rocks dumped under the freeway. There are many reasons why the homeless refuse to shelter themselves. Many of these reasons are for health, safety and independence. In other words, the idea of a safe place to go to be off the streets when someone is homeless is a constant thought for many. Unfortunately, there are many reasons for avoiding the perceived “safe” places that would shelter them.

Interestingly, one of the reasons why they avoid shelters are the access and availability of alcohol and drugs. For the homeless that are fighting addiction and trying to stay sober having a place to stay where the ability to acquire drugs and alcohol is low is highly beneficial. Damian had been in recovery from drug addiction and was working on his sobriety. Damian preferred to stay at the Union Gospel Mission for the fact that being a regular there meant staying “clean” and access was not likely. Damian stated his reason for being at UGM by saying, “This place is good for being sober. If I’m in the House of Charity they’re a lot more relaxed in their rules but yet it’s so easy to get loaded there.” Jacob and most of my interviewees on the other hand had many reasons for why he has avoided other shelters and missions in the past. He has experienced limited space that prevented access to housing for the night, minimal to no available food, no place to stay for the night even though food was available, imposed labor in exchange for a bed or food, and lack of supplies and clothing.

Beyond the previously mentioned reasons for not frequenting the missions and shelters a major reason would be the religious requirement that many impose for food and/or shelter. UGM in particular view the homeless as addicts or someone

lacking in successfully navigating the responsibilities of life. I asked many of them the homeless shelters they frequented or tried. Lucy's response encapsulates the response of most of my informants. She stated how the House of Charity and UGM refused her because according to her, "I told them that I did Meth so they, they black balled me because of my honesty. They were so judgmental."

At the time of the research the rocks dumped under the freeway was on the mind of most of my informants. Most saw it as disrespectful, and an affront to humanity. Interestingly, a few of them preferred sleeping on the rocks than going to shelters where they felt disrespected. Jeremy Hinricks, a homeless man who has been homeless for a year, doesn't mind the new basalt and states why rough unsheltered conditions are better than seeking out a mission or shelter. "It looks nicer than a bunch of dirt and scraggly trees. But it won't stop us. We'll just find somewhere else to camp." Hinricks hasn't slept at a shelter because they're according to him, "nasty and dirty," but he does go there to use the shower. With winter coming, he's considering the shelter, however. "I sleep where it's safe," he said. (Deshais 2017)

Major challenge for my informants when they want to take shelters was the lack of care and the homogenization of the homeless. Many mentioned how intake processes does not take into account the health conditions of the homeless. Many expressed fear of contracting infectious and getting exposed to other illnesses. A few of them mentioned what happened in King country. In March of 2018 the homeless shelter system in King county was not only experiencing a rise in the numbers of homeless guests but the population was experiencing outbreaks of rare infectious diseases of group a streptococcus, shigella, bartonella quintana, and hepatitis A. (Davila 2018) The homeless may get exposed to these conditions while being unsheltered



but rapidly spread the contagious agents within the shelter system. This, by itself, was a major factor for many unsheltered homeless to refrain from seeking out the services of the shelters. More importantly, while the shelters do not allow alcohol inside facilities, they rarely turn away anyone who is intoxicated making the shelters less comfortable.

### **5.5. Regrets, Spokane Mayoral Election and the Homeless**

I make mistakes in this job . . . I chose an expedient and strong-armed solution instead of the collaborative and holistic approach our City's Community, Health, & Human Services team and community partners engage in every single day. These advocates deserved better. The people with safety concerns deserved a balanced and compassionate approach. Most importantly, the homeless citizens relocated from their community deserved an outstretched hand from their elected officials instead of a hammer and a bunch of rocks. For all of this, I am sorry. (Ben Stuckart's Facebook page 2017) (KREM 2017)

The city and the leadership expressed regrets for their draconian policy after the backlash. From the excerpt above it shows the many policy deficiencies of the officials. First, the idea of seeing the homeless as a danger is driven by business owners more than the public. Second, they understand the callousness and extremities of their actions. Third and more importantly, they understand the need to have a holistic approach although it remains to be seen how much the stated "collaborative and holistic approach" would include the voices of the homeless.

The then mayor, Condon, had, back in September of 2018, put forth a budget for the city of Spokane giving \$600,000 to support increased case management to bring those who are experiencing homelessness into permanent supported housing while additionally working toward another homeless shelter in the Spokane community. (Morgan 2018) In comparison to the amount spent to place the basalt rock under the overpass, it does not seem to be much of an improvement.

In fact, the issue of homelessness has become a hot button topic as the city held holding a mayoral election in Spokane in August of 2019. Many of the candidates who run for mayor were proposing ways of dealing with homelessness. Some think particularly that the city needs to step up and take some responsibility for the homeless while others believe that the homeless are just lacking ambition and need to have initiative to improve their position in life. Ben Stuckart, who has been the president of Spokane's city council for the past 6 years, believes that the ideology of homelessness needs to be changed. He wanted to decriminalize homelessness and increase the opportunities in low income housing along with investing more resources in job training and employment programs for residents to fight poverty. During a June 2019 candidate forum Stuckart said,

We live in a capitalist society and it works on a parabola. And right now, we are at what true zero unemployment looks like at about 4% unemployment. If we actually hit zero percent unemployment capitalism would collapse. Wage inflation would [skyrocket]. We live in an economic system that requires some people to be unemployed for it to actually survive or it would collapse. For if you or I are living in middle class incomes or even lower class and you have a home over your head, you are benefiting from a system that necessarily exists because some people don't have jobs. Therefore, if we are surviving it is our responsibility to take care of everybody else at the bottom. (KHQ News 2019)

Stuckart has been critiqued in the past from all areas of the political spectrum for the decisions he and the city council has passed regarding the handling of the homeless of Spokane. The deployment of basalt rock is one major example and also one in which he retracted his position on what should be done about the situation, first pushing for the rock and then saying he made a mistake and apologizing. His critics attacked from both the left and the right. One side believed that the homeless

need an "outstretched hand from their elected officials, instead of a hammer and a bunch of rocks." While from the other side asked, doesn't "the small-business owners who are affected by the stench of urine, feces and garbage forced upon them by the transient population deserve an outstretched hand?" (Walters 2019). Poole became one of the major critics of Stuckart's policies and eventually decided to run against him for mayor. "I don't think any of the legislation that Ben has either championed or been a part of has actually worked," Poole says. "There's no impetus to pick yourself up by your bootstraps if you're getting all your basic necessities met." (Walters 2019) We should help the "true" homeless." Poole believes that the homeless should not be enabled with an emphasis on the reductionist view that homelessness is about addiction and mental health. (Roirdan 2019). Chris Scholl, a marketing coordinator, argues that Stuckart only wants to cover the wound and ignore underlying problems causing it. Jonathan Bingle, a former pastor, says that Stuckart was being too easy on the homeless but he should not have approved the basalt rock under the overpass.

And the winner of the Mayoral race Nadine Woodward, former local news anchor, was the proponent of "a hand up, not a handout." She won the mayorship "after running a campaign largely centered on the issue of homelessness, which has increasingly weighed on the minds of voters not only in Spokane but across Washington." (Shanks 2020) However, nothing has been done. It remains to be seen when and how she translates a catchy slogan into social policy that reduces homelessness.

## **Chapter 6. Conclusion and Recommendation**

### **6.1. Conclusion**

Homelessness is increasing. Neoliberal ideologues, however, view the homeless through a reductionist lens that paints who and what they are and creates who the homeless see themselves to be. The picture that is presented of the homeless is skewed and biased towards blaming the victim. In this thesis, I studied the causes of homelessness, their general health conditions, the risk of being homeless, their views of homeless shelters and I also examined how the city of Spokane is dealing with this urgent social problem. To do this I created a dialogue with a total of 20 homeless individuals that I interviewed. In addition, I have attended numerous community forums where the issue of homelessness has been discussed over the past two years.

My research indicates the complexity of homelessness and the importance of understanding the social, economic, medical, and political issues that create the condition of homelessness. Many of my interviewees blame themselves for being homeless and for their unfortunate situation. In other words, because of societal socialization many homeless feel that their situation is their fault or they are a victim of circumstances. However, a deeper analysis of their socioeconomic profile and life history indicate structural issues. Many of them became homeless because of family fractures, job loss, unaffordable housing, medical bankruptcy and a host of other related issues. Most of them were viable members of the society. Some of them owned homes and graduated college. Many of those interviewed that are homeless due to economic issues believe that until governmental intervention or some drastic change happens that any level of homelessness will just continue. Being homeless

made their situation worse. The research indicated that many of the homeless experienced physical violence, sexual assault, and lack of nutritious food.

It is easy to say that the people who are the victims are the ones at fault. The labeling of people with mental illness or addiction supersedes their individual rights and allows the social and legal authorities to politically justify, through the use of laws and the police, physically removing individuals to shelters and other places out of the public's site because "it is for their own good". (Wasserman and Clair 2010, pg.155) It reduces the problem to one faulty theoretical cause. The dumping of rocks where the homeless usually put up their tent shows a deficit of proper social policy to deal with homelessness.

Inherent to the economic structure of the United States is the framework of capitalism which has structured within the ability of few to become wealthy and prosperous but as a price for this it also positions many people within poverty and many to become homeless. The fact is that the economic system that the United States employs creates a situation that those who benefit come to reject the consequences of their success and blame those that receive the negative consequences as failures for not being as successful as they are.

The end result of being homeless within this crucible of structural and social turmoil is either the worsening of or creation of chronic and acute medical issues. Many homeless become homeless due to unaffordable medical bills that they could not pay. Others may have become homeless while healthy but develop many chronic health conditions because of living on the street. The access to treatment can be stressful and exaggerate the illnesses and for some they avoid treatment because of the attitudes that are prevalent by those that provide medical treatment. After talking with the homeless in downtown

Spokane plausible answers can possibly be teased from their experiences. Many of the homeless interviewed did seem to have adverse interactions with different aspects of the medical community in Spokane. The lack of ability to pay for services combined with the preconceived ideas held by the medical community put the homeless in a position of having a greater opportunity for mistreatment and discrimination. Blame in many situations is placed on them when it is not due to their own failings but that of society or the economy. Which in the end causes many to avoid seeking services or waiting until it is too late to receive services.

Those that understand that the problem is greater and runs deeper than what one simple homeless person on the street can do or remedy, what one service organization can do, or any state or regional entity can change comes closer at grasping plausible issues and potential solutions. The unfortunate reality for the unsheltered homeless is the presumption that they are criminals and have a tendency for violent crime. The problem that exists for the unsheltered homeless is that they are more likely victims of crime than perpetrators of serious crimes of which they are accused. (Wasserman and Clair 2010, pg. 156) Deep down the main issue is social and fiscal equality. Society has had a long history of avoidance when this subject rears its ugly head. Waldron argues that any distress the public has over seeing individuals that are homeless should not be taken negatively because it is the outcome of the “true condition” of our society. He continues by stating that the US systemically operates such that a portion of its citizens are disenfranchised but at the same time those who benefit complain of being wronged from seeing the outcome of societies structures and policies. (Waldron 2000) The very mechanisms that the unhoused homeless population use as survival strategies have been criminalized and, in some cases, banned. The end result

removes the homeless individuals and their actions from where they can be seen. (Baillergeau 2014) The invisibilisation of the individual is achieved and society is perceived to be safe.

The end of homelessness can only occur with the global and national recognition that any and all societies have the moral, social, fiscal, and political obligation to provide all citizens, local, national, and global, with economically reliable housing, free sustainable health care, stable employment with a living wage, and a life free from the unjust and the arbitrary actions of the state and private authorities. The state of homelessness within the United States reflects the deep levels of structural violence and neglect of basic human needs because of life within a modern capitalist society. Ending homelessness is about creating a truly democratic human society beyond the barbarism of the current stock of social inequalities and economic and political violence. By creating a democratic and humane society that transcends the outmoded inhumanity of social inequalities and structural, economic, and political violence. (Wright 2000: 27)

## **6.2. Recommendations**

Solving homelessness requires proper social policy. Several countries were able to minimize the problem of homelessness. Any solution to end homelessness must consider how to curtail economic injustice and fight for the democratizing of every strata of society, economic, political, legal, medical, housing, and cultural. (Wright 2000: 35). The steps that are needed to progress to a world that has worked to end homelessness start with local and national initiatives while learning from global experiences. Here I draw on the experiences of Finland and other countries that were able to create a workable strategy toward fixing homelessness. (Gray 2018)

1. Political Reform
2. Universal Basic Income and Living wage
3. Affordable housing
4. Universal Health care including medical
5. Making the homeless shelters safe and welcoming and making the food nutritious
6. Changing negative narrative about the homeless

The power of international unregulated capital investments that are to blame for the impoverishment of workers create the opportunities that allow for the construction and financing of low-income housing, jobs with decent wages, and decent health care for all. These opportunities should be the global priority. (Evans 2000)

### **Political Reform**

The global prevention of homelessness will require major changes in the way the international community views finance and capital. Global finance reform would return control to national economies by restoring fixed exchange rates on currency to prevent speculative financial trading, which does nothing for local populations, and restricting the free movement of capital across national borders. Restructuring the policies of fiscal austerity, which only benefits the elites at the expense of poorer citizens, would focus the emphasis on local community development and potentially rid poor nations of their debt to



Western banks. Heavy debt cripples local populations curtails the overall rate of social development, and as a consequence creates a loss of housing or produces shelter that is conducive to unhealthy living. (Block 1996)

The merging of what is good for global markets with what is good for general society conceals the reality that what is profitable for private real estate developers is not necessarily profitable for those who cannot afford to live in housing that is priced at what the market can charge. Gentrification prevents the poor and homeless from being able to compete for housing. (Sassen 2001: 266-267). But in response to this the right to shelter, a belief that is common in most industrialized countries, must be extended locally and globally through sustained advocacy. The national steps that are required for working towards ending homelessness are organizing coalitions, reform lobbying and campaign financing, change the tax code, push for a single payer health care system, move beyond welfare reform, renew a federal commitment to housing and promote social housing, end housing discrimination, and raise wages and rebuild the United States.

First and foremost is organizing a coalition around common human needs. In itself a coalition of the homeless and or the poor would have little to no political clout. In the last few decades the working class and or middle class has begun to experience the same economic pitfalls that have affected the poor making them just as vulnerable to homelessness as anyone else. Due to this the homeless and the poor along with a greater proportion of the working or middle class share the same oppressive economic and political agenda and consequently could and should fight for the same shared human rights. (Blau 1992: 181-182)

Any meaningful policy to end homelessness must have a political framework. A coalition of the middle classes, the poor, and the homeless is important. To swing the pendulum from the effects of big money toward the voice of the people who need assistance, lobbying reform is essential. At the same time, a drastic change of the tax code within the United States is vital. With the corporate tax rate and the tax rates for the wealthy gradually becoming smaller and smaller, the burden is being placed more and more on the poor and middle class. Requirements for the wealthy to pay a greater percentage of the corporate tax that they are not paying and a removal of the ability to hide income and move corporations out of the United States would boost the potential for social improvements. (Wright 2000: 37-38)

### **Universal Health Care**

Bolstering the incomes of the poor and rebuilding a health care system that produces adequate health care for all, whether an individual could pay for it, is essential for ending homelessness. A single-payer health care system has been found to be the most effective in providing needed services and ultimately less expensive than the current system of managed care within the United States. (Venkataramanan 2018) Providing increased variety of health care services is essential to fixing the damage inflicted by homelessness, but in the end does not stop widespread impoverishment. Due to the pathetic shortage of medical centers that deal with issues of addiction, mental health, and services for the disabled along with clinics for the homeless, ending homelessness will require making investments in these services throughout the country. (Wright 2000: 38)

### **Living Wages and UBI**

The push to have individuals within the United States who are on welfare to find a place back in the work force is an acceptable and positive goal, the punitive and sometimes forceful methods do not seem to achieving it. The strict time limits and punitive actions if the individuals do not achieve a level of employment that is considered acceptable may do nothing more than prevent an individual from succeeding. The fact remains that the majority of individuals on welfare are there for a short time before returning to the work force but the poorest individuals and those that are homeless have more serious issues that a punitive forced return to work cannot fix. (Larkin 2007)

### **Affordable Housing**

Within the United States, social policies regarding housing for all need to be emphasized and strengthened toward developing new low-income rental housing construction programs and programs that no longer use the voucher system. The housing climate is reaching a tragic juncture in which there are more people who want to have a place to live than places to house them. Working in tandem is the fact that the housing market has pushed the reasonably priced and low-income housing so out of reach that many can't find anywhere to live even with a full-time job. The problem may be bad now but the issue will only become exponentially worse within the next decade. Along with lack of available housing for the homeless and the poor and the lack of affordability in housing is the discriminatory practices used to prevent people keeping or getting a place to live. Fair Housing Councils around the country are constrained by meager budgets and business communities and local cities

that have a lack of commitment in enforcing housing discrimination laws. The issue of housing discrimination can be alleviated by oversight from the state government ensuring that the appropriate laws are being followed and discrimination is not tolerated. (Wright 2000: 39)

Housing First with Intensive Case Management leads to substantial and rapid improvement in housing stability in an ethnically diverse sample of homeless adults with mental illness. The intervention also leads to significant reductions in probability of hospitalization, community functioning and number of days experiencing alcohol related problems. Although future research will help further clarify the longer-term effects of this approach, our findings suggest that Housing First with Intensive Case Management can be effective in a diverse population of homeless individuals experiencing mental illness that may face additional barriers to accessing and engaging in treatment. (Stergiopoulos et al. 2015)

The simplest and most obvious way to achieve a change in homelessness is a move from our current level of wage employment to one that allows everyone a livable wage with guarantees of an annual income that would support a family for a year that didn't have an income which would replace welfare. And to employ the homeless and the very poor the development of a national works plan to put them to work and earn a living while at the same time training them for a job that they may not have training for. The public works program would allow for the maintenance and upkeep of the infrastructure that is currently being neglected in the country. (Blau 1992: 182-183)

All the potential steps that should be instituted at a national level could be beneficial at a local level and potentially easier to achieve through coalition politics but other steps are more salient at a local level. The more crucial local steps that are

required for working towards ending homelessness are homelessness as a community-based human rights issue, responsible redevelopment, democratize and support shelters, and living wage ordinances.

Local homeless advocates, through the use of a perspective based on human rights, can educate the general public on the humanity and rights of the homeless whether sheltered or unsheltered. This approach does not oppose a proactive strategy (Shaw 1996: 25-26), but is critical to developing a larger human rights, social justice, and equity coalition.

Neighborhood revitalization and gentrification are relevant when considered from the plight of the homeless. If during the real estate investment and planning that happens during gentrification a level of investment in low-income housing or sustainable housing and cohousing for the poor is allocated then the lack of housing for the poor and homeless would be significantly reduced. When the needs of the poor and homeless are not represented in urban real estate development then the visibility of the homeless increases substantially to the dismay of the average urban citizen.

In the 21st century shelters are not the answer to homelessness, but new shelters must be supported as a transition from homelessness to housed. The currently existing homeless shelters must be restructured to end restrictive and abusive shelter practices that treat homeless families and individuals in a degrading fashion. The homeless shelter system must be supported locally so that they have developed a system of democratic procedures of accountability for their visitors. Homeless shelters should be smaller and placed in areas of need rather in areas that remove the homeless from public view and no longer following the ideas of “not in my back yard”. (Wright 1997: 106)

Government at the local level can enact "living wage" ordinances to improve the wages of all workers within the area. Preferences for businesses owned by the marginalized can be written into city contracts to assist people of color, the disabled, and all those who are marginalized who are all part of the disproportionate number of poor in the urban centers. Considering the levels of decay of the infrastructure in many urban centers, investment in repair work employing both skilled and unskilled workers at a living wage positions the poor and homeless to accumulate income to provide for their families and make needed life changes. By increasing their income, poor communities will bolster social structures needed to take care of many of their own within the community.

In the end a not so simple but feasible remedy is through social and fiscal change, globally, nationally, and locally. When workers are given job security, pay equality, housing equality, improved medical equality, and social equality it can be assured that there will be a reduction in what is seen as unsheltered homelessness in society. But in the end, there will be no eradication of or winning of the war against homelessness. Capitalism functions on the idea of capital being stripped from one level of society and taken by another creating a class disparity and levels of extreme wealth and extreme poverty. As long as there is a level of fiscal and social exclusion inherent within the system of capitalism in the United States and the world people will be pushed past the financial borders of security and many will remain homeless.

## Reference

- Agar, M. 1987. "Transcript Handling: An Ethnographic Strategy." *Oral History Review* 15, no. 1: 209-19. doi:10.1093/ohr/15.1.209.
- Albrecht, Kayla A. 2017. "Nutritious Meals for the Homeless Population: Challenges and Opportunities". *Masters Thesis*. 3200. Eastern Illinois University. <https://thekeep.eiu.edu/theses/3200>
- Alexander, Rachel. 2016, Dec. 21. "Lives of 33 Homeless Spokane Residents Celebrated at Memorial Service". *The Spokesman-Review*. [https://www.spokesman.com/stories/2016/dec/21/lives-of-33-homeless-spokane-residents-celebrated-/](https://www.spokesman.com/stories/2016/dec/21/lives-of-33-homeless-spokane-residents-celebrated/)
- Baer, Hans A., Merrill Singer, and Ida Susser. 1997. *Medical anthropology and the world system: a critical perspective*. Westport, Conn.: Bergin & Garvey.
- Baillergeau, Evelyne. 2014. "Governing Public Nuisance: Collaboration and Conflict Regarding the Presence of Homeless People in Public Spaces of Montreal." *Critical Social Policy*. 34(3), 354-373. <https://doi.org/10.1177/0261018314527716>
- Bauman, Trisha, Janet Hostetler, Janelle Fernandez, Eric Tars, Michael Santos, Jenifer Brewer, Elizabeth Dennis, Ruth El, and Maria Foscarnis. 2018. "Housing Not Handcuffs: Ending the Criminalization of Homelessness in U.S. Cities." National Law Center on Homelessness and Poverty. Accessed April 24, 2019. <https://nlchp.org/wp-content/uploads/2018/10/Housing-Not-Handcuffs.pdf>
- Baxter, Ellen, and Kim Hopper. 1981. *Private lives/public spaces: homeless adults on the streets of New York City*. New York, N.Y. (105 East 22nd St., New York 10010): Community Service Society of New York, Institute for Social Welfare Research.
- Beckett, Katherine, and Steve Herbert. 2011. *Banished: the new social control in urban America*. Oxford: Oxford University Press.
- Bernard, H. Russell. 2011. "Sampling III: Nonprobability Samples and Choosing Informants." In *Research Methods in Anthropology: Qualitative and Quantitative Approaches*. Lanham, MD: Alta Mira Press.

- Berti, Mario. 2010. "Handcuffed Access: Homelessness and the Justice System." *Urban Geography*. d31,6: 825-841. DOI: 10.2747/0272-3638.31.6.825
- Blau, Joel. 1992. *The Visible Poor: Homelessness in the United States*. New York: Oxford University Press.
- Block, Fred. 1996. "Controlling Global Finance". *World Policy Journal* Vol.13, Is. 3. (Fall): 24-34. Accessed Dec. 16, 2019. [https://search-proquest-com.ezproxy.library.ewu.edu/docview/232590820?rfr\\_id=info%3Axri%2Fsid%3Aprimo](https://search-proquest-com.ezproxy.library.ewu.edu/docview/232590820?rfr_id=info%3Axri%2Fsid%3Aprimo)
- Bourgois, Philippe. 2001. "The Power of Violence in War and Peace: Post-Cold War Lessons from El Salvador." *Ethnography* Vol. 2, Is. 1. (March): 5-34. <https://doi-org.ezproxy.library.ewu.edu/10.1177/14661380122230803>
- . 2003. *In Search of Respect: Selling Crack in El Barrio*. Cambridge:Cambridge University Press.
- Bourgois, Philippe I., and Jeff Schonberg. 2009. *Righteous Dopefiend*. Berkeley: University of California Press.
- Brown, Jocelyn. 2017. "Homelessness in Spokane: An Inquiry into the Experience of Homelessness in a Mid-Sized City." Master's Thesis. Eastern Washington University.
- Buhrich, Neil, Tracey Hodder, and Maree Teesson. 2000. "Lifetime Prevalence of Trauma among Homeless People in Sydney". *Australian and New Zealand Journal of Psychiatry*. (December). <https://doi-org.ezproxy.library.ewu.edu/10.1080/000486700270>
- Castells, M. 1996. "The Net and the Self: Working notes for a critical theory of the informational society." *Critique of Anthropology* 16, no. 1: 9-38. doi:10.1177/0308275x9601600103.
- City of Spokane. 2018. *2018 Spokane Regional Point-in-Time Count*. City of Spokane Executive Summary. <https://static.spokanecity.org/documents/chhs/plans-reports/reports/2018-point-in-time-pit-executive-summary.pdf>
- Coleman, Vernal. 2017, Dec. 7. "King County Homeless Population Third Largest in the U.S.". Seattle Times. Accessed Dec. 5, 2019. <https://www.seattletimes.com/seattle-news/homeless/king-county-homeless-population-third-largest-in-u-s/>
- Conrad, P. 1992. "Medicalization and Social Control." *Annual Review of Sociology* 18, no. 1:209-32. doi:10.1146/annurev.soc.18.1.209.



- Criscione, Wilson. 2019, May 9. "As UGM criticizes the 'housing first' approach to homelessness, Catholic Charities defends its progress." *The Inlander*. Accessed May 23, 2019. <https://www.inlander.com/spokane/as-ugm-criticizes-the-housing-first-approach-to-homelessness-catholic-charities-defends-its-progress/Content?oid=17585161>
- Culver, Nina. 2016, November 12. "Suspected norovirus sickens dozens at the House of Charity." *Www.spokesman.com*. Accessed January 31, 2018. <http://www.spokesman.com/stories/2016/nov/12/suspected-norovirus-sickens-dozens-at-the-house-of/>.
- Damman, Lena. 2019, Sept. 15. "So idk what to do, something happened to hubby last night while he was making sure I was safe." Facebook. <https://www.facebook.com/groups/282856762255273/permalink/400853007122314/>
- Davila, Vianna. 2018, May 4. "Fury, Frustration Erupt Over Seattle's Proposed Head Tax for Homelessness Services." *The Seattle Times*. <https://www.seattletimes.com/seattle-news/homeless/fury-and-frustration-erupt-over-proposed-head-tax-for-homelessness-services/>
- D'Ercole, Ann and Elmer Struening. 1990. "Victimization Among Homeless Women: Implications for Service Delivery". *Journal of Community Psychology*. Volume 18, Issue 2. (April):Pages 141-152. [https://doi.org/10.1002/1520-6629\(199004\)18:2<141::AID-JCOP2290180206>3.0.CO;2-O](https://doi.org/10.1002/1520-6629(199004)18:2<141::AID-JCOP2290180206>3.0.CO;2-O)
- Deshais, Nicholas. 2017, Sept. 1. "City lays boulders beneath I-90 in downtown Spokane to shift homeless to shelters". *The Spokesman Review*. Accessed May 23, 2019. <http://www.spokesman.com/stories/2017/aug/31/basalt-dumped-on-spokane-homeless-camp-in-bid-to-p/>
- Dougherty, Conner. 2019, Dec. 17. "How Far Can Cities Go to Police the Homeless? Boise Tests the Limit." *The New York Times*. <https://www.nytimes.com/2019/12/03/business/homeless-boise.html>
- Engard, Brian. 2017, June 30. "Recognizing and Addressing Structural Violence". Campbellsville University Online. Accessed April 23, 2019. <https://online.campbellsville.edu/social-work/structural-violence/>
- Evans, Peter. 2000. "Fighting Marginalization with Transnational Networks: Counter-Hegemonic Globalization." *Contemporary Sociology* 29:230-41. Accessed Dec. 16, 2019. <https://pdfs.semanticscholar.org/4d86/47e6fb2ee13f1b0cda1501e7d3a46c48ded4.pdf>

- Farmer, Paul. 2004. "An Anthropology of Structural Violence." *Current Anthropology*. 45, No.3:305-25. doi:10.1086/382250.
- Farmer, Paul, Bruce Nizeye, Sara Stulac, and Salmaan Keshavjee. 2006. "Structural Violence and Clinical Medicine". *PLoS Medicine* vol. 3, 10: e449. doi:10.1371/journal.pmed.0030449 Accessed Dec. 5, 2019.  
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1621099/>
- Fazel, Seena, John Geddes, and Margot Kushel. 2014. "The Health of Homeless People in High- Income Countries: Descriptive Epidemiology, Health Consequences, and Clinical and Policy". *The Lancet*; London Vol. 384, Iss. 9953. (Oct 25): 1529-40. Accessed April 23, 2019. DOI:10.1016/S0140-6736(14)61132-6
- Feeding America. 2018. "Understanding Food Insecurity." *Feeding America website*.  
<https://hungerandhealth.feedingamerica.org/understand-food-insecurity/>
- Ferrise, Adam. 2016, Sept. 2. "Homeless Woman Found in Cleveland Apartment was Victim of Forced Prostitution, Police Say". cleveland.com. [http://www.cleveland.com/metro/index.ssf/2016/09.homeless\\_woman\\_found\\_in\\_cleveland.html](http://www.cleveland.com/metro/index.ssf/2016/09.homeless_woman_found_in_cleveland.html)
- Foucault, Michel. 1977. "The Political Function of the Intellectual". *Radical Philosophy* 17: pg. 12-14.  
<https://www.radicalphilosophyarchive.com/article/the-political-function-of-the-intellectual/>
- Francovich, Eli. 2015, Nov. 2. "Spokane's youth homeless rate 33 percent higher than state average, study says." *Www.spokesman.com*. Accessed February 4, 2017. <http://www.spokesman.com/stories/2015/nov/02/spokanes-youth-homeless-rate-33-percent-higher-tha/>.
- Gallagher, Mari. 2011, Oct. 12. "USDA Defines Food Deserts." American Nutrition Association. Accessed June 1, 2018.  
<http://americannutritionassociation.org/newsletter/usda-defines-food-deserts>.
- Galletta, Anne. 2013. *Mastering the semi-structured interview and beyond: from research design to analysis and publication*. New York: New York University Press.
- Goffman, Erving. 1963. *Stigma: Notes on the Management of Spoiled Identity*. New York: Simon and Schuster Inc.

- Goldberg, Michael. 2019, Nov. 12. "Homelessness takes center stage in local elections". Washington State Wire. Accessed Dec. 3, 2019. <https://washingtonstatewire.com/homelessness-takes-center-stage-in-local-elections/>
- Goodman, Lisa, Katya Fels, Catherine Glenn, Judy Benitez. 2006, Sept. "No Safe Place: Sexual Assault in the Lives of Homeless Women". VaWnet. Accessed April 18, 2019. <https://vawnet.org/material/no-safe-place-sexual-assault-lives-homeless-women>
- Gowan, Teresa. 2010. *Hobos, hustlers, and backsliders homeless in San Francisco*. Minneapolis: University of Minnesota Press.
- Gray, Alex. 2018, Feb. 13. "Here's How Finland Solved It's Homelessness Problem." *World Economic Forum*. Accessed April 30, 2020. <https://www.weforum.org/agenda/2018/02/how-finland-solved-homelessness/>
- Greenstone, Scott. 2019, Jan. 9. "Once Again, Homeless Deaths in King County Appear to Break Record." *The Seattle Times*. <https://www.seattletimes.com/seattle-news/homeless/homeless-deaths-in-2018-appear-to-break-records-once-again/>
- Harvey, David. 2005. *A Brief History of Neoliberalism*. Oxford:Oxford University Press.
- Harvey, David L., and Michael H. Reed. 1996. "The Culture of Poverty: An Ideological Analysis." *Sociological Perspectives* 39, no. 4: 465-95. doi:10.2307/1389418.
- Henry, Meghen, Rian Watt, Lily Rosenthal, Azim Shivji, and Abt associates. 2017. *The 2017 Annual Homeless Assessment Report (AHAR) to Congress DECEMBER 2017*. The U.S. Department of Housing and Urban Development Office of Community Planning and Development.
- Henry, Meghen, Anna Mahathey, Tyler Morrill, Anna Robinson, Azim Shivji, and Rian Watt, Abt associates. 2018. *The 2018 Annual Homeless Assessment Report (AHAR) to Congress December 2018*. The U.S. Department of Housing and Urban Development Office of Community Planning and Development.
- Hilton, Timothy, and Cornell Dejong. 2010. "Homeless in God's Country: Coping Strategies and Felt Experiences of the Rural Homeless." *Journal of Ethnographic & Qualitative Research* 5, no. 1: 12-30.

- Homeless Hub. 2018. "Causes of Homelessness". Canadian Observatory on Homelessness. Accessed November 23, 2018. <https://www.homelesshub.ca/about-homelessness/homelessness-101/causes-homelessness#>
- Hopper, Kim, Ezra Susser, and Sarah Conover. 1985. "Economies of Makeshift: Deindustrialization and Homelessness In New York Ctiy." *Urban Anthropology and Studies of Cultural Systems and World Economic Development* 14, no. 1/3 (Spring): 183-236.
- Kawulich, Barbra B. 2005. "Participant Observation as a Data Collection Method." *Forum Qualitative Sozialforschung / Forum: Qualitative Social Research*. May. Accessed June 15, 2017. <http://www.qualitative-research.net/>.
- Keim, Brandon. 2012, June 4. "Homeless and Overweight: Obesity Is the New Malnutrition." *wired.com*. Accessed June 5, 2018. <https://www.wired.com/2012/06/homeless-obesity/>.
- KHQ News. 2019. "Watch: Spokane Mayor Candidate Forum." Aired June 20, 2019. [https://www.khq.com/news/watch-spokane-mayoral-candidate-forum/video\\_4899e040-93a6-11e9-ad1c-3319a260fbb1.html](https://www.khq.com/news/watch-spokane-mayoral-candidate-forum/video_4899e040-93a6-11e9-ad1c-3319a260fbb1.html)
- KREM. 2017, Sept. 8. "Councilman Stuckart issues apology for boulders under I-90, invites public to City forum." <https://www.krem.com/article/news/councilman-stuckart-issues-apology-for-boulders-under-i-90-invites-public-to-city-forum/472406719>
- Kushel, Margot, Jennifer Evans, Sharon Perry, Marjorie Robertson, and Andrew Moss. 2003. "No door to lock: Victimization among homeless and marginally housed persons". *Archive of Internal Medicine*, 163(20).
- Langegger, Sig and Stepheb Koester. 2016. "Invisible Homelessness: Anonymity, Exposure, and the Right to the City." *Urban Geography*. 1-19. [https://www.researchgate.net/publication/299356502\\_Invisible\\_homelessness\\_anonymity\\_exposure\\_and\\_the\\_right\\_to\\_the\\_city](https://www.researchgate.net/publication/299356502_Invisible_homelessness_anonymity_exposure_and_the_right_to_the_city)
- Larkin, Philip M. 2007. "The 'Criminalization' of Social Security Law: Towards a Punitive Welfare State?" *Journal of Law and Society*, Vol. 34, No. 3 (Sep.): 295-320. Accessed February 11, 2020. [https://www-jstor-org.ezproxy.library.ewu.edu/stable/20109751?seq=25#metadata\\_info\\_tab\\_contents](https://www-jstor-org.ezproxy.library.ewu.edu/stable/20109751?seq=25#metadata_info_tab_contents)

- Leomporra, Annie and Megan Hustings. 2018, Dec. "Vulnerable to Hate: a Survey of Bias-Motivated Violence Against People Experiencing Homelessness in 2016-2017". Accessed April 19, 2019. [https://nationalhomeless.org/wp-content/uploads/2019/01/hate-crimes-2016-17-final\\_for-web2.pdf](https://nationalhomeless.org/wp-content/uploads/2019/01/hate-crimes-2016-17-final_for-web2.pdf)
- Lewis, Oscar. 1959. *Five Families: Mexican case studies in the culture of poverty*. New York: Basic Books.
- . 1963. "The Culture of Poverty." *Trans-action* 1, no. 1 (November): 17-19.
- . 1967. "The Culture of Poverty." *Ekistics*, January, 3-5.
- Lopez, German. 2015, Sept. 23. "11 Myths about Homelessness in America." *Vox.com*. Accessed Nov. 23, 2018. <https://www.vox.com/2015/1/15/7552441/homeless-facts-myths>
- Lyon-Callo, Vincent. 2000. "Medicalizing Homelessness: The Production of Self-Blame and Self-Governing within Homeless Shelters." *Medical Anthropology Quarterly* 14, no. 3: 328-45. doi:10.1525/maq.2000.14.3.328.
- Marcuse, Peter. 1985. "Gentrification , Abandonment, and Displacement: Connections, Causes, and Policy Responses in New York City." *Urban Law Annual; Journal of Urban and Contemporary Law* 28 (January): 193-240.
- . 2009. "From critical urban theory to the right to the city." *City* 13, no. 2-3: 185-97. doi:10.1080/13604810902982177.
- Mathieu, Arline. 1993. "The Medicalization of Homelessness and the Theater of Repression." *Medical Anthropology Quarterly* 7, no. 2 (1993): 170-84. doi:10.1525/maq.1993.7.2.02a00030.
- Mitchell, Don. 1995. "The End of Public Space? People's Park, Definitions of the Public, and Democracy." *Annals of the Association of American Geographers* 85, no. 1 (March): 108-33. <http://links.jstor.org/sici?sici=0004-5608%28199503%2985%3A1%3C108%3ATEOPSP%3E2.0.CO%3B2-M>.
- . 1997. "The Annihilation of Space by Law: The Roots and Implications of Anti-Homeless Laws in the United States." *Antipode* 29, no. 3: 303-35. doi:10.1111/1467-8330.00048.
- . 2003. *The Right to the City: Social Justice and the Fight for Public Space*. New York: Guilford Press.

- . n.d. "Homelessness, American Style." *Urban Geography* 32, no. 7: 933-56. doi:10.2747/0272-3638.32.7.933.
- Morgan, Kelsie. 2018, Sept. 5. "Mayor's 2019 budget includes funding for 10 new police officers, homeless programs." *KXLY*. Accessed May 28, 2019. <https://www.kxly.com/news/mayor-s-2019-budget-includes-funding-for-10-new-police-officers-homeless-programs/790786809>
- Move for Hunger. n.d. "Hunger and Homelessness." Move for Hunger website. Accessed April 30, 2020. <https://moveforhunger.org/hunger-and-homelessness>
- Mayo Clinic Staff. 2017, Jan. 31. "Norovirus Infection." *Mayo Clinic*. Accessed February 4, 2017. <http://www.mayoclinic.org/>.
- National Alliance to End Homelessness. 2018. "What Causes Homelessness?." Accessed November 23, 2018. [https://endhomelessness.org/homelessness-in-america/what-causes-homelessness/?gclid=Cj0KCQiA597fBRCzARIsAHWby0GDmj8bJ4AIfyF9PNKzau1j2Rzf3DarhUi9pZZMpws04foz0wgLlvoaAjPxEALw\\_wcB](https://endhomelessness.org/homelessness-in-america/what-causes-homelessness/?gclid=Cj0KCQiA597fBRCzARIsAHWby0GDmj8bJ4AIfyF9PNKzau1j2Rzf3DarhUi9pZZMpws04foz0wgLlvoaAjPxEALw_wcB)
- National Coalition for the Homeless. 2018a. "Homelessness in America". Accessed November 22, 2018. <https://nationalhomeless.org/about-homelessness/>.
- . 2018b. "#TBT – Hoboes, Bums, Tramps: How Our Terminology Of Homelessness Has Changed". June 14, 2018. Accessed Dec. 4, 2019. <https://nationalhomeless.org/tag/history/>
- . 2018c. "Vulnerable to Hate: a Survey of Bias-Motivated Violence Against People Experiencing Homelessness in 2016-2017" Dec. 21, 2018. Accessed Dec. 8, 2019. <https://nationalhomeless.org/vulnerable-to-hate-2016-2017/>
- Native Project. n.d. "About Us." Native Project Website. Accessed April 30, 2020. <http://nativeproject.org/about>
- Nooe, Roger and David Patterson. 2010. "The Ecology of Homelessness." *Journal of Human Behavior in the Social Environment*. Vol. 20, Is. 2: 105-52. <https://www.tandfonline.com/doi/full/10.1080/10911350903269757>

Parascandola, Rocco, and Thomas Tracy. 2019, Feb. 8. "Homeless Man Robbed, Sexually Abused While Looking for Scrap Metal in Queens - NY Daily News." *nydailynews.com*. New York Daily News. Accessed May 21, 2019. [www.nydailynews.com/new-york/nyc-crime/homeless-man-robbed-sexually-abused-queens-article-1.2967401](http://www.nydailynews.com/new-york/nyc-crime/homeless-man-robbed-sexually-abused-queens-article-1.2967401)

Providence Health and Services. n.d. "Caring With Compassion Across Washington." Accessed Feb. 8, 2019. <https://washington.providence.org/about>

Roncarati, Jill, ScD, MPH, PA-C, Travis Baggett, MD, MPH, James O'Connell, MD, Stephen Hwang, MD, MPH, E. Francis Cook, ScD, Nancy Krieger, PhD, Glorian Sorensen, PhD, MPH. 2018. "Mortality Among Unsheltered Homeless Adults in Boston, Massachusetts, 2000-2009". *JAMA Internal Medicine*. Published online July 30. Accessed April 23, 2019. doi:10.1001/jamainternmed.2018.2924

Sassen, Saskia. 2001. *The global city: New York, London, Tokyo*. Princeton, NJ: Princeton University Press.

Schultheis, Heidi. 2018, Nov. 20. "Lack of Housing and Mental Health Disabilities Exacerbate One Another." *Center for American Progress*. <https://www.americanprogress.org/issues/poverty/news/2018/11/20/461294/lackhousing-mental-health-disabilities-exacerbate-one-another/>

Shanks, Adam. 2020, Jan. 19. "Mayor Nadine Woodward asks for patience as she works with providers to tackle homelessness." *The Spokesman Review*. Accessed April 30, 2020. <https://www.spokesman.com/stories/2020/jan/19/woodward-asks-for-patience-as-she-works-with-provi/>

Shaw, Randy. 1996. *The Activist's Handbook: A Primer for the 1990s and Beyond*. Berkeley, CA: University of California Press.

Silverman, David. 2001. *Interpreting Qualitative Data: Methods for Analyzing, Talk, Text, and Interaction*. 2nd edition. London: Sage Publications.

Sinclair, Elizabeth. 2018, Jan. 11. "RESEARCH WEEKLY: Homelessness Increases among Individuals with Serious Mental Illness". Treatment Advocacy Center. Accessed May 21, 2019. <https://www.treatmentadvocacycenter.org/fixing-the-system/features-and-news/3965-research-weekly-homelessness-increases-among-individuals-with-serious-mental-illness->

- Siple, Julie. 2011, April 28. "A focus on healthier food for the homeless." *MPRNews*. Accessed June 5, 2018. <https://www.mprnews.org/story/2011/04/28/homeless-hunger>.
- Slater, Rachel. 2000. "Using life histories to explore change: Womens urban struggles in Cape Town, South Africa." *Gender & Development* 8, no. 2 (July): 38-46. doi:10.1080/741923632.
- Smith, Robin James. 2011. "Goffman's Interaction Order at the Margins: Stigma, Role, and Normalization in the Outreach Encounter". *Symbolic Interaction*. 34, no. 3: 357-376.
- Snow, David A. and Leon Anderson. 1987. "Identity Work Among the Homeless: The Verbal Construction and Avowal of Personal Identities". *American Journal of Sociology*. 92, no. 6. (May): 1336-1371.
- spokanecares.org. 2017a, March. "Free Meals Served." Accessed June 5, 2018. <http://www.spokanecares.org/free-meals.php>.
- spokanecares.org. 2017b. "Homelessness." Accessed May 8, 2019. <http://spokanecares.org/homeless-community-spokane.php>
- Spokesman Review. 2017, Sept. 24. "Spokane Does Care About the Homeless." *Editorial*. <https://www.spokesman.com/stories/2017/sep/24/spokane-does-care-about-the-homeless/>
- State of Washington Dept. of Commerce. 2017. "2017 Annual Point in Time Count County Summary." Accessed Dec. 2017. <http://www.commerce.wa.gov/serving-communities/homelessness/annual-point-time-count/>
- . 2018. "2018 Annual Point in Time Count County Summary." Accessed Jan. 2019. <http://www.commerce.wa.gov/serving-communities/homelessness/annual-point-time-count/>
- Stergiopoulos, Vicky, Agnes Gozdzik, Vachan Misir, Anna Skosireva, Jo Connelly, Aseefa Sarang, Adam Whisler, Stephen W. Hwang, Patricia O'Campo, and Kwame McKenzie. 2015. "Effectiveness of Housing First with Intensive Case Management in an Ethnically Diverse Sample of Homeless Adults with Mental Illness: A Randomized Controlled Trial". *PLoS One*, Jul, Vol.10(7), p.e0130281. Accessed May 20, 2019. <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0130281>
- Streetwise. 2010, July 7. "The History of Homelessness in America, 1640-Present". Street News Service. Accessed Dec. 4, 2019. <http://www.icyte.com/system/snapshots/fs1/a/6/2/9/a629f3ad36b4b7f3531300cc7be1cd2cec5e73fa/index.html>



- Susser, I. 1996. "The Construction Of Poverty And Homelessness In US Cities." *Annual Review of Anthropology* 25, no. 1: 411-35. doi:10.1146/annurev.anthro.25.1.411.
- Tarr, Peter. 2018, Nov. 19. "Homelessness and Mental Illness: A Challenge to Our Society". Brain & Behavior Research Foundation. Accessed May 20, 2019. <https://www.bbrfoundation.org/blog/homelessness-and-mental-illness-challenge-our-society>
- Taylor, Susannah. 2013. "Structural Violence, Oppression, and the Place-Based Marginality of Homelessness." *Canadian Social Work Review / Revue canadienne de service social* 30, no. 2: 255-73. [www.jstor.org/stable/43486773](http://www.jstor.org/stable/43486773) .
- Timmer, Doug A., D. Stanley Eitzen, and Kathryn D. Talley. 2019. *Paths to Homelessness: Extreme Poverty and the Urban Housing Crisis*. New York, NY: Routledge.
- Trella, Deanna, and Timothy Hilton. 2014. "'They Can Only Do So Much:' Use of Family While Coping with Rural Homelessness." *Contemporary Rural Social Work* 6: 16-39.
- Turner, Victor. 1974. *Dramas, Fields, and Metaphors: Symbolic Action in Human Society*. Ithica: Cornell University Press.
- Union Gospel Mission. n.d. "Gospel". Accessed Feb. 18, 2019. <https://www.uniongospelmission.org/gospel>
- United Way of King County. 2019. "Are All Homeless People Drug Addicts?" Posted April 22, 2019. <https://www.uwkc.org/news/are-all-homeless-people-drug-addicts/>
- Vance, J. D. 2016. *Hillbilly Elegy: A Memoir of a Family and Culture in Crisis*. New York: Harper.
- Venkataramanan, Meena. 2018, July 31. "'Medicare-for-All' program could cost \$32 trillion but may also save \$2 trillion." *ABC News*. Accessed February 11, 2020. <https://abcnews.go.com/Politics/32-trillion-price-tag-sanders-medicare-program-koch/story?id=56938226>
- Vestal, Shawn. 2018. "Shawn Vestal: Spokane needs more affordable housing and neighbors willing to accept it next door." *The Spokesman-Review*. Fri., June 8, 2018, 5:30 a.m. Accessed May 9, 2019. <https://www.spokesman.com/stories/2018/jun/08/shawn-vestal-spokane-needs-more-affordable-housing/>

- WALB News Team. 2016, August 18. "Police Investigate Rape of Homeless Woman." *WTVM.com*. Accessed May 21, 2019. <http://www.wtvm.com/story/32794218/policeinvestigate-rape-of-homeless-woman>
- Walters, Daniel. 2019, May 2. "In the divisive debate over homelessness, candidate Ben Stuckart gets hammered from all sides." *The Inlander*. Accessed May 28, 2019. <https://www.inlander.com/spokane/in-the-divisive-debate-over-homelessness-mayoral-candidate-ben-stuckart-gets-hammered-from-all-sides/Content?oid=17540433>
- Walters, Kate. 2018, Dec. 18. "Seattle homeless population is third largest in U.S., after LA and NYC." *KUOW News*. Accessed Feb. 28, 2019. <https://www.kuow.org/stories/here-s-how-seattle-and-washington-compare-to-national-homeless-trends>
- Wardhaugh, Julia. 1996. "'Homeless In Chinatown': Deviance And Social Control In Cardboard City". *Sociology* 30, no. 4 (November): 701-716.
- Wasserman, Jason and Jeffrey Clair. 2010. *At Home on the Street: People, Poverty and a Hidden Culture of Homelessness*. Boulder:Lynne Rienner Publishers.
- Weinrich, Sally, Sally Hardin, Dale Glaser, Mary Barger, Jill Bormann, Cabiria Lizarraga, Micheal Terry, Jeeni Criscenzo, and Carolyn B. Allard. 2016. "Assessing Sexual Trauma Histories in Homeless Women". *Journal of Trauma & Dissociation* Volume 17, Issue 2: Pages 237-243.
- White, Rebecca. 2018, Nov. 16. "As one-man hunger strike continues, city lawmakers reexamine sit-and-lie ordinance." *The Spokesman-Review*. Accessed May 23, 2019. <https://www.spokesman.com/stories/2018/nov/16/city-looks-into-sit-and-lie-law-after-hunger-strik/>
- Williams, Brett. 1999. "'There Goes the Neighborhood': Gentrification, Displacement, and Homelessness in Washington D.C." In *There's No Place Like Home: Anthropological Perspectives on Housing and Homelessness in the United States*, edited by Anna Lou Dehavenon, 145-74. Westport, Conn: Bergin & Garvey.
- Wolch, Jennifer R., and Michael J. Dear. 1993. *Malign neglect: homelessness in an American city*. San Francisco: Jossey-Bass.

- Woolley, Emma. 2015, Feb. 6. "What are the top 10 health issues homeless people face?" Canadian Observatory on Homelessness/Homeless Hub: York University. Accessed April 8, 2019. <https://www.homelesshub.ca/blog/what-are-top-10-health-issues-homeless-people-face>
- Wright, James. 1989. *Address Unknown: The Homeless in America*. New York: Aldine de Gruyter.
- Wright, Talmadge. 1997. *Out of Place: Homeless Mobilizations, Subcities, and Contested Landscapes*. Albany: State University of New York Press.
- . 2000. "Resisting Homelessness: Global, National, and Local Solutions". *Contemporary Sociology*, Vol. 29, No. 1, Utopian Visions: Engaged Sociologies for the 21st Century (Jan.), pp. 27-43. Accessed Dec. 13, 2019. <https://pdfs.semanticscholar.org/4d86/47e6fb2ee13f1b0cda1501e7d3a46c48ded4.pdf>
- Yardley, Amy. 2017. "Communicating Within the Culture of Poverty". Lecture presented at Culture of Poverty Seminar, Sacred Heart Medical Center, May 19, 2017.

## Vita

Author: Brandon Poepping

Place of Birth: Watsonville, California

Undergraduate Schools Attended: University of Montana

Eastern Washington University

Degrees Awarded: Associates of Applied Science, 2001, University of Montana

Bachelor of Arts, 2016, Eastern Washington University

Honors and Awards: Graduated Magna Cum Laude, Eastern Washington University, 2016

Professional Experience: Activities Assistant, Royal Park Health and Rehabilitation, 2008-2020