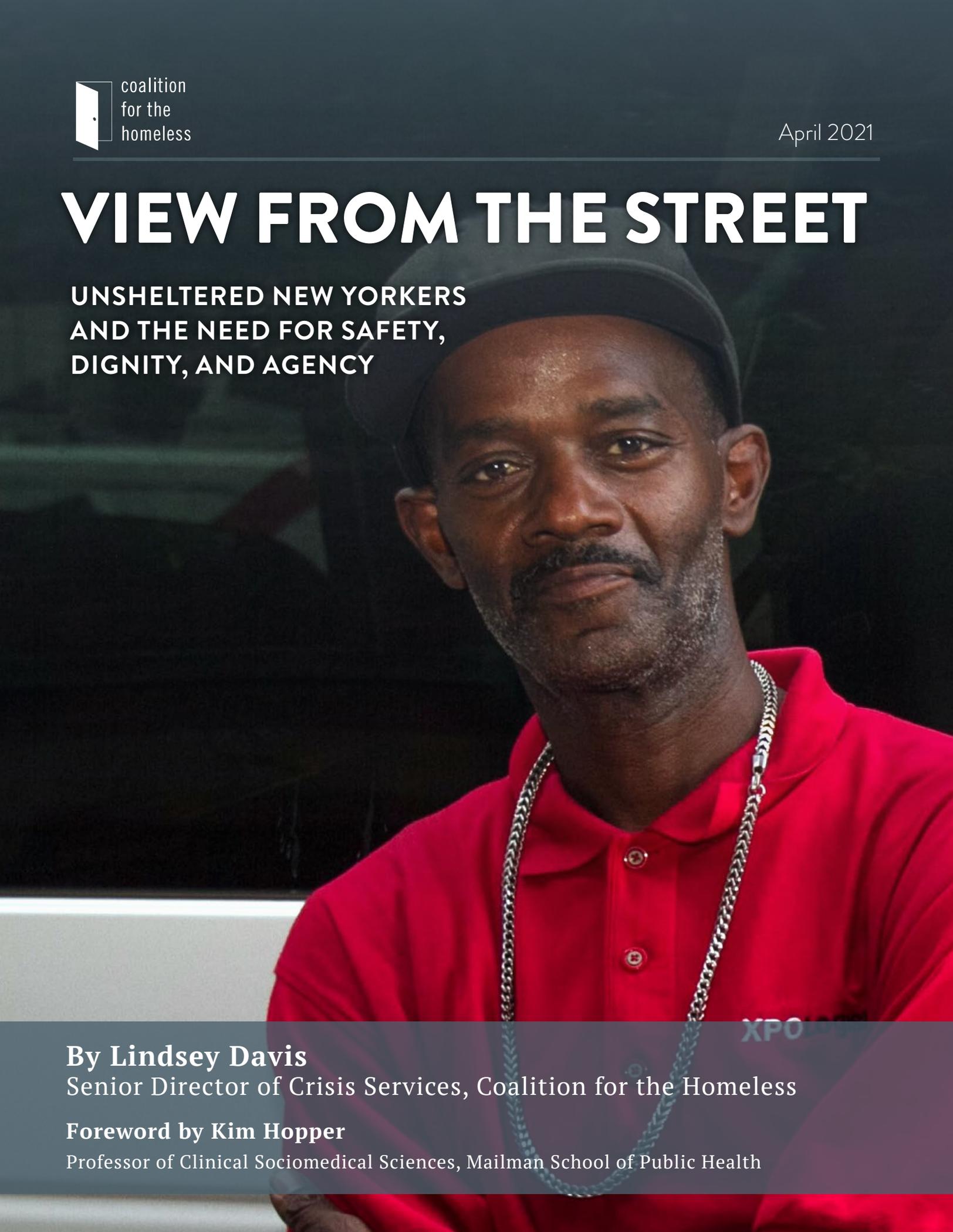


# VIEW FROM THE STREET

UNSHELTERED NEW YORKERS  
AND THE NEED FOR SAFETY,  
DIGNITY, AND AGENCY



**By Lindsey Davis**  
Senior Director of Crisis Services, Coalition for the Homeless

**Foreword by Kim Hopper**  
Professor of Clinical Sociomedical Sciences, Mailman School of Public Health

## ACKNOWLEDGEMENTS

This project was conceived, designed, and executed with the invaluable help of Kim Hopper, whose decades of influential work with, and on behalf of, people experiencing homelessness continues to shed light on the path forward.

This project would also not have been possible without the help of Coalition for the Homeless staff who generously volunteered their time and expertise during countless late nights and early mornings, including Liz Henderson, Katie Mack, Lauren May, Jenn Solomon, Joseph Timmons, and Destini Torres. A special thanks to Steven Lopez and Juan De La Cruz without whom we would not have reached nearly as many of our unsheltered neighbors, and to Tim Campbell for helping shepherd this project through to its completion. Finally, thank you to Dave Giffen for envisioning this project with me more than three years ago and giving voice to the experience of the unsheltered New Yorkers we serve.

## INTRODUCTION

Forty years ago, the Community Service Society of New York published what proved to be a momentous study of the lives of homeless New Yorkers, *Private Lives / Public Spaces*, which “sought to obtain the perspective of the chronically mentally disabled as they were confronted by day-to-day survival problems.” The authors of that report, Ellen Baxter and Kim Hopper, would go on that same year to co-found the Coalition for the Homeless along with a young lawyer named Bob Hayes. Two years earlier, Hayes had brought a class-action lawsuit on behalf of homeless adult men, *Callahan v. Carey*, arguing that a constitutional right to shelter exists in New York. That case was settled when the [Callahan Consent Decree](#) was signed in August 1981. The right to shelter was later extended to include homeless adult women, and then, through subsequent litigation brought by The Legal Aid Society, to homeless families with children.

The findings in *Private Lives / Public Spaces* were featured as a front page story in *The New York Times* on March 8, 1981, the day before the report’s official release.<sup>1</sup> The *Times* piece cited the report’s conclusion that the City was falling “woefully short” in its efforts to provide meaningful shelter to homeless New Yorkers – as evidenced by the presence of some 36,000 people sleeping on the streets at the time. An official in the Human Resources Administration (HRA) defended the City, asserting, “There are some people who choose not to come to the shelters.”<sup>2</sup>

A follow-up *Times* piece three days later focused on the methodology of the report, and brought even more public attention to the plight of homeless New Yorkers and to the groundbreaking work of Baxter and Hopper.<sup>3</sup> The two researchers saw *Private Lives / Public Spaces* “as a means ultimately of seeking improved conditions” for the people they were interviewing, believing that “public policy could be more effectively designed were it formulated on a more informed basis.”<sup>4</sup>

Over the past four decades, a network of shelters has grown from 3,600 beds in 1981 to today’s sprawling system that shelters roughly 56,000 people a night, and yet “street homelessness” has remained stubbornly persistent. Advocates have kept up the fight to make the City and State more responsive to the actual needs of homeless New Yorkers and, as noted above, to design public policy on a more informed basis. But that, of course, requires listening to those who are experiencing homelessness – which is why we embarked on this project.

*“Homelessness has taken on a rarified connotation that I’m a stereotype instead of being minus a home, and the two shouldn’t be connected, but they are.*

*We’re not your enemies. We’re your sons and daughters, fathers and mothers, and nothing has changed except that I don’t have access to a key and an apartment.” - E.D., survey respondent*

The voices of the people we spoke with in the course of conducting these interviews were very clear. When asked what it would take for them to come indoors, the most frequent response was “housing.” They all want help, but they are simply not getting the help they need. It’s not that they hadn’t been approached by City outreach teams – the vast majority (84 percent) reported having met outreach workers. But those teams, generally promising nothing more than a trip to a shelter intake facility, were not offering anything of value to the respondents.

The HRA official’s contention 40 years ago that “There are some people who choose not to come to the shelters” illustrates how insidious the misperception of the idea of “choice” can be, and how it can be used to shift blame to those who have been failed by our tattered social safety net and broken housing system. The choice between another night on the streets or another night in a shelter – the perceived cost of which is one’s safety, dignity, and agency<sup>5</sup> – is in fact no choice at all.

The more than 200 unsheltered New Yorkers interviewed for this report, and the thousands more we did not have the opportunity to speak with, are not staying on the streets by choice. They stay there because our systems have failed them again and again. They want, and deserve, better: Access to the most basic necessities of daily life, including food, water, clothing, bathrooms, and health care; emergency shelters that meet their immediate needs and treat them with respect; and, most of all, the safety, dignity, and independence that come with having a home of one’s own.

**Dave Giffen**  
Executive Director  
Coalition for the Homeless

<sup>1</sup> Bird, D. (1981, March). Hope is Urged for 36,000 Homeless in City’s Streets. *The New York Times*, Section 1, Page 1.

<sup>2</sup> *Ibid.*

<sup>3</sup> Johnston, L. (1981, March). A Journey Into the City’s Netherworld. *The New York Times*, Section B, Page 3.

<sup>4</sup> Hopper, K., Baxter, E. (1981). *Private Lives / Public Spaces*, Homeless adults on the Streets of New York City. *Community Service Society*.

<sup>5</sup> “Agency” in this report refers to the capacity of individuals to act independently and make their own free choices.

## FOREWORD: A FAMILIAR PLACE, REVISITED

*The middle-class person asks: “How did these people get here? Who are they? Where are their families? How did they fall so low?” We all harbor fears about the difference between the mad street people and ourselves. How far are we from losing all our money and our grace and ending up ranting on a corner, holding up a piece of cardboard over a cup?*

- E. Swados, 1991

I’d been struggling for several months to draft a foreword for this report when I was drawn up short by a dream: Someone (me?) had managed to locate and re-interview the hundreds of homeless folks from whom researchers had coaxed “their story” over the past four decades. They all wanted to know the same thing: What difference had it made?

Whoa.

I had been trying to write something that would do justice both to the still-unsettling spectacle of the street *and* to the utterly familiar, almost clichéd reality of public homelessness as urban backdrop. I’d toyed with the idea of municipal shelter as the housing market’s lower deck in late liberal New York.<sup>6</sup> But I hadn’t been asking that prior question: What good would it do to add one more lament to a decades-long *miserere*? Hadn’t it all been said – sometimes stridently, sometimes plaintively, often enough incoherently – many times before? Besides, don’t we have the necessary statistics, shelter records, and trend data to make the argument soundly, empirically? Even assuming (can we?) a receptive audience, what do “voices” add? And seriously: Is *mercy* really all that we’re looking for here?

Point taken. This foreword will try instead to re-make the case for “documentary expression” – the representation of “actual fact in a way that makes it vivid and credible to people at the time” – as a necessary part of homelessness advocacy.<sup>7</sup> It’s not the whole job. As discussed below, both

the everyday ministry of assistance to those currently experiencing homelessness or threatened with it, and the close tracking of structural roots, corrective efforts, and gathering trends, are also part of it. So, too, are litigation, legislation, and policy-making. Finally, and too little appreciated, there’s advocacy’s insistence that we continue the argument about who we are as New Yorkers and to whom the city belongs.<sup>8</sup>

But my task here is to say why, after so much talk to so little avail (or so my dream figures implied),<sup>9</sup> we still need to hear from the street. To do this, I first need to underscore what makes this question so pressing in New York. The growing presence of the street-dwelling homeless poor doesn’t distinguish this city from other outposts of urban gentrification and displacement. San Francisco, Washington, D.C., Seattle, Portland, Houston, Los Angeles, Atlanta, and Philadelphia all boast sizeable street populations. The puzzle is this: Alone among U.S. cities, since 1981, New York has had a court-entered *right to shelter*, one that has withstood decades of litigation, pushback, and policy maneuvering to relax or vacate it.<sup>10</sup> Nonetheless, the numbers of the unsheltered homeless are regularly replenished and may even be growing.<sup>11</sup> This report seeks to take stock of those apparently expanding ranks, to communicate something of their lived reality, and to ask – once again – why not otherwise? What would it take?

### How advocacy works

Stubbornly bearing witness to unmet need, tracking trends, and documenting the failed mechanisms of assistance (including unheeded or worked-around court orders)<sup>12</sup> make up much of the job of advocacy. Better known is its commitment to agitation: calls for corrective efforts issued through litigation, legislation, street theatre, and public appeal. The part often missed is sharing in the pain of dislocation even as one undertakes to prevent, alleviate, and repair the damage done. Hence the footing provided by the Coalition’s daily labors on behalf of some 3,500 homeless New Yorkers – through a medley of programs including crisis intervention, bureaucratic intercession, housing access and rental assistance, benefits negotiation,

6 Relevant statistics and fuller versions of that argument can be found here: <https://citylimits.org/2017/02/06/cityviews-the-long-view-on-new-yorks-homeless-problem/>; and <https://www.nybooks.com/articles/2017/08/17/tenants-under-siege-inside-new-york-city-housing-crisis>

7 For the requisite background of this tradition, see W. Stott, *Documentary Expression and Thirties America* (Oxford, 1973); the phrase in the text is from p. 14.

8 On this score, the varied efforts of the “right to the city” movement (here and abroad) are essential reading (see, e.g., <https://righttothecity.org> and D. Harvey, *The right to the city*. *New Left Review* 53: 23-40, 2008).

9 But see note 17 below.

10 For documentation, see the Coalition’s history of *Callahan*: <http://www.coalitionforthehomeless.org/our-programs/advocacy/legal-victories/the-callahan-legacy-callahan-v-carey-and-the-legal-right-to-shelter>

11 The annual HOPE count gives some indication of the numbers, but its accuracy and coverage are ritually disputed – and with good reason. But even with that disclaimer, the City claims that 4,000 people have been persuaded to come in from the cold since Spring 2016, while the HOPE count has remained roughly constant.

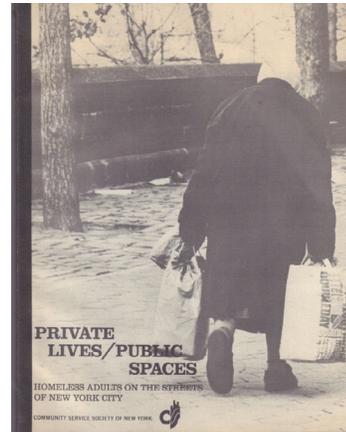
12 See G. L. Blasi, *Litigation strategies for addressing bureaucratic disenfranchisement*. *N.Y.U. Review of Law and Social Change* 16: 591-603.

legal support, job training, and street-level succor and subsistence. It's this bone-deep familiarity, embodied and renewed every working day, which informs both the urgency of its mission and provides the evidence that it's no fool's errand.

(Scholars, too, can play a role, if only by nurturing the sometimes shaky sense that things really could be otherwise. This can be as simple as remembering a time, not so long ago, when mention of homelessness did not call up mutely accusing presences on the street but a largely self-contained colony of older men on the Bowery, sleeping – not, for the most part, outdoors – but in commercial flophouses. More seedy retirement community than refugee camp, it was a place for older men with neither pension nor family to live out their remaining days in the company of familiar others.<sup>13</sup> Not that this settlement was an affliction-free zone – far from it: Alcoholism was widespread – but it wasn't a menacing scene, let alone a portent to the uninitiated of life a few missed paychecks in the distance . . .)

### Names now known, reasons recovered

Long consigned to the vaults of urban legend, street deaths (and their backstories) occasionally become public news. Rebecca Smith's was iconic at the outset of the present era of widespread homelessness. Ms. Smith died, unattended on a cold Chelsea street in January 1982, while an intervention petition wended its way through the court.<sup>14</sup> More to the point, her final *refusenik* hours were all we ever learned of her. Since then, a number of other street deaths have been extensively chronicled in the high-altitude New York City press:<sup>15</sup> a playwright's brother, a much-revered feminist author and organizer, and an elite liberal arts dance major.<sup>16</sup> In October 2019, four men sleeping on the streets of Chinatown were beaten to death by a man wielding a 15-pound iron bar (a fifth man was badly injured and died eight months later). This time, a flurry of news stories followed, chronicling the lives of the victims and attacker, and promises were made by City officials to provide more effective outreach to those on the street. Mental illness – ranging from frank psychosis through disruption, defeat, and disabling suspicion – traces a bright line through all four of these accounts. But in the older ones, so does a certain register of class and



*Private Lives/Public Spaces*, by  
Ellen Baxter and Kim Hopper, 1981,  
Community Services Society of New York

privilege (which may explain why those who recognized the deceased took to writing to commemorate their passing, may have hoped by this means to salvage some redemptive value, and had access to coveted media). More, because it's so easily missed in the fog of paranoia and refusal that active psychosis can present, it's worth noting that a good many of those on the street can present solid arguments for preferring that option to the shelters.<sup>17</sup>

In the early 1980s, it was still possible to subscribe to the handy fiction that public homelessness may have reached "crisis" proportions, but surely some sort of resolution or remedy was in the offing. The evident failures of "outreach" must be no more than a lapse in rabble management and planning, as City and State get their contentious act together: expand shelter, intensify outreach, staunch the loss of SRO units, restructure discharge planning from psychiatric hospitals, and salvage New York's stock of *in rem* housing. Progress has indeed been made on all those fronts. But that original diagnostic never reckoned with the "upstream" forces that would continue to erode the stock of affordable housing, destabilize the livelihoods of working-class and poor, and ensure steady inflows of the decarcerated and deinstitutionalized. And, with respect to the street, it failed to appreciate how stubbornly people can hold out for something other than the bare respite of shelter. (The "reservation wage" of some on the street is what they were forced to leave behind but can't forget – a place of their own.)

13 For a portrait, see C. Cohen and J. Sokolosky, *Old Men of the Bowery* (1989); for a documentary of a surviving flop at the end of the 20th century, see *The Sunshine Hotel* (2001) <https://www.imdb.com/title/tt0292261>

14 The petition was filed after repeated efforts by outreach workers to convince her to come to shelter. But it was filed on a Friday afternoon, the court was in recess until Monday, and Ms. Smith died over the weekend.

15 Which may partly be explained by the class origins of the victims, as noted below.

16 On Rebecca Smith: *NYT* editorial 1/29/82; revisited on 11/15/85; for commentary, "The Woman Who Died in a Box," *Hastings Center Report*, June 1982; on Lincoln Swados, his sister Elizabeth's "The Story of a Street Person," *NYT Magazine* 9/18/91; on Shulamith Firestone: Susan Faludi's "Death of a Revolutionary," *New Yorker* 4/15/13; on Nakeesha Williams, *NYT* news stories 3/4/18; 3/6/18; 3/10/18; and for letters, *NYT Reader Center* 3/12/18.

17 Something even weary outreach workers, trained to circumvent or wait out irrational objections, can recognize. One of Ms. Williams' repeatedly turned away street workers "was impressed . . . that Nakeesha, despite her delusions, had cogently analyzed her choices as she saw them: a potentially dangerous shelter, or the street, where she had proved self-sufficient" (*The New York Times* 3/4/18).

Put simply: As the reflections captured in this report show, many of the unsheltered homeless continue to reason their need deliberately, offering evidence both for avoiding the shelters and seeking respite outside them.<sup>18</sup>

Concerns about dignity, safety, self-determination, and trustworthy company surface again and again. And they do with unusual color and specificity.

*“Shelter is like entrapment in a way and [the] hurdles are unbearable . . .”*

**On not using the shelters:** In rendering their judgments, street survey respondents drew upon a good deal of direct experience and widely circulating impressions of life in the public shelters: Routine mayhem, poor security, danger of harm and/or theft figured highly. Some reviews included choice, Yelp-like send-ups:

- *“No discipline, security don’t do nothing, food sucks, feel like I’m in prison, no love.”*
- *“I’m a human being; I don’t want to be treated like an ASPCA mutt.”*
- *“K2 stench all day and mental health [problems].”*
- *“You treated like garbage and staff don’t care about you.”*
- *“Didn’t like being talked to in a demeaning way.”*
- *“I was attacked . . . never going back.”*

Other complaints seem more about unwanted interference with everyday life: “They confiscated my tea bags!;” “too much rules [and curfew];” “always transfers, I can’t do it.” For some regular street dwellers, the shelters continued to offer an option under duress – during the winter or extreme weather. And for a significant minority, it was *rumors* about shelter life that provided the deterrent: “from what I hear, it’s worse than jail;” “from what I understand from others, they cannot sleep, things are stolen;” “heard bad things.”

Finally, for some, it was the sense of shelter as terminus, rather than way-station – “No housing help; felt stuck.”

And: “Shelter is like entrapment in a way and [the] hurdles are unbearable . . .”

**Making other arrangements:** For long-time students of homelessness, this was especially familiar terrain, with the full roster of options known to observers four decades ago on display: the transportation depots (Grand Central, Penn Station, the ferry terminal, the airports); subways; cardboard boxes on the street or in parks; churches; stairwells; the atria of corporate HQs; enclosed ATMs; a host of street locations (some disclosed, some not). Others were fresh variations on those options – a balcony in a public housing project; on the street but near a police station; in a distant corner of a post office, where only the police go; a small park “where a few of us look out for each other;” a rented storage box; in the woods “behind the Bronx Zoo;” on a casino bus between Penn Station and Atlantic City; “hospitals, trains, McDonalds, walks all night . . .” Some sounded settled in: “I treat my corner and my box like a sanctuary; I can make a house out of [a] box and don’t answer to anyone but the police.” And some could have come from tramps’ diaries in the late 19th century – “sleep on a bench until police wake [you] up with a stick.” When really pressed (by cold, bad weather, “hurricanes”), some said they resorted to the subways or shelter system, while others seemed able to collect on even long-frayed ties with friends, family, or “an abusive ex’s” offer of temporary respite.

**Experience with street outreach:** Contact was commonplace, nearly universal, attesting to the stepped-up efforts and broader coverage of those teams. For a substantial number, this appeared to be a regular occurrence, even a welcome one. With respect to the help offered, however, impressions were less favorable: primarily, referral (and transport) to shelter and/or a somewhat vague offer of housing with, invariably, a long waiting list. Always valued was assistance with toiletries, benefits, food, clothing – the survival goods of street livelihood. Bureaucratic requirements with forms, disclosures, seem to put off a good many. Outreach efforts were to be redoubled, according to the City’s most recent plan,<sup>19</sup> but an expanded role for the NYPD at the time was worrisome. More welcome were companion commitments to develop 1,000 new Safe Haven beds, some with explicit backing from the City’s faith communities, and substantially increase supported housing units using social services funding. Three months later, the City was in pandemic lockdown.

18 In fairness, substantial changes have been made under the stewardship of Steve Banks at the Department of Social Services (DSS): eliminating bureaucratic practices designed to discourage public assistance applicants; some improvements in the siting, conditions, and security of public shelters; expansion of outreach teams and coverage, along with the Safe Haven options available to those living on the street; and other reforms. Most important on the prevention front has been instituting a right to counsel in eviction proceedings. Conspicuous by its absence in this roster of resourcing and rule changes is any linkage to the City’s longer-term plans for affordable housing. (See also below on most recent commitments re: street homelessness, made in December 2019).

19 *The Journey Home* (December 2019).



Photo by Olivia Berke

### Unfinished work

At the outset, I identified three parts to advocacy's remit – documentary, direct service/agitation, and analysis of driving forces. With all three of these in place we can avoid the error of empathy-as-answer: of believing that all we need to know can come from carefully conversing with the casualties. In a memo scribbled down during the fieldwork but not included in *Let Us Now Praise Famous Men* (1941), an account of the lives of Depression-era tenant farmers, James Agee addressed this trap frontally. What he says about “tenantry” then applies as well to homelessness now:

Tenantry as such... does not particularly interest us, and the isolation of tenantry as a problem to be attacked and solved *as if its own terms were the only ones*, seems to us false and dangerous, productive, if of anything, chiefly of delusion, and further harm, and subtler captivity. (quoted in Stott 1973:294; emph. added)

Partly prompting this stubborn resting anxiety, I suspect, is the realization that those who bear the costs and carry the pain of social dislocation are rarely party to the decisions, small and large, that are in substantial measure responsible for their plight. They are even less likely to be informed of the interests served by what once seemed a fair deal now gone radically wrong (in Agee's era, both the transformation of cotton farming and the Depression). Part of it, too, is the realization (always hazardous but unavoidable) that

extreme exposed poverty – the vigilance it demands, the privations it exacts – can cause further damage in its own right, damage that can take its toll in understanding and interaction.<sup>20</sup>

That said, stories from the street have a singular value – both *j'accuse* and refusal, they attest to the thinness of our claims to civility and the toughness of their own resistance to counterfeit forms. But if we're going to act on this testimony, we need the other arms of advocacy. I continue to subscribe to the conviction that, with all three parts – documentary, service provision/litigation/organizing, and structural analysis – in place, we may be able to recover and hold onto hope. But not, we may as well face it, as something to be clung to. Rather, as the late critic and storyteller John Berger put it: “It's not that we have hope – we shelter it.”<sup>21</sup>

*Postscript:* Although it's far too early to take stock of the pandemic and corrective measures taken in response – from intensified precarity, elevated mortality, tightened offers of informal aid, and depleted street resources, to strengthened eviction protections, de-congregated shelters, and re-thinking the options for affordable housing – the report's authors have taken occasional note of a few signal effects to date.

### Kim Hopper

Professor of Clinical Sociomedical Sciences  
Mailman School of Public Health

20 What anthropologists sometimes call “structural violence” can be mimicked and reproduced in small-scale everyday social interactions. See P. Bourgois and J. Shoenberg, *Righteous Dopefiend* (University of California, 2009).

21 *From A to X* (Verso, 2008), p. 79.

## I. Survey Methodology

This report is based on data collected and knowledge acquired through various methods:

- 200 short-form surveys of unsheltered homeless people administered outdoors over the course of several months, ending in April 2018
- Nine long-form surveys of individuals known to be homeless and sleeping in public spaces, administered in the Coalition's offices in early 2018
- 11 supplemental surveys of unsheltered homeless people administered outdoors in January and February 2021

### **Short-form surveys**

The main source of the statistical data cited in the report is the short-form survey of 200 unsheltered homeless New Yorkers. The short-form survey consisted of 28 questions and was to be administered primarily out of doors. We developed questions by identifying gaps in our knowledge from staff of the Coalition for the Homeless who regularly work with individuals who sleep in public spaces. We also examined information regarding unsheltered homelessness published by the City – primarily through their annual HOPE count reports, obtained through Freedom of Information Law requests.

The survey instrument was piloted, discussed, and revised to ensure the interviews were targeted, understandable, and efficient.

All interviews were conducted by Coalition for the Homeless staff, who have significant experience working with homeless individuals, both in our headquarters and while conducting outreach on the streets. All interviewers also participated in a training session to ensure that they documented each individual's words as faithfully as possible and were instructed in appropriate methods to gather and record the information in the short-form instrument.

Interviewers conducting the short-form surveys were advised to approach individuals who appeared to be homeless and unsheltered. The interviewer would first offer unconditional concrete assistance such as hats, socks, gloves, water, and snacks, as well as information about services available at Coalition for the Homeless. If the individual expressed willingness to participate in the survey, the interviewer would proceed with the survey, recording as much detail and in as many of the respondents' own words as possible. In return for their time, respondents were offered four MetroCards.

Evaluations of each participant's health and mental health were based on self-report, as well as via a questionnaire completed by the interviewer, through which they documented their observations about a respondent's apparent health or mental health needs. During the process of reviewing the data, we also analyzed the subjects' responses to each question in the survey to identify specific references to health or mental health needs, evidence of mental health needs otherwise undisclosed in the explicit responses, or reference to services not otherwise indicated.

In order to ensure that something approximating a representative sample of individuals and experiences were documented, the locations targeted for interviews included high-density areas identified in the 2016 HOPE count, high-traffic areas and transportation hubs, soup kitchens (including sites along the Coalition's Grand Central Food Program routes), and sites identified by staff of the Coalition for the Homeless in all five boroughs. During the pandemic, supplemental surveys were completed at the St. Bartholomew's stop of our Grand Central Food Program and with individuals who came to our offices in Lower Manhattan as a result of outreach efforts.

The 200 short-form surveys were completed with respondents in 35 locations throughout New York City. Teams surveyed locations in all five boroughs, but the sheer size of the outer boroughs, as well as the many and often disparate locations where individuals bed down, made it more difficult to identify potential respondents in boroughs outside Manhattan. The outer boroughs also are perhaps more inviting to those seeking isolation or distance from others, and therefore attempts to find respondents were less successful. Eighty percent of the initial respondents were interviewed in midtown Manhattan locations.

Over several months ending in April 2018, 12 Coalition staff members completed 200 interviews on the streets either between the hours of 5:00 p.m. and 9:00 p.m. or between 6:00 a.m. and 9:00 a.m. Interviews were sometimes conducted midday as well.

### **Long-form surveys**

Concurrent with the administration of the 200 short-form surveys, nine long-form surveys were also completed with homeless people known by Coalition for the Homeless to be sleeping on the streets for extended periods of time. The long-form surveys took an average of 90 minutes to complete. Those who agreed to engage in the long-form survey were offered a gift card in return for their participation.

The long-form survey was created to be completed with a subset of individuals who made it into the Coalition's offices either as a result of our outreach visits, or who were Coalition clients known by program staff to be sleeping on the streets consistently. The long-form survey includes a list of open-ended questions, as well as a map of the respondent's housing history created in collaboration with the respondent. The survey instrument was piloted, discussed, and revised to ensure the interviews were targeted, understandable, and efficient.

The long-form surveys were conducted by a single interviewer while sitting with each person in the Coalition's headquarters. The instrument included additional open-ended questions about how the individual felt about his or her time on the streets, and the interviewer developed a "map" illustrating each respondent's housing history to provide a better understanding of his or her trajectory. The information gleaned from the long-form instrument is not included in the presentation of survey data results, but has been used instead to provide further depth and narrative texture through vignettes and quotes included throughout the report.

### **Supplemental surveys**

In order to provide us with an update to the knowledge gained during our first round of short-form surveys and offer some additional detail about the experiences of those sleeping on the streets during the coronavirus pandemic, 11 supplemental surveys were conducted in January and February of 2021. All 11 supplemental surveys were conducted in Manhattan.

We also gained further detailed understanding of the needs of unsheltered New Yorkers during the pandemic through the operation of the Coalition's nightly mobile soup kitchen, the Grand Central Food Program, which provides frontline emergency aid to hundreds of homeless individuals seven nights a week. While that knowledge is not reflected in our statistical analysis, we do include some key observations in the body of this report.

All surveys were conducted primarily by staff of the Coalition's Crisis Intervention and Client Advocacy Programs, which provide direct services to roughly 11,000 sheltered and unsheltered individuals each year. These staffers meet with homeless and at-risk individuals and families in the Coalition's offices, and also conduct outreach in intake shelters. Most of this work involves addressing the obstacles that homeless people face in trying to obtain shelter, housing, and services.

## II. Summary of Findings

Studies of unsheltered homeless people are often done in shelter-scarce municipalities. But that is not the case in New York. While it has been reported that some people maintain their sense of individuality or self-determination by sleeping outside,<sup>22</sup> the specific dynamics and needs of those staying outdoors in New York City are not well understood. These interviews have taught us more about some of those who are sleeping outdoors, what may have influenced their decision to do so, how they are attempting to survive, and what they feel would be necessary to help them leave the streets. They have also made clear that merely increasing the supply of shelter beds is not enough: One of the most common reasons explicitly cited by the individuals we spoke with for rejecting the shelter system and their decisions to sleep in public spaces was *safety*. Shelters are considered by many homeless individuals as providing an unacceptably low level of personal security. The incidence of theft, physical attack, or other types of violations in the shelters – whether experienced, witnessed, or simply rumored – clearly contributes to the perception of the shelter system as chaotic and unsafe.

Similarly, the responses of many in our sample indicate that shelters are often perceived to accord less *dignity* and *agency* than the streets. Given that their homelessness is most often the result of the lack of sufficient resources, cascading systemic failures, and decisions made outside of their control – such as the loss of a job, the decisions of family members who kicked them out, or the unavailability of affordable housing – it is not difficult to understand how entering a shelter system that demands further relinquishment of control over one’s actions, that exposes one to the whims (and sometimes degradations) of a large municipal bureaucracy or to the intrusive behaviors of other random individuals in close proximity, can seem unpalatable.

Many of the individuals interviewed frame their experience on the streets as a *test*, as a set of challenges being imposed by some outside force, and it is up to them to find a way to subsist while holding on to their dignity, by somehow retaining control over whatever parts of their lives they can.

Of course, sleeping rough on the streets carries significant risks, offers little in the way of stability or regularity, and is generally understood as something to be *survived*. Those who risk it are vulnerable to harassment, robbery, freezing to death, being set on fire,<sup>23</sup> or even being killed.<sup>24</sup> Even in the absence of such extreme incidents, the isolation, lack of basic physical and mental health care, difficulties in maintaining hygiene, and exposure to the elements all create and exacerbate physical and mental health problems. The survey respondents seemed well aware of the everyday fight to stay alive, and would sometimes reflect on their mortality and their fear of dying on the streets from exposure, violence, declining health, the impossibility of undisturbed rest, or a combination of these factors.

**The streets were seen as the last and only option available for a large percentage of respondents.** Their responses suggest that they see the sacrifice of their safety, dignity, and agency as the unacceptable cost of entering the shelter system and so they are left with no choice but to bed down in public spaces.



Photo by Olivia Berke

22 Boydell, K., Goering, P., Morrell-Bellai, T. (2000). Narratives of Identity: Representations of self in people who are homeless. *Qualitative Health Research*, 10(1). <https://doi.org/10.1177/104973200129118228>

23 Several clients of Crisis Services programs at Coalition for the Homeless report being set on fire or being threatened with being set on fire, primarily on the subways late at night as they attempt to get some rest.

24 Sandoval, E., Rashbaum, W., Singer, J., Joseph, Y. (2019, October). In Chinatown, Rampage Against Sleeping Homeless Men Leaves 4 Dead. *The New York Times*. <https://www.nytimes.com/2019/10/05/nyregion/homeless-men-killed-chinatown.html>; Newman, A., Sandoval, E. Kvetenadze, T. (2021, February). Violent Spree Against Homeless People in Subway Leaves 2 Dead. *The New York Times*. <https://www.nytimes.com/2021/02/13/nyregion/nyc-subway-killings.html>

## A. Summary Statistics

- **More than three-quarters of those interviewed on the streets reported that they had stayed in the municipal shelter system at some point.**

Seventy-seven percent of respondents stated that they have tried the municipal shelter system and instead choose to stay on the streets. Roughly a third of those who have tried the shelter system (49 of 154) left the system from an intake or assessment shelter.

- **The main reasons for not returning to the shelter system were safety (38 percent) and difficulties with the rules and procedures (25 percent).**

- **Most had been on the streets for more than a year.**

Seventy-three percent of respondents reported being on the streets for one year or more; 60 percent had spent two or more years unsheltered; 28 percent had been homeless for five or more years; and 11 percent had been on the streets for 10 years or more. Twenty-seven percent reported being outdoors for less than a year.

- **Respondents were older than shelter residents, on average.**

Sixty-six percent of survey respondents are over the age of 45, as compared with 50 percent of single adults in New York City's municipal shelters. The average age of those we spoke with was 50, and the median age was 52.

- **Most were assessed to have potentially serious health needs.**

Two-thirds of those interviewed were assessed to have mental health needs; nearly one-third were assessed to have multiple disabling conditions.

- **Respondents' needs were not being met on the streets.**

Without any measure of stability, sleeping outdoors exacts both physical and mental tolls. Without access to a safe, stable place to sleep, health care is made more complicated for those sleeping outdoors. Poor health can be emotionally stressful, and many respondents expressed a fear of dying outdoors. The basic needs of those who remained unsheltered during the pandemic were even less likely to be met, as many of the programs and services relied upon by this population were closed or operated in a limited capacity.

- **The decision to sleep unsheltered was often the last resort after exhausting other options.**

Most respondents had already employed a number of strategies, including trying the shelter system, couch surfing, squatting, and other makeshift arrangements.

- **The vast majority of respondents were unable to turn to personal networks for a place to sleep.**

Only 6 percent reported having a family member or friend who could provide a place for them to bed down during inclement weather.

- **The vast majority had been approached by outreach teams.**

Eighty-four percent of respondents said they had met an outreach team. Sixty percent of those who were approached by outreach teams rejected what was being offered. Offers of shelter were commonly rejected, even in the midst of the pandemic.

- **Those living outdoors want to come inside.**

Fifty-three percent of respondents stated that housing (sometimes mentioned along with other needs or goals) is what they need to leave the streets. Twenty-six percent mentioned work, benefits, or more income as either their primary goal or as one of the things necessary for them to move indoors.

## B. Illustrative Vignettes

Below are brief descriptions of five of the more than 200 individuals we spoke with in the course of this project, selected because they share some of the more prevalent characteristics of our survey sample: They tend to be older than those sleeping in shelters; they have had (and continue to have) complex trajectories that contribute to their status as unsheltered; and most were assessed to have significant health needs that were not being adequately met, negatively impacting their well-being. These individuals were willing to share their reflections about their time on the streets and its meaning, as they struggled to ascribe some purpose to their suffering. We have attempted to record their thoughts and sentiments as faithfully as possible although their identities have been changed to protect each respondent's privacy.

### Whitney

You may have walked past Whitney in the din and bustle of midtown. The noise and hectic pace of the neighborhood make her feel safe, hiding out in plain sight. She doesn't go to places where she isn't known, and she always plans her routine very carefully: staying in midtown during the day, riding one specific bus at night. The occasional feelings of euphoria she has as a result of her bipolar disorder make her especially good at this kind of planning. She said that it lends her the diligence and drive to survive outdoors, and can help her overcome the pain when her MS flares. It also means that she doesn't sleep much.

We spoke to Whitney during her second stint on the streets, when she was nearly 60 years old. Getting around with a walker can make access to facilities like bathrooms difficult, but she has learned to survive.

Whitney lived in a supportive housing unit for two years, but moved out when she learned that her new partner was not allowed to move in with her. She instead moved in with her partner, but the relationship eventually fell apart, and Whitney found herself alone and once again staying on the streets.

In her many years staying on the streets, Whitney hasn't had many interactions with outreach teams. She did report seeing them often during bad weather, but said they have offered her "no help" – or at least only the kind of help she feels does not meet her needs, such as shelter. She has tried the shelters, but fears for her safety: Her disability makes her a target, she doesn't feel staff are looking out for her, and the environment of all the shelters she's tried has been too chaotic, especially when she isn't feeling her best. The streets have thus become her best and only option.



Photo by Olivia Berke

### Marte

Tucked carefully into a corner of a 6 or E train you might see Marte, although he hopes you don't – he tries his best to stay out of the way. Marte is a slight man in his early 70s who grew up in Indonesia. He came here to work at the United Nations (UN) when he was 25, but his immigration status was never adjusted.

Marte held a job as a porter for nearly 30 years after arriving in New York. He was allowed to stay in the building where he worked, but when it was sold and new management took over, he was let go. He was unable to find other work and had nowhere to go. He had been

homeless for nearly 15 years when we spoke with him. Since he has not been back to his hometown in more than 45 years, he said he was fairly certain his parents have passed away, although he doesn't know for sure.

He tried the shelters, but couldn't manage being awakened in the middle of the night by staff to be moved. He also feared for his safety, having heard rumors of people being killed despite significant police presence at the intake shelter. Instead, Marte kept a careful schedule of visits to libraries, soup kitchens, and bathrooms prior to the pandemic, and became used to sleeping only a few hours each night. He learned to strategically hide his belongings under his subway seat and avoid discussing what few things he does have with anyone. If, for example, someone wants his orange, he'll just hand it over to avoid any trouble.

Marte said he wasn't sure how to get medicine or health care when he needs it. He recounted that some of his friends aren't sure how he's able to manage. He said he maintains hope that he'll be able to make progress and find a place to stay, though, presenting his well-preserved UN identification badge to anyone he believes might be able to help him.

### Min

In the pews of a midtown church, you'll find Min praying. She lends a hand in the church's soup kitchen in order to get some of the things she needs to get by, and finds solace in being allowed to sit in the church and think. She struggles deeply with a tension between her God and her experience: God is her best friend, but is also inexplicably putting her through hell.

*Jeff is very clear that he wants for nothing – except keys to a home.*

Min met her husband and moved to North Carolina to be near his family. When her marriage ended, she had no way to return to Korea but had not yet become a U.S. citizen. She has been in New York City for 18 years and has stayed sometimes with friends, sometimes with partners – although some of those were abusive, one even left her hospitalized at one point. Another partner passed away, leaving her with “52 years of grief” (referring to her lifetime). She said she once worked 14 hours a day in various jobs to support herself. When we spoke with her, she had been in New York City for 18 years, and without a place to stay for 18 months.

Min said that she doesn't feel safe or comfortable staying anywhere for more than two hours, and spoke of the need to develop a thick skin in order to defend herself outdoors. For her, this means intentionally isolating herself from others. Min also avoids outreach teams because she wants God to intervene and make their relationship right. She also believes the systems that outreach teams represent are making everyone sick: “Revolutionary homeless care, someone needs to do it,” she said. “People cannot live this way, their mental health is breaking.”

### Jeff

Jeff is always sitting in the same corner in the Port Authority, usually on an upturned paint bucket. A 60-year-old African American man, Jeff knows the vendors, commuters, and others who stay at the station by name. Many of the passersby have come to know him well, and would often stop to chat and bring him some homemade food or a few dollars. He has the faith and the oratorical skills of a seasoned minister and is generous with his time, if you are willing to listen.

Jeff is very clear that he wants for nothing – except keys to a home. God provides for him every day – through the people he has come to know and through the soup kitchens and pantries he frequents. Given Jeff's trust that his needs will be provided for, he gives away socks or an extra orange freely and without reservation.

What Jeff will not discuss is the edema in his legs, swollen with fluid that cannot properly drain



Photo by Hilary Duffy

since he is unable to lie down at night – because the police won’t allow it. This is what happens to anyone forced to sit up or walk for too long. Jeff’s lower legs became so swollen that in many places the skin had split, but had been carefully bandaged back together by a doctor. He would hide the wounds carefully under neat track pants, but the edema makes it hard for him to walk.

Jeff is happy to demonstrate the right way to engage with law enforcement. At first he reacted negatively to the questioning of a cop passing by, but then quickly corrected himself and overtly showed respect, offering pleasantries as they passed by. “It’s their job,” he said. “The police are not inherently bad.”

He explained that he tries not to engage with systems, including police, outreach officers, shelters, or other social service agencies in the city, believing that help can be offered in a more respectful and professional way than he has experienced. He said that too many resources feel chaotic to him. He described outreach teams as simply “blowing smoke” – not being forthright about how they can help, and so he had been holding out on engaging with them for the time being. The way he thinks about being without a stable place is grounded in experience, but also principled: He demands to be viewed with the respect he knows he deserves.

### Terry

Depending on the weather, you’ll find Terry either in a rotunda in Prospect Park or in the ATM foyer of a bank on Flatbush Avenue. He is a tall man of Native American and African American descent. Terry has a strong southern accent, but also speaks in a manner particular to him, influenced by the disorganization of his thoughts stemming from his schizoaffective disorder.

When we met Terry, he had been living in New York City for more than 53 years and had had a lot of contact with outreach teams. He said that they love to put people in shelters, but he can’t manage being moved from shelter to shelter, over and over again. He recounted how the outreach teams had told him that they are required to find him sleeping outside many times in order to offer help, and wondered aloud, “How will they help me while I’m asleep – do it now, help me now...”

Terry had been in and out of the hospital and on the streets for 10 years. He had supportive housing once before, but has struggled to remain connected to psychiatric care. He started to believe that he was being spied on by his neighbors through the gaps in his floorboards. The supportive housing provider moved him once to try to meet his needs, but he refused to be moved a second time. He agreed to go to a hospital, but then refused to return to housing and instead returned to the streets.

Terry is a kind man, keeping himself safe by extending courtesies to those around him and helping them understand helpful resources. He said he is hopeful that God will offer him some help to survive. “The path might not come easy, but he will show you,” he said with confidence.

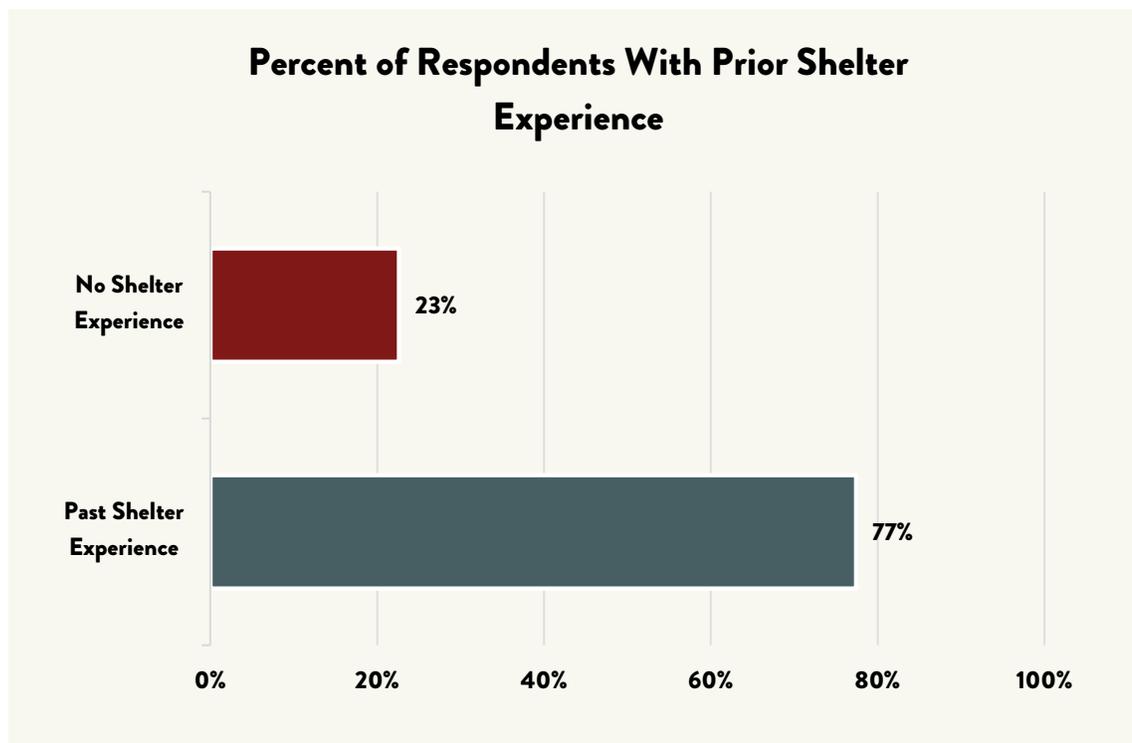
### III. Experiences With the Shelter System

The New York City shelter system is vast and bureaucratic, and large bureaucracies are notoriously inept at accommodating the often complex needs of individuals. It is their past experiences with (and rumors about) this system that contribute to homeless individuals' decisions regarding where to sleep each night. These are people who are grappling with significant losses in their lives – the loss of homes, social support systems, health – and who turn to the shelter system for help with needs that are very personal, unique, and complex. The actual or perceived failure of the shelter system to address or respect those needs results in many individuals opting instead to bed down on the streets.

The vast majority of those staying on the streets are single adults and are thus eligible to be served by the shelters for single adult men and women established under *Callahan v. Carey* and *Eldredge v. Koch*. Over the past decade, the number of single adults sleeping in NYC shelters each night has increased by nearly 10 percent per year, and now 20,738 people are served nightly in 136 shelters.<sup>25</sup>

Many adult couples also end up on the streets. Adult families, as they are called by the Department of Homeless Services (DHS), have higher rates of health, mental health, and substance use issues as reported by DHS, and also frequently encounter obstacles in accessing shelters. In January 2021 (the most recent month available), just 27 percent of adult families applying for shelter at the Adult Family Intake Center (AFIC) were deemed eligible by the City, leaving the rest with the choice of either splitting up and going to different shelters or sleeping on the streets. The eligibility rate for adult families has remained below 30 percent since April 2020 and reached an all-time record low of 17 percent in November 2020.<sup>26</sup>

**Seventy-seven percent of those interviewed reported that they have stayed in the municipal shelter system.**

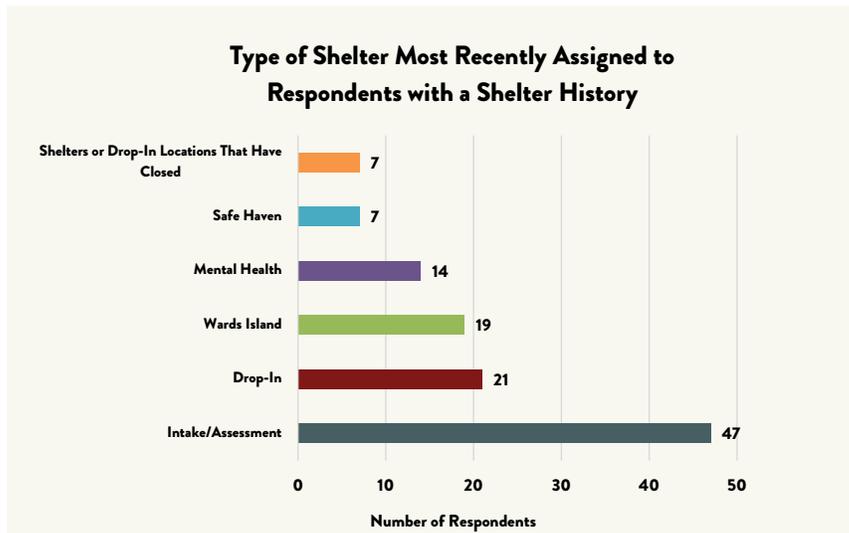


<sup>25</sup> New York City Department of Homeless Services Single Adult Shelter Census as provided to Coalition for the Homeless as a result of monitoring of the *Callahan* Consent Decree.

<sup>26</sup> New York City Local Law 37 data as accessed via <https://data.cityofnewyork.us/Social-Services/Local-Law-37-DHS-Report/2mqz-v5im>

Of the respondents who had utilized the shelters, **52 percent left the system directly from an intake, assessment, or mental health facility, or from a shelter located on Wards Island.**<sup>27</sup> These types of shelters tend to be large facilities with 200 or more beds. Shelters of this size are notoriously difficult to manage, often have large living spaces that are difficult for staff to monitor, and suffer from insufficient staffing. Rules meant to establish order are not well communicated to the residents, and are often applied without apparent logic or consistency. This results in many residents finding the experience unpredictable and threatening.

Chart 2



Some of the main reasons cited for avoiding shelters include:

- **Police presence**

Many of these same shelters are or had been staffed with police, who oversee access to the shelter and supervise the activities of the sites. For many years, NYPD officers were present in shelters and, more recently, the NYPD served in a supervisory role over DHS police operations. Police presence had been increased after a series of violent incidents in shelters in 2016.<sup>28</sup> However, following the murder of George Floyd in 2020 and the ensuing nationwide protests about police misconduct and systemic racial injustice, NYPD was removed from oversight of DHS police as part of the City's larger attempts to reform the NYPD. Progress toward alternative security at shelters has, however, been slow, and is still provided by DHS police officers at all intake shelters and a number of mental health shelters as of the date of this report.<sup>29</sup>

Police presence can be a deterrent for some, and homeless individuals often indicate that their race and socioeconomic status makes them more likely to be negatively targeted by officers. The historical harassment of people of color by the police has sown distrust in their motives and the security they offer, making shelters staffed with police particularly unwelcoming. Many survey respondents reported that they did not feel the increased security in shelters had made them safer. In fact, 38 percent of those we met specifically cited safety or rumors about safety as the primary reasons the shelters were no longer an option.

<sup>27</sup> Another 14 percent departed drop-in centers, which do not offer beds.

<sup>28</sup> Southall, A., Stewart, N. (2016, April). 2 Sought By Police After Man is Found Dead at a Manhattan Homeless Shelter *The New York Times*. <https://www.nytimes.com/2016/04/16/nyregion/man-found-dead-at-homeless-shelter-in-manhattan.html>; Santora, M. (2016, March). Man Suspected of Killing Roommate at Harlem Shelter is Found Dead. *The New York Times*, <https://www.nytimes.com/2016/03/18/nyregion/man-suspected-of-killing-roommate-at-harlem-shelter-is-found-dead-police-say.html>; Baker, A. (2015, April). Former Resident Kills Director of Bronx Homeless Shelter. *The New York Times*. <https://www.nytimes.com/2015/04/29/nyregion/former-resident-kills-director-of-bronx-homeless-shelter-police-say.html>

<sup>29</sup> List provided to Coalition for the Homeless through Callahan discovery.

*I stayed eight months. Too much violence, restriction, bad food, curfews, stealing – too controlling.* - L.G.

*A lot of trouble in shelter, [it's] safer on the street.* - B.K.

*No discipline, security don't do nothing, food sucks, feels like I'm in prison; no love.* - A.A.

#### • Staffing and operational problems

The lack of safety and predictability – real or perceived – found in many shelters is further compounded by staffing and operational problems. There is little disagreement among shelter providers and advocates that resource limitations result in shelter staff being underpaid and undertrained, particularly frontline workers like resident assistants and safety monitors who are often unskilled at working with people in crisis or with significant mental or physical health needs. They are, nonetheless, given the responsibility of ensuring the safety and well-being of residents. They must, for example, assist residents who cannot independently provide for their day-to-day needs due to deteriorating health issues, or de-escalate conflicts between residents before they turn violent.

Many case managers are also not properly trained in how to navigate the complex public benefits systems, and so they often provide inconsistent or inaccurate guidance to shelter residents. Assistance with applications for appropriate housing programs can be equally hard to come by: Many shelter residents complain that they have never had access to a housing specialist. One of the reasons that the Coalition's Crisis Intervention Program exists – and serves roughly 11,000 homeless individuals each year – is to help shelter residents whose case managers are not adequately trained and lack the resources to do their jobs properly.

Overwhelming frustrations stemming from these dynamics can lead shelter staff to lean on inaccurate and counterproductive stereotypes about the people they serve or to ignore their responsibilities. Add to all this that workers in the shelter system are poorly paid, and it is not difficult to understand why staff turnover rates are very high.

**Forty-four percent of survey respondents who no longer viewed shelter as an option cited inefficiencies in the responsiveness of the system, a lack of personal agency in planning a path from homelessness to permanent housing, or inattentiveness or mistreatment by staff.**

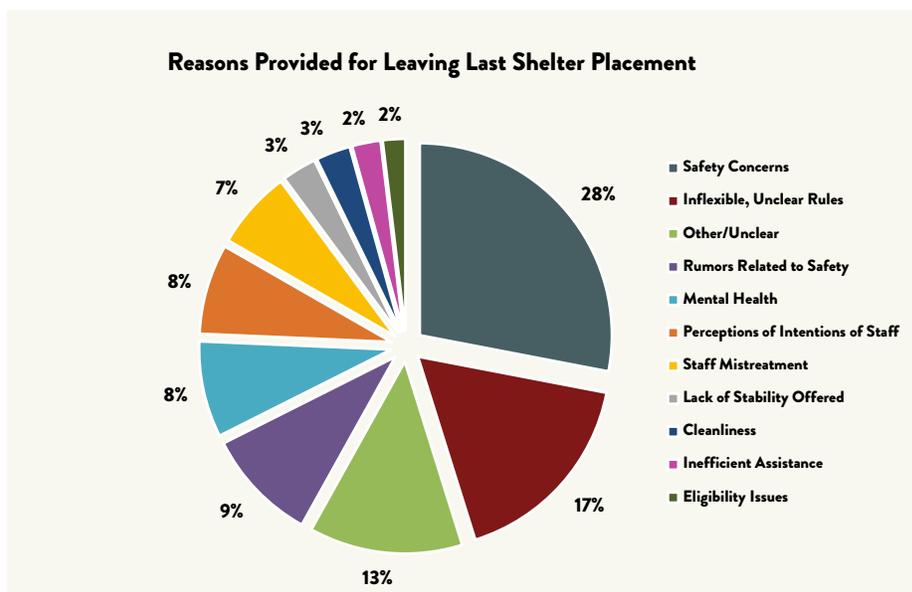


Chart 3

## *Imagine being evicted from your apartment...*

**Once someone has reached the point of needing to apply for shelter, that person has already experienced significant hardship and trauma and is therefore likely to arrive at shelter intake in a vulnerable state.**

Imagine being evicted from your apartment. An armed marshal has arrived at your door, gives you no time to gather your belongings, and requires that you quickly leave your home before changing your locks and sticking a large notice on the door, notifying all of your neighbors of what has just happened. At first you have no idea where to go, but it is February, it's getting cold, and no one you've reached out to has returned your calls or offered a place to stay. You hang out in the food court at Grand Central for as long as you can, but on the second night, sleep deprived, you decide to try out the shelter you learned about by calling 311.

You arrive at a shelter intake center overwhelmed, afraid, and exhausted. Just beyond the shelter entrance are rows of metal detectors and officers who look like the police. They scan you and your things and direct you to a waiting area. After providing some basic information to a staff member, you are assigned a bed. They tell you you'll only stay here tonight; tomorrow they'll move you to another location. No matter where you have lived before, you may be placed in any shelter within the five boroughs, with little consideration for your individual needs (such as the location of your job, school, or doctors). There is no one available with whom to discuss your placement. The shelter is large and nearly impossible to navigate without directions. When you eventually find your bed, there is a plastic bag with a pillow, blanket, and two sheets on it. You are also provided with a lock and a locker where your belongings can be stored.

The time to wake up is typically 6:00 a.m. You must leave your bedroom area shortly thereafter for the duration of the day. The shelter staff may ask you to leave the shelter altogether, regardless of the weather outside. You might

share a dorm room with 20 or more other men or women. Toilet paper might be rationed and provided only upon request. Food portions are minimal, and you are told that you cannot bring outside food into the shelter. Laundry should be available twice per week, but this cannot always be counted on.

The 10:00 p.m. curfew is tightly enforced and if you are not in your bed when staff check on you at any point later in the evening, your bed might be given away. If you miss curfew for any reason – including hospitalization, a delayed train, or being asked to stay late at work – you will likely need to wait in a chair until each shelter has been able to tally its census and the City determines where there might be a free bed. This may mean waiting for a bed well into the night and then riding a bus or train at 3:00 a.m. to another shelter in another area of the city. Or that bus might never arrive, and you end up spending the night sleeping in a chair. Regardless, you will still be expected to get up and leave your dorm at 6:00 a.m.

You are assigned a case manager and, according to the sign on the wall outside their office, their large caseload consists of anyone with last names beginning with the letters A through F, which makes it hard to find a free minute to check-in. When you do meet, the case manager needs you to sign forms detailing your plans to leave the shelter, but the things listed aren't specific to you and seem unachievable without help. The case manager typically doesn't have time to talk with you about any of your other needs. You have heard there is also a housing specialist, but that person is hard to locate. It is, therefore, difficult to understand what steps you can actually take to find an apartment and get out of the shelter.

**New York's unique and life-saving right to shelter is too often rendered meaningless when the particular needs of an individual are not taken into account and even the basic provision of shelter is, for all practical purposes, not met.**

*You are treated like garbage and staff doesn't care about you.*

- D.H.

*If case managers don't like you, they put you at the bottom of the pile.*

- J.J.

*...15 women to a room, get up at 6 and leave, can't go back until after 5 – just wasn't stable to me.*

- W.S.

*Can't stay in there, it's dangerous. You get robbed in the night. People watch you as you open your locker. Security can't do nothing.*

- A.G.

*Didn't feel safe. Things got stolen. Staff didn't treat us well.*

- C.D.

*I'm there for nothing – they don't try to help.*

- J.A.

*"I stayed for three days, just waiting to be seen." - E.H.*



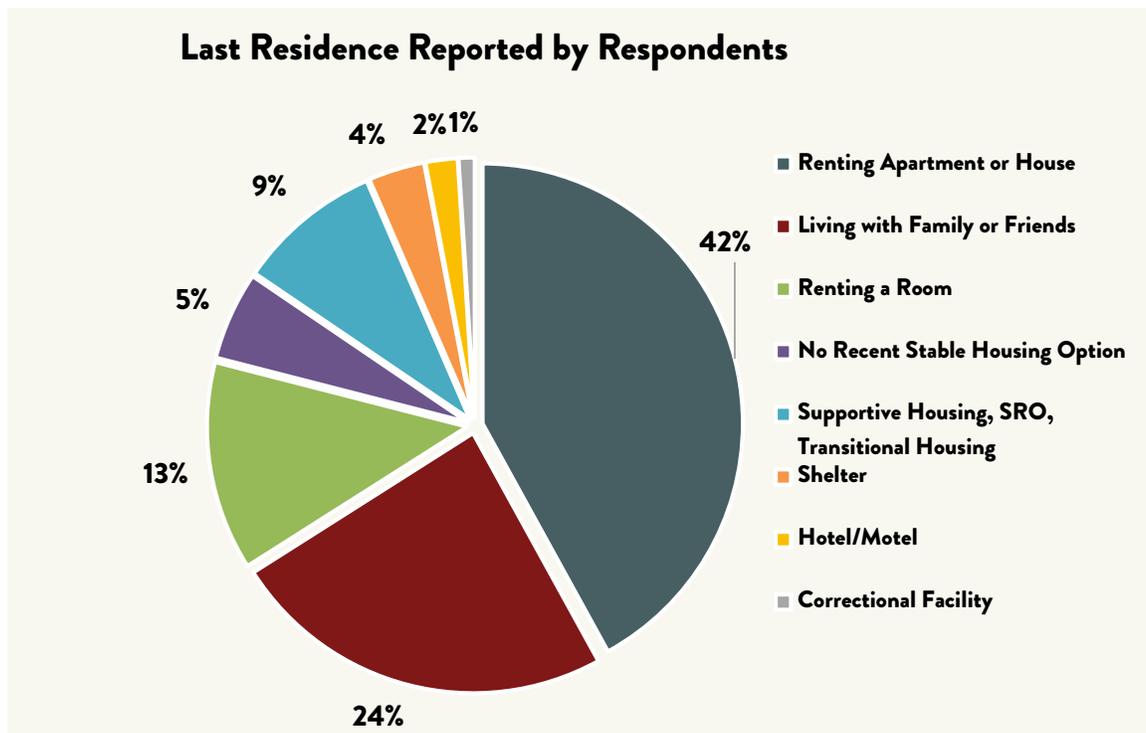
*Photo by Rich Lombino*

## IV. Survival

Life on the streets is tenuous and unpredictable; very little can be counted on. Whether one will eat that day, how to find a bathroom when necessary, and where to sleep each night: These are only a few of the basic questions of survival faced daily by unsheltered homeless individuals. The people we met in the course of this survey are, however, New Yorkers: tenacious and driven to survive. They also tend to be *long-term* New Yorkers and not – contrary to the stereotype – individuals who came from other locations to take advantage of the services here. **The people we interviewed had been in New York for an average of 30 years. Thirty-six percent reported being born in one of the five boroughs.**

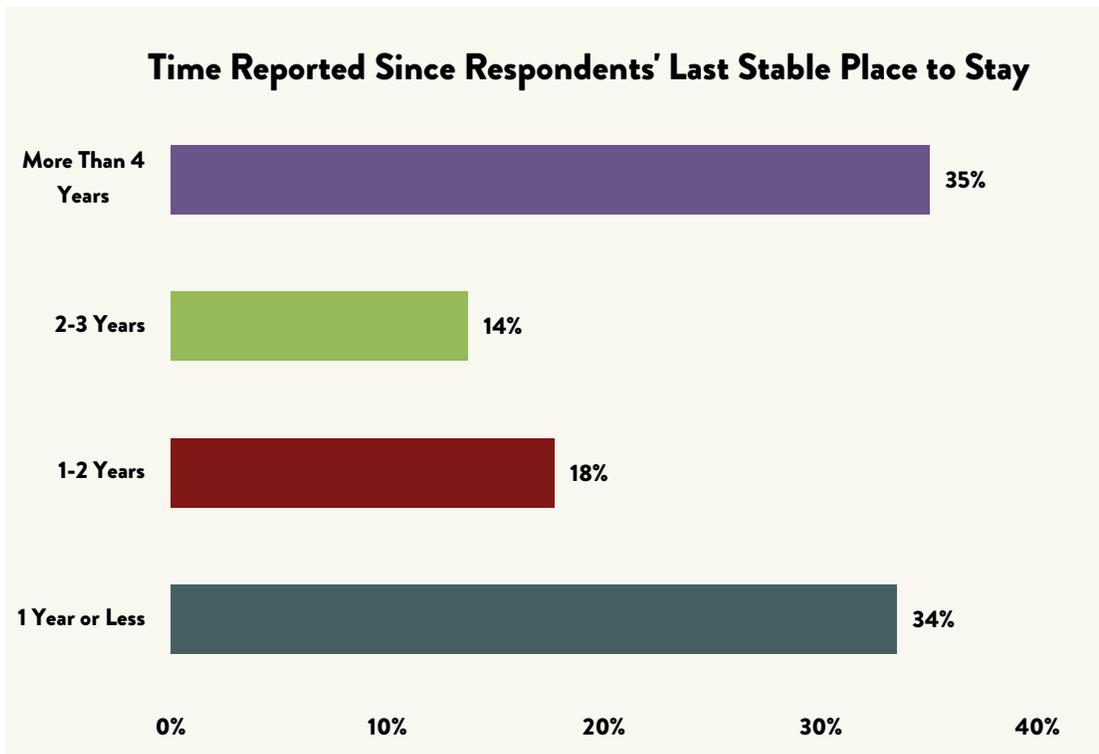
They are also our former neighbors. **Sixty-four percent of respondents had a history as a tenant in an apartment, a room, or in supportive or transitional housing, and 24 percent reported losing the support of a friend or family member. More than a third of respondents were displaced as a result of a lack of affordability, and 18 percent reported or were assessed to have a health-related issue (including hospitalization) that resulted in their homelessness.**

Chart 4



The individuals we met had been without a stable place of their own for an average of nearly four years, with a median time of two years, and generally had experience with the systems that serve homeless New Yorkers. **Seventy-seven percent had stayed in a shelter and 84 percent had met with street outreach teams, but felt the services offered did not meet their needs and were therefore attempting to go it alone.**

Chart 5



Most people we spoke with detailed a distinct patchwork of services and actions they relied on to meet basic needs, including using benefits like public assistance and Social Security, going to soup kitchens, panhandling, and simply relying on the kindnesses of passersby. A number of others frankly admitted that they are not in fact able to meet their basic needs.

It is undoubtedly the case that more and more unsheltered New Yorkers have struggled to meet their basic needs during the COVID-19 pandemic. Many of the places that respondents had carefully vetted and relied upon for survival – such as libraries, clothing pantries, social services offices, and, of course, the public transit system – became unavailable or offered only limited availability following the Governor’s announcement of “New York State on PAUSE” in March of 2020.

Unsheltered New Yorkers have continually and consistently articulated a desperate need for bathroom access, a place to shower, a flat surface on which to sit or eat food, face masks, and access to heated spaces. Respondents to the supplemental survey in early 2021 also discussed the emotional toll of the pandemic: They long for safe spaces and any consistency in their days, feel more disconnected from support networks than ever before, and they are, frankly, lonely.

# HOMELESSNESS IN THE TIME OF COVID-19

The devastating effects of the intertwined public health and economic crises on homeless and other precariously housed New Yorkers became apparent in the earliest days of the pandemic. The Coalition's nightly mobile soup kitchen, the Grand Central Food Program (GCFP), which brings hot meals and other essentials to homeless New Yorkers on the streets of the city 365 nights a year, serves as a primary mechanism for the delivery of emergency relief to unsheltered individuals. The nightly operation of that program has allowed us to hear directly from those who have been struggling to survive during the COVID-19 crisis.

The upheaval of the pandemic profoundly altered the ecology of life on the streets in New York City, marked by **a large increase in the number of people in need, and dramatically reduced access to the resources needed to survive.**

As an example, at just one of the GCFP's 25 distribution sites, East 51st Street between Lexington and Park Avenues (outside of St. Bartholomew's Church), we would typically hand out around 180 meals on an average March evening. By the end of March 2020, the program was distributing more than 400 meals each night at that site. The increase in need was reflected, to varying degrees, at all of the GCFP's distribution sites, and was driven by several factors:

## 1. Newly homeless individuals

Many of the individuals coming to the program were newly homeless after losing their incomes following Governor Cuomo's announcement of "New York State on PAUSE." Anecdotally, these included restaurant workers, home health aides, and day laborers – some of whom had used their wages to pay for weekly rooms. Many are undocumented immigrants.

The needs of this population are a bit different from those of the homeless individuals we usually serve, as they typically have had little or no experience with the shelter system, outreach teams, drop-in centers, or other resources for homeless individuals, and view their unsheltered status as temporary and short-term.

## 2. People avoiding congregate shelters

Some of those who bed down on the streets do so as part of an alternating pattern of sleeping in shelters and in public spaces. Many attempt to access the shelter system, but abandon it due to concerns for their safety or after becoming overwhelmed by shelter rules and procedures.

Fear of contracting SARS-CoV-2, the virus that causes COVID-19, in congregate shelters led many individuals to forgo using the shelters altogether, resulting in more nights spent on the streets. There is no question that fewer individuals would have been sleeping in public spaces during the pandemic if the City had offered all homeless single adults the option of

single-occupancy hotel rooms as an alternative to dorm-style shelters. The Coalition and The Legal Aid Society filed [Fisher v. City of New York](#) in October 2020 seeking this very relief in State Supreme Court.

## 3. People leaving crowded living situations

GCFP staff report having spoken to a number of individuals who left overcrowded apartments because of fear of transmitting or contracting the virus. Again, these are individuals who may not know about the resources available to homeless New Yorkers, and who may also see their time on the streets as temporary and short-term.

## 4. People displaced by the nighttime closure of the subway system

While it is unlikely that the nighttime closure of the subway system that began on May 6, 2020, increased the number of people sleeping unsheltered, it did force many to abandon the survival techniques upon which they had relied prior to the pandemic. The increased need at several GCFP distribution sites was a result of individuals being displaced from their normal survival routines. Such disruptions, coupled with unwanted interactions with law enforcement, have exacerbated feelings of disconnection and frustration among those staying on the streets, and have made it more difficult for workers to conduct effective outreach.

The strain on resources created by the increased number of people sleeping unsheltered during the pandemic was exacerbated by the abrupt reduction in services available once "New York State on PAUSE" was announced. Homeless individuals encountered reduced availability of both formal and informal sources of food, shelter, bathrooms, and other necessities, including:

## 1. Service organizations reducing or suspending services

The implementation of the PAUSE led many soup kitchens, drop-in centers, clothing providers, and other services targeted to help homeless New Yorkers to either suspend operations or dramatically reduce their schedules.



Photo by Coalition for the Homeless

## HOMELESSNESS IN THE TIME OF COVID-19, CONT'D.

### 2. Closure of public buildings

Many of those staying on the streets rely on public buildings, restaurants, libraries, and other accessible facilities for toilets, sinks, and temporary respite from harsh weather. The removal of these resources suddenly left unsheltered individuals with nowhere to meet their most basic bodily needs.

The GCFP Director noted that not a single night went by in the early days of the pandemic without numerous homeless individuals pleading for access to toilets, a place to wash their hands, and somewhere to shower.

The City was unresponsive to the Coalition's requests to help meet the need for public bathrooms for homeless New Yorkers – a position both inhumane and short-sighted, especially during a public health crisis. In order to help mitigate the problem, the Coalition partnered with Doctors Without Borders (normally deployed only in developing or war-torn regions of the world) to set up two shower and bathroom stations in Manhattan, as well as porta-potties in strategic locations. The shower stations, now operated by Shower Power, were shut down for the winter.

The dire need for facilities where homeless individuals can attend to their hygiene has remained a serious problem in NYC and is an advocacy priority of the Coalition for the Homeless.

The increase- in need and reduction in services during the COVID-19 crisis continue to frustrate efforts to help unsheltered New Yorkers. As this report is being published, there remain many uncertainties about the emergence of variant strains of the coronavirus, the efficacy of vaccination strategies, and the impact of the Federal relief packages. These uncertainties make it difficult to predict how the crisis will play out in the months ahead, but do not diminish the need for immediate action to ensure that unsheltered New Yorkers get the help they want and need.

The pandemic has underscored the fragility of the ad hoc safety nets patched together by those trying to survive on the streets, and the dire need to provide them with the resources to meet their basic human needs – food, water, clothing, and hygiene. More to the point, it provides a clear and stark reminder that housing is health care, and all New Yorkers should have the safety and dignity of a home.

For more on the impact of the pandemic on NYC's homeless population, please see [the Coalition's COVID-19 Updates](#).

Forty-four percent cited the public transportation system as either the main place or one of the places where they usually bedded down prior to the pandemic. Late-night subway closures affected half of those we spoke with for the supplemental survey; others indicated they were getting by, but had relied on the trains in the past as well.

*"...there are talented people playing [music] in the trains, it gets you through the day so you don't give up." - A.A.*

Even prior to the subway shutdown, unsheltered New Yorkers were used to being regularly displaced. Many of the survey respondents regularly utilize more than one location, moving around for safety or as requested by the police. Those we spoke with listed an average of 1.6 locations where they try to get some rest. Fifty-one percent use more than one sleeping location and those who shared more than one location listed 2.4 locations on average. Certain individuals are strongly wedded to specific places, the locations of which they hold close to protect their safety and privacy. Others use makeshift attempts to secure some rest, if only briefly.

*I didn't know where to go – first night out [and] stayed on a bench and froze to death. It's trial and error. Slept in deserted places, [they're] not safe. Didn't give a fuck about where I slept, [I] would just move if told to. Now [the] train is [the] first option. - T.M.*

Sixty-two percent of the 177 respondents who told us where they go when the weather gets bad stated that they use the transit system to get out of the elements; only 11 percent said they would turn to shelters or drop-in centers.

*Train stations, Penn Station, ride the train – there are talented people playing [music] in the trains, it gets you through the day so you don't give up. - A.A.*

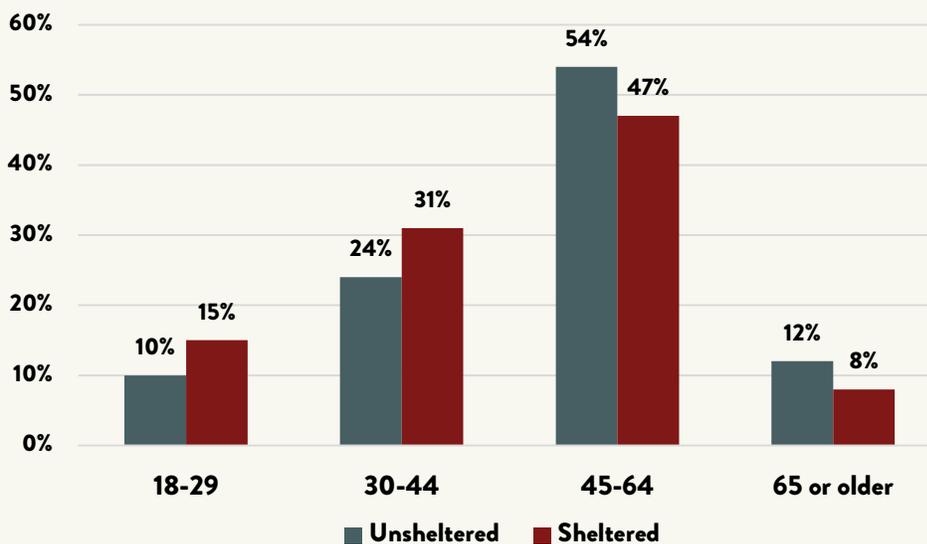
*Token booth people let me in, what the fuck do you want me to do? - E.Z.*

While the resilience and tenacity of those staying on the streets is undeniable, many disclosed real vulnerabilities. Although 70 percent of respondents answered “yes” to questions regarding whether they are safe on the streets, these answers were often qualified by an acknowledgement of the risks of sleeping outdoors and an awareness of the need for self-protection. The responses suggest that the question of whether one is safe staying on the streets is often understood to mean “in comparison with staying in a shelter,” as 45 percent of respondents indicated that they find the shelters to be so unsafe as to not be a practical option – especially for those with disabilities, as discussed in more detail below.

Those we interviewed also tend to be older than those sleeping in the shelters. Sixty-six percent of survey respondents were over the age of 45 at the time of the interview, compared with 50 percent of single adults staying in shelters. The average age of those we spoke with was 50, and the median age was 52.

Chart 6

### Age of Unsheltered Survey Respondents Compared to Sheltered Homeless Single Adults



Source of data for sheltered individuals: New York City Department of Homeless Services

*Not sure if it's safe, but I would rather stay outdoors than in shelter.*

- C.D.

*If you mean safe as in with walls and a roof, no. If you mean a place to lay down and an [electrical] outlet, yes.*

- V.T.

*Public places with minor privacy. If I scream though, someone will hear me.*

- T.M.

*“I stay safe, but I often stay awake on purpose.” - R.B.*

Most responses to our questions regarding law enforcement evinced respect for the police, although it was often qualified by the ways respondents found to avoid conflict or anticipate boundaries the police might draw.

*They only bother me when I'm in one place for too long. They don't bother me because I don't bother nobody. I don't disrespect cops, I don't want to get shot in the back or choked – that's a bad way to go.*

- M.A.

The MTA police were specifically mentioned as problematic.

*[The police are] very bad, but getting better. MTA police are really the problem. They harass us and take us to central booking just for sleeping. If you didn't know any better, you would think they were instructed to harass the homeless.<sup>30</sup>*

- P.G.

The Coalition's survey teams were twice interrupted by police while speaking with homeless individuals. We were not prevented from continuing our conversations, but were asked to stand up, move along, or were distracted from engaging with someone despite the respondent's interest in continuing our conversation.

- In one incident, police officers in Penn Station attempted to interrupt and engage the interviewer so as to frustrate the homeless person and cause them to walk away from the interaction. It was very clear to all parties what the intent of the officer was. Fortunately, the individual we were trying to engage stayed nearby and the interview was eventually completed, despite the disruptive efforts of the police officers.
- On another occasion, an interviewer was speaking with a young homeless veteran in the Port Authority Bus Terminal. The two were sitting on a ledge, next to a number of other people. An officer appeared and told the interviewer and the homeless veteran to move along, but allowed the others to stay.

NYPD and homeless outreach teams were sometimes observed canvassing areas together – mostly, it seemed, to encourage those perceived to be homeless to move along. The presence of NYPD officers with outreach team members can dissuade those staying outdoors from engaging with these workers or sharing personal information, and was cited as a reason that outreach workers are perceived as unresponsive by some respondents.

Programs to encourage individuals who sleep in the subways to move along or accept services as a means to avoid fines or arrest are forms of “pervasive penalty,”<sup>31</sup> a term coined by researchers who have found that the spatial churn of move-along orders is perceived primarily as dehumanizing. These techniques did not end during the pandemic. We heard from respondents who had been forced to leave empty transit hubs and, of course, when Gov. Cuomo ordered the nighttime closure of the subway system in May 2020, homeless individuals on the trains were put in the position of having to choose between accepting services, facing arrest, or simply seeking a quiet place to sleep somewhere else. Others adapted to the changes. As discussed previously, the vast majority of unsheltered New Yorkers are aware of the options available to them, but have found that those options do not meet their needs.



Photo by Coalition for the Homeless

30 Iverac, M. (2019, August). MTA Police to Take Action Against Homeless People on the Subway. *Gothamist/WNYC*. <https://gothamist.com/news/mta-police-to-take-action-against-homeless-people-on-the-subway>

31 Herring, C., Yarbrough, D., Alatorre, L.M. (2020). Pervasive penalty: How the criminalization of poverty perpetuates homelessness. *Social Problems* 67(1), 131-149. <https://doi.org/10.1093/socpro/spz004>

*Survival, of course, means more than simply meeting one's bodily needs – more than finding food and a safe place to sleep at night. It also means finding a way to make sense of one's situation, of rationalizing the circumstances and retaining some feeling of control over one's life.*

The threat of criminal or financial penalties does little to make those bad options more attractive.

Many of those we interviewed demonstrated both the motivation to persevere in the face of daunting circumstances, and an instinct to go it alone in response to being isolated and marginalized. Survival, of course, means more than simply meeting one's bodily needs – more than finding food and a safe place to sleep at night. It also means finding a way to make sense of one's situation, of rationalizing the circumstances and retaining some feeling of control over one's

life. The disabilities, injuries, insults, and deprivations that impact the day-to-day experiences of so many on the streets clearly increase this need: *Safety, dignity, and agency* were recurring themes that arose in our discussions with individuals living on the streets.

For example, Min (described above) frames her history of personal trauma and her current ordeals in terms of the will of God, whom she both blames for her plight and looks to for a way out of it.

R.J., a tall and well-built 50-year-old man, cried while describing how he had witnessed his father's murder, and how that experience resulted in his own breakdown and mental health hospitalizations. He has been on the streets more than once, and said he does not understand why his father, as an army veteran, would likely have received help getting off the streets while R.J. is left to fend for himself.

Sam is a victim of human trafficking. She was given access to a housing voucher, but she couldn't find a landlord who would accept it before it expired. No one offered to help her, and she was not sure whom to reach out to. She said that what is most important to her is not housing, but "justice." She seeks, first and foremost, vindication from the system that she feels wronged her.

Respondents evaluated offers of assistance by outreach teams in the context of the totality of their experiences, not simply in terms of an immediate need for shelter. The multiple failures of established relief systems to meet their needs and the isolation and deprivations they have endured on the streets help shape what they perceive as an acceptable offer of help. This makes it considerably more difficult to reach individuals who have long stayed on the streets unless outreach teams are able to offer more than a trip to a congregate shelter: A trip that far too often ends with the person remaining unsheltered.

Outreach teams should be armed with a much broader palette of resources – including truly flexible and available permanent supportive housing options – that acknowledge and demonstrate a deeper understanding of individuals' experiences and needs.

## V. Health and Disability on the Streets

Life on the streets is exacting. There is ample research demonstrating that homelessness is closely linked with serious health conditions and that adults living on the streets have shorter life expectancies,<sup>32</sup> confirming the fears of many of the unsheltered individuals whom we interviewed. Health problems are not only exacerbated by sleeping on the streets, but for some they can be causative of an experience of homelessness or prolong their time sleeping in shelters or on the streets.<sup>33</sup> Individuals with significant or co-occurring health needs may also encounter difficulty accessing services as a result of the stereotypes harbored by many providers, poor access to quality care, unlawful physical and bureaucratic barriers, and the effects of exposure.<sup>34</sup>

A seminal 1988 study by the Institute of Medicine (like many others since) found serious barriers to the receipt of quality, coordinated medical care for people who are homeless: “Hospitals, clinics, and reimbursement systems are not designed to cope with the special needs of individuals who spend much of their time on the streets and are exposed to the extremes of weather, violence, and a lack of safe, secure, stable housing.”<sup>35</sup> According to a recent expert consensus report by the National Academy of Sciences that assessed published literature on health and homelessness, “Spending time in either a homeless shelter or being homeless and living ‘on the street’ has diverse untoward health consequences.”<sup>36</sup>



Photo by Olivia Berke

32 Baggett, T.P., Hwang, S.W., O’Connell, J.J. et.al. (2013). Mortality among homeless adults in Boston. *Journal of the American Medical Association* 173(3), 189-194.

33 Institute of Medicine. (1988). Homelessness, Health, and Human Needs. *The National Academies Press*. <https://doi.org/10.17226/1092>; See also *The New York Times* coverage of minority report submitted – but not published – with the formal IOM document, September 20, 1988.

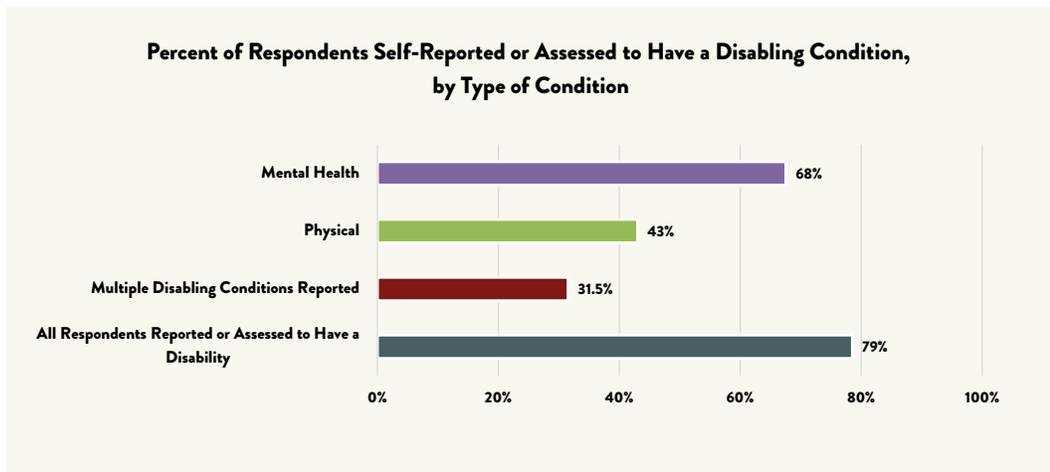
34 For example, one unsheltered homeless individual who came to the Coalition’s Crisis Intervention Program experienced a growing pain in his legs, was having a hard time walking and required medical attention. He had attempted to get help at the emergency room of a private hospital that is generally well regarded by middle- and upper-class New Yorkers. However, the hospital turned him away, saying, “This place is for sick people,” – despite his obvious symptoms of schizophrenia and difficulty walking, as a result of what was later found to be a bone infection. He was finally admitted after the Coalition intervened, and he ultimately spent months receiving treatment from that hospital.

35 Institute of Medicine. (1988). Homelessness, Health, and Human Needs. *The National Academies Press*. <https://doi.org/10.17226/1092>

36 National Academies of Sciences, Engineering and Medicine. (2018). Permanent Supportive Housing: Evaluating the Evidence for Improving Health Outcomes Among People Experiencing Chronic Homelessness. *The National Academies Press*. <https://doi.org/10.17226/25133>, p. 26

About two-thirds of the initial respondents (134 of 200) either disclosed or were assessed to have mental health needs, and 43 percent had a physical health condition.<sup>37</sup> Mental health needs were more prevalent among female respondents: 78 percent of the women self-reported or were observed to have some mental health needs. One-third of respondents were living with multiple disabling conditions. Forty-four percent (87 respondents) reported having been hospitalized for either physical or mental health conditions at some point during their unsheltered homelessness.

Chart 7



Having a physical or mental health condition did not make respondents more likely to stay in the shelters after they had tried them. In fact, 83 percent of those who had tried the shelter system and decided not to stay there had some disabling condition.

It is worth noting that our interview teams also encountered many individuals who were unable or unwilling to engage in a conversation or interview with us as a result of what we perceived to be mental health needs. It is, therefore, very likely that our survey data, in which those whom we met who could not engage in an interview are not counted, under-report the percentage of unsheltered individuals with mental health needs.

A woman sat on a bench at Fulton Mall in Brooklyn. She had clearly lived outdoors for some period of time, as evidenced by the many belongings in shopping carts and bags surrounding her. When the interviewer approached her, she looked up and screamed. No offer of food or basic needs items – let alone a conversation – was possible.<sup>38</sup>

Those with physical health needs were on average 3.8 years older than those without physical health needs (52.9 versus 49.1), and had been on the streets about 23 percent longer on average: 4.3 years, compared with 3.5 years. Eighty-one percent of those with physical health needs had tried the shelters, and 86 percent had encountered outreach teams while staying on the streets.

A man sat in a wheelchair in the food court of Grand Central Station around midnight. He still wore a hospital bracelet and was clearly in pain. Wounds on his legs were weeping so severely, they left pools on the floor. Our volunteers asked if they could call an ambulance for him. He declined, explaining that an outreach team had just helped him to get to the hospital, which kept him only temporarily and discharged him back to the streets. He told us he was HIV-positive and had rectal cancer.<sup>39</sup>

<sup>37</sup> Clients were asked to respond to two questions: “Do you have any medical or mental health needs?” and “Have you ever been hospitalized for psychiatric or medical reasons?” In addition, interviewers were asked to note after completing the survey if they thought a respondent had a mental health need. If any of these indicated a mental health concern was suspected or documented, the respondent was recorded as likely having a mental health concern. In addition, each survey was reviewed for indications of inconsistencies or written notes that would suggest mental illness.

<sup>38</sup> An observation by an interviewer documented during an outreach visit.

<sup>39</sup> An observation by an interviewer documented during an outreach visit.

Those who disclosed or were assessed to have mental health needs were slightly younger than those without mental health needs – 49.9 versus 52.2 years old – and had been on the streets for an average of 3.8 years, which is also the average length of time homeless for all respondents.

The physical toll of sleeping rough on the streets – including the suffering associated with serious, untreated, and chronic health conditions that can lead to premature death as well as additional psychosocial stressors – makes it imperative that we find better ways of effectively meeting the needs of these New Yorkers. This is particularly true during a protracted pandemic in which access to the basic tools of public health – a place to use the restroom, wash one’s hands, take a shower, or receive a meal – have all but disappeared as a result of measures taken to contain spread of the virus.

Photo by Olivia Berke



*“Housing saves lives. If you have housing you live a little longer because you’re at peace.”*

*Housing saves lives. If you have housing, you live a little longer because you’re at peace.*

- D.J.

*Get us off the streets or bury us off the streets. Too many sick people on the street will die. Talk is cheap.*

- E.M.

*Do something for us, we’ve been waiting and we can’t take the pressure.*

- W.S.

Housing is now well understood to serve as health care in its own right, particularly for those living outdoors.<sup>40</sup> New York State is one of only a few states to apply to the Federal government for waiver of the Medicaid rules in order to use state health care dollars to provide housing to individuals living with disabling conditions, referred to as Medicaid Redesign Team (MRT) housing. The program is in its infancy and limited in scope, and because unsheltered homeless individuals were not targeted initially, it has not served as a readily available resource for outreach teams or hospitals trying to help individuals get off the streets. However, it is an approach that could and should be adapted to serve unsheltered New Yorkers.

40 Bamberger, J. (2016). Reducing Homelessness by Embracing Housing as a Medicaid Benefit. *JAMA Internal Medicine* 176(8), p.1051; Doran, K., Misa, E., Shah, N. (2013). Housing as health care: New York’s boundary-crossing experiment. *New England Journal of Medicine* 369(25), 2374-2377; National Academies of Sciences, Engineering and Medicine. (2018). Permanent Supportive Housing: Evaluating the Evidence for Improving Health Outcomes Among People Experiencing Chronic Homelessness. *The National Academies Press* <https://doi.org/10.17226/25133>

## VI. Experience With Outreach

The data from our survey indicate that the vast majority of those staying on the streets already have contact with outreach teams: 84 percent of all respondents reported that they have had contact with the teams. The average length of time since last contact with an outreach team was about three months prior to our interviews. Respondents relayed to us confusion about outreach procedures as well as an understanding that, in order to be found eligible for services like Safe Haven placement their “street homeless status” would have to be verified. This practice, it seems, is used to identify and to give priority to those most in need, although adherence to these procedures seems to fluctuate at times, and greater flexibility has in fact been available during the pandemic. Restrictive documentation procedures can preclude an individual from getting help while this proof is gathered, hindering the effective and efficient provision of services. The people who intentionally avoid interacting with outreach teams, whose bona fides as chronically homeless go undocumented, accordingly fail to pass muster with the City.

Many respondents reported moving between multiple locations in order to stay safe and to comply with “move along” orders by the police, especially in highly trafficked areas. Such frequent movement complicates access to services when the individual is not found by an outreach team in an alternate location. Forty percent of respondents reported that they sometimes stay in locations where they are not visible to outreach teams.

In addition, many respondents and clients of the Coalition have reported having met multiple outreach teams; they often prefer one team’s approach, or an offer of something that had been made by one team, but not by another. Helping an unsheltered individual transition from one outreach team to another is a time-consuming and complex process, often fraught with additional administrative barriers that stand in the way of their ability to access services. These procedures should be streamlined to ensure not only continuity of care, but also client choice to maximize the chance that an individual will accept services.

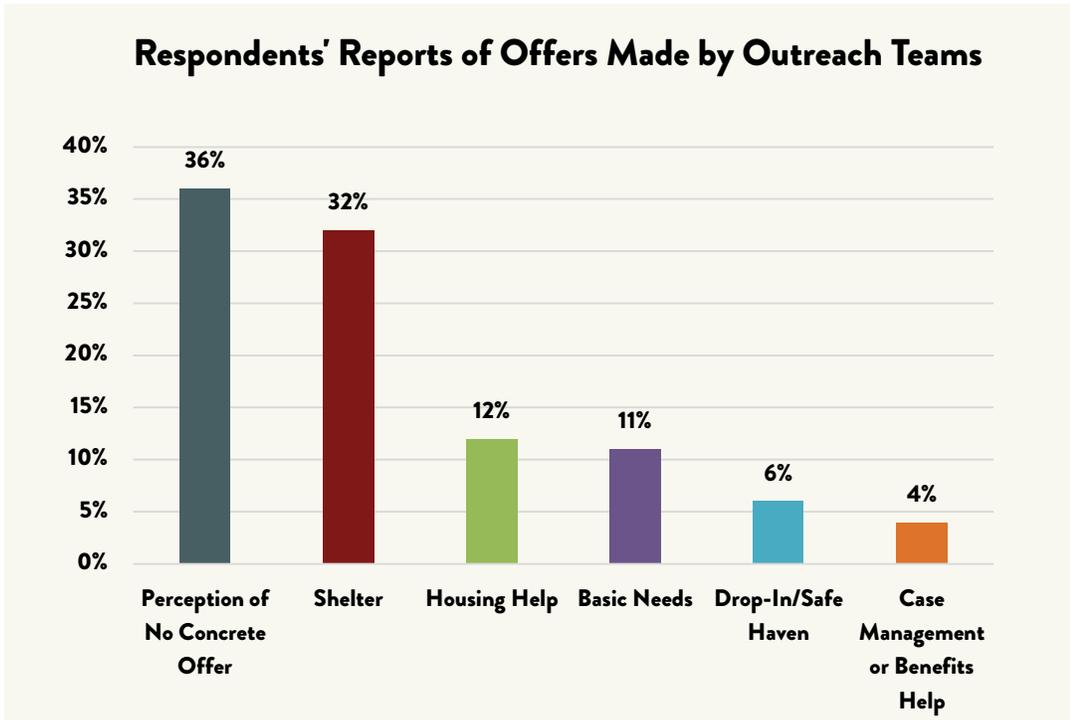
*Didn’t like BRC, tried to send me to Harlem – didn’t want that. Bronx team was ok. - A.C.*



*Photo by Rich Lombino*

The most serious weakness in the current outreach approach are that outreach teams are constrained by 1) the limited resources at their disposal, and 2) administrative processes used to identify and triage need. For those not prioritized for assistance, the only resources that can be offered by outreach teams are referrals to shelters, basic necessities like care kits or food, referrals to other basic services, or case management to help with applications for benefits and housing. Such applications are, however, often lengthy processes and are truly onerous for an individual staying on the street.

Chart 8



For example, if a client were willing to work on the process of applying for supportive housing, the application requires two separate evaluations by licensed clinicians as well as a lengthy online form, which only a provider can complete. Once eligibility is confirmed and approval is granted, only the provider is informed, and additional interviews are required before an applicant is selected for an apartment. These steps alone take significant engagement and relationship-building by an outreach worker to be successful. Falling out of touch during the course of this multi-step process is a real and common barrier to helping an unsheltered homeless individual identify housing.

Many providers of housing for homeless individuals demonstrate a preference for applicants who are already stable and engaged in services, as well as those who have steady incomes. Not surprisingly, those sleeping on the streets often have difficulty meeting these standards. Other types of housing assistance for homeless individuals – such as CityFHEPS subsidies, NYCHA public housing, or Section 8 vouchers – do not offer expedited access or streamlined processes for unsheltered individuals. It can take *months* to identify a housing unit for a homeless individual – a length of time that makes it tremendously challenging for that individual to remain engaged in the process, severely undercutting the effectiveness of these efforts.

Safe Haven shelters are perhaps the best option available for outreach teams to immediately offer to those staying on the streets. Safe Havens are low-barrier facilities designed to be easier to access for those who have found the shelter system unwelcoming, threatening, or otherwise difficult to navigate. They generally have fewer beds and smaller rooms, some of which are private. These shelters have more relaxed rules, such as flexible curfews and the freedom a client has to

not check-in for several nights without losing their bed, an accommodation which is necessary for some individuals as they acclimate to staying indoors.

As of February 2021, there were 20 Safe Havens with 1,232 beds – an increase of more than 83 percent since January 2016, when there were 10 Safe Haven facilities with 675 beds. However, according to the City’s own HOPE count data, 3,857 individuals were encountered on one night on the streets in January 2020. Thus, the Safe Haven capacity is sufficient to serve only 32 percent of those counted as living on the streets, assuming all of those beds are available for occupancy. Unfortunately, *nearly every night of the year, all of the Safe Haven shelters in the city are filled to capacity.*

Mayor de Blasio’s December 2019 plan for eliminating street homelessness, “The Journey Home,” committed the City to bringing an additional 1,000 Safe Haven beds online, as well as creating 1,000 new units of low-barrier housing based on the “Housing First” model in five years. While the City has yet to disclose the design of the new low-barrier housing model, the new Safe Haven beds and housing options are welcome developments. However, the pace of development must be significantly expedited in order to meet the goals set out by the Mayor, notwithstanding the urgency created by the public health crisis that unsheltered New Yorkers have faced on the streets during the pandemic.

At the time of our initial survey, only 2.6 percent of the respondents reported being offered a Safe Haven bed, and none of the respondents to the supplemental survey during the pandemic had been offered Safe Haven placement. This is likely a result of the requirement that workers verify chronic unsheltered homelessness, and the limited number of Safe Haven beds.

The cynicism and mistrust felt by many unsheltered homeless individuals toward outreach teams is evident in some of the comments from the respondents:

*They have been blowing smoke until recently.*

- E.D.

*Nothing, dismissed them. Need to verify homelessness and get one person of authenticity to write a letter. Nonsense, useless.*

- J.W.

*They come at 3 a.m. and ask all kinds of information: name, date of birth, Social Security number – that’s identity theft – and then they don’t come back.*

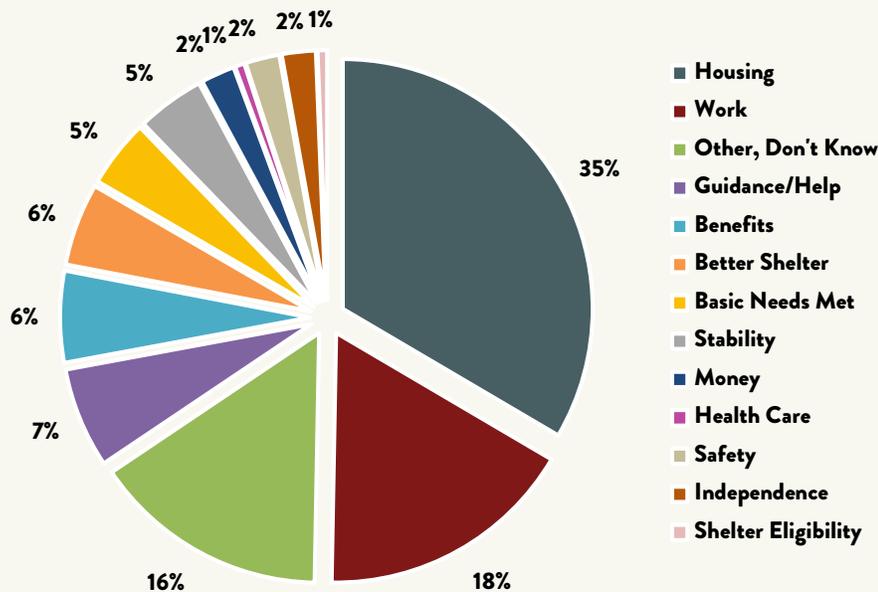
- C.C.

Research indicates that descriptions of interactions with providers by individuals experiencing homelessness are often sharply negative and recount feelings of objectification and infantilization. Many individuals experiencing homelessness simply opt out of services in order to avoid these interactions, just like the survey respondents who have opted out of shelter services and have found that outreach teams are unable to meet their needs.<sup>41</sup>

<sup>41</sup> Hoffman, L., Coffey, B. (2008). Dignity and indignation: How people experiencing homelessness view services and providers. *The Social Science Journal* 45(2), 207-222. <https://doi.org/10.1016/j.soscij.2008.03.001>

Chart 9

## What Respondents Say They Would Need to Come Indoors



### VII. The Needs of Those on the Streets, in Their Own Words

We asked all of the respondents what it would take for them to come off the streets. The most frequent answer was “housing,” or something they believe will help get them to this goal, like employment. They were not looking for more offers of the services that have already failed them.

Although 22 percent cited “work” as a means to leave the streets, 44 percent of those who offered this response said that it had been more than five years or “a long time” since they last worked. The type of job was most often manual labor or service industry work, usually in food or health care, or janitorial or messenger work. It is difficult for those staying outdoors to maintain employment for obvious reasons, including the inability to get regular sleep, lack of access to a shower, and having no place to store belongings. Furthermore, those working in the service industry or in a minimum-wage job generally do not earn enough to afford housing in New York City. As a result, employment is generally unrealistic as the primary means for those we met to leave the streets. Instead, creating and facilitating access to a range of pathways to help individuals who want to come indoors – including increasing and facilitating access to permanent housing – is the most humane, plausible, and cost-effective solution.

As respondents made clear in these and other statements, they are not interested in housing that will constrict their agency and freedoms or overtly label them or their life experience. Offers of assistance to those staying on the streets must therefore be tailored to each individual and provide flexible and administratively simple solutions. The Housing First model is well documented as an effective means of helping people experiencing homelessness find their way into permanent housing and stability. The model prioritizes the removal of administrative barriers to help individuals move from the streets into permanent housing quickly and allows

#### IN THEIR OWN WORDS

“I want something where I don’t have a category—no mental health, substance abuse, only a safe place with no classification.”

“I want somewhere I can live, a home for myself.”

“A stable place that will not construct my living.”

**IN THEIR OWN WORDS**

“An easier way to live. If I could get a job, currently looking for a job.”

“A place to stay that isn’t shelter, shelter is not safe. I want a safe place inside. Everyone needs a place to stay.”

“A decent foundation, a decent place to stay, my own place.”

“I really don’t know- it should have been simple [to get full time job, benefits, etc.]”

“I don’t trust any social workers, life is being controlled. I want to be free.”

“A job, but also housing, all it would take for me is a room and a job. If can’t take a shower, I can’t get a job.”

“A place to live, I’d stay there and I could take medication [this individual had a stroke and is diabetic; medication gets stolen outdoors].”

each person a measure of choice with respect to where they will live – a rarity in many current supportive housing programs. Services are designed to be intensive and individualized to ensure that residents are safe and stable in their new homes, often including daily visits by doctors and social service staff.

Housing First was hailed as a revolutionary approach to homelessness when it was introduced in the 1990s.<sup>42</sup> However, this model has not been utilized in any real way in New York for nearly a decade, reflecting shifts in funding priorities. In the 2018 report *Permanent Supportive Housing*, The National Academies of Sciences, Engineering and Medicine suggest that the Federal Housing and Urban Development and Health and Human Services departments undertake a review of their policies and procedures for funding permanent supportive housing with the goal of

maximizing flexibility and coordinating funding streams including Housing Choice Vouchers.<sup>43</sup> A similar audit of State and City resources should be undertaken to identify how best to reinstate true Housing First options for those sleeping outdoors.

**VIII. Conclusion**

Far too many vulnerable New Yorkers continue to be relegated to a life-and-death struggle for survival in places not meant for human habitation because of the lack of meaningful options to help them move indoors. For someone to end up on the streets, a lot of things have to go wrong. Loss or reduction in income, declines in physical and mental health, failures of the institutions meant to offer help, frayed personal support networks, bureaucratic intransigence, and the simple – but fundamentally devastating – lack of permanent affordable housing often all have checkmarks on the scorecard of the person bedding down on the streets or in the subway.

These are individuals who have tried the shelter system, and turned to the streets as a last resort when they feel their safety is at risk or their needs and humanity go unrecognized. Savvy about the services being offered, they elect instead to avoid the disappointments, indignities, and restrictions that defined their past experiences and make their own way – shunned, yet determined to survive.

<sup>42</sup> Padgett, D., Henwood, B. F., Tsemberis, S.J. (2016). *Housing First*. New York: Oxford.

<sup>43</sup> National Academies of Sciences, Engineering and Medicine. (2018). *Permanent Supportive Housing: Evaluating the Evidence for Improving Health Outcomes Among People Experiencing Chronic Homelessness*. The National Academies Press <https://doi.org/10.17226/25133>

But life on the streets is exacting, both physically and mentally, and poor health outcomes are increasingly likely where stability is fleeting. Those we met were troubled by the knowledge that their health was failing and struggled to make sense of the deprivation and suffering they experienced.

Those living on the streets are frequently approached by outreach teams, but those teams too often fail to offer anything more stable than trips to the shelter system. The people we met, like Min, want to come inside, but the resources viewed as meaningful – primarily, *housing* – are scarce, and who gets prioritized for assistance is not well understood. A revolutionary approach is needed.

What this shameful crisis calls for – instead of increased policing, surveillance, and coercion (tactics that are both chilling and counterproductive) – is moral leadership and the dedication of the City and State’s collective resources to create real housing options with appropriate services to help individuals to come in off the streets and remain indoors.

*“Revolutionary homeless care:  
someone needs to do it.”*

**WHEN ASKED WHAT MAYOR DE BLASIO  
COULD DO:**

“Don’t break your promise on housing. He said he’d get us off the streets, right?”

**“No one should be on the streets, it’s not easy.”**

“He should bring help to homeless people who need him for daily survival.”

**“I want to be a person again—recondition my life—anything is better than being homeless.”**

“If he could get me a safe place, that would be wonderful.”

**“He needs to become homeless to understand what it really means to be on the street. It’s more than what you think it is. If you fight but aren’t successful, your whole world can crash around you. This should be the one City where there aren’t any homeless people, but no one here cares about the homeless, they don’t even look up.”**

## IX. Recommendations

Unsheltered homeless New Yorkers have long faced daunting challenges and cruel indignities as they draw on meager resources and their own perseverance to survive life on the streets. Their day-to-day struggles include meeting the basic needs for food, clothing, and restrooms, as well as avoiding abuse, including unnecessary, traumatic interactions with law enforcement personnel. Now, as the pandemic continues to shape life in New York City, unsheltered New Yorkers face even greater challenges. New York City and New York State must immediately decriminalize unsheltered homelessness, meet the immediate needs of homeless New Yorkers, and provide them with ready access to stable, permanent affordable and supportive housing options.

To expand access to **permanent housing**, the City and State must immediately:

- Accelerate the supportive housing pipeline and eliminate bureaucratic barriers to placement, with a true Housing First model.
- Ensure that undocumented New Yorkers have equal access to affordable and supportive housing.
- Reform the process for documenting unsheltered homelessness for the purpose of eligibility for supportive housing by eliminating unnecessary barriers and needlessly complex requirements.

To create **alternatives to congregate shelters and improve outreach**, the City must immediately:

- Open at least 3,000 new Safe Haven and stabilization beds in single-occupancy rooms and offer them to all unsheltered homeless individuals.
- Expand the number of Safe Haven and stabilization beds for women.
- Allow individuals with multiple disabling conditions, intellectual or developmental disabilities, or chronic/severe medical issues to enter Safe Havens without first proving they have been on the streets for nine months and/or out of the DHS municipal shelter system for six months.
- Reform the process of providing outreach to unsheltered homeless individuals to a client-centered, harm reduction approach. This reform should include expanding the number of providers that conduct outreach in the subways.
- Create a role for peers to provide outreach services and ensure that unsheltered New Yorkers have a voice in policymaking.

To address the **basic survival needs** of individuals on the streets, the City must immediately:

- Open a network of public restrooms and showers across the city that are staffed and cleaned consistent with COVID-19 precautions. Public restrooms should be available 24 hours a day.
- Equip outreach teams with essential items such as socks, masks, hand sanitizer, backpacks, clothing, and coats.
- Expand access to low-barrier medical and mental health care, including medical respite programs, virtual care, and street medicine.
- Open a sufficient network of 24-hour warming centers throughout the city with proper air filtration and ventilation, appropriate safety protocols, and adequate PPE.

To **end the criminalization** of unsheltered homelessness, the City and State must immediately:

- Prohibit NYPD from responding to 311 calls requesting assistance for homeless individuals and remove NYPD from all homeless outreach functions. Calls to 311 should only result in the deployment of contracted DHS outreach workers.
- Cease encampment-clearing operations and street sweeps, focusing instead on connecting people to resources they want.
- Implement the CCIT-NYC campaign's proposal for non-police responses to mental health crises.
- Administratively clear all summonses issued to homeless individuals for violating transit rules as part of the now-defunct Subway Diversion Program, and clear all other low-level summonses related to surviving unsheltered.
- Reinstate 24-hour subway service, and cease police profiling of homeless individuals in the transit system.
- Prohibit the use of CCTV to monitor unsheltered New Yorkers in the transit system and public spaces.
- Open and staff overdose prevention sites as a harm reduction model.



*Photo by Cindy Trinh*

## APPENDIX

To see the surveys used to gather information for this report, click [here](#).

For more information on the Coalition and homelessness in New York City, visit [coalitionforthehomeless.org](https://coalitionforthehomeless.org) or follow @nyhomeless on [Instagram](#) and [Twitter](#).

Cover photo by Hilary Duffy.



coalition  
for the  
homeless

---

**COALITION FOR THE HOMELESS  
129 FULTON ST  
NEW YORK, NY 10038**

TELEPHONE: (212) 776-2000  
FACSIMILE: (212) 964-1303  
EMAIL: [INFO@CFTHOMELESS.ORG](mailto:INFO@CFTHOMELESS.ORG)