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Faces of the Homeless: A Photo Essay

Joan Kadri Zald*

These portraits were taken in shelters, soup kitchens, transitional housing, and on city streets. The intent was to record the faces of the homeless, capture their humanity, and show the diverse range of people who become homeless. Photographs were also selected to show the different kinds or stages of homelessness: the recently dislocated and the episodically, as well as the chronically, homeless.

The photographs are from two American cities—Ann Arbor, Michigan, and Tucson, Arizona. The cities are different in character, population size, and geographic region but the plight of the homeless and the factors contributing to their homelessness are similar. These are the same factors that are responsible for the rise in homelessness in this country, as a whole, over the past two decades.

Studies usually attribute the increase in homelessness to a decline in affordable housing, an increase in poverty, and eroding employment opportunities. Lack of low-cost housing has created a housing crisis for the poor and contributed to high rent burdens for them. Low-income families use 60 percent of their income for rent and a loss of one paycheck can put them at risk of losing their homes. The decrease in single room occupancy (SRO) housing, gentrification of neighborhoods, and urban renewal have all played a role in the decline of low-cost housing. Housing subsidies and housing construction for the poor have not replaced the losses that started in the 1970s. Other contributing factors are the lack of affordable health care, domestic violence, lack of family and social support, poor employment skills, mental illness, and addiction disorders. No end of the problem appears to be in sight.

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Jesse (street name Butterfly). She sleeps in an abandoned van.

THE HOMELESS POPULATION

Mariba, Tony, Alex, and Patti and Stephanie represent the major ethnic groups among the urban homeless. The U.S. Conference of Mayors Survey of 27 cities in 2001, found the ethnic makeup of the urban homeless population to be 50 percent African American, 35 percent Caucasian, 12 percent Hispanic, 2 percent Native American, and 1 percent Asian. There was variation according to geographic location.

It is difficult to know the exact size of the homeless population in the country. The best approximation comes from an Urban Institute study (2000) that estimates that 3.5 million people, 1.35 million of them children, are likely to be homeless in a given year. The increasing demand for shelter beds over the past two decades is one indicator of the continuing and dramatic growth in the number of homeless.

The two significant subgroups who experience homelessness are families and single adults. The Urban Institute reports that in the course of a year, the homeless population was almost equally divided between the two groups.

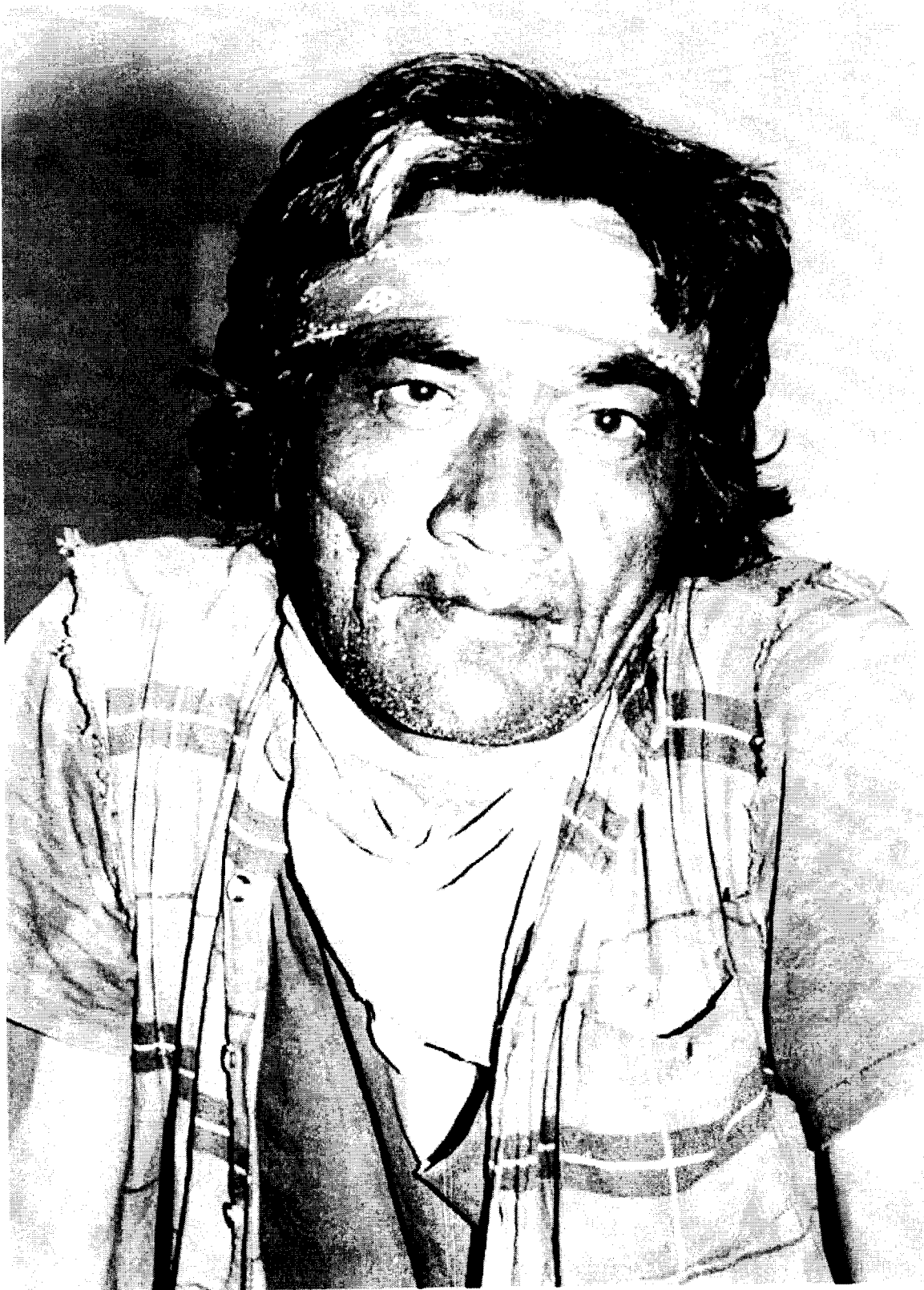
FACES OF THE HOMELESS



Mariba in day shelter.



Tony outside soup kitchen.



Alex in soup kitchen.



Patti and Stephanie stranded.

CITY & COMMUNITY

EMPLOYED HOMELESS

Twenty percent of the urban homeless are employed. However, due to the lack of available low-cost housing throughout the country, many low-paid workers, like John, are homeless.

All workers are vulnerable during economic downturns, but low-wage earners and those with limited skills are particularly hard hit by wage and economic trends. The real value of the minimum wage has eroded over time, losing ground to inflation. Job security, job benefits, and wages have been hurt by the loss of manufacturing jobs, globalization, and the expansion of lower-paying service-sector jobs. Nonstandard work, such as day labor and temporary and part-time employment, offers limited job security, limited benefits, and low pay.



John in soup kitchen.

VETERANS

Veterans, similar to Kenneth, are overrepresented among the homeless. Forty percent of homeless men have served in the armed forces, compared to 34 percent of the general adult male population.

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Kenneth.

MENTAL ILLNESS

Robert, who suffers from a severe mental illness, wanted his picture taken with the stuffed animal he carries in his backpack. A disproportionate number of mentally ill persons, like Robert, are homeless. It is estimated that 20–25 percent of the single, adult homeless population suffers from a severe and persistent mental illness such as schizophrenia, bipolar disorder, or depression.

The link between de-institutionalization and the overrepresentation of the mentally ill among the homeless population, though important, has been exaggerated. The release of patients from mental hospitals occurred in the 1960s and early 1970s, but the dramatic jump in homelessness didn't occur until the 1980s. The comprehensive community-based mental health agencies, which were intended to provide service once hospitals closed, or hospital stays were shortened, have never been adequately funded. The inadequacies of these services, and the diminishing housing options for people living on the margins, are among the major contributing factors to the problem. Another contributing factor, referred to as the new wave of de-institutionalization, involves denial of care and premature discharge due to managed care.

The Federal Task Force on Homelessness and Severe Mental Illness (1992) estimated that only 5–7 percent of mentally ill homeless people need to be in institutions. Most could live in the community with adequate comprehensive community-based mental health services and affordable housing.



Robert with a prized possession.

ADDICTION DISORDERS

Jimmy and Lowell are among the estimated 10 percent of the single homeless population who are chronically, rather than transitionally or episodically, homeless. The National Alliance to End Homelessness (2000) translates this into an estimated 150,000 chronically homeless individuals in the nation. Many of the chronically homeless, like Jimmy and Lowell, suffer from substance abuse problems or are mentally ill. The U.S. Conference

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Jimmy and Lowell.

of Mayors survey in 1998 estimated that 34 percent of the single, adult, urban homeless population had addiction disorders. Though addiction has contributed to homelessness, poor people with substance abuse problems, as well as those with mental illness, were able to live in SRO housing before that type of housing was demolished.

There is an overlap between addiction and mental illness as many mentally ill people use alcohol and drugs to self-medicate. For others, alcohol and drugs offer a respite or escape from the cruel reality of living on the streets. The scarcity of substance abuse treatment services designed for this population and the lack of housing are among the many obstacles to recovery.

HEALTH CARE AND HOMELESSNESS

For Michael, and many others like him, the downward spiral into homelessness started with an illness. Job loss, and the ensuing depletion of all savings to pay for medical care and living expenses, eventually led to eviction. Wright and Weber (1987), in a national survey, report that 13 percent of homeless patients said poor health was a factor in becoming homeless. The number of insured Americans has declined since then, making the problem worse. According to the U.S. Bureau of the Census (1998), 43.4 million people in the United States and one-third of people living in poverty had no health insurance in 1997.

People with disabilities who receive Supplemental Security Income (SSI) benefits struggle to maintain themselves in affordable housing. In 1998, on a national average, a person receiving SSI benefits had to spend 69 percent of his or her monthly income to rent a one-bedroom apartment.



Michael on soup kitchen lunch line.

There are high rates of chronic and acute health problems among the homeless. Some of these, such as respiratory infections, leg ulcers, and frostbite, are directly related to living on the streets. Poor nutrition and poor hygiene, which accompany homelessness, also contribute to ill health.

FAMILIES

At the time these photographs were taken, Pat was living in an emergency shelter for women, Andi and her family were sleeping in their car, Albert and his two sons had recently moved into transitional housing, and Christine and Bear were sleeping in a public park. Of this group, only Christine and Bear were chronically homeless. They had been living on and off the streets for 14 years. They survived by dumpster diving.

Families with children under 18 make up the fastest-growing group among the homeless, accounting for 36 percent of the urban homeless population. In rural areas, families and single mothers with children are the largest homeless group. Surveys indicate that requests for emergency shelter from families keep increasing. Poverty and the lack of affordable housing are the primary causes of this type of homelessness, rather than mental illness or addiction. The decline in public assistance has contributed to the problem. Families leaving public assistance as a result of welfare reform legislation and implementation usually earn low wages. They can rarely afford housing and there is a limited supply of public housing or vouchers to help rent a private unit. Domestic violence is another contributing factor. Nationally, approximately half of women and children experiencing homelessness are fleeing abuse. Battered women with limited resources often face the dilemma of choosing between an abusive relationship or becoming homeless.

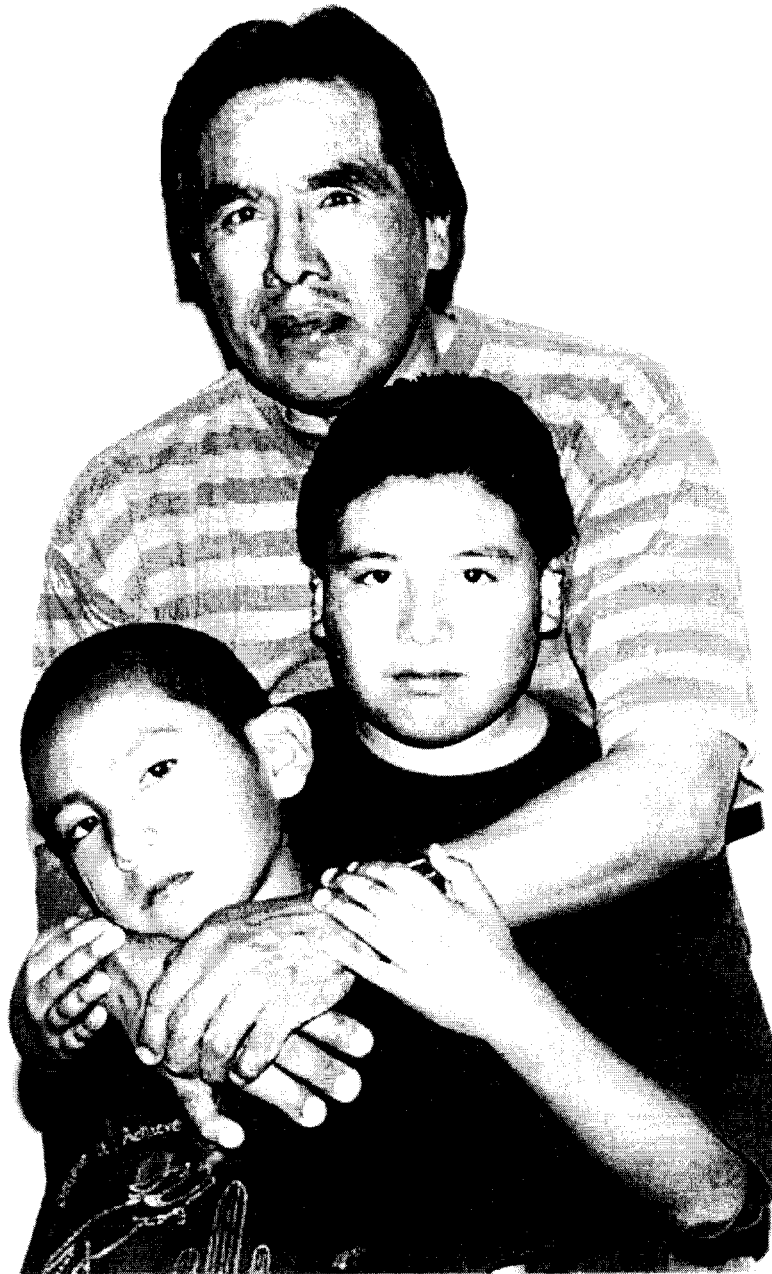
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Andi with her son in soup kitchen.



Pat in women's emergency shelter.



Albert and his sons.

Homelessness has a devastating impact on the emotional and physical health of all family members. The effects on children include depression, anxiety, developmental delays, poor school performance, and physical illness. Depressive disorders and chronic health problems are prevalent among the adults in the family. Homelessness can contribute to family breakup as shelters often deny access to fathers and older boys. It is not unusual for children to be left with relatives or placed in foster care.

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Married couple Christine and Charles (street name Bear).

Acknowledgments

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