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Massachusetts at the Crossroads

Richard E. Ring

Massachusetts is at a critical juncture in its care for homeless individuals. In the face of a charged political climate and with a governor bent on the “downsizing” and “privatization” of government services, decisions are being made that are of major importance to the welfare of homeless individuals in this state. Based on the choices of the state administration, Massachusetts can either solve its homelessness problem in the near future or relegate its homeless population to a lifetime spent on the streets or in shelters. In comparison to other states, Massachusetts has been relatively successful in caring for homeless people. The foundation for this success rests with a broad-based coalition of people from all walks of life united by a genuine desire to help people in obvious need. This coalition serves as a constituency for homeless people, a large and generous source of voluntarism and financial support, and as a political force of its own. Ring provides a brief history of homelessness in the Boston area as well as his own prescription for solving the problem.

Massachusetts has reached the turning point in its care for homeless people. It can either build upon the caring traditions and enormous effort of the past twenty years and actually begin to solve its homelessness problem, or it can slide back into a situation in which the number of homeless people once again increases and the only substantial response is to expand emergency shelter — a response that salves our collective conscience but does little to help people move out of homelessness.

Massachusetts, among all the states in the entire country, holds the greatest promise of ending homelessness. The winter of 1990–1991 was the first time in nearly twenty years that there was an adequate supply of year-round shelter beds for single men and women.¹ Adequate capacity, however, was a tenuous proposition that winter, but I can state with a fair degree of confidence that in Massachusetts and its capital city of Boston there has been, at the very least, shelter and other emergency services available for all those in need. This is a critical precedent to have established. Homeless people and those who work with them locally are not only poised to move “beyond shelter” but will

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suffer a tremendous sense of futility and outrage if the solutions to this problem — solutions that are no mysteries — are not forthcoming.

In fact, there is no reason why homelessness cannot be ended in this state over the next few years. The solutions, some of which have already been implemented in modest ways, lie in a four-point plan that includes prevention, emergency shelter and related services, transitional housing and job programs, and permanent, affordable housing. It is important in this equation not to underestimate the value and need of emergency shelters, as they are the first line of refuge and, realistically, the unfortunate truth is that some people are not going to lift themselves out of homelessness. Emergency shelters, which are run with great care and compassion in this state, must exist in ample supply as a safeguard against death on the streets. But the majority of homeless people have the ability to regain partial or complete independence, lead productive lives, and contribute once again to society. For the benefit of everyone, there must be a conversion of resources that will place greater emphasis on programs to lead people out of homelessness.

Is this foolishness? Have I been so close to this scene for too many years that I naively think we can end this phenomenon? Perhaps. But my optimism stems from the fact that no other state has addressed this issue as directly as Massachusetts, nor has any other state the foundation in place to complete the job. Current statistics place the number of homeless people in Boston at 4,000; statewide the number is more controversial but ranges from 15,000 to 25,000. Local government got involved in a major way for the first time in 1983, when then Governor Michael Dukakis pledged that care for homeless people would be his number one human service priority. One year later, Raymond Flynn was elected mayor of Boston and adopted an equally committed position, which he holds to this day. But even for many years before that, private agencies and volunteers had embraced the cause of street people and created caring programs that were philosophically steeped in respect for each homeless person as an individual. As such, for nearly twenty-five years this group has embodied a broad-based, loosely connected, cooperative coalition that has brought love and care to homeless people.

Much of the real success of Massachusetts in addressing the issue of homelessness lies in the commitment, perseverance, and collective effort of this coalition. As a rule, it issues no press releases, does not stage demonstrations, or use the confrontational tactics we usually associate with “coalitions,” although from time to time each of these devices has been used effectively by homeless people, shelters, and advocacy groups. This broad-based coalition has been, in essence, a movement grounded in heartfelt conviction, consisting of citizens who have volunteered to feed, shelter, offer medical care for the homeless, and contribute financially to homeless programs all over the state. This coalition includes idealistic men and women who work as staff in shelters, housing programs, and advocacy groups, city and state workers who have successfully managed public programs, and elected officials who have enacted creative and supportive legislation to address the problem.

The key to our dealing as a citizenry with the issue of homelessness is precisely that many members of our commonwealth, believing this to be a pressing social issue, have given of their time, their talents, and their treasure to help their brothers and sisters. Some are motivated by religious beliefs, following literally the words of Matthew: “For I was hungry and you gave me food; I was thirsty and you gave me drink; I was a stranger and you made me welcome; naked and you clothed me, sick

and you visited me.”² Others are motivated by a sense of responsibility for those in need and still others by a desire that government respond to the needy. Whatever the motivations, we essentially have succeeded in the first objective — almost all men and women who need it have shelter available to them.

Recent History

As recently as the 1960s a homeless person was thought of as a skid row alcoholic: male, white, and over forty-five. The numbers then were much smaller than today, and there were few homeless women on the streets. The primary caretakers were private agencies like the Saint Vincent de Paul Society and the Salvation Army. Because alcoholism was the dominant problem and (until 1973) public drunkenness was still a crime, municipal hospitals and police departments were often the first and only line of assistance. In Boston this was particularly the case with Boston City Hospital and the Boston Police Department. In addition, the court system routinely sentenced chronic alcoholics to the Massachusetts Correctional Facility at Bridgewater for thirty or sixty days to “dry out” or, sometimes in a humanitarian gesture, stretched the sentence out for 180 days — long enough for someone to “winter over” and thereby survive our harsh New England winters. Over four hundred “transients” would stay at Bridgewater, while many others would voluntarily choose to go to the state public health hospital at Tewksbury.

In the late 1960s, several events occurred that altered and improved conditions; they provide early indicators of the coalition that endures to this day. Agencies like the Pine Street Inn, Haley House, and Hope House were organized with a mission to improve the lot of the street alcoholic. Volunteers from all walks of life began working through these agencies; they were equally intent on offering a warm smile and an encouraging handshake along with the hot soup, sandwiches, and winter coats they brought along. It is of no small political consequence that after all these years, the thousands of people who have had firsthand volunteer experience in shelters make up a formidable constituency in support of homeless programs. In addition to this, beginning in 1973 the public alcoholism policy shifted from punishment to rehabilitation. In essence, a caring and enlightened group consciousness began to evolve; over time, that enlightenment was translated by a sympathetic state legislature, led most notably by Senate president William Bulger, into publicly funded programs.

The first significant threat to this situation occurred in the mid-1970s as the presence of deinstitutionalized mentally ill persons began to be seen throughout the commonwealth. At that time, the Department of Mental Health (DMH) reduced its inpatient census 90 percent, from 25,000 to 2,500, with the promise that a state-of-the-art system of community-based care would be established. The new system would rely heavily on the use of psychotropic medications, outpatient clinics, and community based homes. Although deinstitutionalization worked for the lucky few, it has been an unmitigated disaster for the thousands who have ended up on the streets or those who comprise 50 percent of the shelter population. The specter of deinstitutionalization gone awry hovers over our state, as we still see in every urban center the mentally ill eating out of dumpsters, sleeping on heating grates, unkempt, neglected by the public mental health system — seen sometimes as screaming wildly at no one, screaming wildly at everyone, and sometimes putting an end to their tortured lives.

Then in the 1980s the floodgates opened. The number of homeless soared as the federal government quickly reduced its commitment to domestic programs at the same time as the cost of housing, especially in the Northeast, rose dramatically. The number of people without a place to live increased to the highest level since the Great Depression, including a new class of homeless: men, women, and children who were simply poor, people without any discernible physical or emotional disability, the uneducated, those with no job skills, drug addicts, and people with AIDS. A mix of social ills had developed which at one time would have been confronted by the War on Poverty but were now all conveniently being lumped together under the catchall phrase of homelessness. Shelters, traditionally the first line of defense, were being called on to forge a whole new system for the delivery of social services to the poor.

Because there consistently had been a good-faith effort by our own home-grown coalition, the citizens of this state were spared the indignities visited on other cities. In Massachusetts there have not been legions of homeless people wandering about on our streets or, like New York City, huddled in major transportation terminals or living underground in the transit system. Boston, unlike Los Angeles, does not have 35,000 homeless people. Boston, unlike Miami, is not just now trying to care for the 6,000 homeless people it has officially and purposely neglected for years, hoping the "problem" would go away on its own. In the Bay State there has been a true public/private partnership, bringing us to the point where homelessness finally can be solved — or it can all unravel.

A Prescription for Solving Homelessness

To be precise, in my view we should do the following to end homelessness:

1. The place to start is the Department of Mental Health. It should be turned upside down in a reorganization that would finally respond to the homeless mentally ill. Basic human compassion calls for this. At the risk of sounding self-righteous, I believe this should be done strictly on moral grounds as the mentally ill and children are the two most vulnerable groups among all who are homeless. (In December, 1990 a class-action lawsuit was filed in the state Superior Court against the state on behalf of homeless persons, with Mayor Raymond Flynn, Pine Street Inn, and psychiatric nurse Rand Bailey — later joined by other advocates — constituting plaintiff class. The case is still pending.)³

A fear of shelter providers is that privatization of mental health services, as proposed by the William Weld administration, offers no guarantees of improvement. There remains a major question: Will private hospitals have the commitment — the will — to care for the homeless mentally ill who generally require more patience on the part of the provider? Or will private hospitals deal only with more treatment-compliant patients and leave the homeless mentally ill untouched on the streets?

2. The Department of Public Health detoxification units and clinics for alcoholics and drug addicts should be improved. Why? Beyond the obvious humanitarian reasons, these people not only have the capacity to remove themselves from dependency on shelters and the public health system, but once recovered they again become contributing members of society.

3. Housing and hospice care should be provided for people with AIDS. Homelessness becomes the inevitable consequence for many HIV-infected people who lose the ability to work, and maintain income and housing. This is a growing problem.

4. As many emergency shelter beds as possible (that is, twelve to eighteen a month) should be converted into transitional housing and economic development programs, which are closely connected to additional permanent affordable housing and permanent jobs that actually go to homeless people. This is an important point. There is no resistance on the part of established shelters toward this concept as long as adequate emergency services remain. Pine Street Inn is a good example. As recently as three years ago, the Inn sheltered 1,000 men and women on any given night. Pine Street has now evolved into more of a multiservice facility, and while it still serves 1,000 people daily, 650 are in shelters, 150 are in transitional programs, and 200 have permanent lodging house rooms in the Pine Street Inn / Paul Sullivan Housing. In addition, the Inn now cares for children.

5. The use of tax credits, public grants, low interest loans, and rental subsidies should be continued to maintain and develop new lodging houses to provide enough permanent affordable housing for all in need. But housing in and of itself is not enough. It must be housing with supportive services to have lasting success.

6. Job training should be put in place and jobs should be created that actually extend far enough to affect homeless people. Like many other social programs, current job training programs are geared for people in need who also may happen to be easier to work with, and therefore provide more "success stories" than homeless people do. The key to understanding homeless people is that they do not become homeless overnight. There are reasons. Often their decline follows a slow, cold, downward spiral. Programs that help should give enough time to allow people to regain their hope, trust, and self-esteem.

Whose Responsibility Is It?

Our present economic difficulties both nationally and locally are causing us to hesitate, to think we need to draw back from such commitments of money and other resources for homeless people. The financial constraints and pressures of the past two years have led us to "downsizing" and "privatizing" publicly funded programs when at the same time we see the possibility for many to move beyond shelter. The coalition, the network of homeless people and their supporters, never saw "warehousing" people as their chief objective. They never wanted to hide homeless people from the eyes of those who pass and drive by. No. They possessed the hope that there is a way back, a step up the ladder to a full life. We cannot let the present fiscal problems deter us from this goal.

So whose responsibility is it?

In one sense, it is up to all of us — you, me, "society," and homeless people themselves. Yet the coalition I have described has been working and building programs for nearly twenty-five years and can no longer act alone. While I see no lessening of its effort or signs of "compassion fatigue," the magnitude of the problem calls for strong government action.

Nationally the federal government is responsible, but in reality has done very little. Sadly, President Ronald Reagan told the country that people "choose" to be homeless, and although George Bush has promised a kinder and gentler nation, he presides over a country that has become poorer and meaner in spirit, one in which homeless people have become convenient scapegoats. Although Congress enacted the Stewart McKinney Act,⁴ which is the only substantive federal initiative to curb

homelessness, there are still too few dollars appropriated for a problem that continues to grow across the country. Only the late homeless advocate Mitch Snyder was able to keep the nation's attention focused, and since his death, official Washington largely has been indifferent to the issue.

Massachusetts governor William Weld has the perfect opportunity to align his administration's actions toward homeless people with some of his stated philosophical beliefs. He wants government to become creative and cost-effective in an entrepreneurial sense, and he also wants individuals to assume full responsibility for themselves. At this time and in this political climate, his leadership on behalf of homeless people is absolutely essential, as the burden of responsibility falls squarely on his shoulders. He has promised financial solvency for the commonwealth and has set out upon that task with a passion. Although he also has promised compassionate care for the poor and needy, to date his actions, both symbolic and real, send a mixed message. He needlessly offended many by asserting that he wants the social service safety net to become a "trampoline, not a hammock." This is pretty tough talk about a future goal that both the governor and most of the poor and homeless share: an opportunity to achieve self-sufficiency. Weld's budget cuts in mental health, public health, welfare, and housing began to rip apart the very safety net he spoke of because shelters, in an unfortunate but predictable reversal to former days, became overcrowded.

Within shelters, the prospect of losing control increased every day. Potential tragedies loomed ahead and the Weld administration risked the public perception of being callously indifferent to homeless people. However, the governor responded. At a press conference in January with such advocacy groups as the Greater Boston Adult Shelter Alliance, Massachusetts Community Action Programs, and the Massachusetts Shelter Providers Association, the governor pledged his commitment to address the issue in a varied and enlightened way. He promised to seek remedies that would be preventative and both short term and long term in nature. At that time, he said he would support and increase funds for the arrearages program, a prevention plan that helps with delinquent rent, mortgages, and utilities. He also pledged to increase current shelter capacity by 160 beds and promised to fund 91 transitional apartments, additional alcohol and drug detoxification beds, and new group homes for the mentally ill. In all, the governor intended to increase preventative programs while adding an array of nearly 400 new beds for homeless people.

This was a beginning, a hopeful sign that he wants his administration to be entrepreneurial with respect to homeless people and that he wants to invest resources in the types of programs that will ultimately reduce the homeless population in this state. This is a much needed and important promise from the Corner Office. Accompanying this promise is the understanding that supportive services and housing, not merely more emergency shelters, is the route out of homelessness. Keeping in mind that a promise and reality are not necessarily the same thing, the governor and his staff must monitor the situation closely to ensure the successful delivery of services.

Why am I singling out the governor? What about Mayor Raymond Flynn and the legislature? The answer is that Boston serves homeless people from all across the state and uses every available dollar for shelter and housing, while the politics of the day, hostile toward the established government institutions, have given the edge to the governor over the legislature. Governor Weld inherited a homelessness situation

that was under control and beginning to move people beyond shelter. This is the year the incumbent governor will take ownership of the problem of homelessness. I am not denying that these are difficult financial days for the commonwealth, but there remains the tradition and expectation that while the chief executive balances the state's books, he does so with compassion for the poor. The situation in Massachusetts is manageable. The coalition has seen to that. Homeless people want to be off the streets, and those who work with them know what to do. Meeting the challenge of whether or not we solve this problem over the next year or two or keep homeless people as a permanent part of our landscape rests with the future policies and actions of Governor Weld.

A Movement of Practical Idealists

In closing, let me be a little philosophical.

This coalition of citizens that developed around the homelessness issue represents a cross section of political opinions. It runs from radical left to radical right, from left-wing Democrats to right-wing Republicans, from bleeding hearts to hard hats. I know this to be true since my position at Pine Street has allowed me to listen, talk, and work with people all along this political spectrum.

The political positions within this coalition are secondary to this issue. What I believe everyone has in common, regardless of political position, has been the genuine desire to help homeless people help themselves. This coalition has not expected government to solve the problem itself, but to solve it by working together in a true public/private partnership. And more than that, what I see in the members of this coalition is the growing realization that self-help and interdependence by homeless people is crucial to the formula. By this I mean that the fundamental issue underneath it all — homelessness, deinstitutionalization, hunger, drugs, and so forth — is the dignity of the human person. If a person's dignity is not nurtured, then all the programs, funding, and good works are for naught.

I hope that with Governor Weld's help, this coalition of citizens will encourage us once again to focus on the possibility of self-help, interdependence, and cooperation so as to allow our homeless friends to move ahead with transitional housing, permanent housing, and job opportunities.

Notes

1. In 1990–1991 there were approximately 2,339 state-supported beds available. In addition, the Department of Welfare subsidized 572 apartments for homeless families, housing an average of three people per family.
2. Matthew 25:35–36.
3. The case was filed in Suffolk Superior Court as *J.S. and D.M., individually and on behalf of all persons similarly situated, by their next friends Rand W. Bailey, R.N., Pine Street Inn, Inc., and Raymond L. Flynn, as Mayor of the City of Boston v. Governor of the Commonwealth of Massachusetts, Secretary of Human Services of the Commonwealth of Massachusetts, and Commissioner of Mental Health of the Commonwealth of Massachusetts*, CA No. 90-7275F.
4. The Stewart B. McKinney Homeless Assistance Act was passed in July 1986.