

The Systemic Inadequacy of Bush's Homelessness Policy***

Abstract:

Under the Bush administration, a new policy initiative to “end chronic homelessness in 10-years” has developed. This article begins with a select review of literature on the causes of homelessness, adopting a structuralist theoretical position from this literature. It then critically demonstrates that the chronic homeless initiative only creates a surface appearance of addressing poverty in the United States, and is not a radical break from the past. In actuality, the Bush administration continues the overall direction of previous policy, especially the systematic neoliberal cutbacks to social programs initiated by Reagan. It was these neoliberal cutbacks in the 1980s which first set the stage for the contemporary crisis of mass homelessness in the United States. Reversing these policies, therefore, is essential to addressing the broad structural issues of homelessness and poverty in the United States.

Keywords: Homelessness, Housing Policy, Neoliberalism, Chronic Homeless Initiative

Introduction

In the 1980s, homelessness re-emerged as a massive social phenomenon in the United States (Martha Burt, 1992; Jencks, 1994; Kusmer, 2003). The issue was brought to public attention via radical direct actions of homeless advocates, such as hunger strikes, housing takeovers, encampments, marches on Washington, and sleep-ins targeted against congress and President Reagan (Snow, Soule, & Cress, 2005). These actions culminated in 1987 with the passage of the Stewart B. McKinney Act, the first and only federal legislation specifically geared towards funding homeless services. Since that time, despite the attention given to the issue by both academics and policy professionals, responses to homelessness failed to stem the tide of homelessness, leading many observers to label homelessness an inevitable and intractable social problem (Martha Burt et al., 1999; Martha Burt, Pearson, & Montgomery, 2005; Daly, 1996; Institute, 2000; Jencks, 1994; Link et al., 1995; Shlay & Rossi, 1992; Sommer, 2000).

Recently, however, under the tutelage of the Bush administration, a new policy initiative to “end chronic homelessness in 10-years” has developed. This initiative represents one of the few major endeavors to expand social protection and provide unconditional social welfare assistance launched by the federal government over the last twenty-five years, and has been highlighted as one of the prime examples of Bush’s philosophy of compassionate conservatism (Kasindorf, 2005; Monthly, 2004; Stein, 2003). Stories promoting this policy initiative can be found throughout the media. Newspapers, policy journals, foundations, and think tanks are abuzz with examples of its success, and lauding the emergence of a new paradigm of homeless policy which at last is positioned to end homelessness in the United States (Eckholm, 2006; Fink, 2006; McGray, 2005; NAEH, 2006b; RWJF, 2004; Swope, 2005).

The most puzzling question posed by the chronic homeless initiative, however, is why would the Bush administration undertake the creation of a new program of unconditional social welfare provision. In general Bush has tended to follow the neoliberal line launched by Reagan of cutting social programs, cutting taxes, increasing military spending, and pushing for the reign of what Polanyi called the “self-regulating,” free market (Polanyi, 1944). The chronic homeless policy initiative in contrast, appears to represent an effort to expand programs of unconditional social assistance.

This article critically contends that despite surface appearance and the media applauding of Bush’s homeless policies, the chronic homeless initiative is not a comprehensive solution to homelessness or poverty, and in fact only obscures the real systemic solutions needed to truly end homelessness and poverty. This article starts with a select review of literature about the causes of contemporary homelessness in the United States, adopting the theoretical position that while individual factors are important to consider, high societal rates of homelessness should primarily be understood as caused by structural factors. Then through an overview of the history of homeless policy since the 1980s to present, this article demonstrates that the chronic homeless initiative as it is currently formulated is not geared to fully break from the failed policies of the past 20 years and to truly address the systemic causes of homelessness. Primary source documents produced by governmental and non-governmental organizations involved in homeless policy, as well as, secondary academic and journalistic accounts are drawn upon in this article.

The Contemporary Wave of Massive Homelessness in the United States

Like many complex social problems, there is no single universally accepted explanation of the current rates of homelessness in the United States. Gathering data about homeless people

has proven methodologically difficult, and interpretation of that data is rarely a straightforward task (Toro et al., 1999; Wright & Devine, 1995). This article adopts a structuralist explanation of homelessness in the United States. While this is not the only academically accepted understanding of homelessness, it is one that has been adopted by a number of analysts, as this brief review will demonstrate.

Theories of the cause of homelessness emphasize that it involves many factors, including both personal and structural dimensions (Blau, 1992; Martha Burt, 1992; Martha Burt et al., 1999; Martha Burt et al., 2005; Elliott & Krivo, 1991; Quigley, 1989; Snow, Baker, Anderson, & Martin, 1986). Personal factors commonly used to explain homelessness include mental illness, behavioral problems, substance abuse, disability, laziness, disdain for education, youthful rebellion, choice to be homeless, criminal tendencies, and family estrangement and violence. Structural factors include poverty, inadequate employment opportunities, deindustrialization of urban centers, racial discrimination, deinstitutionalization of mental health patients, widening income inequalities, decreased affordable housing production, gentrification, urban renewal, diminishing government welfare assistance, increasing housing costs, and failing foster care, education, and prison systems.

One conclusion of homeless scholars – the one adopted in this article – is that while personal factors may determine who experiences homelessness, it is structural factors that are most involved in causing homelessness to exist as a social fact (Martha Burt, 2001). Moreover, it is often poverty, and especially homelessness itself, that triggers or maintains substance abuse and mental health issues, rather than vice-versa (NCH, 2006a). Burt (2001) writes, “Many factors can make a poor person more susceptible to homelessness, including limited education or skills training, mental or physical disability, lack of family to rely on (e.g., after being placed in

foster care), and alcohol or drug abuse. But without the presence of structural fault lines, these personal vulnerabilities could not produce today's high level of homelessness.”

The National Law Center on Homelessness and Poverty (2004) makes a similar argument in a recent report, when it points out that while there are high levels of mental illness and substance abuse amongst homeless people, the one characteristic all homeless people share is their inability to afford housing. The report reads: “The U.S. Conference of Mayors has estimated that 30% of homeless people are substance abusers. Roughly 20 to 25% of the single adult homeless population is estimated to suffer from severe and persistent mental illness, and only 5 to 7% of the population are estimated to require institutionalization. Approximately 15% of the homeless population is estimated to suffer from both mental illness and addiction. Ten percent of the homeless population consists of veterans. This very diverse group is unified by its inability to pay for housing.”

Other analysts have similarly found that of all the structural factors contributing to homelessness, the most important determinant of homelessness is a lack of affordable housing (Martha Burt, 2001; Lee, Price-Spratlen, & Kanan, 2003; NLCHP, 2004; Quigley, Raphael, & Smolensky, 2001). This is not to say that the lack of affordable housing is the only cause of homelessness, nor that it is a totally independent cause. The lack of affordable housing directly relates to a lack of sufficient income to pay for housing, which in turn relates both to the structure of the labor market and to insufficient benefits and health care for individuals who have disabilities or illness that prevent them from working. However, these analysts have found that despite the interrelation of all these factors, housing remains a central element in the complex equation leading to homelessness.

The lack of affordable housing has become an increasing problem in the United States for four reasons. First, urban renewal and gentrification starting in the 1950s, picking up speed in the 1970s, and continuing into the present have destroyed vast amounts of previous cheap housing stock, such as single room occupancy hotels (Koebel, 1996). Second, housing markets have more generally shifted towards higher end production, especially in gentrified urban centers. Third, public production of new units of affordable housing was decimated in the early 1980s by Reagan and has now been nearly completely halted. Fourth, public housing subsidies, such as the section 8 program, were also slashed since the 1980s and fail to meet the demand for them (NLCHP, 2002; WRAP, 2006). At the turn of the millennium, waiting lists for section 8 housing subsidies across the country could take up to 6 years. Only 30% of people eligible for housing assistance were able to receive it, and over 5 million households were assessed as having worst case housing needs (NLCHP, 2002).

History of Recent Homeless Policy in The United States

Too many studies of homelessness focus on micro-analyzing data sets collected about individual homeless people (often with questionable methods), rather than placing homelessness within broader systemic framing or from the perspective of an institutional-historical analysis of overall US social policy (Belcher, DeForge, & Zanis, 2005). As such, these studies tend to miss the proverbial forest, for the tree. Homeless people are treated as a sort of biological specimen to be examined and charted, rather than as human agents subject to economic-political regimes. The primary political context in which homelessness surged throughout the 1980s was the rise of extreme free-market rhetoric, supply side economics, and anti-welfare ideology under Reagan and continued into the Clinton presidency (Lyoncallo, 2004; WRAP, 2006). Collectively, these

policies are part of a broader global policy paradigm labeled “neoliberalism.” Neoliberalism has been one of the most important political dynamics gripping the world over the last two and a half decades (Bourdieu, 1999; Cavanagh & Mander, 2004; Evans, 2005; Hall, 1993; Portes, 1997; Stiglitz, 2002; Veltmeyer, Petras, & Vieux, 1997). Often neoliberalism is defined in terms of particular economic strategies such as deregulation, low-inflation policies, and strict monetary controls, as well as free trade and financial globalization (Fourcade-Gourinchas & Babb, 2002). Neoliberalism also crucially involves cut backs in welfare, reduction of taxation, and restriction of government involvement in social assistance.

Reagan was a central political architect both in the United States and globally of the neoliberal policies of cutting social programs, dismantling the social safety net, deregulating markets, and cutting taxes (Harvey, 2005). In particular, starting from his very first year in office, Reagan decimated public housing construction and subsidization programs – and these programs have never regained their pre-1980 strength (Dolbeare, Saraf, & Crowley, 2004). Reagan also seriously undermined other important safety net programs, such as community mental health centers – the system which was supposed to replace mental hospitals after deinstitutionalization (Beigel, 1982; Cutler, Bevilacqua, & McFarland, 2003; Scherl & Schmetzer, 1989). Additionally, Reagan adopted free-market economic policies and attacked organized labor in ways that exacerbated the growing negative effects of deindustrialization in United States cities (Sassen, 1990).

The cutbacks in public housing construction programs and public housing subsidies which began in the 1980s and continued into the present are particularly important factors in causing the contemporary wave of massive homelessness in the United States (WRAP, 2006). If public housing programs had been expanded rather than decimated, they could have offset the

impact of the loss of cheap housing stock under urban renewal and of the market tendency towards higher end housing. They could also have offset some of the effects of other structural causes which have contributed to homelessness, such as deindustrialization, deinstitutionalization, and poverty – since housing is the largest expense most people face (Canby, 2003). Expanding public housing programs could even have mitigated some of the personal factors involved in homelessness, such as mental illness and substance abuse. New evidence about the housing first approach to homelessness, which will be discussed in greater detail below, demonstrates that having access to a stable and affordable place to live is often an essential prerequisite for many people to be able to deal with or diminish the effects of mental illness or substance abuse (NAEH, 2000; Shelter, 2005).

1980s: Struggling toward the McKinney Act

After Reagan's neoliberal decimation of social programs in the early 1980s, increasing homelessness was felt in communities throughout the United States. This phenomenon was brought to the attention of policy makers largely through the efforts of homeless activists and homeless social movement organizations (Snow et al., 2005). The federal government, under the direction of President Reagan, initially refused to recognize that homelessness was a national or permanent problem. However, a series of grassroots direct action campaigns and congressional hearings on homelessness, forced federal lawmakers to recognize homelessness and respond to it. Nonetheless, again following Reagan's lead, the federal response still framed homelessness as primarily a local problem, needing local solutions. In 1983, a federal homelessness taskforce was created and was given the primary role of educating localities on how to obtain surplus federal property, such as blankets and clothing (NLCHP, 2003).

The growing numbers of homeless people in communities throughout the United States, public events like Hands-Across-America, and more direct actions by homeless advocates and allied political elites, pressured congress to do more (Carlson, 2006; Cress & Snow, 1996; Snow et al., 2005). So, in 1987, congress enacted the Stewart B. McKinney Homeless Assistance Act. Named after a leading congressional proponent and activist pushing for a federal response to homelessness in the 1980s, the McKinney Act is the only major federal legislation ever passed specifically to address homelessness. The McKinney Act focused largely on providing emergency services, transitional housing, case management, and vocational training to help homeless people get back on their feet, but also included some allocations for permanent affordable housing (HUD, 2006a). It did not, however, restore the cuts to housing and other social programs made by Reagan in the early 80s, and it was funded at only a small fraction of those former programs (WRAP, 2006).

When the McKinney homeless bill was first introduced in congress, Senator Al Gore, one of its main proponents said, “[The McKinney legislation] is an essential first step toward establishing a national agenda for action to eradicate homelessness in America.... No one in this body should believe that the legislation we begin considering today is anything more than a first step toward reversing the record increase in homelessness. (Carlson, 2006) (133 Congressional Record S 3660 [March 23, 1987])”

However, no additional major legislative steps to end homelessness were taken by Congress since it passed the McKinney Act in 1987. Moreover, the neoliberal cutbacks to housing, mental health care, and other social programs, along with the neoliberal economic policies initiated by Reagan were not reversed. Actually many of these policies were only furthered by the succeeding Bush and Clinton administrations. Homelessness continued to

plague communities throughout the nation, and became a routine aspect of daily life in many cities, a part of the background of life (Hopper, 1998; Marcuse, 1988; Penner & Penner, 1994).

1990s: Homelessness Continues to Grow

With no resolution in sight, many policymakers in the 1990s began to see homelessness as an intractable issue. Cities increasingly sought to criminalize homeless people, and to issue tickets for survival activities, such as sleeping in public, panhandling, and sitting on the sidewalk (Mitchell, 1997, 1998; NCH, 2004; NLCHP, 1996). Local leaders, such as New York's mayor Giuliani and San Francisco's mayor Jordan, launched major crackdowns on homeless people and used police to break up homeless encampments (Barry, 1998; Smith, 1998). Crackdowns on homeless people aimed primarily at moving them elsewhere, out of visible site, and away from downtown areas where they were making housed residents and merchants uncomfortable. These policies resurrected a long-standing tradition in the United States of dealing with poor and homeless people with punitive, police measures (Kusmer, 2003).

Despite the nation's inability to eliminate homelessness, a cadre of professional policy experts, government bureaucrats, and policy researchers specializing in homelessness emerged. A key planning instrument they devised in the 1990s and through to the present is local continuum-of-care plans. Continuum-of-care plans are developed by local stakeholders and policymakers in order to set local homeless program priorities and to apply for McKinney Act funds (HUD, 2005). The purpose of these plans is to develop an integrated support system which can seamlessly address all aspects of homeless people's lives, from mental health and substance abuse treatment, to general health care, to soft skills training, to vocational preparation, to public benefits applications, to life counseling, to shelters, to housing subsidies and placement. While

local communities are responsible for drafting their own continuum-of-care plans, because these plans also serve as the basis for applications for McKinney Act funding, the federal government is able to influence plans via federal funding priority formulas. Local level plans are scored according to the federal priorities, and localities are awarded funds to the degree they reflect the current priorities of the federal bureaucracy.

An important aspect of the continuum-of-care approach in the 1990s was the belief that many homeless people were not “housing ready,” and that before they could be moved into permanent housing, they needed to make adequate progress in terms of mental health, substance abuse, and vocational training goals. The continuum-of-care approach therefore sought to create “a staged sequence of human services and residential settings intended to prepare homeless people to become securely housed.” (Baumohl, 2003) One of the most important programs with which they did this in the 1990s was transitional housing. Transitional housing was temporary housing with on-site case management support which served as a training ground for homeless people, preparing them to move into their own permanent independent housing (LAHSA). Often times, because affordable housing was so scarce and housing subsidies so few, transitional housing basically became a holding gate, in which formerly homeless people lived while trying to locate a permanent place they could afford and which would accept them as tenants.

Another model of homeless programs that grew throughout the 1990s was supportive housing. Supportive housing combines permanent subsidized housing with on-site support services. The first federal supportive housing demonstration project was funded as part of the original 1987 McKinney Act. Within 5 years, supportive housing was declared an innovative and effective homeless service model, and made a permanent aspect of federal homeless funding (HUD, 1995).

In addition to these housing models, specific housing subsidies for homeless people were also developed in the 1990s, such as shelter plus care vouchers (HUD, 2007). Another important aspect of the policy response to homelessness in the 1990s was placing special attention to different sub-populations of homeless people and their particular needs, such as veterans, youth, disabled homeless people, and homeless families with children (Martha Burt & Cohen, 1989; Rosenheck, Bassuk, & Salomon, 1999). Family homelessness was particularly notable because the contemporary wave of homelessness had especially high levels of homeless families; and because of the devastating effects homelessness had on the social, psychological, and educational well-being of children (COHSF, 2004; Kusmer, 2003; NCH, 2001).

However, despite the writing of countless local continuum-of-care plans, despite the development of innovative homeless programs, and despite an economic boom in the 1990s, homelessness continued to grow (Martha Burt, 2001). Moreover, during this time, families with children constituted the largest growing population of homeless people (NCH, 2006b; Nunez & Fox, 1999). In part the continuing growth of homelessness occurred, because even as these continuum-of-care plans were drafted, a series of policies was implemented at both federal and local levels that actually further exacerbated structural factors underpinning homelessness.

In 1996, the passage of welfare reform substantially limited welfare assistance and increased stress on poor families (IWPR, 2003; NCH, 2001). At the same time, the budgets of federal affordable housing programs continued their decline from the 1980s. One of the few new public housing initiatives of the 1990s, the Hope VI program actually functionally led to elimination of public housing units, not expansion of them (Koebel, 1996; NHLP, 2002). Meanwhile, local urban renewal programs and gentrification continued to eliminate privately available cheap housing. In the second half of the 1990s, hundreds of thousands of private,

unsubsidized affordable housing was lost from the market due to demolition, abandonment, and rent increases (Sand, 2001).

2000s: The Emergence of the Chronic Homeless Policy Initiative

The Chronic Homeless Policy Initiative of the Bush administration emerged in the context of the failure of previous homeless specific policies to resolve homelessness. Referencing these failures, the administration claimed to have “new strategies and a new paradigm” that seeks not to provide temporary band-aids or to use police tactics to shuffle homeless people around town, but to truly end chronic homelessness (HUD, 2001a, 2002a). Secretary of the Department of Housing and Urban Development Mel Martinez explained of this new effort, "No longer will we settle for the old approach of merely managing and accommodating homelessness. Instead, we will press ahead in developing and implementing innovative new strategies to eliminate chronic homelessness from the streets of America once and for all. (HUD, 2003)”

In 2001, Bush reinstated the moribund United States Interagency Council on Homelessness, a coordinating body for the various homeless programs spread across federal agencies. That year he also “declared a national goal to end chronic homelessness within a decade. (HUD, 2002a, 2002b)” In 2002, the Interagency Council met for the first time in six years and began developing strategies to put Bush’s commitment to end chronic homelessness into action. Within two years of this meeting, the focus on ending chronic homelessness in 10 years had spread into a broad policy initiative that involved local and state governments, foundations, policy think tanks, service providers, private supporters, and civil society organizations across the country.

The chronic homeless policy initiative primarily advocates three interlocking approaches to homelessness: 1) focusing homeless programs on the sub-population of “chronically” homeless people, 2) the housing first strategy, and 3) the supportive housing model. The focus on “chronic homelessness” emphasizes targeting homeless programs at single adults who have experienced the most severe and long term episodes of homelessness and who have the most intense personal challenges, such as addiction and mental illness. This is opposed to targeting homeless people who are out on the streets for shorter times, who have less debilitating challenges, or who are homeless with other family members.

The housing first strategy seeks to assist homeless people to get off the street and stabilize their lives by directly providing them housing. The housing first strategy is opposed to the “housing ready” theory which underlay much of the continuum-of-care approach in the 1990s. The housing first strategy claims that the best way to help people to deal with their individual challenges is to first get them a place to live, and then provide them services, because housing has a stabilizing effect that will help them address other personal problems. The supportive housing model, as mentioned above, is a homeless assistance approach which combines subsidized housing units with on-site supportive services, most often case-workers located in the lobby of a subsidized single room occupancy hotel building (HUD, 2001b).

The Bush administration’s Interagency Council on Homelessness claims there has been the dawning of a new era of government cooperation geared towards ending homelessness. It writes on its website, “unprecedented federal collaborations have been created since 2002 through the Council's leadership. In March 2004, the Administration's Samaritan Initiative was introduced in Congress to create a new competitive grant program, jointly funded and administered by HUD, HHS, and VA, to fund community based efforts to provide coordinated

housing and supportive services to persons experiencing chronic homelessness. Funded at \$70 million and administered jointly by the federal agencies, the Samaritan Initiative builds on the work of last year's Council - initiated HUD-HHS-VA Collaborative Initiative to End Chronic Homelessness. (ICH, 2006)”

The Chronic Homeless Policy Initiative as Inadequate Continuation of Previous Policy

Despite the celebratory political rhetoric, the chronic homeless policy initiative has in many ways followed in the footsteps of homeless policy in the 1990s. It has used locally generated plans –rather than a national agenda – to address a specific homeless target sub-population, with a silver bullet program model (supportive housing), and without addressing the structural causes of homelessness. While some advocates of the policy initiative claimed that assistance to single, chronic homeless people was underfunded in the 1990s and therefore deserved more attention now, advocates of homeless families felt that they had never received adequate assistance and now were being completely left behind (COHSF, 2004). The problem is that there was never adequate federal support available to address all the structural gaps in the United States housing and labor markets, and thus to meet the needs of all homeless people. The chronic homeless policy initiative does nothing to reverse the affordable housing crisis in the United States, to provide universal health care and treatment, or to insure decent jobs for all. It does not reverse the neoliberal cutbacks initiated under Reagan in the 1980s which are the key systemic factors in the contemporary wave of massive homelessness in the United States.

In 2002, when the Bush administration first allocated funding for chronic homeless programs, Democratic congressman Barney Frank, was quoted in Time magazine as saying: “‘They are just lying when they say they have a housing program,’ he says. And of the additional

\$35 million pledged to end chronic homelessness, Frank says, ‘it's not only peanuts; it's taking the peanuts from one dish and putting them in another.’” This same article explains, “To give a sense of how much that means in Washington budgetary terms, \$35 million is equal to the money set aside to help keep insects from crossing the border” (Stein, 2003).

To understand Frank’s comment, it is useful to compare funding for homeless programs under the Bush administration to cutbacks in housing funding in the 1980s. In 1977, the United States government budgeted over \$78 billion(2004 dollars) to the department of Housing and Urban Development (HUD). By 1983 the HUD budget authority had fallen to \$18 billion, and between the years 1983 and 2005, the HUD budget ranged between \$13 and \$30 billion(2004 dollars) (Dolbeare et al., 2004; WRAP, 2006). This plummet led to serious reduction in affordable housing subsidies, construction, and vouchers. For example, in the end of the 1970s, HUD was constructing as many as 140,000 new units of affordable housing in one year. The annual number of new units constructed has steadily declined since 1980 until in recent years it has sunk well below 10,000 (Dolbeare et al., 2004; WRAP, 2006).

In 1987, the McKinney Act was passed initially with annual appropriations of \$0.35 billion, distributed over 9 federal agencies. Over time, McKinney Act appropriations grew to \$1.2 billion in 2001, and \$1.3 billion in 2006 (HUD, 1995; NAEH, 2006a; NCH, 2006c). HUD has been the major administrator of homeless programs over the last twenty years. In 2006, with the new momentum set by the chronic homeless policy initiative, the Bush administration announced that it was proposing a record level \$1.5 billion for HUD homeless programs (HUD, 2006b). All told the federal government allocated throughout various agencies over \$1.9 billion on dedicated homeless programs in 2006 (NAEH, 2006a).

While these moneys provide crucial support to homeless services across the country, it is plain to see that federal homeless program budgets of less than \$2 billion are and always have been tiny compared to the \$60 billion dollars cutback from the HUD Budget Authority in the early 1980s – not to mention the cutbacks to rural housing and other social welfare programs that have occurred over the last 25 years. The funding cornerstone of the chronic homeless policy initiative, the 2004 Samaritan Initiative is barely a drop in the bucket. At \$70 million, it is only a small fraction of what was slashed from affordable housing programs in the 80s. Currently, the amount of money spent on all federal homeless programs in the United States, even in the most recent record-breaking years, is less than the cost of one single attack submarine or a week of operational expenses for the war in Iraq (CBO, 2006; WRAP, 2006).

Some proponents of the chronic homeless initiative see it as finally addressing the problems created by deinstitutionalization of mental health hospitals in the United States. During the drive for deinstitutionalization starting in the 1960s, the idea of closing mental institutions was sold with a promise of replacing the deplorable conditions in mental hospitals with more humane community mental health centers. However, these centers were never adequately funded, and Reagan's cutback of federal funding for these centers further undermined their capacity (Beigel, 1982; Cutler et al., 2003; Scherl & Schmetzer, 1989). One writer recently claimed that the supportive housing built by the chronic homeless initiative is at last "building much nicer, voluntary mental hospitals" (Stein, 2003). However, even here the reality does not live up to the rhetoric. Supportive housing, while a very useful program model for many, is not a replacement for the old mental institutions, nor for a universal treatment and health care system. Placing a few case workers in an occupancy hotel does work for many people, but does not provide the level of intense care needed by severely mentally ill persons. Moreover, throughout

his presidency, Bush has consistently pushed for cuts to community mental health funding and for changes to Medicaid rules that greatly limit community mental health operations (Bazelon, 2005a, 2005b, 2007).

In fact, the chronic homeless policy initiative is occurring at the same time that the administration has continued the quarter century long trend of cut backs on just about all other basic social services that could help homeless, marginally housed, and impoverished people – such as, public housing construction, affordable housing subsidies, basic social safety net services, health care, community mental health, childcare, and education (Bazelon, 2007; Goldstein, 2004). Section 8 waiting lists across the country remain years long, and there still remains an enormous nationwide need for the creation of new units of affordable housing (Hansen & Claxton, 2004). Throughout the Bush administration, poverty rates and income inequality have continued to rise (Bureau, 2005; Shapiro, 2005). Thus, the systemic causes of homelessness are not only being postponed to be addressed later, but they are being exacerbated in the present; and the systemic cracks which currently chronically homeless people first fell through to land on the streets are being widened.

In short, the chronic homeless initiative is not a real or lasting solution to homelessness in the United States, but a policy which obscures the fundamentally systemic causes of homelessness, while allowing the Bush administration to appear like it is taking action on the issue of poverty.

Conclusion

By placing Bush's chronic homeless initiative in historical context, this article has demonstrated that it is not a real or long term solution to the problems of homelessness and

poverty in the United States. As a key example of Bush's "compassionate conservatism," it is a policy which obscures the structural causes of contemporary homelessness and poverty, even as the Bush administration continues massive cut-backs in social programs. At the same time, the chronic homeless initiative actually subtly reinforces the ideological justifications of the neoliberal cutbacks which have occurred since the 1980s: the belief that the market is a perfectly functioning mechanism for social organization and that poverty is not a result of market failures, but of individual deviance.

The chronic homeless policy initiative trains the public gaze largely upon the individual deficiencies of those homeless people who are debilitated by addiction, mental illness, or physical disability. While these challenges are indeed real and must be addressed, the chronic homeless initiative makes them the central focus of homeless policy. In doing so, it shifts public attention away from the temporary and episodic homeless, family homelessness, and homeless people without substance abuse and mental health issues. It focuses on an estimated 150,000 chronically homeless people, while obscuring the research findings that between 2.3 and 3.5 million people, including up to 1.4 million children experience some form of homelessness in the United States each year; and 37 million people live in poverty (Martha Burt, 2001; USCB, 2005; USICH, 2006). Thus, it moves public attention away from all those people whose situations most poignantly suggest that homelessness is caused the systemic factors such as massive neoliberal cutbacks of the welfare state, deindustrialization, insufficient health care, or increasing inequality.

The point of this article is not to criticize the particular components of the chronic homeless initiative: assisting chronically homeless people, housing first, or supportive housing. These are good programs and strategies, and can play essential roles in completely eradicating

homelessness and poverty within the proper context and overall national efforts. Moreover, even in the current situation, because the chronic homeless initiative targets homeless programs and resources towards the most visibly homeless people, it should indeed lead to at least a temporary drop in the daily visibility of homelessness in the United States. Some homeless count data has already suggested a drop in chronically homeless people (Fagan, 2007). Though critics argue that this is cooked data resulting from a narrowing of the definition of homelessness to only focus on “chronic homelessness,” and that even then a drop in homelessness levels is not occurring across the country (Harris, 2007).

The fundamental claim of this article, however, is that for any diminishment of visible chronic homelessness to be both permanent and inclusive of all homeless people, the Bush administration’s initiative is on its own, insufficient. Rather, what is necessary is a broader systemic effort to address the need for housing, employment, health care, education, and treatment for poor and homeless men, women, families, and youth throughout the country. Supporters of the chronic homeless policy initiative, have responded to this criticism that they have left behind non-chronic, non-single homeless people, by saying that if we take care of costly chronic homelessness now, then we free up resources to deal with everyone else later (Davis, 2007; USICH, 2006). The problem with this rationale is that by the time we get around to helping everyone else, they too may have already ended up chronically homeless. Moreover, the chronic homeless policy initiative is occurring at the same time that the administration has continued the quarter century long trend of cut backs on just about all other basic social services that could help homeless, marginally housed, and impoverished people – such as, public housing construction, affordable housing subsidies, basic social safety net services, health care, community mental health, childcare, and education (Bazelon, 2007; Goldstein, 2004). Section 8

waiting lists across the country remain years long, and there still remains an enormous nationwide need for the creation of new units of affordable housing (Hansen & Claxton, 2004). Throughout the Bush administration, poverty rates and income inequality have continued to rise (Bureau, 2005; Shapiro, 2005). Thus, the systemic causes of homelessness are not only being postponed to be addressed later, but they are being exacerbated in the present; and the systemic cracks which currently chronically homeless people first fell through to land on the streets are being widened.

The financing needed to address the systemic causes of poverty and homelessness in the United States is indeed available, as the vast sum spent on the Iraq war demonstrates. The question is one of priorities.

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