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HOMELESSNESS: A COMMENTARY AND A BIBLIOGRAPHY

*Raymond B. Marcin**

Homeless persons, by definition, lack one of the basic necessities of life and by implication they have grave problems with respect to the other basic necessities. Their plight may be considered to be the one bottom-line underpinning of the claim that individuals and society have moral duties to aid persons in economic need; we very often classify and categorize in such a way that homeless persons find themselves on the outside, unaided, seemingly unthought of.

For example, the federal system of "categorical" welfare assistance has never listed "homelessness" as one of the favored categories, and the response of many local governments to the plight of the homeless "vagrant" until quite recent times was simply to chase the person out of town. Recently there has been an upsurge of interest in the issue of homelessness, sparked partly by a shocking upsurge in the incidence of the phenomenon itself and partly by a maturation in our collective thinking on the issue. The upsurge of interest, at any rate, is strong enough to suggest the utility of a bibliography on the subject. The bibliography is to be considered the major part of and the *raison d'être* for this article, with the commentary that follows representing the author's personal reactions and observations on reading and thinking about many of the items in the bibliography.

COMMENTARY

There must be reasons why our welfare delivery systems seldom target homeless persons for direct, conscious, and committed attention. One of the reasons may be that we, as a society, never really come to grips in our collective psyche with homeless persons as they truly are. We sanitize and glamorize their situation. In a sense, we even give them a "home." One recalls the image of the great actress Bette Davis playing "Apple Annie," a homeless woman in a physical sense, but one who seemed to treat her homelessness not as a plight but as an accepted, valued, almost precious aspect of her individuality. And, in a sense, "Apple Annie" wasn't even truly homeless,

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surrounded and supported as she was by a score of rough-edged but charming Damon Runyan types. Of course the "Apple Annie" image of the homeless person can not be thought of as a serious attempt to come to grips with the reality of homelessness. It — and its countless repetitions in movie and TV genre — was a caricature (a cartoon, it might not be inaccurate to say). But sometimes we get down to business in our social thinking and in our literary forms and we try to depict the reality of the plight of homeless persons. Even when we do, however, as in Steinbeck's *The Grapes of Wrath*, we seem unable to depict the bleak, stark, and empty fact of homelessness itself. The Joads had a home. For every mile of their endless, homeless journey, they had a home. Their home was in the aura that emanated from Ma Joad in the story, the aura that, for want of a better word, "affirmed" them. No, the homeless person is not "Apple Annie," or even the Joads; the homeless person is a sixty-one-year-old former psychiatric patient who was found dead in a cardboard box on a New York City street in January of 1982, eight months after her welfare entitlements were revoked. The reality is not the cartoon, but the carton, not the aura of affirmation in a family, but the meaningless death, alone, in the cold.

Whether we admit it or not, we know deep down that we are put off by the homeless person. Even in our efforts to alleviate her plight, we distance ourselves from her. We like to focus on the causes of homelessness. By identifying causes, we can project blame away from ourselves, to the government, to the system. And we can work, cleanly and neatly, on the causes: we can provide more low-income housing, more jobs, more job training opportunities. And then we can rest, content. But homelessness persists, and we wonder why.

The trouble is that the causes (and the effects, for that matter) of homelessness are not easily classifiable into traditional and workable categories. Homeless persons, singly or in combination, face problems like alcoholism, drug addiction, mental illness, physical illness, economic displacement, family dissolution, old age, the effects of physical abuse, the effects of psychological abuse, fear, hunger and more. And they face these problems outside a self-affirming environment, without a home to go to for rest and comfort, and in a social setting in which they are branded as life's failures.

If the problem of homelessness is serious and desperate, it is also very, very large. In its report entitled *The Federal Response to the Homeless Crisis*, approved and adopted on April 2, 1985, the Committee on Government Operations of the United States House of Representatives expressed its belief that

based on the hundreds of studies prepared on the homeless, the

review by the General Accounting Office, testimony of homeless experts from various parts of the United States, and the [Intergovernmental Relations and Human Resources] subcommittee's hearings and field investigations across the country, homeless is a massive epidemic. The committee believes that the magnitude of homelessness is so overwhelming that the problem must be treated as a national emergency.¹

At another point the committee observed that

[b]y the end of 1983 . . . the country was witnessing . . . the largest homeless population since the Great Depression of the 1930's.²

If the homeless epidemic in the United States is massive in extent, the attention paid to the needs of the homeless population seems correspondingly minimal. The Committee also found that

[t]he most elementary emergency shelter systems in America's largest cities are not only inadequate, but in some cases they are inhumane. Beyond basic shelter, services to assist homeless families, women and youth are scarce. Transitional programs to assist the homeless in finding housing and jobs are almost non-existent. Medical services for the homeless are lacking. And the deinstitutionalization of the mentally ill has created a void in aid that has left hundreds of thousands of mentally ill Americans on the street. These unmet needs are a national disgrace.³

Deinstitutionalization

The late 1940's was an era of great confidence. We had achieved, in a relatively short time, two enormous successes. We had pulled ourselves out of the Great Depression and had won a great military and moral victory. We had a euphoric energy, sparked and generated by those collective successes. And we had unlocked the secret of the atom. We were the greatest society ever to have inhabited the planet. There was nothing that we could not do — no problem that we could not solve. And so we turned our attention to problems that we had hitherto denied or forgotten or ignored. As we were a great moral society, we began to give attention to the great moral and social problems: racial and religious discrimination, alcoholism, even mental illness. Our euphoria, of course, did not last. It ebbed along with our confidence in 1950, with the Korean Conflict, as we watched the shrinking of the Pusan perimeter on our new television sets. Our energies turned elsewhere,

1. H.R. Rep. No. 47, 99th Cong., 1st Sess. 11, 12 (1985).

2. *Id.* at 14.

3. *Id.* at 27.

and with "McCarthyite" zeal we directed it towards blaming rather than solving.

Projects begun in euphoria often bog down. Euphoria likes to make plans, but not to execute them. And good plans, poorly or partially executed, can and often do create situations which are worse than the original problem. Something like that has happened with respect to our national effort to solve this country's mental health problem.

We had, for generations, largely ignored, forgotten, and denied our society's mental health problem. Mentally ill people were institutionalized, usually in rural facilities, where they could rest quietly, receive appropriate treatment, and become cured. We recognized that mental illness was often more difficult to cure than physical illness, and so we tolerated and came to accept the idea that mentally ill patients had to be institutionalized for very long times, even for life.

In the late 1940's, with our newfound social and scientific energy and courage, we looked into our institutions for the mentally ill. We found — instead of rest, treatment, and cure — the "snake pit." The late 1940's witnessed sensational exposes of conditions in institutions throughout the country. An article in the July 29, 1987, *Baltimore Sun*, under the byline of Scott Shane, recounted a 1949 series of articles in the *Sunday Sun* and *Evening Sun* entitled "Maryland's Shame":

'Maryland's overcrowded state mental hospitals are breeding chronic insanity faster than they can cure it,' the series began. 'The five tax-supported mental institutions were built to house 6,000, but already nearly 9,000 are packed into their gloomy, frequently foul-smelling rooms. . . .'

'Inside the walls of these Maryland snake pits,' men, women, and children are living like animals,' the first story declared. For the skeptical reader, the series' outspoken prose was accompanied by horrific photographs, including some of the patients chained naked to the floor.⁴

We, perhaps, had an inkling that our institutions for the mentally ill were not the pleasant rest homes that they were designed to be, but we had never been able to admit to ourselves that they could possibly resemble the bedlam of Dickens' day. As exposé followed exposé, we now faced that fact and sought a solution for the problem. More or bigger mental hospitals did not seem to be the solution. Overcrowding was, or seemed to be, only one of the problems. The institutions themselves seemed to be "breeding chronic insanity." We began to explore and endorse the idea of treating mentally ill

4. The Sun, July 29, 1987, at A12, col. 2.

persons, as much as possible, in a "normal" environment. The discovery of antipsychotic drugs in the early 1950's provided the means of realizing that idea on a mass scale, and from the mid-1950's onward, "deinstitutionalization" emerged as a consensus policy.

In 1955 the number of residents in state and county mental hospitals was 558,922. By 1970, the number had dropped to 338,592. By 1980 it was 1,321,64⁵ and the estimate at the present time is 1,200,00⁶. Interestingly, at the same time as mental hospital populations were being lowered dramatically — by more than seventy-five percent between 1955 and 1980 — mental hospital admissions were rising dramatically from a nationwide annual total of 178,033 in 1955 to 370,344 in 1980.⁷

Our enamorment with the policy of deinstitutionalization was not, of course, unsophisticated. We recognized something of the need for extrainstitutional treatment centers. There had to be some places where antipsychotic medication and outpatient therapy could be provided. And so it was that in 1963 Congress passed the Community Mental Health Centers Act to create a network of mental health clinics.⁸ The centers, of course, were to be a part of the overall deinstitutionalization policy. They were to provide the treatment that was needed by mentally ill persons, but in a noninstitutional, non-residential environment — a more "normal" environment.

There were, perhaps, two clues that should have alerted us to the fact that deinstitutionalization coupled with community health centers did not amount to a complete solution to the mental health problem, and were, perhaps, breeding a new problem. The first clue was that, as previously mentioned, admissions to residential mental hospitals were increasing dramatically at the same time as raw numbers of residents in those hospitals were decreasing dramatically. Many people with mental health problems were not getting what they needed in the community mental health centers. There was a genuine need for residential care, at least for a period of time during the treatment process. Some persons with mental health problems found themselves, as journalist Scott Shane put it, "in a revolving hospital door, unable to survive for long in the community."⁹

The second clue was in the fact that the role of the community mental health centers seemed to change its emphasis. Their role had from the begin-

5. 1986 WORLD ALMANAC, 786 (1986).

6. Shane, *Community Programs for Mentally Ill Are Far Too Few*, The Sun, July 29, 1987, at A12, col. 4.

7. 1986 WORLD ALMANAC, 786 (1986).

8. Mental Retardation Facilities and Community Mental Health Centers Construction Act of 1963, Pub. L. No. 88-164, 77 Stat. 282 (1963).

9. The Sun, July 29, 1987 at 12A, col. 2.

ning been recognized as a dual one, a duality shared by most comprehensive medical programs: the curative and the preventive. Fairly early on, the community health centers found themselves emphasizing their preventive role in the mental health arena. They began to devote great amounts of time and energy to the stresses caused by marital and adolescent problems. Perhaps they should have been asking themselves why it was so easy to find the time and energy to devote to preventive mental health activities. It is clear now, in hindsight, that the chronically mentally ill, those in need of time-consuming and energy-sapping effort were dropping out. The chronically and seriously mentally ill were simply not getting what they needed from the community mental health centers. Their unmet needs? See clue one: Many of the chronically mentally ill needed housing and supervision, things that the community mental health centers were not well equipped to provide and that the residential mental hospitals only provided on a "revolving-door" basis.

Thus, the chronically and seriously mentally ill became victims of the policy of deinstitutionalization and its positive counterpart, *i.e.*, the goal of treatment in the most "normal," least restrictive environment, and joined the legions of the homeless *en masse*.

An incongruous postscript to this chronology — one that perhaps serves to underscore the tragedy of the unintended effect of deinstitutionalization — involves another well-intentioned effort in the mental health arena: the patients' rights movement. With the explosion of civil-rights sensitivities across the country in the late 1960's and 1970's came many lawsuits on behalf of mentally ill persons insisting upon their right to treatment in the least restrictive, most "normal" setting. These served to entrench deinstitutionalization in the law as a national policy. The unintended effect was to make residential facilities less reluctant, even more willing, to discharge residential patients into nebulous housing situations and to adopt more restrictive admissions policies.

The National Institute of Mental Health ("NIMH") now estimates that fifty percent of homeless persons may have severe mental disorders.¹⁰ And the Committee on Government Operations of the United States House of Representatives has suggested that the percentage is, in reality, larger.¹¹ Raw estimates of the number of homeless persons in the United States today

10. House Comm. on Government Operations, *THE FEDERAL RESPONSE TO THE HOMELESS CRISIS*, H.R. Rep. No. 47, 99th Cong., 1st Sess. 4 (1985). [hereinafter *THE FEDERAL RESPONSE*].

11. *Id.* at 4, 5.

range up to 3.5 million.¹²

By any standard, deinstitutionalization has contributed enormously to the extent of the homelessness problem in the United States. It has also contributed enormously to the depth and severity of the problem. For all our good intentions, we seem, with respect to far too many severely mentally ill persons, merely to have replaced the bedlam of the "snake pit" with the loneliness and chaos of the streets.

The solution? A return to institutionalization? Hardly. Can a problem of such depth and severity even *be* solved? Indications are, curiously enough, that it is not the depth and the severity of the problem caused by deinstitutionalization that stands in the way of its solution. Successful community programs for the mentally ill do exist. What stands in the way of a solution to the problem is, quite simply, its extent.

Some few programs have been in existence for a long enough time to show promise of success, and possibly to serve as models for others. One such program was founded in Baltimore in 1981, and is known acronymically as PEP (People Encouraging People). With a \$1.5 million annual budget, secured from both public and private sources, PEP offers two supervised apartment complexes, a rehabilitation center where training is given in basic social skills and personal hygiene as well as clerical, carpentry, and cooking skills, and job opportunities are afforded in a sheltered setting.¹³

Something like the PEP program may have been on the minds of members of the House Committee on Government Operations when, in April of 1985, they directed a recommendation to the NIMH, urging it to "formulate models for community mental health centers to fill the void created by the deinstitutionalization of the mentally ill."¹⁴ But it should not be forgotten that the Community Mental Health Centers Act of 1963 was supposed to serve that same purpose and does not seem to have been successful. A bolder restructuring of that Act in light of what we now know of its deficiencies would seem to be necessary in order to effect an implementation of any NIMH pilot programs or models.

Homeless Families

Perhaps the most famous homeless family, the one that most Americans have heard of, is a fictitious one: the Joads of Steinbeck's *Grapes of Wrath*.

12. Spar & Austin, THE HOMELESS: OVERVIEW OF THE PROBLEM AND THE FEDERAL RESPONSE 1 (Available at Cong. Res. Service, Sept. 14, 1984).

13. Shane, COMMUNITY PROGRAMS FOR MENTALLY ILL ARE TOO FEW, The Sun, July 29, 1987, at 12A, col. 5.

14. THE FEDERAL RESPONSE, *supra* note 10, at 29.

So-called "Oakies," victims of drought, dust storm, and depression, the Joads suffered an odyssey, from a bitterly hard eviction from their home in Oklahoma to an even more bitter world of crushed hopes in California, that captured the reality of an era. Yet, as brilliant and thought provoking and socially productive as the novel was and is in terms of touching human sensitivity, one cannot avoid the thought, upon leaving its pages, that the Joads were not a realistically typical homeless family. They seemed to *grow*, as the reader grew, in strength of character, in understanding, and in humanity in the midst of their worsening plight. Their hopes were crushed, they were exploited mercilessly, they suffered horribly and tragically, but they grew. Tom Joad grew from aimless ex-convict into a leader of the people, steeled and strengthened by his hardships. Ma Joad grew from homemaker into "home" itself, the center, the source of strength and comfort for Ruthie and Winfield. And "Rosasharn" grew (more in the novel than in the movie) from selfish and pouty adolescent into an incipient but unmistakable image of her mother.

The Joads grew in the novel, because Steinbeck wanted the reader to grow. But Steinbeck himself knew that the Joads were not typical: their growth, even their survival, is portrayed as something remarkable, an aberration amidst the destruction of human spirit that was going on all around them.

Family homelessness was a grave problem in the 1930's, and although it was addressed in the Roosevelt-era economic legislation of the late 1930's, it was not alleviated significantly until World War II restructured and revitalized the economy and American society in general. Family homelessness became a statistical nonproblem, when in the 1940's and 1950's homeless families represented, according to a 1986 United States Conference of Mayors report, only a "negligible" portion of the overall homeless population.¹⁵ Today, however, families comprise nearly twenty-eight percent of all homeless persons in the United States.¹⁶ During the 1980's, while homelessness itself has been increasing as much as thirty-eight percent per year,¹⁷ the fastest increase has been among homeless families.¹⁸ And this time the causes of the new phenomenon of family homelessness are not drought, dust storms,

15. U.S. Conference of Mayors, *THE GROWTH OF HUNGER, HOMELESSNESS AND POVERTY IN AMERICA'S CITIES IN 1985*, 7, 8, Jan., 1986.

16. *Id.*

17. General Accounting Office, *HOMELESSNESS: A COMPLEX PROBLEM AND THE FEDERAL RESPONSE*, HRD-85-40, 10, Apr. 9, 1985.

18. See e.g., *Time*, Nov. 24, 1986, 27, 28. A director of the Massachusetts Coalition for the Homeless estimates that over the two years preceding 1986 nearly three-fourths of those entering the ranks of the homeless were families, mainly young single women with children. *Id.*

and depression. They are, according to the Committee on Government Operations of the United States House of Representatives, ironically, found mainly in deficiencies in programs that we have initiated in order to prevent family homelessness: the scarcity of low-income housing, inadequate income or public assistance benefits, increases in personal crises, and cuts in federal assistance programs.¹⁹ In assessing the causes of family homelessness, the Committee reached an alarming conclusion: "The web of inter-related Federal, State and local emergency assistance available to homeless families has caught destitute families seeking relief in a trap that only leads downward to a break-up of the family structure."²⁰ The conclusion was buttressed by the testimony of the executive director of a Washington, D.C. shelter for homeless, destitute, and abused women and children known as the House of Ruth:

We are currently standing by and watching the complete disintegration of the only unit of support that poor Americans have, and that is the family. We have created solutions that take children away from their mothers because it's easier. We have created more shelters for single adult males and females rather than for families because it's easier. And we have expected mothers to support a child with an extra \$51 a month in a public assistance check, and yet will give a foster parent six times that amount per month to take care of the same child, or \$60 per day for an infant placed in a facility such as St. Anne's in Maryland, because it's easier.²¹

An attorney for the Legal Aid Foundation of Los Angeles, testifying before the same subcommittee, spoke of the "Catch-22" faced by homeless families looking to the government for assistance:

A homeless family applies for assistance. The social worker decides the children are in danger because they are living in a car. The police are called. The children are taken and placed in a place called McLaran Hall, which is a kind of warehouse for the children that we run in the county. And then at some point, the children are taken away and put in a foster home. Then a kind of tragedy begins. The parents are no longer eligible for AFDC because they don't have any dependent children because the police have removed them. So, they receive nothing, the children are permanently placed in some sort of a foster care situation. The family is

19. House Comm. on Government Operations. HOMELESS FAMILIES: A NEGLECTED CRISIS, H.R. Rep. No. 982, 99th Cong., 2d Sess. 3-6 (1985) [hereinafter REPORT ON HOMELESS FAMILIES].

20. *Id.* at 11.

21. THE FEDERAL RESPONSE, *supra* note 10, at 66. Subcommittee on Intergovernmental Relations and Human Resources of the Committee on Government Operations of the U.S. House of Representatives, HEARING ON EMERGENCY AID TO FAMILIES PROGRAM, testimony of Sandra Brawders, executive director of House of Ruth. Also quoted *id.*, p. 11, 12.

destroyed.²²

There are no "Joads" among the homeless family population today.

It must be acknowledged that to those who are familiar with the structure and content of the federal welfare statutory scheme, the notion that it may somehow result in the break-up of the family unit and the destruction of the family may seem to be overstated. In truth, there is a component in the federal welfare scheme that is designed to address the problems of homeless families in such a way that they are kept together, not destroyed. In 1967, in connection with the so-called "War on Poverty," Congress amended Title I of the Social Security Act to establish the Emergency Assistance Program ("EA") of the Social Security Administration. The Social Security Act had, of course, already provided for a system of welfare assistance to families in need, the Aid to Families with Dependent Children Program ("AFDC"). EA became, in 1967, a component of the AFDC program. It was designed to afford families in crisis situations immediate assistance without the lengthy and burdensome application process entailed under the main and more permanent AFDC program. Temporary family shelter was one of the kinds of emergency assistance contemplated under the EA program.

Jo Anne B. Ross, Associate Commissioner for Family Assistance of the Social Security Administration, explained the role of EA in the family homelessness situation in testimony before the House Subcommittee on Intergovernmental Relations and Human Resources, in March of 1986:

Emergency Assistance can provide a family who has lost a home the time and means to get resettled. Alternatively, for homeless families with continuing needs, Emergency Assistance can bridge the gap between the onset of the crisis and the time that on-going maintenance programs can respond.

For example, Emergency Assistance can pay for temporary shelter, storage or replacement of household goods, and relocation costs involved in moving to a new or former home.²³

That sanguine assessment of what the EA program is designed to do and can do is not inaccurate, and yet family homelessness is not on the wane. On the contrary, it is increasing in epidemic proportions despite EA. There are reasons why EA, though well intentioned, is not working. There are reasons

22. Hearings before a subcommittee of the Committee on Government Operations, U.S. House of Representatives, *THE FEDERAL RESPONSE TO THE HOMELESS CRISIS*, Oct. 3, Nov. 20, and Dec. 18, 1984; testimony of Gary Blasi, p. 1116.

23. *EMERGENCY AID TO FAMILIES PROGRAM 1986: HEARINGS BEFORE THE SUBCOMM. ON INTERGOVERNMENTAL RELATIONS AND HUMAN RESOURCES OF THE HOUSE COMM. ON GOVERNMENT OPERATIONS*, 99th Cong., 2d Sess. 29 (1986) [hereinafter *EMERGENCY AID*] (testimony of Jo Anne B. Ross).

why the House Committee on Government Operations has found "tragic irony" in the EA program and has found the shelter system for homeless families which it finds to be destructive to families, harmful to children, and possibly perpetuative of long-term homelessness among families.²⁴

The first reason why family homelessness is increasing in epidemic proportions, despite EA, is that EA is an optional program only. It is not in effect nationwide. States do not have to take advantage of it, and thus far only twenty-eight have chosen to do so. States are reimbursed as much as seventy-five percent for ordinary AFDC expenditures, but the federal government will only reimburse fifty percent of the cost of family shelter programs under EA. In other words, the financial incentive for the states to enter the EA program is problematic.

The second reason has to do with the reality of the housing market for families living in poverty. In design, EA is supposed to provide only temporary emergency shelter while other components of the AFDC system work on getting permanent habitation for the homeless family. The unspoken underlying assumption is that the habitation is there and is available within the constraints of the AFDC budget. The reality is that in rapidly increasing numbers of incidents it is not there. Low income housing is fast disappearing:

[T]wo and one-half million people . . . are displaced from their homes every year as a result of eviction, revitalization projects, economic development plans and spiraling rent inflation. While rents increase beyond reasonable costs, a half million units of low-rent dwellings are lost each year as a result of condominium conversions, abandonment, arson and demolition.

The national housing shortage may exceed 1.7 million units by 1990.²⁵

With the dearth of available low-income dwellings, stays in emergency EA-funded facilities become extended, feelings of despair and alienation fester, and the children bear the brunt of it all. A Harvard Medical School study recently found that forty-seven percent of the preschoolers in shelters had severe developmental impairments.²⁶

Another reason why EA is not living up to its promise and its design is that it does not seem to have been properly overseen. The House Committee on Government Operations has observed that the United States Department of Health and Human Services ("HHS") has allowed state governments a totally free hand in administering the EA program despite federal regula-

24. REPORT ON HOMELESS FAMILIES, *supra* note 19, at 15.

25. *Id.* at 3.

26. *Id.* at 17.

tions requiring HHS to monitor, review, and audit the state administration of EA funds. The result seems to have been the creation of a boom industry for shelter operators.

Slumlords who own welfare hotels where the City [of New York] places homeless families take in as much as \$3,000 a month to house a single family in a squalid room. Meanwhile the City's public assistance guidelines allow a family of three \$247 a month for rental housing.

In Washington, D.C., the local government pays similar amounts to lodge homeless families at the Pitts Hotel, the Capitol's [sic] run-down welfare hotel for the homeless.²⁷

The mathematics of this kind of exorbitant waste are staggering. If, with close monitoring, reviewing, and auditing, the costs of emergency shelter assistance could be brought near to prevailing public assistance guidelines for rental housing: twelve families could be served for the amount that the New York City EA program commonly authorizes for one family.

Beyond the lack of financial monitoring, audit, and review, there is, according to the Social Security Administration's Associate Commissioner for Family Assistance, "no quality control requirement for the Emergency Assistance Program,"²⁸ even though there is such a system for the AFDC Program. The conclusion did not escape the House Committee on Government Operations. Huge amounts of EA's already limited financial resources are being wasted on exorbitant and standardless shelter.

In the face of the epidemic of family homelessness and the deficiencies in the present EA approach of the federal government, the House Committee on Government Operations has made six recommendations:

- (1) HHS should follow its regulations and audit, review and monitor the EA program to ensure that emergency shelter funded by the federal government is sufficient to protect the health and well-being of members of homeless families, and is also cost effective.
- (2) Using EA funds, in conjunction with state and local budgets, HHS should develop a model shelter program for homeless families.
- (3) HHS should conduct an outreach and education program to inform those states not participating in EA, but that have homeless problems, about the benefits and uses of the EA program to encourage states to use the federal emergency funding.
- (4) HHS should use EA program statistics as a partial basis for counting the numbers of homeless families.

27. *Id.* at 13.

28. EMERGENCY AID, *supra* note 23, at 41 (testimony of Jo Anne B. Ross).

(5) The President should issue an executive order declaring homelessness a national emergency and require the federal government to coordinate all existing resources to provide immediate emergency assistance and long term solutions to the crisis of the homeless.

(6) Congress should amend Title I of the Social Security Act to allow EA to be used for the construction, purchase, rental, and rehabilitation of emergency shelters for homeless families.²⁹

Perhaps the most thought-provoking of the Committee's recommendations is its second: the development of a model shelter program for homeless families. In reading the Committee's description of such a hypothetical project one cannot help thinking, though on a simpler scale, of the only "home" the Joad family in Steinbeck's *The Grapes of Wrath* ever really found in all their wanderings among the migrant shacks and tent complexes. It was a camp for homeless families operated by the state government, and it had some of the characteristics of the model shelter hypothesized by the Committee:

A model system would begin with sanitary shelter offering a modicum of privacy for families. Such a shelter would serve nutritious food, and would also offer day care, employment counseling and medical services. Because of the generally dysfunctional state of most homeless families, a model shelter should offer multidisciplinary case management that would evaluate each family according to its emotional, physical and personal problems, and recommend a therapeutic plan of assistance that will eventually lift families from their long-term state of homelessness.³⁰

The thought that one cannot help having is the thought that Tom Joad expressed when the night watchman of the government camp had explained all the services, facilities, and other features of the "sanitary units."

"Well, for Christ's sake! Why ain't there more places like this?"

The watchman looked sullen. "You'll have to find that out for yourself. Go get some sleep."

Neither Tom nor the reader ever found the answer to that question. Fifty years have gone by, and we are still looking for it.

Bibliography

There are many good sources of information for those who may wish to learn more about the phenomenon of homelessness. One source is quite official, declared to be such by federal law. The Federal Task Force on the

29. REPORT ON HOMELESS FAMILIES, *supra* note 24, at 18, 19.

30. *Id.* at 18.

Homeless was established in 1983 mainly to coordinate the various disparate federal activities and programs that aid the homeless, directly or indirectly. It also, however, exists by law as an information source on homeless services for the White House, Congress, and "the provider community." The Task Force includes representatives from fifteen federal agencies. An unofficial source of information is the National Coalition for the Homeless, a private organization based both in New York City and Washington, D.C. The Coalition publishes an excellent newsletter called "Safety Network." (Parenthetically, the Coalition's is not the only newsletter involved in the movement to aid homeless people; one, called "D.C. Home News" is written by homeless people themselves in the Nation's Capital.)

Following is a listing of many books and monographs, reports, articles, and other information sources on the issue of homelessness. It is not pretended that the list is exhaustive.

Several general bibliographies on the subject of homelessness exist either in monograph or in article form, and the ones noted below in reverse chronological order have been helpful in the compilation of this bibliography:

Homelessness in America: Hearing Before the Subcomm. on Housing and Urban Affairs of the Senate Comm. on Banking, Housing, and Urban Affairs, 100th Cong., 1st Sess. (1987).

A. CIBULSKIS & C. HOCH, *HOMELESSNESS: AN ANNOTATED BIBLIOGRAPHY* (1986).

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