The Benefits of Leniency in Homeless Shelters

Various types of homeless shelters have existed for centuries. City governments built almshouses as early as the eighteenth century for the poor, sick and homeless, and homeless people erected shantytowns during the Great Depression (Kusmer 5-18). However, the early shelter models did not exclusively serve the homeless; they put people who had been institutionalized or were physically ill, starving, and/or without shelter into one category. As a result, most shelters were very large and housed many differently afflicted people. Over time, as homelessness became a more evident problem, shelters became smaller and more exclusive; by the late 1800s, lodges similar in administrative structure to today's shelters were being built strictly for those who were homeless (Kusmer 74). However, the lodges were dirty, crowded, kept out of sight and "the procedures of many lodging houses often resembled that of a penitentiary" (Kusmer 78). Renovations and innovations across major cities in the 1960s resulted in the destruction of many of the lodging houses (Kusmer 236). Whether it was because the homeless population became scattered as a result or because it had already diminished by the time skid rows collapsed under wrecking balls, homelessness seemed for at least a decade to be less of an epidemic. However, a reemerging of the homeless population during the recession in the 1980s changed the outlook on homelessness and sparked the widespread institution of new shelters with new structures (Kusmer 240). The smallness and exclusivity of the new shelters meant that new, stricter rules were implemented as well.
Today, there are essentially two types of homeless shelters: emergency and long-term. Long-term shelters are usually shelters with specific goals focused on "enhancing residents' self-sufficiency" (Daly 181). For example, there are recovery centers reserved for homeless addicts who want to recover from their addictions. Recovery centers naturally have strict rules regarding alcohol, drug, and tobacco use and possession. There are also family centers that house children and their parents. Family centers may have strictly enforced curfews, mandatory parenting classes, schooling, and many other rules that the shelter staff perceive to be beneficial to the children of homeless parents (Williams 62). Most of the rules provide necessary structure, safety, and opportunity for long-term growth, although the attitude that surrounds those rules, as Jean Williams writes in her book, "works against community building among residents" (63). This attitude, taken on primarily by shelter staff and by housed communities surrounding the shelters, is one of superiority and discriminatory power, and it is relevant in short-term shelters as well as long-term.

Short-term shelters are used for a certain number of hours in a day, and most of them are overnight shelters. Overnight shelters accept a wide variety of people, and while they are not intended to be long-term, many people do use the same overnight shelter consistently and the shelters maintain many of the same rules that long-term shelters do. The most often-opposed rules that overnight shelters enforce are the lengthy check-in and check-out processes and the ban on drugs, alcohol, or anyone under the influence of drugs or alcohol. Overnight shelters serve as emergency sleeping spaces for most people in the homeless community; they are not desirable residencies. Sometimes, they are simply the better option than jail (Cadillac Man). The rules that the shelters enforce and the previously mentioned attitude that the shelter environment often inflicts upon residents motivate the negative perception of these shelters that many in the
homless community share. This raises the question: if these shelters do not have the specific
goal of family care, addiction recovery, or other care, should they enforce the same rules to the
same effect that specialized shelters do? The rules often discourage people from seeking shelter
and may do little to maintain the safety of the shelter. They also cultivate negative attitudes
among shelter staff and the housed community because they imply that homeless people
generally will require strict regulations in order to function in society. Therefore, overnight
shelters should be more lenient with their residents.

One reason that overnight shelters should be more lenient is because they are good
alternatives to the streets, where the mortality rate of homeless people is nearly four times as
high as that of housed people and can be twice as high as that of shelter residents (O'Connell et
al. 1; Bines 136). The health of homeless people in shelters is also typically better than that of
homeless people who are "sleeping rough," or sleeping in the streets (Bines 133). If shelters are
turning people away, and by doing so discouraging others from utilizing shelters, then homeless
people are remaining on the streets, and the health and mortality rates of the homeless
community have less of a chance of improving.

Apart from the moral injury involved in the growing mortality rates of homeless people,
there is a financial aspect. In his magazine article explaining the advantages of "wet" shelters, or
shelters that allow alcohol, Matt Stroud quotes the Director of the Department of Housing and
Urban Development, John Meyers, as saying, "It's a lot cheaper having [homeless people] spend
the night at [the shelter] than at the ER or at the drunk tank" (1). In Gerald Daly's book,
Homeless, a published statistic shows that psychiatric hospital rooms, jail cells, and trips to the
emergency room are each more expensive than shelter beds (150). Finally, in an article published
in the American Journal of Public Health, James O'Connell et al. state, "So-called 'rough
sleepers,' who live on the streets and assiduously avoid shelters, are among the highest utilizers of emergency department and hospital services" (2). These professions and statistics refute the arguments made by taxpayers that claim that their money, if used to fund shelters that allow alcohol and drug use, is only going to fuel bad habits and is therefore wasted. In fact, investing in shelters and encouraging the use of shelters will ultimately be cheaper and more efficient than turning people away into the streets will be because homeless people who use shelters are less likely to visit the emergency room, be arrested, or be ticketed for soliciting.

Another reason that the "wasted money" argument makes little sense is that overnight shelters are often a first step to recovery centers and are therefore a part of ridding people of their bad habits, not encouraging them. However, people must be allowed to use the shelters for that process to begin. In another article published in the American Journal of Public Health, "Substance Abuse Among Runaway and Homeless Youth in Three National Samples," Jody Greene et al. discover that "runaway and homeless youth identified on the streets may be at greater risk of substance use than those in shelters" (1). Based on this fact, access to shelters would be beneficial for drug users and nondrug users alike. In addition, many overnight shelter staff will recommend recovery centers and long-term shelters to overnight residents. That information can be useful to those who use shelters short-term and would be especially useful to those in need of long-term shelter like substance abusers.

Not only can leniency in overnight shelters encourage people to reside there, therefore lowering the mortality rates and substance abuse rates of the homeless community, but it can also cultivate positive attitudes towards and within the homeless society. Currently, many people avoid shelters because of the sub-human treatment that most residents are given; states Jean Williams in her book A Roof over My Head, "Shelters do not simply house homeless people;
they also regulate and dominate them" (95). In some shelters, staff members delve into the private lives of residents and see their refusal to indulge information as resistance to progress, leading the staff to conclude that the shelter residents do not deserve help (Williams 62). While overnight shelters are not as hard-pressed to deliver solutions to the homeless epidemic as long-term shelters are, they are still part of a working system that all shelters are involved in that is an attempt at raising the underclass. Yet many shelters continue to treat their residents as significantly underclass and sub-human, a treatment process that some of the rules imposed by shelters encourage. This attitude, which is evident in the accusations made by many people that homeless people are lazy, unskilled, hopeless, and deserving of their situations, does the opposite of improving the circumstances of the underclass. In fact, it causes a larger rift between housed and homeless people.

However, some organizations have already begun to find solutions to the problems that result from discouraging people from using shelters. A study conducted and documented by Tina Podymow and her colleagues provided homeless alcoholics with a program that housed them and fed them as any shelter would and, unlike most shelters, supplied them with alcohol in limited doses (46). The study found that the participants' visits to the emergency room and encounters with police decreased and their hygiene and health improved both during and after the program (Podymow 45). The participants were also expected to consume less alcohol after they left the program than they had before the study began or even to cease drinking altogether (Hwang 50). This type of shelter program is an implementation of the "harm-reduction" policy. Stephen Hwang, in his review of Podymow et al. 's study, explains that "harm-reduction policies are intended to complement, rather than replace, traditional treatment" (50). Harm-reduction policies involve making drug and alcohol use safer and more controlled rather than trying to cure
addiction, although the outlook behind these policies often leans towards the expectation of eventual recovery from addiction. A more common example of a harm-reduction policy than Podymow et al.'s study is the clean-needle exchange that some cities have adapted. The clean needle exchange is a program in which intravenous drug users can receive clean needles and reduce their chances of contracting blood-transmitted diseases such as HIV. The idea behind both programs seems to be that these people are going to use drugs and/or alcohol no matter what, but there are ways to make drug and alcohol use safer and less taxing on a community. These types of programs, as shown in Podymow's study, improve the health and therefore lower the mortality rates of those involved and can improve the chances of recovery from addiction.

Although the program used in Podymow's study occurred in a long-term shelter, perhaps some of these harm-reduction policies could be adopted by short-term shelters.

Another benefit of Podymow et al.'s study was that, because of the diminished ER visits and police encounters, the participants of the study became less costly to care for (Podymow 47). Only a few of the shelter residents gained permanent housing after the study, but those who remained homeless maintained better health than they had before. This is further proof that a shelter can be a metaphorical foot in the door for many people and a first step towards, as Daly said, "Enhancing self-sufficiency" (181). Overnight shelters do not have the time or means to be as thorough as Podymow et al.’s shelter, but they often refer residents to recovery programs and transitional housing, which can lead to permanent housing.

Additionally, to address the arguers who stress that allowing homeless alcoholics to drink is only "aiding and abetting someone's self-destruction" (Stroud 1), Stephen Hwang says, "pragmatic efforts to mitigate the adverse health consequences of a harmful behavior need not be
construed as a sanctioning of the behavior itself” (50). This statement by Hwang certainly applies to the Podymow study and could apply to rules in other shelters as well.

However, some arguments against giving shelter residents slack do have merit. In an e-mail interview, Cadillac Man, the formerly homeless author of the book *Land of the Lost Souls*, said in reference to shelters, "Without [rules, there would be] utter chaos . . . Rules keep in the good that are trying to get out of a bad situation and hopefully change their lives. The bad ones need no explaining and will move on, usually ousted by the staff' (Cadillac Man). He cited an experience that he had in a particularly disreputable homeless shelter after lights-out during which a man threatened him with a knife to give up his cigarettes and cash (Cadillac Man). This type of behavior makes shelter rules necessary. However, leniency and disbandment are two entirely separate ideas that should not be confused in this argument. Doing away with an entire rule system would almost certainly result in chaos. Instead of getting rid of rules, shelters could alter their more degrading policies, such as strict curfews and too-personal interviews; consider the benefits of "wet" sheltering or harm-reduction policies; and perhaps shift the focus of the shelter industry from controlling the homeless community to protecting and encouraging shelter residents.

Overall, the benefits of remodeling the rules in shelters outweigh the disadvantages. Research presents as a fact that people who reside even part-time in shelters are healthier and less costly to state budgets than those who reside on the streets. If shelters altered some of their policies and offered a more desirable environment to the homeless community, then more people would make use of shelters and would therefore become a part of the healthier, less costly shelter community. Overnight shelters in particular would produce positive results by becoming more lenient, especially with rules involving drugs and alcohol. They are too short-tern to solve the
bigger problems of homelessness, a task for which long-term shelters and transitional housing are well suited. Therefore, the goal of a short-term shelter should not be to cure or control homeless addicts and others in the homeless community but simply to encourage people to take residence in shelters and find methods of improving their own lives. The current structure of overnight shelters discourages people by turning them away and degrading them. Although a full dismantling of the rules system would be chaotic, changing shelter policies can be positive. Perhaps harm-reduction programs could be integrated into overnight shelters, such as the one used in Tina Podymow et al.’s study, or perhaps some of the most patronizing rules could be done away with, like the early curfews and the orders not to swear on even adult shelter premises. It would also be beneficial to both shelter staff and shelter residents if more emphasis was placed on maintaining security in shelters, for example, ensuring that weapons will not be used or handing out rape whistles. Those issues are bigger than keeping alcoholics out of shelters. Finally, if overnight shelters were to slacken their drugs and alcohol policies, that is, allow people who are intoxicated or are substance abusers to reside in shelters, then the people who essentially cost the most to taxpayers and who need the most help would be receiving necessary assistance. The homeless community, substance abusers (as the least healthy party) in particular, would have a better chance at advancing towards permanent housing and becoming an overall healthier, less costly, and more efficient part of society.
Works Cited


Cadillac Man. *Letter to the Author*. 15 April 2012. TS (e-mail).


