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Poorhouse Revisited

By Dennis P. Culhane

PHILADELPHIA he American welfare system has historically balanced two forms of paltry assistance: "outdoor" relief in the form of cash payments and "indoor" relief such as homeless shelters. In the early 19th century, outdoor relief was attacked as rewarding indolence, so a system of poorhouses was created where the destitute would presumably be converted to thrift and ambition.

Similarly, as the Government's war on poverty transformed into a war on the poor in the last decade, cash relief — viewed as welfare dependency became its primary target. Reagan Administration "reforms" restricted eligibility for welfare, unemployment and disability benefits. By 1990, state aid to families with dependent children had declined on average to half the 1972 levels. Many states reduced or eliminated general assistance payments to the chronically disabled and unemployed.

Welfare reductions have been succeeded by a new institution of relief, the homeless shelter. The masses of homeless in the 1980's, freed from their dependence on welfare, inspired a social movement to provide shelter. In New York City, there are 23,000 shelter beds, including 14,000 beds for homeless families. Shelters have become a growth industry with professional advocates, administrators and government overseers. Cornell University even offers a course in "shelter management." But embodying many of the misguided assumptions of the poorhouse, the shelter has failed as a remedy for homelessness.

Shelter planners have assumed that the homeless are a easily definable group whose needs can be neatly distinguished. There is no such clear division with much of the "housed" population living in substandard and overcrowded housing. New York discovered this when it tried to close

Dennis P. Culhane is assistant professor of psychiatry at the University of Pennsylvania. shelters by giving families in them permanent housing. The plan backfired; it lured more families into the shelters seeking the same benefit.

Shelter programs assume that homelessness will be solved by reforming or treating mentally ill and drugaddicted homeless people, estimated to be half of the shelters' single- adult population. But shelters are an inappropriate place to treat this group; most are crowded, violent places where drugs are readily available. Poorly financed, ineffective mental health and substance abuse treatment programs continually replenish the supply of homeless to be reformed.

Like the poorhouse, shelters evolved as a reform instrument, presuming to rescue people from the vicissitudes of street life. But the shelters are an inhumane system of segregation — an intimidating environment, viewed by some as worse than the streets.

Reformers hope that an emphasis on smaller shelters — like the New-York plan proposed last month by Mayor David Dinkins to build 24 small shelters for homeless single people promotes self-sufficiency. But they also worry that better living conditions might encourage dependency.

Reforming shelters will not end homelessness any more than reforms of the poorhouse solved the problem of 19th-century poverty. Because shelters aren't the cause of homelessness, they cannot be the solution.

The shelter reveals a charade in American welfare policy, pretending to show concern for the visible poor while demonstrating contempt for the invisible poor — those struggling to keep a day ahead of homelessness. As we try to help the homeless with shelters, we ignore the policies that continue to put people in them.

Without a commitment to affordable housing, adequate Federal income support to protect against impoverishment and sufficient mental health care and substance abuse treatment, we are consigned to the shameful legacy of the 19th-century poorhouse — balancing outdoor penuity with indoor brutality, building more homeless shelters and jails and having fewer thriving communities to make them obsolete.

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