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## The Governance of Homelessness in Miami

Rebecca Lynn Young

Florida International University, ryoun056@fiu.edu

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FLORIDA INTERNATIONAL UNIVERSITY

Miami, Florida

THE GOVERNANCE OF HOMELESSNESS IN MIAMI

A dissertation submitted in partial fulfillment of

the requirements for the degree of

DOCTOR OF PHILOSOPHY

in

GLOBAL AND SOCIOCULTURAL STUDIES

by

Rebecca Lynn Young

2021

To: Dean John F. Stack, Jr.  
Steven J. Green School of International and Public Affairs

This dissertation, written by Rebecca Lynn Young, and entitled The Governance of Homelessness in Miami, having been approved in respect to style and intellectual content, is referred to you for your judgement.

We have read this dissertation and recommend that it be approved.

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Asia Eaton

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Kevin Grove

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Mark Padilla

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Matthew Marr, Major Professor

Date of Defense: March 23, 2021

The dissertation of Rebecca Lynn Young is approved.

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Dean John F. Stack, Jr.  
Steven J. Green School of International and Public Affairs

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Andres G. Gil  
Vice President for Research and Economic Development  
and Dean of the University Graduate School

Florida International University, 2021

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## DEDICATION

I dedicate this dissertation to the graduate students who took this journey with me, including but not limited to my close friends Jacquelyn Johnston, John Campbell, and Adrián Cetina.

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ABSTRACT OF THE DISSERTATION  
THE GOVERNANCE OF HOMELESSNESS IN MIAMI

by

Rebecca Lynn Young

Florida International University, 2021

Miami, Florida

Professor Matthew Marr, Major Professor

In 2019 the Department of Housing and Urban Development (HUD) reported that 567,715 people experience homelessness in the United States on a single night (HUD 2019). This is the third year in a row that number has risen following a seven-year decline ending in 2016. Scholars have demonstrated that the causes of homelessness are primarily structural, including lack of affordable housing, living wage, and social safety net (Hopper et al 1985), issues which have been exacerbated since the expansion of neoliberalism in the late 1970s (Harvey 2005). While city strategies have varied from criminalization to medicalization (NCH and NLCHP 2006; Lyon-Callo 2000), cities have been increasingly following HUD's recommended Housing First guidelines which suggest permanently housing chronically homeless persons and rapid rehousing of episodically homeless families. Some scholars emphasize urban revanchism and a punitive turn since neoliberalism, yet others emphasize new or persisting forms of care. However, fewer studies have demonstrated how the two approaches, criminalization and care, and other techniques, coexist and work together. In this sense, Miami is an important case study due to its history of criminalization which culminated in a class action lawsuit in 1992, after which it became a cited model of Housing First success

(Burt et al 2010). Yet, Miami still has a large, stable homeless population, and city officials have persistently pursued criminalization measures. I examine the governance of homelessness in Miami utilizing ethnographic methods, including participant observation, interviews, and documents analysis. I contribute to literature on power, governance, and the management of vulnerable populations by challenging current work which prioritizes either criminalization or care by demonstrating how criminalization, care, and other strategies of governance co-exist and relate through the case study of Miami. In this way, I problematize techniques of care, considering their contribution to neoliberal governmentality. I also aim to have broader impacts with this study by foregrounding the need to address structural causes of homelessness—such as lack of affordable housing, living wage, and social safety net—rather than just buffering the issues or even benefiting from these issues through knowledge and service economies.



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## ABBREVIATIONS AND ACRONYMS

|          |   |
|----------|---|
| ACLU     | American Civil Liberties Union  |
| ALICE    | Asset Limited Income Constrained Employed                                 |
| CIP      | Citizen Investigative Panel   |
| COC      | Continuum of Care   |
| CRA      | Community Redevelopment Agency  |
| DDA      | Downtown Development Authority  |
| GIS      | Geographic Information Software   |
| HMIS     | Homeless Management Information Software                                  |
| HUD      | Department of Housing and Urban Development                               |
| NAEH     | National Alliance to End Homelessness                                     |
| NCH      | National Coalition on Homelessness  |
| NLCHP    | National Law Center on Homelessness and Poverty                           |
| PRWORA   | Personal Responsibility and Work Opportunity Reconciliation Act Permanent |
| PSH      | Supportive Housing  |
| RRH      | Rapid Rehousing   |
| SRO      | Single Room Occupancy   |
| SSDI     | Social Security Disability Insurance                                      |
| SSI      | Social Security Income  |
| TANF     | Temporary Assistance to Needy Families                                    |
| USICH    | United States Interagency Council on Homelessness Vulnerability Index-    |
| VI-SPDAT | Service Prioritization Decision Assistance Tool                           |

## I. INTRODUCTION

In 2019 the Department of Housing and Urban Development (HUD) reported that 567,715 people experience homelessness in the United States on a single night (HUD 2019). This is the third year in a row that number has risen following a seven-year decline ending in 2016. Anthropologists and other social scholars have demonstrated that the causes of homelessness are primarily structural, including lack of affordable housing, living wage, and social safety net (Hopper et al 1985), issues which have been exacerbated since the expansion of neoliberalism in the late 1970s (Harvey 2005). While city strategies have varied from criminalization to medicalization (NCH and NLCHP 2006; Lyon-Callo 2000), cities have been increasingly following HUD's recommended Housing First guidelines which suggest permanently housing chronically homeless persons and rapid rehousing of episodically homeless families. In policy circles, Housing First is contrasted with criminalization in that it is promoted as more cost-effective and caring. Similarly, social scientists contrast "caring" approaches with punitive measures characteristic of disciplinary or sovereign forms of power. While some scholars emphasize urban revanchism and a punitive turn since neoliberalism (Mitchell 1997; Smith 1996), others emphasize new or persisting forms of care (Conradson 2003; Deverteuil et al 2009). However, fewer studies have demonstrated how the two approaches, punitive and supportive, biopower and sovereign power, coexist and potentially work together. In this sense, Miami is an important case study. After losing a class action lawsuit in 1992 for criminalizing homeless persons, the city of Miami has become a cited model of Housing First success through the leadership of The Miami-Dade County Homeless Trust (HUD 2010). Yet, Miami still has a large, stable homeless

population, and city officials have persistently pursued criminalization measures contradictory to HUD's "best practices" and the decision of the lawsuit.

I ethnographically examine the case study of Miami to explore the following research questions:

- (1) How do Housing First practices impact the governance of Miami's homeless population?
- (2) What other strategies and practices of governance exist alongside Housing First in Miami?
- (3) How do criminalization, care, and other strategies relate to each other?
- (4) How do the (re)combinations of these strategies in Miami affect the experiences of people experiencing homelessness?

My methods include semi-structured interviews with people experiencing homelessness and staff at a local non-profit organization that provides shelter, rehousing, and other services, participant observation at the local non-profit, as well as document analysis of relevant laws, ordinances, lawsuits, news articles, and public documents from City and County online archives, including City Commission meeting minutes, officer complaints, and Civilian Investigative Panel meeting minutes.

I draw on theoretical frameworks including neoliberal urbanism, biopower, and governance. As a framework, neoliberal urbanism draws biopower and governance together because both are necessary for understanding how individuals and populations such as the poor and people experiencing homelessness are currently managed. Biopower refers to Foucault's (1980) conceptualization of a decentralized regime of power, beginning in the 17<sup>th</sup> century, that acts on two poles: the human body through discipline,

and the human species through biopolitics. Disciplinary techniques are individualizing and focus on regulating individuals to meet a desired norm. Techniques such as medicalization and criminalization are disciplinary techniques utilized to govern homelessness. Biopolitics is a form of politics concerned with governing populations as a whole using techniques such as normalization and demography. Biopolitics is contrasted with disciplinary power because it is generalizing rather than individualizing, and because it necessitates increasing scientific knowledge about particular populations. Housing First is a biopolitical technique that is currently being used to manage homelessness. Rather than focus on an individual's specific circumstances to determine if they are eligible for housing, the types of assistance a person receives depends on which subpopulation of homelessness they are assigned to, such as the chronically homeless. I also draw from other forms of governance beyond techniques of biopower, such as rule by aesthetics, which is typically characterized by street sweeps.

It is important to understand that rather than stemming from a single logic, power relations in any given time are multiple, and are redeployed and recombined (Collier 2009). Nicolas Rose (1999) refers to these (re)combinations as diagrams of power, which is similar to the technologies of power termed by Foucault. Scholars that follow this style of analysis recognize that diagrams of power are not static and epochal, but are a “political rationality to a certain kind of problem-making” and “a characteristic set of techniques and styles of reasoning” (Collier 2009:97). A topological analysis of power necessitates case studies, because different diagrams of power are contextual, yet can help us understand about the way power works more generally as well. I study governance in Miami with this topological analysis in mind, focusing on the ways in



which technologies of power are utilized in response to the particular problems made. Major actors include the Homeless Trust, HUD, local government, police, and non-profit service providers, and techniques include biopolitics, discipline (including criminalization and medicalization), care and aesthetic governance.

Through this study I aim to contribute to literature on power, governance, and the management of vulnerable populations. I do so by challenging current work which prioritizes either criminalization or care by demonstrating how criminalization, care, and other strategies of governance co-exist and relate through the case study of Miami. In this way, I problematize techniques of care, considering their contribution to neoliberal governmentality. I also aim to have broader impacts with this study by foregrounding the need to address structural causes of homelessness—such as lack of affordable housing, living wage, and social safety net—rather than just buffering the issues or even benefiting from these issues through knowledge and service economies. In the conclusion I offer policy and service-delivery recommendations to local actors.

## **Chapter Organization**

In Chapter 2, I review literature on neoliberalism, including specific neoliberal changes in the United States, and how these changes have affected the governance of homelessness.

In Chapter 3, I provide important details about homelessness in the location of my research, Miami, and my research site, Care Campus. In this chapter I also detail my research methodology.

In Chapter 4, *Laws Governing Homelessness*, I discuss the history of the Pottinger Agreement, the landmark class-action lawsuit that implemented protections to the rights of homeless individuals to perform life sustaining activities in public space, and its effects on the governance of homelessness. I argue that the Pottinger Agreement was productive and contributed to the provision of services for people experiencing homelessness as well as the development of particular policing strategies. I discuss different strategies police use to manage homelessness and how these strategies relate to the provision of care and the overall goal of removing people experiencing homelessness from public space.

In Chapter 5, *Biopolitical Governance and Housing First Strategies*, I discuss Housing First in Miami, including the coordinated entry system and the role of various actors. I demonstrate the biopolitical techniques of Housing First and how these work alongside disciplinary techniques, including criminalization and medicalization, as well as rule by aesthetics.

In Chapter 6, *Governing Homelessness during the COVID-19 Pandemic*, I discuss how previously discussed techniques of power and governance were redeployed and recombined in the management of homelessness during the pandemic.

In the final chapter, I conclude with a discussion of power and governance, a discussion of impacts, and suggestions for alleviating homelessness going forward.

Overall, I argue that neoliberal management has led to stagnation. While there is talk of ending homelessness, there is still persistence of homelessness at high levels. The increasingly better management of homelessness cannot end homelessness in the way

that meaningful structural changes could. My research helps identify ways to break out of this stagnation.

## II. LITERATURE REVIEW

In this section, I demonstrate how structural changes related to neoliberalism have contributed to the high levels and new types of homelessness currently seen in the United States. Specifically, I discuss how neoliberalism (and especially neoliberal welfare reform, job market restructuring and other changes) in the United States has contributed to levels of homelessness we see today, which no longer fluctuate with economic upturns and downturns, and the appearance of new ‘sub-groups’ of people experiencing homelessness. Elaborating these changes is important to combat the perception of homelessness as a problem of individuals or mental health or as simply a problem of governance, and in understanding how structural change can relieve homelessness. First, I provide an overview of the literature on neoliberalism as a political-economic theory. I then discuss specific neoliberal changes in the U.S. that have affected housing precarity and homelessness: welfare reform, job market restructuring, health care reform, and the commodification and financialization of housing. These sections draw from a historical geographic materialist analysis of neoliberalism (a Marxist theoretical framework). I then discuss how neoliberal changes have affected the governance of homelessness, from disciplinary techniques such as medicalization and punitivism to biopolitical management through Housing First. This section conceptualizes neoliberalism as a political rationality (A Foucauldian theoretical framework). While there are key differences in these theoretical frameworks, both are beneficial to an analysis of homelessness. A Marxist perspective is useful for understanding specific historical economic changes and their material effects. This is helpful for understanding the structural causes of homelessness and specific policies that can be targeted to increase social equity. Marxist approaches are

also useful for political mobilization, due to their ability to conceptualize in terms of class interest. However, Marxist approaches are not as useful for understanding the ways power works, which is often decentralized. A Foucauldian approach is useful for understanding governance, discourse, (re)combinations of techniques of power, and how power is productive, which is necessary for understanding the institutional maze that governs homelessness. Thus, I utilize each for different types of analysis.

Overall, I argue that managing homelessness better has not and will not end homelessness. Homelessness is not a consequence of mental health, deviancy, or bad governance. There are specific neoliberal changes that have led to homelessness as we know it today, and structural change is the best option for truly ending homelessness. Understanding structural changes and neoliberal governance is important for exploring how things can be otherwise.

### **Overview of neoliberalism**

David Harvey (2005:2) traces the origins of neoliberalism to the late 1970s in the U.S., defining it as a political-economic theory that proposes enhancing human well-being “by liberating individual entrepreneurial freedoms and skills within an institutional framework characterized by strong private property rights, free markets, and free trade” with the role of the state being to preserve that institutional framework. Neoliberalization was touted as a form of freedom, with “the assumption that individual freedoms are guaranteed by freedom of the market and of trade” (Harvey 2005, 7). In practice however, Harvey (2005) argues that neoliberalism was used to restore the power of economic elites due to its redistributive effects and persistent and increasing social

inequality. In contrast to the previous economic philosophy of Keynesianism, which consisted of “direct government intervention in job creation, human service provision and community empowerment,” neoliberalism advocates “deregulation, investment of tax credits, downsizing, and outsourcing of public services” (Ruben 2001, 436).

Accompanying these political-economic changes, neoliberal rhetoric prioritizes individual responsibility and blames the poor for their own misfortune (Harvey 2005). Rather than state responsibility for providing social welfare, neoliberalism encourages “boot-strap” mentality (Ruben 2001). In the case of homelessness, this translates to individuals being blamed for their situation, rather than recognizing structural causes.

#### *Neoliberalism and U.S. cities*

During the 1980s rollback phase of neoliberalism, U.S. cities’ funds from the federal government were cut by up to 80% (Peck et al. 2009; Murphy 2009). In order to deal with their drastic change in budget, many U.S. cities were impelled to “introduce various kinds of cost-cutting measures—including tax abatements, land grants, cutbacks in public services, the privatization of infrastructural facilities and so forth—in order to lower the short-term costs of administration and production within their jurisdictions, and thereby, to lubricate and accelerate external capital investment” (Peck et al. 2009, 63). Redeveloping the city as a ‘growth machine,’ the focus switches from investment in the welfare of urban residents to creating “landscapes of cultural consumption for suburbanites and visitors” (Ruben 2001, 435). Yet this, and strategies to enhance administrative efficiency, have polarizing consequences and diminishing returns, which are often responded to with even more interurban competition (Peck et al. 2009).

According to Peck et al. (2009, 64), new forms of neoliberal urbanization respond to issues intrinsic to neoliberal governance itself through “establishing non-market forms of coordination and governance, through which to sustain market shares, competitive assets, and continued accumulation.” Peck et al. (2009) refer to this as “neoliberalism’s contradictory creativity--its capacity to repeatedly respond to endemic failures of policy design and implementation through a range of crisis-displacing strategies, fast-policy adjustments, and experimental reforms” (Peck et al. 2009, 64).

Due to the need to continually address the intrinsic contradictions and governance failures, cities and surrounding suburbs have become important zones of neoliberal policy experiments. These include “place-marketing, enterprise zones, local tax abatements, public-private partnerships and new forms of local boosterism, through to workfare policies, property redevelopment schemes, new strategies of social control, policing and surveillance, and a host of other institutional modifications within the local state apparatus” (Peck et al. 2009, 58). Yet cities are also often simultaneously sites of resistance to neoliberalization projects (Peck et al. 2009). Understanding cities as places of intense interurban competition and experimentation is important for understanding various governance strategies of homelessness, including punitivism and Housing First.

### *Actually existing neoliberalism*

While the argument of neoliberal globalization is convincing as an all-encompassing force, scholars have critiqued that in practice, neoliberalism is uneven and incomplete (Peck et al. 2009; Brenner and Theodore 2002; Marr 2015a). While some Marxist scholars portray neoliberalism as an intentional class agenda, critics such as

Wacquant (2011) argue that despite different political intent at multiple levels, the neoliberal state is not rationally designed. Instead, there is a mix of leadership intention, self-aggrandizing, and experimentation. In order to account for this, scholars have argued we need to focus on “actually existing neoliberalism” through case studies of cities, in order to understand the unevenness of neoliberalism, its limits, contradictions, and mutations (Peck et al. 2009, 49; Brenner and Theodore 2002; see also Collier 2009 and Wacquant 2011). Peck et al. (2009) argue that part of the reason neoliberalism is incomplete, referring to it as neoliberalization (an ongoing process), is because neoliberal policies must be continuously modified to confront governance failures, crisis tendencies, and contradictions endemic to the neoliberal project itself or resulting from its interaction with past and incompletely removed previous regimes.

Marr (2015a) also argues against the conceptualization of neoliberal globalization as a monolithic force. Through case studies of Los Angeles and Tokyo, he demonstrates the ways in which multiple embedded contexts operating at different social levels interact to affect the lives of people who experience homelessness, and their ability to exit homelessness. Multiple embedded contexts include neoliberal globalization, national welfare regimes, as well as various local conditions including city policies and assistance locally available from non-profit organizations. Other scholars have referred to the interaction of local and global forces as “glocalization,” in order to account for local variation (Brenner and Theodore 2002).

DeVerteuil (2015) also argues that neoliberalism is uneven and incomplete. He posits that non-profit organizations (NPOs) that are able to ‘stay put’ in gentrifying inner-city areas are Keynesian era holdovers on an otherwise neoliberal landscape. Yet, other



scholars do not separate NPOs from neoliberalism, and even discuss how the two rely on each other (Marr 2015a; Willse 2010, 2015; Edelman and Haugerud 2005; Pfeiffer and Chapman 2010). Peck et al. (2009, 54) also argue against this view, stating that “pre- or non-neoliberal institutions should not be seen simply as anachronistic institutional residues, for their interpretation with neoliberal forms of restructuring will shape pathways and outcomes in distinctive, generative, and contradictory ways.” Despite the diversity of hybrid forms, neoliberal governance consistently disadvantages particular groups, such as the poor. Importantly, this trajectory of scholarship posits that since neoliberalism is not monolithic and necessary, other historical paths were possible and remain able to become otherwise (Peck et al. 2009, Wacquant 2011).

### **Neoliberal changes in the U.S.**

Due to the importance of examining actually existing neoliberalism, I will now discuss changes specific to the U.S., and how these changes have affected housing precarity and homelessness. I focus on welfare reform and labor market restructuring, health care reform, and the destruction of public housing and financialization of the housing market. Understanding the national welfare regime is a basis for examining how national conditions interact with more local ones, such as at the state and city level.

#### *U.S. welfare reform and labor market restructuring*

Welfare reform and labor market restructuring are major neoliberal changes in the U.S. which have had major consequences for people vulnerable to or experiencing homelessness. Welfare reform and labor market restructuring are also intensely

interconnected, both during Keynesianism and currently. Willse (2015) draws connections between the Keynesian welfare state and the reproduction of labor. He observes that “normative views of the welfare state situate it in a progression of rights accorded to citizens” such that social benefits follow political and civil rights. However, Willse (2015, 36) follows Marxist-feminist views which suggest “welfare state apparatuses secure and guarantee the reproduction of labor within capitalist conditions of low wages and unemployment.” Because population health is a central concern of Keynesian governance to support economic activity, programs to support population health became necessary and organized as the social welfare state.

However, understanding social and health programs as biopolitical and racialized technologies of governance, Willse (2015) points out that even during Keynesianism, social welfare was bifurcated. It was designed to support the health and wealth of only certain desirable populations. When drafted, the Social Security Act of 1935 excluded agricultural and domestic workers from federal old age benefits (SS 1935, Title II, sec 210), which effectively denied access to this social assistance program to women and African Americans. While Title II supplies federal old-age benefits, Title I, III, IV, and V, which cover ‘needy’ old persons, unemployment, dependent children, and maternal and child welfare, supply grants to be administered by states. Since states were given leeway to distribute these programs as they saw fit, Willse (2015, loc 818-826) argues,

A bifurcated welfare apparatus arose, with social entitlements controlled by the national government and public assistance programs controlled by subnational governments. The federal entitlements programs served an integrative function by securing the health and economic wellbeing of

the white male population of laborers (and women and children attached to them) and binding this population to the state... Public assistance became the welfare apparatus available to African Americans who were excluded from Social Security, as well as women who were disqualified for entitlements designed for male heads of household... being under local control and largely free of federal oversight, public assistance programs were amenable to arbitrary and discriminatory policies and practices that allowed whites to remain superordinate to local black populations by denying access to benefits and subjecting beneficiaries to punitive consequences for enrollment. Thus, whereas national Social Security programs invested in the reproduction of a laboring citizenry, public assistance functioned to maintain racialized and gendered hierarchies—in terms of both economic and national status—and to surveil and regulate the poor.

Even though there have been significant changes to the welfare regime in the U.S., Social Security and other assistance programs still remain similarly bifurcated.

While the Keynesian welfare state's goal was to supplement the wages of laborers for reproduction and perhaps assist those unfit for labor, Willse (2015) argues that neoliberal social programs are detached from a strict relationship to labor in that the freedom of the market, not the health of the population, is understood to guarantee the health of the nation's economy, and thus individuals. Instead of securing the health of the labor force, under neoliberalism the function of social programs is to "manage unruly surplus populations" (Willse 2010, 45). Willse (2010, 46) distinguishes Keynesianism

from the social programs under neoliberalism, which “rather than serve the economy by keeping labor happy, healthy, and alive, social programs serve the economy directly as part of the economy, as a social welfare industry,” such as through the production of new agencies and nonprofits to continue to control potential unrest. While the goals may have changed, other scholars demonstrate how welfare continues to be linked to the labor market (Piven 2001; Tach and Edin 2018).

Central to the switch from Keynesianism to neoliberalism is a restructuring of the labor market, such as through policy changes that increase the size of the work force (Piven 2001; Tach and Edin 2018). One of the policies that contributed to the restructuring of the labor market was the 1996 Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA). PRWORA replaced the United States cash welfare program, Aid to Families with Dependent Children (AFDC), with Temporary Assistance to Needy Families (TANF). AFDC was created as Title IV of the Social Security Act of 1935 and provided federal funds to states to provide cash assistance to single non-working women with children. While TANF is also administered by states, many of the restrictions for use were removed, allowing states to divert funds towards the working poor and/or use it to support educational and moral programs rather than as cash assistance (ASPE 2009; Tach and Edin 2018). Further, federal restrictions on receiving TANF were imposed, including a lifetime limit of five years for recipients and increasing work participation rate requirements (ASPE 2009). The four statutory purposes of TANF include “to provide assistance to needy families so that children can be cared for at home; to end the dependence of needy parents on government benefits by promoting job preparation, work and marriage; to prevent and reduce the incidence of out-of-wedlock

pregnancies; and to encourage the formation and maintenance of two-parent families” (ASPE 2009, 1). This signals a change in who is viewed as worthy of assistance, and is emblematic of neoliberal welfare to work policies.

Initially created in 1986, the Earned Income Tax Credit (EITC) is another form of assistance that helps the working poor. It is a tax break for working families that increases the more you earn, up to a certain point. Often receiving bipartisan support, EITC has been expanded multiple times, including substantial expansion in 1986, 1990, and 1993. In combination with decreases in TANF, Tach and Edin (2018) argue that EITC drew many previously non-working single mothers into the workforce. Tach and Edin (2018) argue that EITC and PROWRA are both examples of changes in welfare that shift benefits from the most vulnerable to working families and an overall association in the U.S. of deservingness with participation in work.

Thus, while the United States maintains a welfare system, the vast majority of welfare assistance benefits families who work with limited assistance to those who do not (Tach and Edin 2018). However, Anthropologist Francis Fox Piven (2001) outlines effects of welfare reform that harm the working poor as well. Welfare previously served as a floor under wages, keeping them from falling too low since families could previously rely on cash assistance instead. Welfare reform, as well as changes to other assistance programs, made it increasingly difficult for people to survive unemployment, which in turn increases the size of the labor pool, makes employment less secure, and shifts the power from the employees to the employers (Piven 2001). Tach and Edin (2018) similarly observe that some families who leave welfare for employment are not able to find secure employment and end up not able to maintain work or receive welfare, falling

into extreme poverty. While welfare reform may have benefited some working families, “families at the very bottom of the income distribution are worse off after welfare reform” (Tach and Edin 2018, 545).

Another important change that led to a shift of power from employees to employers is the diminishing of labor unions. Since the passing of the Wagner Act in 1935, labor unions have used collective bargaining to protect workers’ rights and gain workers benefits, such as health care, from their employers. However, after World War II, a series of large-scale strikes and fear of communist infiltration led to anti-union sentiment in the U.S. Despite President Truman’s veto, the Taft-Hartley Act of 1947 made it legal for workers not to join unions, and made it more difficult for workers to unionize and hold strikes. The Landrum-Griffin Act further limited the power of unions and gave more power to individual states to control labor relations in 1959. These changes were advertised as protecting the rights of workers as individuals and attempted to reframe unions as taking away individual rights. With a large labor pool and diminished labor unions, laborers became less able to fight for better work conditions, including full time, living wage jobs with benefits (Goode and Maskovsky 2001). Many companies moved to make their workforce more flexible, switching to part time, temporary labor, and/or independent contractors, instead of full-time employees with benefits. Accompanied by the exporting of jobs and deindustrialization, these changes “contributed to the decline in the number, quality, wages, and security of low-skill and semi-skilled jobs” effectively creating a polarized workforce with “a growing population of undereducated, de-skilled workers who receive low pay, no benefits, no job security, and no union protection at the bottom” (Goode and Maskovsky 2001: 4). These shifts

support Harvey's (2005) argument that neoliberal changes rely on the market to secure individual rights, shift the power to economic elites, and lead to increasing social inequality.

Overall these changes made unemployment more difficult to survive and low wage work more insecure. This had a disproportionate impact on African Americans who, due to a history of structural racism, are more likely to be employed in low wage work. To understand how these changes affected homelessness it is necessary to understand that homelessness is an aspect of extreme poverty, even though it is sometimes portrayed and analyzed in isolation (Blasi 1994).

### *Health care reform*

Access and affordability of health care is another issue facing people vulnerable to or experiencing homelessness. Though national health insurance became a concern of progressive reformers in the U.S. in the early 20<sup>th</sup> century to protect workers' loss of wages while sick, the U.S. was not able to pass bills regarding national health care reform. Instead of national reform, in the 1940s and 50s, organized labor unions were able to win health benefits for their members (Hoffman 2003). This quelled much of the public unrest surrounding healthcare. However, it meant affordable health insurance was tied to the labor market.

While universal health care reform has remained elusive, an interest group campaign led by union retirees and other retiree groups led to the addition of Medicare to the Social Security Act in 1965 (Hoffman 2003). Medicare is the federal insurance

program for people 65 and older and also covers younger people with certain disabilities.<sup>1</sup> Yet Medicare mostly benefits people from certain fields of employment, since people who have not paid social security taxes for 10 years must pay premiums. Further, only Medicare Part A (hospital insurance) is covered by social security taxes. Any additional insurance to cover certain doctor visits or prescriptions must be purchased. While Medicare Part B (medical insurance) rates are adjusted to income, any prescription drug coverage or supplemental insurance must be purchased at market rate. These piecemeal changes that still partially rely on the market do not provide adequate access to affordable healthcare. Hoffman (2003, 78) argues that the main explanations for the failure of various attempts to reform U.S. health care include “the power of private interest groups to block reform and reformers’ failure to inspire grassroots activism.”

The Social Security Amendments of 1965 also created Medicaid. Medicaid is a national health insurance program through which the federal government provides matching funds to states to provide health care to people with income below a certain level and/or who have disabilities. Medicaid covers a wider range of health care services than Medicare and is different in that it is needs-based and determined largely by income, whereas Medicare is not. While delivery, quality, funding, and eligibility standards are established federally, each state determines whether they will participate and can adjust eligibility requirements, scope and types of services, and rate of payment. Similar to welfare, Medicare (which benefits certain employed people the most) and Medicaid (which benefits those considered needy) represent a bifurcation of health care assistance.

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<sup>1</sup> Medicare also covers younger people with disabilities who receive Social Security Disability Insurance, Railroad Retirement Board disability benefits, or have End-Stage Renal Disease (SSA 2018)



In an attempt to increase access to Medicaid nationally, the Patient Protection and Affordable Care Act proposed to expand Medicaid eligibility in 2014 by requiring participating states to allow enrollment of people with income up to 138% of the poverty line. For the first three years, the federal government would pay for 100% of the cost of the expansion, steadily decreasing to paying 90% in 2020 and all subsequent years. However, the Supreme Court ruled states could choose to reject the funding and eligibility if they chose. Currently, 13 states, including Florida have opted out of the expansion.

Overall, limited social assistance and reliance on the market to create fair opportunities is emblematic of neoliberalism. This philosophy has been extended to health care in the U.S., which relies on the market for ‘fair’ distribution of health insurance. This is significantly different from Keynesian policy, the goals of which was to secure the health of the population to support labor and often involved federal intervention. Health care reform that increases accessibility to affordable health care would greatly benefit people who are vulnerable to or experiencing homelessness. People experiencing homelessness who are sleeping on the streets often experience serious health issues and seek help in emergency departments for both routine and emergency medical needs, which is associated with significant monetary costs (Ku et al. 2010; Bourgois and Schonberg 2009).

### *Mental health care reform*

While not all people who experience homelessness have psychiatric disabilities, psychiatric disabilities do contribute to difficulty finding employment and housing.

Before deinstitutionalization, people with psychiatric disabilities (and sometimes poor people without disabilities) were increasingly held in asylums. Once envisioned as a refuge from the harsh conditions of society, asylums later became warehouses for those society rejected. The Community Mental Health Act of 1963 provided federal funding for community mental health centers and research facilities and led to deinstitutionalization as funding was redirected from asylums to community health centers. However, since the number of people released was more than the underfunded community health centers had space for, many patients were left without care, employment, or housing (Desjarlais 1997). This was especially the case in poor, segregated neighborhoods that saw few resources for community mental health. Changes in policies regarding involuntary commitment in the 1980s led to further deinstitutionalization and more housing insecurity (Willse 2015). This had a compounding effect when combined with the rollback of social welfare and destruction of low-income housing. Deinstitutionalization was linked in the cultural imaginary of homelessness, in part leading to the medicalization of homelessness in which homelessness is treated as a problem of mental health, rather than of lack of affordable housing and social safety nets. Deinstitutionalization is neoliberal because it involves a release of responsibility from federal asylums to local communities to meet mental health care needs. Since deinstitutionalized individuals were not provided with alternative housing options, many entered the market for housing, further straining the availability of affordable housing. As discussed below, the federal government took other deliberate steps to increase the financialization of the housing market.

### *Destruction of public housing and financialization of housing markets*

Lack of affordable housing has long been considered a structural cause of homelessness. But where does this lack stem from? Scholars have pointed to the reduction in public housing and Single Room Occupancies (commonly known as SROs),<sup>2</sup> as well as increasing home prices in relation to income (Cattell et al. 2010; Marr 2015a). Scholars have also demonstrated the role of the U.S. government in the increasingly expensive housing market, through the neoliberal strategies of reducing public housing and encouraging financialization of the mortgage market (Rolnik 2013; Aalbers 2008).

Public housing is an important (yet currently dwindling) resource for low-income persons and families that cannot afford market rate housing. Public housing was originally created by the Wagner-Steagall Housing Act of 1937 during the New Deal period, in order to quell unrest following the Great Depression (Cattell et al. 2010). The Housing Act of 1949 led to the construction of 810,000 public housing units, but at the same time vast amounts of public land and housing were being cleared in urban renewal. In the 1970s, congress enacted Section 8 (added to the 1937 Housing Act). As opposed to public housing, Section 8 is a project- and tenant-based voucher system which relies on the private market system. Once accepted to the program (which can take years), tenants must find a unit at “fair market rate” (which is often below what is actually available) to accept them. They then pay 30% of their income to rent and the program covers any discrepancy. In the 1980s, the Reagan Administration continued to decrease spending on

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<sup>2</sup> SRO is a form of residential hotel or housing designed for low-income single individuals and consist of a small, furnished room. Kitchens and bathrooms are typically communally shared with other building residents. SROs were built to house migratory workers in the late 1800s. Many were demolished in the 1980s, but some were rehabilitated to house extremely-low-income and people experiencing homelessness (Marr 2015a).

public housing and HUD funds were increasingly diverted to Section 8 funding. Since the mid-1990s, the only public housing developments to be developed have been Hope VI housing, which is mixed income (Cattell et al. 2010). In 1999 the Supreme Court determined that unjustified segregation of persons with disabilities violated the American Disabilities Act. Known as the Olmstead Decision, it is often used in support of scattered-site housing strategies (such as voucher programs) rather than building single-site complexes for formerly homeless individuals. When new developments are built to provide housing for formerly homeless persons, some cities, citing the Olmstead Decision, will only allow 20% of units to be assigned to formerly homeless individuals. The other 80% are mixed income and available at market rate. Overall, federal housing policies and funding priorities now center on market-based programs, rather than public housing. This represents a shift from housing as a social good, to relying on the market as a fair and rational way of distributing housing (Rolnik 2013; 2019).

While voucher systems offer tenants choice of living situation, in a report for the Right to the City Alliance, Cattell et al. (2010) argue that vouchers are not effective substitutes for public housing because: (1) residents may lose the subsidy if unable to find housing within the allocated search time period; (2) it gives too much power to landlords to evict the tenant and/or to impose screening and deposits; (3) there is a lack of supportive networks, such as project managers to help residents; and (4) residents can easily get kicked out of voucher programs. Cattell et al. (2010) also point out that voucher programs are not as cost-effective (\$6,520 to preserve a unit vs. \$7,080 to move them to Section 8 per year). Though cost effectiveness is often a mantra of neoliberal policy, Cattell et al. (2010) argue that deconcentration theory, which relies on culture of

poverty (Lewis 1969) thinking, is what drives the switch from public housing to scattered site voucher programs. Some scholars have questioned the effectiveness of deconcentration policy by demonstrating the value of service hub neighborhoods (Deverteuil 2015; Marr et al. in press). However, vouchers and market-based systems are more in line with neoliberalization, especially considering the government's strong role in the financialization of the housing market.

At the same time that public housing was being demolished and funds were being diverted, the financialization of homes was increasing the costs of homes, making housing less affordable. Aalbers (2008, 148) defines financialization as “a pattern of accumulation in which profit-making occurs increasingly through financial channels rather than through trade and commodity production.” Rather than facilitating or reflecting the ‘real’ economy, financialization signifies that the financial industry increasingly rules the real economy and is a growth industry in its own right. Aalber’s (2008, 149) explains this through Harvey’s (1982) concept of capital switching. In capital switching, capital flows from the primary circuit (production, manufacturing, industrial sector) to the secondary circuit (infrastructure, consumption) and/or tertiary circuit (employee benefits). Capital switching helps prevent crises of over-accumulation in the short-term, though scholars argue this only delays the crisis (Harvey 1982, Aalbers 2008). Aalbers (2008, 149) argues that financialization represents capital switching to the quaternary circuit (financial markets) of capital through financializing existing economies (tying them to financial markets) and “the rise of financial markets for trade in money, credit, securities, etc.” In the context of housing, financialization refers to primary and especially secondary mortgage markets. Secondary markets become

especially important since “in a primary mortgage market, mortgages are closed between the borrower and the lender; in a secondary mortgage market, investors can buy mortgage portfolios from lenders” (Aalbers 2008, 154).

Commercial banks entered the U.S. mortgage markets in the 1920s, but withdrew in the 1930s after the Wall Street crash. In order to stop foreclosures and increase homeownership, the federal government subsidized home construction, loosened construction regulations, and assisted commercial banks and mortgage lenders. The Federal government also created the Home Owners Loan Corporation (HOLC), which led to the replacement of five year, non-amortized mortgages with balloon payments to the current long-term, self-amortizing mortgage model through which people make uniform payments throughout. Through the creation of the Federal Housing Administration and Veterans Administration to insure mortgage loans, the federal government lowered the risk for lenders and relatedly the interest rate for borrowers and increased the loan maturity to 25 or 30 years. This led to more people being able to mortgage a home (Aalbers 2008).

Subsequently, the government-backed institutions known as Fannie Mae, Freddie Mac, and Ginnie Mae led the way in making the secondary mortgage market possible. In order to sell portfolios of mortgages to investors globally, they bundle them into packages of mortgages diversified geographically, which is supposed to decrease risk. This increasingly links the mortgage market to the stock market. Deregulation of the mortgage market enabled people with lower credit scores to get mortgages, and for everyone to get bigger loans without an increase in income. Aalbers (2008) argues that while this may seem to benefit all homebuyers, it has led to dramatic increases in house prices, making

homeownership more accessible but less affordable. To keep the growth machine going, lenders began offering sub-prime loans (risky loans to risky borrowers) and participating in predatory lending (exploitative loans). This eventually leads to a crisis, as it did in 2007-2008, when house prices stop increasing, default rates increase, investors start doubting the value of mortgage portfolios, and the investments lose liquidity. Predatory lending also leads to foreclosures and neighborhoods with housing abandonment, which benefits the banks who repossess the home and accumulate capital through dispossession (Aalbers 2008). This primarily affects women, minorities, and communities of color with low income, groups who are targeted by predatory lenders due to their lack of access to other types of loans (Aalbers 2008).

The commodification and financialization of home, as a neoliberal housing approach, has eroded the enjoyment of the right to housing in both developed and developing nations. Due to the neoliberal belief that markets are the most fair and rational way to regulate housing, policymakers no longer conceptualize housing as a social good (Rolnik 2013). Despite neoliberalism's insistence on small government, Rolnik (2013) and Aalbers (2008) demonstrate the government's large role in financializing home through the reduction of and stigmatization of public housing and legislation that deregulated rental markets. The discrepancy between stagnant incomes and rising housing and rental prices leads to precarious housing and potentially homelessness, as people worry about defaulting on rental or mortgage payments.

## **The governance of homelessness in a neoliberal era**

Since the expansion of neoliberalism, there have been drastic changes in numbers and characteristics of people experiencing homelessness. The types and numbers of services and how they are funded has also changed throughout time, as well as the governance strategies used to manage surplus populations. How population dynamics, services and governance strategies have changed over time could be analyzed separately, but it would be difficult to disentangle since they are intimately interwoven. It is also important to consider how people experiencing homelessness subjectively experience governance strategies, and how they form their own strategies in relation to them. People experiencing homelessness are not passive, and act in ways that both align with and challenge management schemes.

While previously sheltering people was a local problem, in the Great Depression era of the 1930s, unsheltered persons became viewed as a national problem. At that time, unsheltered populations were understood as an economic issue, and levels fluctuated with economic upturns and downturns, due to unemployment levels or the off time of seasonal work. The federal government responded by helping fund lodges (Willse 2015; Cattell et al. 2010). When federal aid pulled out, and the economy improved during war time, many people continued to live in ‘skid rows’ in urban centers, residing in the previously federally funded lodges, hotels, and SROs. But, most skid rows were demolished in the 1950s for other more profitable uses (Willse 2015).

The unsheltered and housing insecure population increasingly became populations of color during the 1960s, the recession of the 70s, and deindustrialization of urban centers (Willse 2015; Cattell et al. 2010). The suburbanization or “white flight” of



“predominantly white, upwardly mobile urban residents” to areas surrounding the city in the 50s and 60s compounded this racial component, as governments disinvested from inner city areas (Ruben 2001). Matthew Ruben (2001) argues that suburbanization rechanneled public funds into private investments to stave off economic crisis after the war by increasing public infrastructure (such as highways) to support suburbs and increase demand in markets such as auto, oil, rubber, and construction. After disinvestment caused by suburbanization, U.S. cities began investing in urban renewal (Ruben 2001). Yet rather than investing in the residents who live there, new models of neoliberal development separated the interests of the city from the poor people who lived there, disenfranchising them (Ruben 2001). Instead of investing in low-income neighborhoods and public housing, many were demolished, with new low-income developments being placed on the outskirts of town, or voucher programs being used to ‘deconcentrate’ low income and formerly homeless individuals (Cattell et al. 2010). Also characteristic of urban renewal were criminalization measures meant to remove undesirables from redeveloping areas. In cities such as Los Angeles, this led to the concentration of unsheltered persons in skid row districts, which could no longer be explained by unemployment alone (Willse 2015). By 1975, gaining legal or regular employment no longer sufficiently solved homelessness due to low wages and high rents, and the demographics of homelessness began to shift to include younger individuals, women, and disproportionate numbers of people of color, referred to as the “new homeless” (Willse 2015).

Thus, the ‘new homelessness,’ once again addressed by the federal government in the 1980s as a national problem, was different from homelessness in the 1930s. In 1987,

the United States federal government created the McKinney-Vento Act, which re-established the United States Interagency Council on Homelessness (USICH) and provided funds to be distributed to municipal governments and NPOs to address homelessness. Though funds were disbursed to local governments and NPOs to manage homelessness, Willse (2015) sees this as an expansion of federal authority, through the program parameters and priorities set by USICH/HUD on those receiving funds. At this point in time the focus was on case management strategies, through medicalized and individualized intervention. Homelessness was portrayed as a problem in individual deviancy (Lyon-Callo 2000) and was targeted through case management and “housing ready” approaches such as transitional housing models. Transitional housing models shelter people when they are ready—usually defined as finding a job, being sober, or participating in certain programs. After a specified time period, usually six months to two years, a person in transitional housing is required to leave and is expected to find their own housing. Attending case management, in which a case manager determines the person’s next steps and surveils the person’s progress in meeting particular goals, is a requirement of transitional housing. These techniques fit Foucault’s description of disciplinary techniques, where individual bodies are held to a normalized standard and taught to govern themselves to meet that standard. Through disciplinary techniques such as case management, people experiencing homelessness were encouraged to self-blame and self-govern (Lyon-Callo 2000). In other words, shelters and other assistance services reinforced neoliberal ‘boot strap’ mentality.

Lyon-Callo’s (2000) ethnographic research on homelessness in Michigan in the 1990s describes the subjective experiences of people experiencing homelessness in the

shelter system when medicalized, disciplinary techniques were standard. Shelter residents were encouraged to self-blame and self-govern through case management sessions and surveillance. Some people knew their homelessness was due to economic circumstances; some would participate in the medicalized discourse to gain services, while others would choose to opt out of services. Hoffman and Coffey (2008) similarly argue that residents at a shelter felt patronized, leading some to opt-out of services to retain their dignity. Because of this, transitional housing and other programs that relied on medicalized, disciplinary techniques often had low retention rates and below desirable outcomes in terms of exits from homelessness.

Another method for governing the poor during this time was punitivism. Due to the cutbacks in social services and increasing punitive measures, scholars such as Neil Smith (1996) refer to neoliberalism as an era of urban revanchism and/or a punitive turn in poverty management (Wacquant 2009) as underfunded cities attempt to develop their own strategies for managing surplus populations (Murphy 2009). During the Keynesian era, crime reduction focused on improving economic and social opportunity to treat the perceived root causes of crime (Stuart 2016). Instead, neoliberalism focuses on invisibilization of social problems (Wacquant 2009). While neoliberalism is typically described as a rollback of social services such as welfare and social safety nets, scholars note it also has a rollout phase in the form of workfare and other new institutions and governance strategies geared towards managing surplus populations (Peck et al. 2009). One strategy observed is increasing punitive measures to contain social problems through incarceration (Goode and Maskovsky 2001). It is the same population that is affected by welfare reform and unstable low-wage work and that is vulnerable to homelessness that

Wacquant (2009) argues is also targeted for containment and control by the penal system. This history is intimately interwoven with systemic racism in the U.S., and these policies and strategies have disproportionately targeted and affected communities of color.

As Wacquant (2009) describes, far from being hands off and laissez-faire, neoliberal responses are invasive and expensive. While neoliberalism “makes no pretense of investing directly in resources and infrastructure for the poor,” it redirects public funds toward large-scale private development projects (Ruben 2001, 446). From a governmentality perspective, Foucault (2007:140) argues that neoliberalism, due to its supposed lack of direct intervention in market affairs, necessitates even more participation in the technical, juridical, demographic, and social. Wacquant (2011) demonstrates how the penal system becomes one area through which the state intervenes further. He demonstrates how the penal system (including law enforcement, parole, etc.) produces new realities, new social types, new bodies of knowledge and experts, and new government programs, bureaucracies and rhetorics. Wacquant (2011) further draws links between welfare, low wage work, and the penal system. He argues the broader reengineering of the neoliberal state entails both the replacement of welfare by workfare to force participation in subpar employment and the penal system to punish recipients into low-wage work, resulting in a double regulation of poverty.

The penal and welfare systems similarly work together in therapeutic policing (Stuart 2016). In contrast to scholars who argued the current era of poverty governance involved the abandonment of the poor, Stuart (2016) demonstrated that police were even more involved in the lives of the poor through therapeutic policing. He describes the way in which police attempted to steer skid row residents back onto the correct path, such as

through ‘correcting’ unwanted behaviors or forcing them into self-improvement programs at local mega shelters with the choice of program or jail. This disciplinary strategy is similar to medicalization in that it places blame for homelessness on individuals and attempts to resolve it through changing their behavior and instilling self-government. These disciplinary techniques manage the same population through welfare/workfare and prisonfare (Wacquant 2011), and contribute to the spatial segregation of the poorest away from wealthier urban areas and areas targeted for development.

Through ethnographic research, Stuart (2016) demonstrated that many people experiencing homelessness felt abused, rather than helped by the police attempting to guide them. In response to the paternalistic discipline from police, residents practiced ‘everyday resistance’ through becoming copwise in order to avoid police contact. Stuart (2016, loc 180) defines cop wisdom as “a guide for processing information, perceiving available options, and making moral senses of experiences, even when police officers are not (yet) physically present.” Skid row residents’ strategies included creating symbolic and physical distance between themselves and those that may be targeted by police. However, everyday resistance such as this is distinguished from collective resistance since it works within the existing system rather than leading to social change. I engage further with copwisdom in Chapter 4.

As Peck et al. (2009) argue, neoliberalism is prone to inherent contradictions and governance failures. Practitioners and policymakers realized that housing people in jails and temporary shelters was expensive and not working. While disciplinary techniques are still utilized, the federal government now supports a new model of homelessness

management called Housing First. As a biopolitical technique, Housing First reorganizes “housing insecurity in terms of population dynamics and economic costs” (Willse 2010, 157). It focuses on housing the chronically homeless, defined by HUD (2010) as individuals living on the streets for long lengths of time and who have a disability. Individuals who seek services are entered into the Homeless Management Information System (HMIS) which stores information such as date of homelessness episode, length of experience, and services needed. They are also assigned a vulnerability score, a number determined by a questionnaire that ranks them in terms of vulnerability of dying on the street.

In his analysis of the homeless services and knowledge economy, sociologist Craig Willse (2015) demonstrates a shift to biopolitical concerns with the creation and management of sub-populations of homeless persons. Biopolitics is useful for understanding the Housing First model applied by The Miami-Dade Homeless Trust, because Housing First is concerned with increasingly specific knowledge of sub-populations and identifying the most vulnerable to ‘make live.’

USICH (2015) argues that the chronically homeless are the most costly, due to their high uses of services, hospital emergency rooms, and jail stays—costs which can be averted through housing them. Many people described as chronically homeless may not have previously qualified for transitional housing due to entry requirements (such as being sober or having a job), so Housing First eliminates those barriers in order to get this costly population off the streets. Housing First programs also do not require people to use supportive services such as case management and job training, though they are often offered. This is a significant change from previous transitional housing models.

Transitional housing models often instilled neoliberal values of self-blame and self-government through disciplinary techniques that are not utilized in Housing First. Yet, biopolitical Housing First is still a technique of neoliberal governance. Willse (2010) analyzes Housing First economically, arguing that governing chronic homelessness is a productive site for neoliberal economic expansion. Beyond the economic cost argument (it's cheaper) which resonates with politicians, the biopoliticization of homelessness has the effect of transforming social programs into economic programs. He reconceptualizes Foucault's argument that biopolitics makes live or lets die. While in Foucault's conceptualization, the part of the population deemed a drain on resources would be abandoned to die, biopolitics in neoliberalism reincorporates the chronically homeless under management schemes that let them die a slow death, while providing a source of jobs and funding for non-profit organizations, scholars, and penal institutions.

Another technique of governance has emerged as cities attempt to compete for global investment and tourism dollars, which Ghertner (2015) refers to as aesthetic governance: a governance technique that does not draw on scientific knowledge and population statistics as biopolitics does. Rather, ruling by aesthetics involves governing through gaze. In other words, intensely political decisions about who and what belongs in the city are increasingly based on codes of appearance, not documents and records. This is in contrast to Foucault's description of biopolitics and Scott's (1998) description of state strategies to increase legibility. While Ghertner (2015) demonstrates this through Delhi's planning regime's attempts to make their city look modern, I argue that this aesthetic governance also is used to manage homelessness. City officials' goals of aesthetically pleasing public spaces sometimes leads to calls for 'clean ups' or police

sweeps to remove people experiencing homelessness from particular areas. While this may be seen as a disciplinary technique due to its punitive nature, it does not similarly rely on individualization and normalization. The focus of aesthetic governance is also different from criminalization in that its focus is making space aesthetically pleasing rather than changing individuals' behaviors. Police sweeps have occurred in Miami despite the adoption of Housing First principles by the city government. The use of both biopolitical and disciplinary techniques, care, and rule by aesthetics demonstrates that modes of governance do not necessarily replace each other but can be used in contrasting and complementary ways.

## **Conclusions**

Overall, I demonstrate the connection between neoliberalism and homelessness. The causes of the types of homelessness we see today in the United States are associated with neoliberal changes, including welfare reform, labor market restructuring, and lack of affordable housing. Scholars have suggested promoting living wage employment, increasing stock of affordable housing, and increasing welfare supports (Marr 2015a; Hopper et al 1985). In this chapter I have added to this by discussing specific policies that contribute to vulnerability and that can be targeted for change, such as specific changes in welfare reform, healthcare, and housing. I also point to the benefits of unions, which help protect the rights of workers and encourage full time, living wage jobs with benefits. I further discuss and recommend specific policy changes in Chapter 7, Conclusions.

While governance techniques have changed over time, better governance has not ended homelessness (and arguably it is not supposed to). In the Opening Doors Plan,



USICH (2015, 10) changes the operational definition of an end to homelessness to mean “that every community will have a systemic response in place that ensures homelessness is prevented whenever possible or is otherwise a rare, brief, and non-recurring experience.” This creates a permanent need for organizations that manage homelessness. However, the rhetoric of ending homelessness is still used by various actors, including the Homeless Trust in Miami.

Despite scholars’ recognition of the structural causes of homelessness, the media, policymakers, and service providers often still portray it as a problem of individuals. Even those that recognize the economic causes of homelessness focus on governing homelessness better within the confines of neoliberalism, rather than advocating for systemic change. Wacquant (2011) argues that elucidating the architecture of the institutional maze that is the workfare/prisonfare nexus is how we can find paths out. Research on the institutional maze that is the governance of homelessness may also illuminate new paths. I untangle the institutional maze of homelessness governance throughout this dissertation.

### III. RESEARCH SITE AND METHODOLOGY

In this chapter I describe my research location, Miami, Florida, and the main site of my research, Care Campus. I utilize maps that I created in the geographic information system (GIS) software ArcGIS for descriptive purposes.

I then discuss my research methodology. I had previously worked on other research projects at Care Campus, including interviewing residents and clients, observing and facilitating a Photo Voice project, and participating in an intellectual exchange project with the director. I began my dissertation field work in January 2020. In March 2020, news of the impending COVID-19 pandemic had spread and different levels of government began to institute policies such as stay at home orders, social distancing and business closures in an attempt to slow the spread of the virus. Organizations such as my field site, Care Campus, also took precautions. In the methodology section I briefly explain how this affected my research. I discuss COVID-19 in depth in Chapter 6.

#### **Research location: Miami**

Miami is a large, densely populated city located between the Everglades to the west and Biscayne Bay to the east. In 2019, the population of Miami-Dade County was estimated to be 2,716,940. The City of Miami was estimated to have a population of 467,963 (U.S. Census Bureau 2019). Miami is well known for its cruise port, beaches, and night clubs. Miami has also been nicknamed the capital of Latin America due to its tropical atmosphere, proximity to Latin America and its majority Hispanic and Latinx population. While it is not actually a capital, it serves as a key hub for international trade and finance, especially for Latin America and the Caribbean, and as a refuge for the Latin

American rich during populist revolutions (Portes and Armony 2018). Scholars have also described Miami as a place shaped by transience, where people travel for business or pleasure but few permanently stay (Nijman 2011). While international trade and banking are an important part of Miami's economy, its principal industry is tourism. This has contributed to its severe income inequality, represented by its Gini coefficient of .508, which is the second highest in the Nation behind New York City. Median household income is \$39,049 (U.S. Census Bureau 2019) which is extremely low considering its high cost of living. Consequently, many individuals and families experience precarious living situations and may be at risk of experiencing homelessness.

In the 1980s, Miami had thousands of homeless individuals living in public spaces, such as in parks and under expressways (Mahar 2012). Police often attempted to manage homelessness through criminalization, including through arrests and destroying encampments and throwing away the belongings of people experiencing homelessness. As discussed in more detail in Chapter 4, this led the American Civil Liberties Union (ACLU) to file a class action law suit.

In response to the lawsuit, Miami-Dade County instituted a 1% food and beverage tax on large restaurants, which funds The Homeless Trust. The Homeless Trust is a government led organization that leads the Miami-Dade Continuum of Care (COC), a group of non-profit organizations addressing homelessness that apply together for funding from the Department of Housing and Urban Development (HUD). They are responsible for overseeing the coordinated entry system, which all people experiencing homelessness must go through to get a spot in one of the local shelters and potentially receive housing assistance (discussed in more detail in Chapter 5). Since the lawsuit and

the founding of the Homeless Trust, Miami has been praised (HUD 2010) for following nationally recognized best practices (currently the Housing First model). According to the Homeless Trust's data collection, Miami's model has also been very successful, boasting an 89%<sup>3</sup> reduction in street homelessness over the course of 16 years (Maher 2012). However, in recent years there has been less change in levels of homelessness (Miami-Dade Homeless Trust 2020).

There are many service organizations for people experiencing homelessness throughout Miami-Dade County. Concentrations of these service organizations have been referred to as service hubs (Deverteuil 2015), and are considered an important resource for people experiencing homelessness due to their ability to provide community and many different resources within close proximity. While there is a notion that services are somewhat evenly spread throughout Miami-Dade, GIS analysis reveals that there are clusters. Figure 1 shows these clusters through hot spot analysis, which I conducted in ArcGIS Online software. Marr et al (in press) similarly demonstrated service hubs in Downtown/Overtown, Homestead, and Hialeah neighborhoods.

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<sup>3</sup> It is important to not that the enumeration methodology changed during this time, which could be one source of this reported decrease.

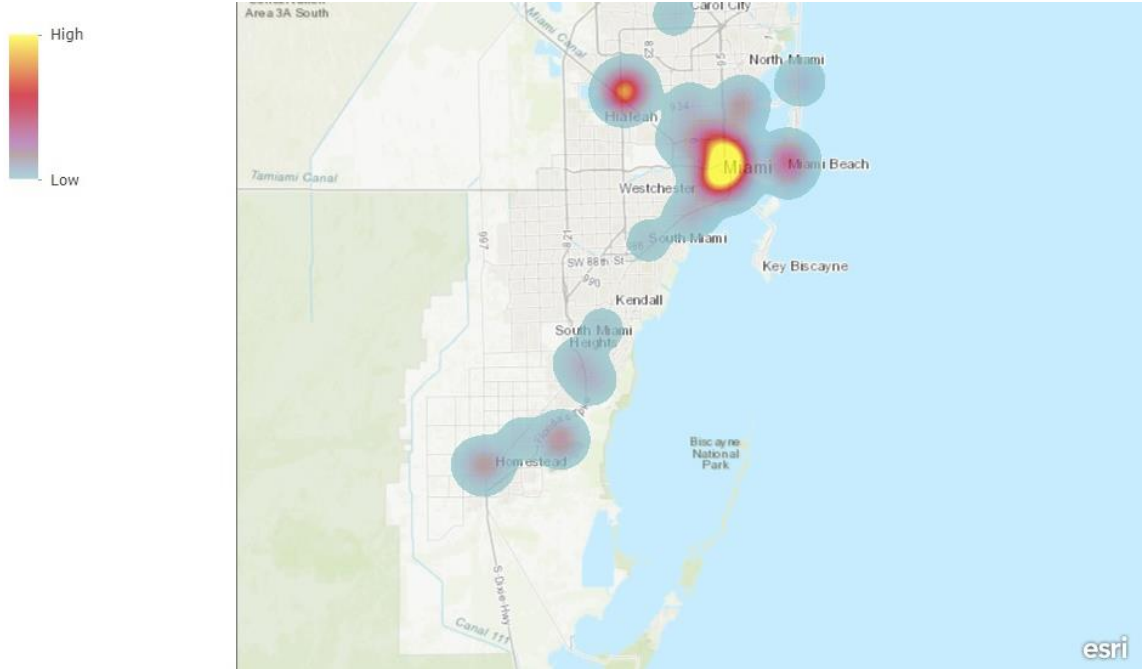


Figure 1 Heat Map of service locations in Miami-Dade

In order to analyze whether there was correlation between the socioeconomic characteristics of the areas and the presence of concentrations of services, I conducted spatial and statistical analysis using population data from the U.S. Census and spatial data including locations of housing programs and services from HUD’s database and local service directories and census tract shapefiles from TigerLine. Variables for each census tract included race, percent of residents below the poverty level, rates of renter versus owner occupied households, vacancy rates and the number of housing and service locations within the census tract. I used the area size and population of the census tracts as control variables. Through linear regression, I revealed that service organizations and housing assistance programs in Miami tend to be located in census tracts with a high percentage of people below the poverty level, a high percentage of renters, and a high

percentage of black/African American residents (Young 2019). Figure 2 visualizes the correlation between the percentage of residents below poverty level and the location of services and housing assistance. While it could be argued that services are located where they are needed, when looking at the history of gentrification and the pressure for services to move out of redeveloping inner-city areas (DeVerteuil 2015, Marr et al in press), it is more likely that wealthier, white home owners have more sway in where services are or are not located. This likely reflects Not in My Backyard (commonly known as NIMBY) sentiments (Lyon-Callo 2001).

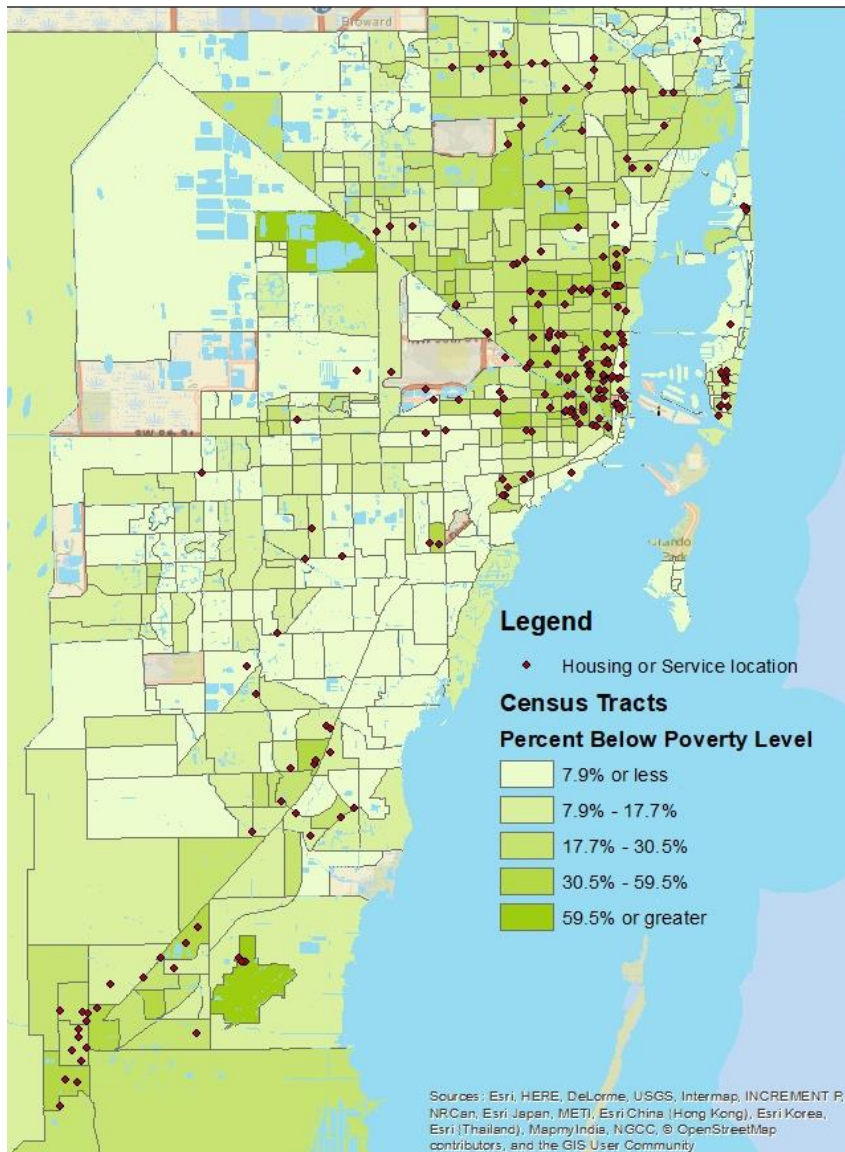


Figure 2 Housing and services compared to poverty level by census tract

The area of Overtown, in which many service organizations are currently located, is a historic location that was once one of a few neighborhoods in Miami in which black residents were allowed to settle. By the 1960s there were many prospering black owned businesses and it became known as the Harlem of the South. However, in an effort to keep Miami segregated and undermine black property rights post Jim Crow, the City of Miami exercised eminent domain on the area and built a large highway system through it

(Connolly 2014). This strategy was utilized as a method to continue segregation by many U.S. cities as they began to redevelop and reclaim inner city areas for white people. In Miami, the expansion of Interstate 95 displaced twelve thousand people, mostly people of color (Connolly 2014). The following photos show Overtown before and after the highway system was built through it. The photos show the loss of housing and the dividing of the community. In Figure 3 I georeferenced (a process of assigning a geographic location to a digital photo) a 1950 areal image of Overtown<sup>4</sup> using ArcGIS software. I overlaid it with a highway shapefile from the Tiger/Line U.S. Census Bureau database.

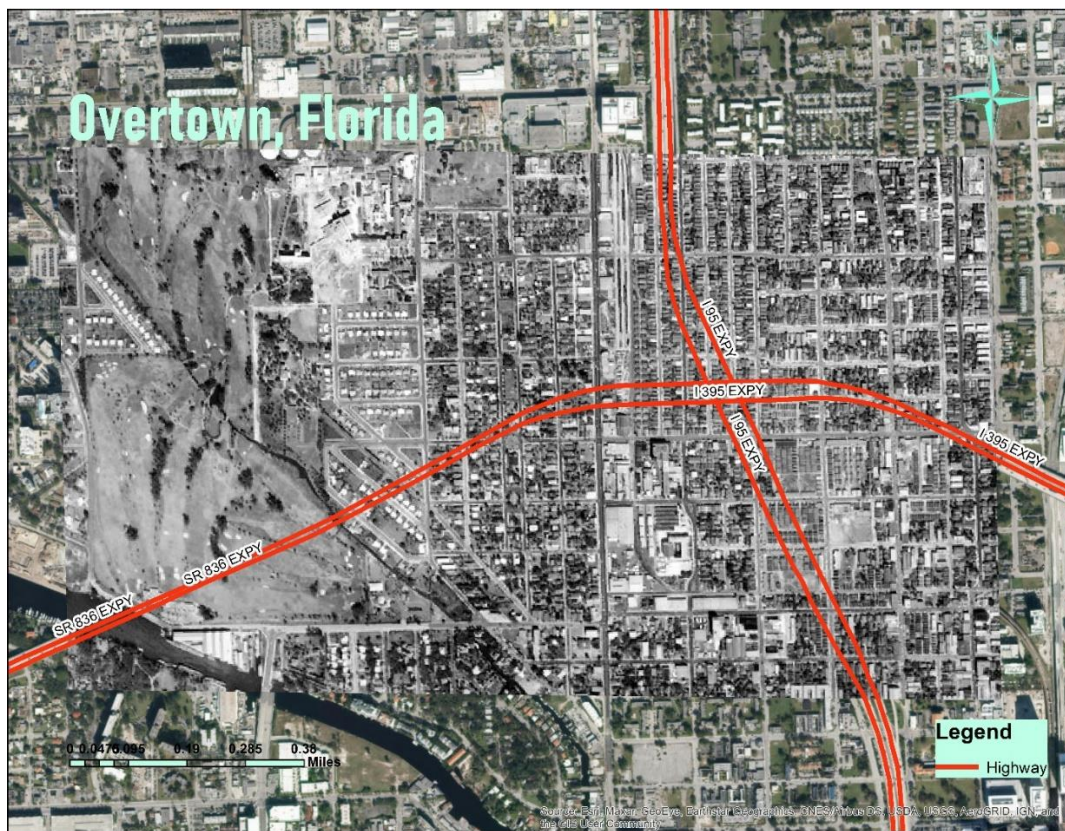


Figure 3 Historic Overtown and highway development

<sup>4</sup> Aerial Image by Ennis Davis <https://www.moderncities.com/article/2020-feb-before-after-miami-dade-county>



Figure 4 is satellite imagery provided by ArcGIS software, over which I layered the same highway shapefile. In this image I also included marked highway entrances and exits, which demonstrate that Overtown residents have limited access to utilize the highways built through their neighborhood.

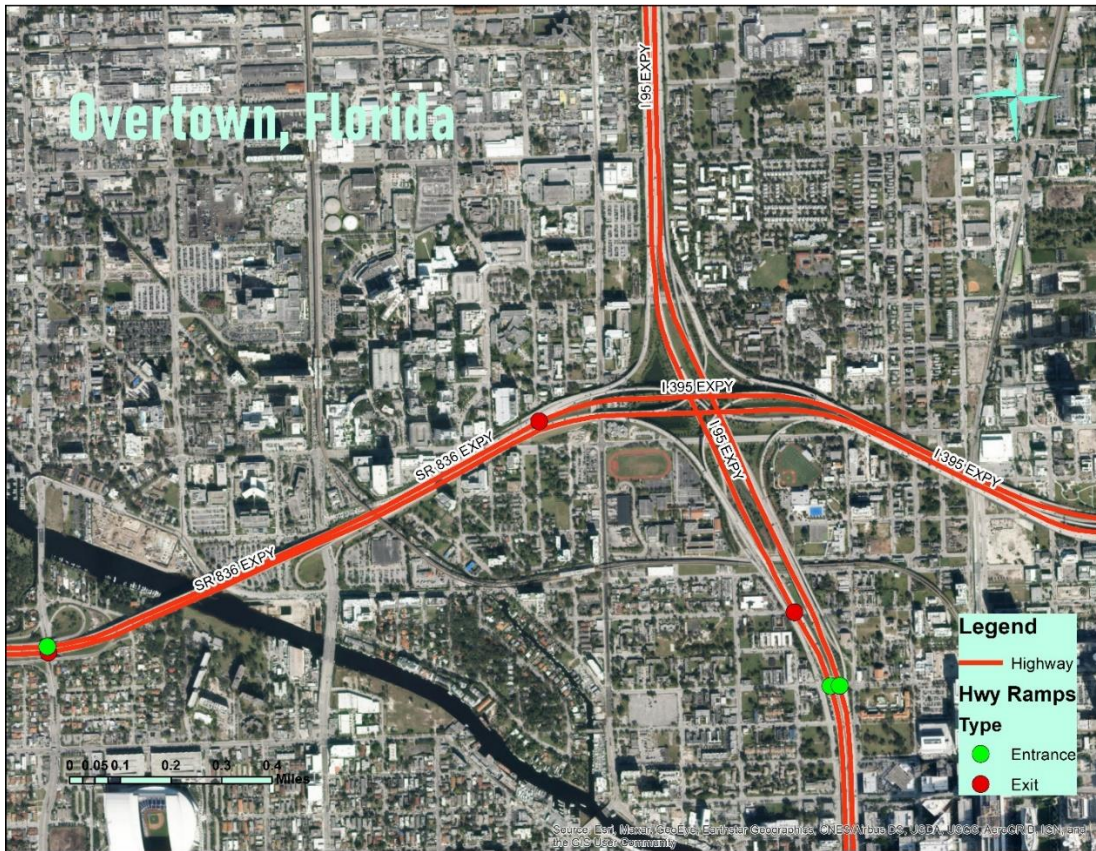


Figure 4 Current Overtown with highways

This history is important for understanding the concentration and containment of services and people experiencing homelessness in Overtown as the surrounding areas gentrify, as well as for understanding facets of systemic racism that has contributed to the higher proportion of African Americans that experience homelessness compared to the overall population.

## **Research Site: Care Campus**

Care Campus's main campus is located within the Downtown/Overtown service hub. Care Campus is a non-profit organization that provides a variety of services including shelter, transitional housing, substance abuse treatment, permanent supportive housing (PSH), health counseling, case management, and more. Care Campus is one of the main service providers for people experiencing homelessness in Miami-Dade, sheltering about 400 people and providing about 120 PSH units at their main campus. Across all of their locations and programs, Care Campus has over 1,000 residents. They also provide case management, healthcare, mental health and substance abuse treatment and a day center program which provides unsheltered people with showers, access to a mail room, meals, and a courtyard to hang out in.

Care Campus used to be located in Downtown Miami near the American Airlines Arena and the Port of Miami until they began moving to their much larger new campus in Overtown, which began construction in 2010. This move was made possible/strongly encouraged by grants from the City of Miami's Overtown/Park West Community Redevelopment Agency (discussed in Chapter 4) and donations from local businesses including Norwegian Cruise lines, the name of which dons a building of Care Campus. The campus is covered in corporate sponsorships, including the Florida Power and Light Power to Care Building, Florida Blue Wellness Center, Wells Fargo Courtyard, Bank of America Community Room, and Ryder Hospitality Suite. There are also sponsorships from non-profit foundations including the John S. and James L. Knight Hospitality Center and Anthony R. Abraham Foundation Cedars Court.

Care Campus's move is linked to Park West redevelopment efforts near the port, but Care Campus also benefited. Their new campus allowed them to greatly expand and add features that help remove barriers to people experiencing homelessness wanting to stay there, including a kennel for pets and a parking garage that residents with cars can park in.

## **Methodology**

As mentioned previously, my four research questions are:

- (1) How do Housing First practices contribute to the governance of Miami's homeless population?
- (2) What other strategies and practices of governance exist alongside Housing First in Miami?
- (3) How do criminalization, care, and other strategies relate to each other?
- (4) How do the (re)combinations of these strategies in affect the experiences of people experiencing homelessness in Miami?

In order to address these research questions, I engaged in ethnographic fieldwork in Miami, Florida involving participant observation and semi-structured interviews. During and prior to field work, I also conducted document analysis of relevant policy, news, and legislation. I approach my ethnography from three different levels—policy and legislation (at city, county, and federal levels), service providers, and experiences of people who are currently or formerly experiencing homelessness—employing a vertical slice approach (Nadar 1972). A vertical slice approach, which involves field work at

multiple sites at different levels, is necessary to answer my research questions due to the decentralized nature of governance and power in neoliberal urban spaces. An approach that incorporates ethnographic methods at multiple levels, including the perspectives of people experiencing homelessness, staff at organizations, policy, and policymakers may sacrifice some of the minute details of lived experience gained through an exclusive focus on one. However, the benefits of multiple perspectives outweighs this limitation, since it allows for a holistic understanding of the situation from multiple interacting levels, and allows for ethnography that does more than provide increasingly detailed accounts of the lives of others. Utilizing this approach, I observed how local policymakers and service providers navigate national policies and global forces, how their decisions affect institutions and people experiencing homelessness, and how institutions and people experiencing homelessness affected them in return.

### *Participant Observation*

I engaged in participant observation (Dewalt and Dewalt 2011) at various locations relevant to the governance of homelessness in Miami. At each location, described below, I took detailed field notes by completing jottings at the site and typing up full field notes at the end of the day (Strauss and Corbin 1998). The following sections describe each participant observation site and my reasoning for selecting the particular site, as well as limitations I faced due to COVID-19.

### Continuum of Care (COC) Subcommittee Meetings

COC is a location-based group (typically within a county, group of counties, or group of cities) of organizations managing homelessness that apply in a joint application to HUD's

McKinney-Vento funding. Since it is a competitive joint application that determines the amount received by the COC as a whole, the COC subcommittee meets monthly before submitting the joint application to ensure organizations are correctly meeting data entry requirements and intake procedures preferred by HUD. Similarly, the COC subcommittee meets monthly before conducting the annual point-in-time count, which tracks the number of people experiencing homelessness in shelters and how many are unsheltered. While non-profit organizations applying to HUD are the main COC members, these meetings are open to the public and city leaders, police department administrators, and other interested parties sometimes attend. I attended these meetings from January to June 2019. I had planned to join in 2020, but they were not held because both the point-in-time count and the COC joint application were canceled due to COVID-19. In 2019, these meetings were attended by representatives from the Homeless Trust, representatives from city governments within the COC, and representatives from non-profit organizations such as the United Way and local shelters. These meetings were held in an office at Chapman Partnership, a local shelter that is a part of the COC and the coordinated entry system. I also received meeting handouts through email and at attended meetings.

#### City of Miami Commissioner Meetings

One or two times a month the City of Miami Board of Commissioners meet at the City Hall Commission Chambers (3500 Pan American Drive, Miami Florida 33133) to propose or vote on legislation. City Commissioner Meetings are open to the public, and often individuals or organizations may speak in support of or against proposed legislation. The legislation being addressed at the meetings is announced ahead of time in

the meeting agenda on the City of Miami website.<sup>5</sup> I planned to read meeting agendas and conduct participant observation at all meetings that address legislation relevant to homelessness. However, due to COVID-19, I could only attend two of these meetings in person, and had to attend the rest of these meetings virtually. City Commission meetings are all transcribed and archived online.<sup>6</sup>

### Care Campus

Care Campus is a non-profit organization in Miami that provides a variety of services including shelters, transitional housing, PSH (in line with Housing First goals), health counseling, case management, and more. There are multiple providers of Housing First PSH in Miami, including Care Campus, Citrus Health, and Carrfour. I chose to conduct participant observation at Care Campus because of their large size, central location, mentions in past commissioner meetings, and because I have access to the organization through my adviser, who conducts research there. At Care Campus's main campus, I observed staff members' routines and interactions with other staff and clients, clients hanging out in the courtyard and art room, weekly group therapy and group meetings, and visitors and events. I also observed the changes that were initiated in response to the COVID-19 pandemic, which began in the middle of my field work. This gave me a general idea of how Care Campus operates, their role within the COC's coordinated entry process (clients are entered into a database by The Homeless Trust's outreach team and sent to particular services as space becomes available), and strategies they employ to manage homelessness.

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<sup>5</sup> <http://miamifl.ig2.com/Citizens/Default.aspx>

<sup>6</sup> <http://miamifl.ig2.com/Citizens/Calendar.aspx>

### Police ride-along

Police departments allow citizens to request a “ride along,” in which the citizen rides in the car with a police officer and is able to observe the officer’s interactions for the day. I went to the City of Miami’s Central Station to fill out a waiver and request a ride along. I planned to request four ride-alongs in order to observe police officers’ responses to visible homeless persons. However, due to the COVID-19 pandemic, I was only able to conduct one ride-along before the program was suspended. My ride-along took place on 1/13/20. I accompanied an officer on his shift, which was from 2pm to 10pm.

### *Semi-structured Interviews*

While I talked to many more people informally during participant observation, I formally conducted a total of 26 semi-structured interviews with two different groups—staff at Care Campus (3) and people who were currently experiencing homelessness (23). Semi-structured interviews are the ideal type of interview for this research project since the structured questions allowed for comparison across interviewees, yet the flexibility allowed me to follow unanticipated themes (Fetterman 2010). Interviews also allowed me to triangulate data with my observations and document analysis (Fetterman 2010).

At Care Campus I interviewed one staff member in each of the positions that were most relevant to my research—a housing case manager, an emergency housing case manager, and a clinical social worker. This allowed me to gain more in-depth information on their specific roles and shelter and housing processes. I also asked questions about how their jobs have changed due to the pandemic. I conducted one of these interviews in person, in a quiet private room on-site. Since this was during the pandemic, we both wore a mask and maintained physical distance. I conducted the other two interviews over

Zoom. Consent was obtained before beginning the interview. Participants were assigned pseudonyms.

Interviews with people who had previously or were currently experiencing homelessness allowed me to examine their experiences with governance on the ground through their intake and movement through services and interactions with police and other actors. In order to find participants who had received PSH through Care Campus, I would hang out in the clinical social workers' offices to ask clients who came by if they wanted to participate and walk around to see if anyone was standing in front of the on-site PSH. The clinical social workers sometimes recommended their clients to talk to me. In order to find participants who were unsheltered or in shelter, I hung out in the outdoor courtyard at Care Campus. Sometimes I approached people to ask them to participate in an interview and sometimes they approached me to see what I was doing. I also utilized snowball sampling. Participants would bring their friends to me and recommend that they participate in an interview. Participants received a \$10 gift card to Publix for their time. Since the number of days I conducted field work at Care Campus were limited due to the pandemic, I was not able to complete as many interviews as I had originally planned. However, there was still a good amount of variation and strong overlapping themes in the data. Combined with my participant observation and testimonies from officer complaint files, the amount of interviews conducted was sufficient for data saturation. The sampling matrix describes variation in the circumstances of my interviewees.

*Table 1 Sampling matrix*

| Housing Status | Non-Hispanic Black | Non-Hispanic White | Hispanic/Latinx/ other |
|----------------|--------------------|--------------------|------------------------|
| Unsheltered    | 2                  | 1                  | 4                      |



|           |   |   |   |
|-----------|---|---|---|
| Sheltered | 2 | 3 | 3 |
| PSH       | 4 | 1 | 3 |

Interviewees were mostly male (18 of 23) and were of diverse race/ethnicity including non-Latinx/Hispanic white (5) and black (8), Latinx/Hispanic (9), and Asian (1). Ethnicity was generally brought up by participants when I asked “Have you always lived in Miami?” If participants had not already brought up their race or ethnicity in the interview, I asked them how they identified at the end of the interview. Interviewees were purposely selected with different living circumstances in mind, including unsheltered (7), staying in shelter at Care Campus (8), and living in on-site or scattered-site PSH (8) since living circumstances would likely affect their experiences and responses to the interview questions. Interviewees also ranged in age. Some had reached retirement age, 63 and older (7), one interviewee was in his early 20s, and the majority were between 35-60 years old. Eight of the interviews with people who had experienced homelessness occurred after COVID-19 began. No personal identifiers were collected and consent was obtained before beginning the interview. All names are pseudonyms.

### *Document Analysis*

Prior to and during field work I also conducted document analysis of: federal policies and plans released by HUD and USICH, the Homeless Trust’s and COC’s policies and plans, City and County ordinances and legislation and police departmental orders that affect people experiencing homelessness, transcriptions of City of Miami Commission Meetings, transcriptions and case files of Citizen Investigative Panel meetings and officer complaints, local news articles about homeless programs, protests, new legislation, and

criminalization (including police sweeps and other measures) from online searches of news sources such as the Miami Herald, Miami New Times, Sun Sentinel and more, and websites of key organizations such as HUD, USICH, The Homeless Trust, Care Campus, City of Miami, and Miami-Dade County. I analyzed each of these sources in order to construct a timeline of events of Miami's management of people experiencing homelessness. This allowed me to see what strategies were employed by which actors and when, which will demonstrate which strategies are present and how they relate. I also conducted discourse analysis of these sources, searching for common discourses and strategies recognized by other scholars—including medicalization (Lyon-Callo 2000), criminalization (NCH and NCHLP 2006), evidenced-based policymaking, and diversity discourse (Kingfisher 2007)—as well as considering the emergence of any new discourses and strategies.

### *Data Analysis*

Throughout field work I imported typed field notes, transcribed interviews, documents and websites into N-Vivo qualitative data analysis software. During field work I utilized analytic notes (Bernard 2006) to discuss data of theoretical interest and identify emergent themes and areas that need more exploration. I continuously checked my progress towards answering my research questions and made adjustments when necessary. I coded data in N-Vivo based on the grounded-theory approach, utilizing the in vivo coding technique (Strauss and Corbin 1998) to search for patterns and group them into categories and subcategories. Then, using the axial coding technique I related and contrasted data

categories and subcategories to organize data into explanatory concepts to connect observations to higher level theory and answer my research questions.

#### IV. LAWS GOVERNING HOMELESSNESS

As previously mentioned, Miami is home to a historic class action lawsuit, *Pottinger V. City of Miami*, meant to prevent police from arresting people experiencing homelessness for conducting life sustaining activities in public. In this chapter I discuss the lawsuit and its effects, as well as other legislation that is relevant to the governance of homelessness. I argue that the *Pottinger Agreement* led to the increase of services for people experiencing homelessness and ultimately the coordination between criminalization and care in the removal of people experiencing homelessness in public spaces. Along with changing national trends in policing (including community-oriented policing), this led to changing roles of the police in the community and in managing homelessness.

Many cities have attempted to limit the visibility of homelessness through legislation that bans particular uses, such as sleeping on a park bench or in bushes, bathing in public restrooms or fountains, or making a fire. This legislation may be understood within the context of anti-homeless legislation, which includes anti-panhandling and anti-food-sharing legislation, as well as selective enforcement of laws such as loitering (NCH and NLCHP 2006; NLCHP and NCH 2009). These are sometimes also referred to as quality of life crimes. Cases such as *Pottinger V. City of Miami*, which attempt to protect people experiencing homelessness from being arrested for performing these activities in public are rare. Miami was the first to do so, followed by Los Angeles (though it only protected sleeping in Skid Row during certain hours) and a few others. Due to the criminalization of homelessness in many U.S. cities,

understanding the local effects of lawsuits that attempt to establish protections for people experiencing homelessness in public space is imperative.

One useful way of understanding the contested use of public space is through the discursive use of “public.” Human Geographer Bernd Belina (2011) demonstrates two variants of reference to public space in urban policy debates: critics of criminalization claim everyone has a right to enter public space, while supporters argue “to be truly public, a space must be orderly enough to invite the entry of a large majority of those who come into it” (Ellickson 1996, 1174). Public space has become a code word for particular ideas concerning undesirables, either “law and order” strategies such as broken window/quality of life policing, or issues concerning social justice (Belina 2011).

Law and order strategies criminalize undesirables not for what they have done, but for their mere physical presence in a place. Anti-homeless legislation similarly targets the physical presence of people experiencing homelessness. City strategies to remove them through “clean ups” are similar to what D. Asher Ghertner (2015) refers to as rule by aesthetics, a governance technique that does not draw on scientific knowledge and population statistics as biopolitics does. Rather, Ghertner (2015) argues ruling by aesthetics involves governing through gaze. In other words, intensely political decisions about who and what belongs in the city are increasingly based on codes of appearance, not documents and records. It is clear that the City of Miami aims to reduce the visibility of people experiencing homelessness in its attempt to aesthetically govern. However, biopolitical strategies are also used, both in ways that complement and contradict aesthetic strategies.

In this chapter I examine how Miami has attempted to govern people experiencing homelessness in public space through legislation. I demonstrate the continuing legacy of the Pottinger Agreement on Miami's strategies, as well as the influence of federal guidelines, and other trends. I demonstrate that the Pottinger Agreement sometimes limited new criminalization measures, yet it ultimately encouraged the coordination of criminalization and care. I also demonstrate Miami commissioners' use of rule by aesthetics, and how it may work in contrast to or in conjunction with the biopolitical 'best practices' of HUD implemented by the County's Homeless Trust. Finally, I demonstrate how the Pottinger Agreement and other trends led to changing roles of the police.

### **The Linking of Criminalization and Care**

In the 1980s, Miami had thousands of people experiencing homelessness living in public spaces (Mahar 2012). Police officers commonly arrested people experiencing homelessness for minor crimes such as loitering, or for life sustaining activities that they had nowhere else to perform, and confiscated and threw away their belongings (Atkins 1992). The strategy of zero tolerance policing of quality of life crimes has been analyzed by scholars as revanchism or a punitive turn in poverty management (Smith 1996; Wacquant 2009). People experiencing homelessness are commonly targeted in quality of life policing, which aims to 'clean up' neighborhoods by criminalizing sources of visible blight (Belina 2011). Laws banning life sustaining activities that people experiencing homelessness often need to perform in public and the enforcement of such laws are conceptualized as criminalizing homelessness, and arguably violate constitutional rights (NCH and NLCHP 2006; NLCHP and NCH 2009).

In 1988, the American Civil Liberties Union (ACLU) filed a class action law suit on behalf of 6,000 homeless persons who felt their rights had been violated by Miami police, known as *Pottinger v. City of Miami* (Atkins 1992). Even after the court passed an injunction ordering police to stop arresting people experiencing homelessness and destroying their property, police continued to do so until the case was decided in favor of the plaintiffs. In 1992, Judge Atkins sided with the plaintiffs, stating that the city police violated fourth and eighth amendment rights, due process, and equal protection clause (Atkins 1992).

In 1997, nearly ten years after the case began, Miami was ordered to pay the plaintiffs and legal fees totaling 1.5 million (NYTimes 1997). To this day, this case often hinders new criminalization measures proposed (Rabin 2012; Smiley 2015a).

Interestingly, the lawsuit notes that:

In essence, this litigation results from an inevitable conflict between the needs of homeless individuals to perform essential, life-sustaining acts in public and the responsibility of the government to maintain orderly, aesthetically pleasing public parks and streets (Atkins 1992).

Senior United States District Judge Atkins positions the two parties at opposite sides of an inevitable conflict over public parks and streets use. He understands the government's attempts to aesthetically govern parks and streets as legitimate, but ultimately sides with the plaintiffs who have nowhere else to go. In 1998, Judge Atkins passed a consent decree (known as the *Pottinger Agreement*), which banned police from arresting people experiencing homelessness for conducting life sustaining activities in public on the grounds that they have nowhere else to perform such activities. However, if shelter space

was available and the person did not agree to go, they could then be arrested for ‘life sustaining conduct misdemeanors.’

Presumably, the passing of the Pottinger Agreement in 1998 would help prevent the criminalization of homelessness and punitive measures. However, the agreement was predicated on the fact that people experiencing homelessness have nowhere else to go. Shelters in Miami were constantly at capacity, and there was still a large population of people experiencing homelessness living unsheltered. Laws such as this effectively linked the ability to enforce on one hand, to the provision of care on the other.

In 1992, partly in response to the Pottinger lawsuit, Miami-Dade County established a one-percent Food and Beverage Tax on large restaurants within the county (excluding Miami Beach, Surfside and Bal Harbour) to fund services for homelessness (85% of funds) and domestic violence victims (15% of funds). The County established the Homeless Trust to oversee distribution of the funds in line with the County’s plans and advise the Board of County Commissioners in addressing homelessness.

Similar lawsuits and rulings occurred in other cities as well. In 2006 in the case of Jones V. City of Los Angeles, the court determined that the City of Los Angeles could not enforce municipal code 41.18(d), which banned sleeping, sitting or lying on sidewalks. However, it only banned police from enforcing the municipal code among people experiencing homelessness on Skid Row between the hours of 9pm and 6:30am. The determination was also based on the logic that if Los Angeles did not have enough shelter beds, then it would be cruel and unusual punishment to enforce that code.

But what if people experiencing homelessness did have somewhere else to go? What if there was enough available shelter? If enough care was provided, then laws could



be enforced. In the case of *Joel V. City of Orlando* (2000), for example, the court sided with the City of Orlando, stating that since the shelters in Orlando had never reached capacity, the city had the right to enforce quality of life laws. It did not matter what reasons people experiencing homelessness had for not wanting to enter shelters, what mattered was that care was provided, so laws could be enforced.

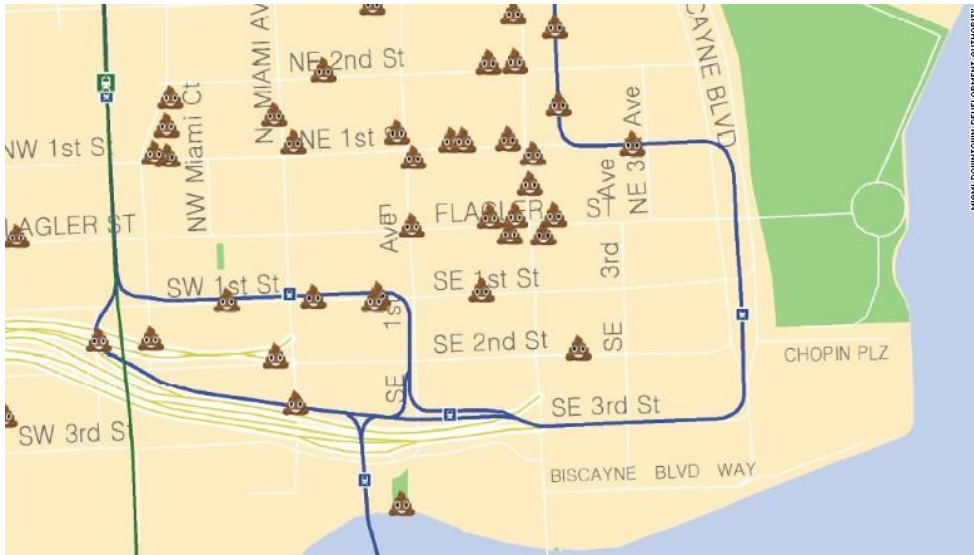
However, shelter capacity is not the only important factor. In a more recent example, *Martin V. City of Boise*, the court sided with the plaintiffs who sought damages for violations of their Eighth Amendment rights when the City cited them under the City's Camping and Disorderly Conduct Ordinances. During the litigation, the City amended the ordinance to prevent enforcement of the ordinance against persons experiencing homelessness on public property on any night when no shelter had an available overnight space. However, the court determined that this was not enough, since "individuals could still be turned away for reasons other than shelter capacity, such as for exceeding the shelter's stay limits, or for failing to take part in a shelter's mandatory religious programs" (*Martin V. City of Boise* 2017). It is not only capacity, but also an individual's ability to access the shelter that was determined to matter. The Pottinger Agreement covers this in its definition of "available shelter" which requires the shelter be offered free of cost and with no obligation to participate in religious or treatment programs. Because of this, shelters in Miami have mostly been prevented from imposing these obligations.

The strategy of providing care to enable enforcement led to the provision of other public goods as well. On February 12 2015, City of Miami (2015a) Commissioners voted to approve an anti-urination-defecation ordinance (14-01162). However, there was

concern about how the ordinance would be enforced, and who it would affect most. Further, with the Pottinger case, how could police enforce it among people experiencing homelessness? Miami's Downtown Development Agency (DDA) pushed to have the Homeless Trust pay for portable toilets to be placed throughout downtown (Smiley 2015b), likely under the pretense that if there were beds and toilets, arrests could be made. The Trust's Chairman Ron Book argued that it was not his responsibility, since his agency focuses on housing and evidenced based best practices (Bach 2015; Smiley 2015b). 'Best practices' are short-hand for data-driven, evidenced based, HUD recommended, Housing First models, which govern homeless persons biopolitically. The Trust has also opposed public toilets, stating that they enable homelessness (Peery 2019). It is in the Trust's interest to move people into shelter, and the streets being uncomfortable/unsustainable lends itself towards their goal. In protest, the DDA created a "scatological atlas,"<sup>7</sup> complete with smiling poop emojis (see figure 5) that mark where a sanitation worker found feces and urine over his eight-hour shift (Smiley 2015b). The DDA ended up paying for two public toilets downtown with a program called Pit Stop (Bach 2015).

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<sup>7</sup> Created by the Downtown Development Agency, published by money.cnn.com



*Figure 5 Scatological atlas*

Care became effectively linked to enforcement in that care needed to be provided in order for anti-homeless legislation to be enforced. In this way, the Pottinger Agreement was not just restrictive, but was also productive. It led to an increase of support for service providers by the City of Miami and Miami-Dade County, since support needed to be provided in order to enforce municipal orders in public space. It also led to new roles for police officers as not just enforcers, but also care providers, depending on the situation and their discretion.

### **Continued Negotiation**

While criminalization and care can work together, there is often renegotiation between the two or a recombination and redeployment of these techniques. In 2013, Commissioner Sarnoff and the City of Miami negotiated with the ACLU to amend the Pottinger Agreement. The requested modifications included adding a statement that

sexual offenders who were unhoused are not afforded protections under the agreement and the removal of constructing a fire from the list of life sustaining misdemeanors (it is listed as a different crime instead). The City also requested to change the definition of “available shelter.” The following shows their requested changes:

An “available shelter” means a shelter, for a period of at least 24 hours but not to exceed 48 hours, with a bed or a mat at no cost to the homeless person, within the territorial boundaries of Miami-Dade County ~~the City~~ ~~or within one mile thereof~~, that treats homeless persons with dignity and respect, imposes no religious requirements, ~~and does not impose involuntary substance abuse or mental health treatment.~~

Adding mats and extending City of Miami police placements to the county as a whole would increase the availability of shelter and allow police to remove more people experiencing homelessness from public spaces, either through bringing them to a shelter (which would include a mat) or arresting them. It would also allow shelters to impose mandatory substance abuse or mental health treatment on people staying at the shelter on beds or mats. The ACLU fought the modifications in court, but ultimately the City of Miami and ACLU were forced to come to an agreement. The final Pottinger Agreement Addendum included the modification regarding sexual offenders and constructing a fire. It also had modifications to the definition of available shelter, though not all of the modifications requested by the City. The final definition read:

An “available shelter” means a shelter for a period of at least 24 hours, with a bed or a mat, at least three inches thick, at no cost to the homeless person, within the territorial boundaries of the CITY or within one mile

thereof, or if agreed to by the homeless person, within Miami-Dade County, that treats homeless persons with dignity and respect, imposes no religious requirements, and, unless agreed to by the homeless person, does not impose ~~involuntary~~ substance abuse or mental health treatment as a condition for shelter.

This demonstrates that the ACLU was able negotiate to require that mats be three inches thick, give people experiencing homelessness the ability to turn down shelter outside the City, and maintain that shelter be offered regardless of participation in substance abuse or mental health treatment.

Shortly after the addendum, a mat program was implemented at Care Campus, which consisted of rubber mats spread out under a pavilion. The City of Miami provided funding for the procurement of the mats, and stipulated that 30 of the 100 mats be reserved as “Pottinger mats” for single-night use by homeless persons referred by City of Miami Police Officers. Police began taking people experiencing homelessness either to jail (or at least threaten to arrest) or to the mat program (Smiley 2015a). However, the mats were temporary, insufficient, and did little to resolve homelessness.

In 2016 the Miami-Dade Homeless Trust closed the mat program, referring to it as “not a best practice in the eyes of nationally-recognized organizations, such as HUD and USICH,” which recommends PSH rather than temporary beds (Malette 2016). Instead, the Trust committed 96 units of housing to chronically homeless persons in Downtown Miami, funded The Lazarus Project of outreach workers, created 163 more emergency beds, and closed the mat program (Malette 2016). Using a biopolitical argument of evidenced-based best practices, the Homeless Trust was able to counter

some of the city commissioners' attempts to criminalize homelessness and govern aesthetically.

With the mat program closed, it was unlikely that there would be enough shelter space for police officers to threaten arrest. However, police departments skirted the issue of lack of available shelter by funding temporary beds at shelters such as Care Campus specifically for their use. These beds are temporary, but they serve the purpose of removing the person from the area.

### **Changing Roles of Policing**

The linking of criminalization and care by the Pottinger Agreement, as well as changing national trends in policing (including Community Oriented Policing), has led to changing roles of police. In this section, I demonstrate how this has led to an expansion of the role of police into areas that were not previously their responsibility. I also demonstrate changing drivers, and how police negotiate criminalization and care in the overall goal of removing people experiencing homelessness from public space. I also illustrate how these types of strategies were experienced by people experiencing homelessness in Miami through interviewees' narratives and through officer complaints discussed in Citizen Investigative Panel (CIP) meetings while also adding some context from my experience during a police ride-along.

#### *Community Oriented Policing: Expanding Police Responsibilities*

According to the Community Policing Consortium, community policing involves the collaboration between the police and community members and aims to identify and

solve community problems and enhance the safety and quality of neighborhoods. The Consortium states it requires profound changes within the police organization, including the building of trust between police and community members, who are envisioned to be active allies and fellow guardians of law and order. The Consortium was established and funded in 1993 by the Bureau of Justice Assistance, a component of the U.S. Department of Justice that provides guidance and resources to local law enforcement agencies. The Bureau of Justice Assistance guides local law enforcement agencies through discretionary funding. In other words, if local law enforcement agencies want additional funding, they must follow the federal guidelines. Through the Community Oriented Policing Services, the Department of Justice began offering funding to support and encourage community policing efforts in 1997. Funding to support and encourage community policing style efforts in addressing crime hot spots was also made available by the Bureau of Justice Assistance as the Edward Byrne Memorial Justice Assistance Grant Program in 2002. The program outlines four core elements: (1) place-based strategy that targets crime hot spots to deter future crime while integrating crime control and revitalization strategies; (2) community engagement in shaping and sustaining crime prevention and revitalization efforts; (3) data-driven efforts to determine effective strategies and target where crime is concentrated; (4) partnerships and capacity building to establish trust and sustainable collaboration to reduce and prevent crime in hotspots.<sup>8</sup>

Community oriented policing has changed the structure of many local police departments, including by assigning officers to geographic areas, decentralizing decision making, and shifting the focus on responding to community members' requests. It has

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<sup>8</sup> [BJA FY 21 Byrne Criminal Justice Innovation Program \(BCJI\) \(ojp.gov\)](https://www.ojp.gov/ncj/210000/210000.htm)

contributed to what Herring (2019) describes as complaint oriented policing, in which officers do not necessarily act in response to top down initiatives from supervisors, but in response to 911 calls and community feedback. The influences of community oriented policing can also be seen in interviewees descriptions of interactions with police.

Cathy, an elderly white woman, was staying at the Salvation Army in Miami when she fell and broke her back. She was taken to Jackson Hospital for surgery and then was discharged to a rehabilitation center. After ten days, the center asked her to leave since that was all her insurance would cover. Cathy took her belongings with her and was back on the streets. She was still in pain and did not want to be on the streets. She described how the police helped her.

Well I called the police. I was sitting in front of somebody's business and [the owners] didn't like it. They told me to get out. Go away. So I called the police because I was in terrible pain. I had not been able to fill my prescription for the pain pills, and so the police came and put me in Mt. Sinai for the night. And then the next day, an officer came and took me to the Miami Beach intake area and they made arrangements for me to go to Lotus House, but I still had to spend the weekend outside.

Cathy was not worried that the police would arrest her or harass her for being homeless and felt comfortable asking them for help. She knew that the police could potentially help her find an open spot in a shelter, so when she needed somewhere to go, she called them. While they couldn't get her immediate placement in a shelter due to availability, they still made sure she got to an intake center and Cathy eventually got a spot in Lotus House, a local shelter for women where she stayed for a while. Lotus House found her a studio



apartment and helped her move in, though it was not part of a rental assistance program. However, it was in an area that Cathy did not like and she left to move in with a friend. Her and the friend were not able to get along long term as roommates, and the friend kicked Cathy out. Once again, with nowhere to go, Cathy called the City of Miami police. This time, they found her a spot at Care Campus. This situation may have been different had a business owner called the police on Cathy, especially if she did not want to move. In these situations, police are responding to the business owners and may use other strategies to remove people from the particular space. Even Cathy, who has often utilized police to find shelter, has been the subject of move along orders to remove her from particular areas where she was unwanted.

One aspect of community policing that has been lauded by service providers and public officials is police officers' enhanced ability to make informed decisions by knowing the community members in the area they are responding to. Ray, who was staying in Care Campus's on-site PSH program, knew the police officer who works at Care Campus from talking to him almost daily throughout his years at Camillus House. He considered the officer one of his best friends. He explained why it was beneficial to have the officer present.

So the police officer has been trained to deal with different situations based upon what they know. This officer has been with Care Campus for decades. So he's seen a lot of the different clients. He know their behaviors and he virtually can deal with the individuals as opposed to someone has never known them. And they have the utmost respect for him. So then they are able to listen to him. But let's say I'm a brand new security officer

coming on duty. I don't know this person. I never met him before in my life. And I ask him to do something and he looks at me with this funny face and next thing you know, he exhibits this violence towards me. What am I supposed to do at that point? It becomes aggressive on both parts.

Ray said that the officer is at Care Campus five days a week during the busiest times of the day, which is when Care Campus accepts outside guests in for showers and food. While his purpose is the security of staff and residents, Ray describes the officer as better equipped to respond to residents because he is familiar with them. This is one of the key aspects of community policing and is considered especially important when responding to calls involving people with mental illness.

Community policing has been called for in response to police officers' unwarranted use of force against people with mental illness. In Miami, the case of Fritz Severe stirred up a discussion of the role of police and use of force. The National Association for the Advancement of Colored People filed an officer complaint on behalf of Fritz Severe, who had been shot and killed by an officer at Gibson Park on 6/11/15. The shooting itself was being investigated by the Florida Department of Law Enforcement and the State Attorney's Office. However, the CIP was allowed to investigate the allegations that the parents of the children who were at the park and witnessed the shooting were mistreated by officers. The allegation of Discourtesy was closed by the panel as Not Sustained due to insufficient facts to prove or disprove the allegation. After the State Attorney concluded its investigation, the CIP met again to determine whether the officer was justified in discharging his weapon. On November 2, 2016, the Firearms Review Board determined that the officer was Justified in accordance

with Departmental Orders and Florida State Statute. However, the case sparked debate among the CIP members into whether these laws were enough.

According to reports, on June 11<sup>th</sup> 2015, the Miami Police Department (MPD) received a call to Gibson Park in Overtown regarding “a homeless guy” (Mr. Severe) who had committed an aggravated assault against a park Summer Youth Worker. The caller advised officers that Mr. Severe cursed at him and threatened him with some type of metal device. Officers Fernandez and Garcia were dispatched. However, Field Training Officer Torres and his trainee, Officer Ervens Ford, Jr. were nearby and were the first officers to arrive. After speaking with the caller who pointed out Mr. Severe, officers Torres and Ford approached Mr. Severe at the Theodore Gibson Public Library. According to the officers and witnesses, Mr. Severe was entering the library as it opened in the morning. Officers called out to him, but Mr. Severe cursed at them and continued into the library. When officers called out to Mr. Severe a second time, he exited the front door area, placed the duffle bag he was carrying on the grass and walked toward the officers. He was holding a 2 – 3 foot long metal object, which some witnesses described as a cane (though the report stated it was a Guy Strain Insulator—a rod-shaped metal piece of hardware).

As Mr. Severe began walking toward the officers, the officers and some witness said that he raised the metal object over his shoulder as if to strike the officers. Officer Torres pulled out his gun and Officer Ford pulled out his taser and told Mr. Severe to drop the stick. The officers backed up as Mr. Severe continued to approach while raising the metal object. Then, Officer Torres fired multiple shots and killed Mr. Severe.

There were many witnesses to the shooting, including library staff, park employees and camp counselors, children that were in the park (though they did not provide statements), and another man that was there to use the library when it opened. The employees at the park described having seen Mr. Severe in the park in the days leading up to the shooting. He was using the metal rod as a cane, and one thought that he probably also needed to use it for protection since he was homeless.

The Florida Department of Law Enforcement, State Attorney, and CIP all came to the conclusion that Officer Torres did not violate any laws or orders. However, the case did spark debate among CIP members as to whether it was necessary. They discussed the components of community policing and used it to analyze the situation. The CIP report read,

Effective community policing begins with knowing the community and the culture of the people who reside/work/play in the area. It is unknown how long Officer Torres had worked in the area of Gibson Park, or if he was or should have been familiar with the homeless population there.

In Miami-Dade County roughly 9.1 percent of the population (more than 240,000 individuals) experience serious mental illnesses, yet fewer than 13 percent of these individuals receive care in the public mental health system. As a result, law enforcement officers have increasingly become the lone responders to people in crisis.

Staff recommends that all City of Miami Police Officers receive mandatory Crisis Intervention Team Policing (CIT) training and retraining, so that they are better able to evaluate and de-escalate

potentially volatile situations and as necessary transport individuals suffering from a mental illness to community-based facilities for evaluation, treatment, and referrals. We further recommend that all MPD officers receive continued training in community policing, dealing with the homeless, difficult people, and handling potentially dangerous or dangerous situations within parks, malls, streets, etc. within the City of Miami jurisdiction.

The CIP's recommendations demonstrate the onus placed on officers to know inside and out the issues of their geographic area and the community members that reside there. It also demonstrates the increasing responsibility of police officers to respond to issues that may have previously been addressed by community members themselves or by health and mental health care providers.

Following the reading of the report, CIP members discussed their reasoning behind the recommendations. According to the meeting minutes, one of the CIP members stated:

Overtown has a large homeless population and officers should be familiar with this. Why couldn't they have tasered him? Obviously, the man had mental health problems. In this instance, the MPD needs to have more training in identifying the homeless and mentally ill population. People like this often carry a stick to protect themselves when they sleep in the streets. 10 shots were extreme. This was overkill. I do not agree with the recommendation.

Another CIP member agreed, questioning why the taser was not used instead and recommending that officers better learn how to subdue people without killing them and how to recognize mental illness. However, another CIP member attempted to justify the officers' actions as self-defense, since being hit with a metal rod would be devastating. Overall, this case demonstrates the importance of police officers knowing the community they serve, but also the increasing demands being placed on police officers to handle issues once considered outside of their responsibility. It has become officers' responsibility to not just respond to crimes, but also to homelessness, mental health issues, and more. Another important aspect revealed by this case and interviewees' experiences are the key role of 911 calls.

### *Therapeutic Policing*

Therapeutic policing is another area in which police officers' responsibilities have grown and entered into the management of homelessness (Stuart 2016). City of Miami Police encourage people living on the streets to move into a shelter and enter the coordinated entry system (discussed further in Chapter 5). This is partly due to their responsibilities set forth in the Pottinger Agreement, but can also be attributed to the changing responsibility of police in community oriented policing and therapeutic policing trends. Stuart (2016) describes therapeutic policing as the way police attempted to steer Los Angeles Skid Row residents onto the 'correct' path, such as through 'correcting' unwanted behavior or 'shepherding' them into self-improvement or drug treatment programs at shelters through threat of arrest. Aspects of therapeutic policing are present

in Miami as well. However, threat of arrest is not as commonly used, due to the protections afforded by the Pottinger Agreement and the lack of available shelter beds.

Interviewees often described how police would check on them and encourage them to go to drug rehabilitation or shelter. Piers, an elderly black man who was living on the streets of South Beach, often refused offers to enter the shelter due to past negative experiences. Police often encouraged him, but did not force him to go. He described the time that he accepted shelter placement from an officer.

I was with another on South Beach. So one of the police he been helping people for years. Been doing all kind of stuff. And every time I see him he always be telling me I need to get into the shelter. He always tell me. I didn't want to get in no shelter. And he constantly, constantly, every time he see me, I don't care where you be at, in his private car, wherever. He always talk to me about getting into a shelter. So this time when the Coronavirus came up and I was walking down the street. He pulled up. He said, "Give it up, Piers. You know, give it up. Go into the shelter man. You gonna die here." And he tell me about the Coronavirus and all that stuff and how I'm living. "So man do it. Just do it this time. Do it." So that's why I'm here. And I want to get his phone number so I could call him and thank him. I really want to thank him because boy he gave me exactly what I need.

Rather than threaten arrest, the officer tried to build a relationship of care with Piers to encourage him to enter a shelter. Piers was hesitant to enter a shelter due to negative past experiences. Many other interviewees described past negative experiences in shelters as

well, including issues with excessive noise and drug use, strict rules that impeded their autonomy, and feeling like their case managers did not assist them. This led some to prefer sleeping rough or to attempt to stay in motels when they could. However, Piers decided to accept the Pottinger Bed after weighing his concerns about COVID-19. From there, he was able to transfer to a regular shelter bed. Piers ended up feeling comfortable at Care Campus. He told me he was catching up on some much needed sleep and that his case manager was helping him get Social Security Income (SSI).

Carlos, a Cuban man currently staying in PSH, had lived on the streets for over a decade. Due to his significant amount of time living without shelter, I figured he must have had many interactions with police, potentially including harassment. He explained that police tried to help him when he was on the streets.

**RY:** Did the police ever bother you?

**Carlos:** No. They used to try to help me out as much as they could... but I had a bad drinking problem. I had a bad drinking problem... They took me to the HAC once or twice. They took me the Salvation Army once or twice.

**RY:** If you said no, would they leave you alone? Or what did they do if you say you don't want to go?

**Carlos:** Oh they leave you alone. They can't force you. They can't force you. They tried to help me but if you don't want to go, even if you're dying in the street and you don't want to go get medical attention, they can't force you. Unless there's something really bad, you know, that you got stabbed or shot or something that they have to follow the law to make sure you try to stay alive.



Carlos said that while police tried to help him through bringing him to the shelter, he would not accept the help because he had a drinking problem. Often times this narrative is used by service providers, police, and others to describe people experiencing homelessness as “service resistant.” They may argue that the person experiencing homelessness wants to be homeless, or simply is not well or capable enough to choose shelter. However, Carlos, like others, may have reasons not to trust police and the sheltering process. This strategy may be viewed as helping the person experiencing homelessness. Even people experiencing homelessness that I interviewed described that police were trying to help them. However, in some circumstances it is very unhelpful. Since the police provided beds are only for one night, if the person does not receive a more permanent place through coordinated entry, this causes them to lose their sleeping spot and disrupts their activities, and they end up being back on the streets anyways.

As Carlos states, police are not supposed to be able to force people experiencing homelessness into shelter. This is due to the protections afforded by the Pottinger Agreement. However, closer examination reveals workarounds that allow police to criminalize and continue to remove people from public space.

### *CRA's and Extra Policing*

While interviewing Ray, who lived in the on-site PSH program at Care Campus, I asked him if he often saw police around his neighborhood. He responded,

This is Overtown, dear. And virtually you are ten minutes away from the Miami Police Department. It's right down on Fifth Street. It's right there. So there's quite a bit of police presence. There is the correctional officers'

parking garage less than a block from here. There's a probation office less than a block away from that. So in this area, there's always police presence.

This increased presence is part of the restructuring of Community Oriented Policing, which calls for greater officer presence, especially in areas of higher rates of crimes. With the numbers of police officers and their responsibilities vastly increasing, their required budgets have as well.

Out of all the Departments, Boards, and Offices of the City of Miami, the Police Department receives the most funding from the General Fund. Out of the \$763,002,000 General Funds budget in 2019, the police received \$245,192,000. The Police Department also receives more than \$23 million in funds for services and the 911 call center from Special Revenue Funds (City of Miami 2018). In addition to these sources, police departments may also receive funds from Community Redevelopment Agencies (CRAs) to provide 'special details' within the community redevelopment area. CRAs are governed and provided with funding through Florida Statutes, Chapter 163, part III. Their purposes, according to this statute, is to assist counties and municipalities with the removal of slum and blight.

Within the City of Miami, the Overtown/Park West and Omni CRAs grant police extra funds to pay for extra officers to patrol these redevelopment areas. The CRAs also provide funding to the DDA for Downtown Enhancement Team (Yellow Shirts), to Care Campus for Pottinger Beds, to make improvements to shelters, and more. The Overtown/Park West CRA also provided funds to help build Care Campus's new facility, which began moving from the redeveloping area of Park West to Overtown around 2013.

The Omni CRA is located north of Park West along Biscayne Bay and encompasses the area surrounding the Adrienne Arsht Center for the Performing Arts. Goals of the Omni CRA include to aid development projects, alleviate slum and blight, and improve the quality of life of those who reside, visit, or work, or spend time there (Omni CRA 2019, iv). The Omni CRA is also concerned with homelessness, stating

Not only is homelessness an issue for those who experience it, but for the CRA the negative connotation of having a visible homeless population can reduce investment in the area and sour the experience of visitors, reducing the chance they will return. To address this, the CRA has and should continue to work with the Miami-Dade Homeless Trust and to fund initiatives to reduce homelessness within its boundaries and to provide for shelter and other needs for those that are homeless and live on the streets within the redevelopment area. Besides eliminating the effects on the district, to undertake such programs is also the socially beneficial and correct thing to do (Omni CRA 2019, 4:43).

The Omni CRA funds the Purple Shirts program, which is run by a case manager at Chapman, a local service provider of shelter and services for people experiencing homelessness. Similar to the Yellow Shirts program run by the DDA, the program pays people experiencing homelessness to clean up streets and public spaces.

The Overtown/Park West CRA is also concerned with homelessness. They have targeted homelessness through a ‘special detail’ of police officers, whose role is “to establish and support working partnerships with the Southeast Overtown/Park West CRA, the Neighborhood Enhancement Teams, residents, business owners, and the

homeless outreach programs” through providing “enhanced community police services through the allocation of six supplemental sworn officers, consisting of one police sergeant and five police officers, assigned exclusively to the CRA area, to address issues related to quality of life within the CRA area” (City of Miami 2017). In 2017, this CRA granted Miami Police Department \$750,000 for the special detail. The grant agreement details that the special detail will employ zero tolerance policing to address drug crimes in “drug free zones,” which are areas of high drug activity targeted for enforcement. Their plan also involves arresting people who trespass and loiter in these zones, and states that “individuals coming into the area to commit crimes and deteriorate the quality of life for those who live in the area will be challenged constantly.” Their stated methods include “consistent and daily proactive enforcement by engaging the street level criminals and providing the homeless with placement through outreach services and assistance programs.” In this case, community oriented policing is combined with zero tolerance policing to offer care through outreach, while simultaneously punitively cracking down on crime hotspots.

### **Revanchism Revisited**

While there is coordination between criminalization and care by City government and police, it may be argued that care is only supported as long as it is in line with the overall goal – removing people experiencing homelessness from public space. I do not plan to argue which is the more prevalent logic, care or revanchism, but it is worth discussing that criminalization still occurs without coordinated care (and vice versa). Criminalization without the coordination of care is observed clearly in officer complaints

and responses by the CIP, which reveal workarounds to the protections provided by the Pottinger Agreement.

The Pottinger Agreement led to and is reflected in departmental orders that officers are required to follow. If officers do not follow the departmental orders they may face consequences if someone files an officer complaint to be reviewed by the CIP or civil lawsuits. The following Departmental Orders are considered by the CIP when a person experiencing homelessness files an officer complaint.

*Departmental Order 11, Chapter 10 Homeless: 10.6.2.3.2* – If the officer has probable cause to arrest the homeless person for a “Life Sustaining Conduct Misdemeanor” (as they are listed under 10.6.2.3.3), and there is no "available shelter," the officer shall not make an arrest nor take any other police action (warnings, etc.)... However, if the homeless person described above is observed committing one of the below listed “life sustaining conduct” misdemeanors, and the life sustaining conduct misdemeanor causes imminent threat of physical injury to the homeless person or other person(s), the law enforcement officer must warn the homeless person to stop and if they refuse to do so, may arrest them regardless of whether there is an available shelter.

*Departmental Order 11, Chapter 10, 10.6.2.3.3* – Life Sustaining Conduct Misdemeanors are the following:

1. Being in park after hours. Current Provisions (38-3 1-13, F.S. 162.22)
2. Public nudity where necessary to carry on the daily necessities of life, such as bathing or responding to a call of nature. If the public nudity is

done intentionally in plain view of others and the exposure or exhibition of the sexual organs, or nakedness was in a vulgar, indecent, lewd or lascivious manner, the law enforcement officer may arrest the person regardless of whether there is an available shelter. Moreover, in no circumstance shall public nudity be allowed for a call of nature if there exists an open public restroom within one-quarter of a mile (1.320 feet) of the homeless person performing a call of nature. Current Provisions (F.S. 800.03, 37-1, 38-62)

3. Reserved<sup>9</sup>

4. Obstructing passage on sidewalks, except that after one warning, no person or persons may lie on the sidewalk in a perpendicular fashion blocking the sidewalk, or may obstruct a sidewalk in such a way as to endanger other persons by requiring them to walk onto a street where but for the obstruction, such persons would otherwise have been able to safely walk on the sidewalk. Obstructing a street, road, or highway shall not be construed to be a "Life Sustaining Conduct Misdemeanor" within the meaning of this departmental order. Current Provisions 54-1 to 54-3, 373, FS 316.2045)

5. Vehicles, living or sleeping in. Current Provision (37-4)

6. Loitering in Restrooms. Current Provision (38-68)

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<sup>9</sup> Reserved means that the item was removed from the code. This refers to the part of the ordinance that used to include making a fire for cooking purposes, which was removed as part of the Pottinger Addendum.

7. Littering, except if within 300 feet of a usable trash receptacle, a law enforcement officer must warn the homeless person to stop and if they refuse to do so, may cite them regardless of whether there is an available shelter. Current Provision (FSS 403.314, 22-6, 38-17, 38-63)

8. Camping in parks. Current Provision. (38-71)

9. Use of facilities for other than intended purpose (e.g. sleeping on park bench). Current Provisions (38-54).

10. Reserved

11. Trespass on "public property" other than structure or conveyance.

Current Provision. (F.S. 810.09 (1). Trespass on private property or in an "exempt public property" is not a "Life Sustaining Conduct Misdemeanor" within the meaning of this departmental order.

While these departmental orders are meant to hold officers accountable, there are limitations and ways that officers can circumvent them. While it was not common, some people experiencing homelessness filed complaints. Their complaints show that they question the actions of the police officers during their interactions. I was able to find officer complaints by people experiencing homelessness in the database when the officers who wrote the report mentioned the person was homeless, when they reported their address to be a shelter, or when the CIP contacted shelters in an attempt to find the complainant and they had a history of staying there. Officer complaints are likely rare in comparison to the frequency of Pottinger Agreement violations, since many people may think that nothing will come of a complaint. Most of the complaints resulted in findings

of “not sustained” or exonerated due to the complainant not being available to clarify or because of the work arounds to the Pottinger Agreement and the departmental orders.

On July 28<sup>th</sup> 2016, Reynaldo Loggin filed an officer complaint alleging improper procedure. As described by Mr. Loggin during the CIP investigation, Mr. Loggin parked his vehicle at Key Biscayne Park at 11pm near a restroom where he planned to shower. A police officer arrived and announced that the park was closed and that everyone needed to leave. Mr. Loggin told the officer that he had been sleeping there for over a month, that he was homeless and had no place to go. He mentioned the Pottinger Law to the officer and the officer allowed him to stay. However, the officer returned about five minutes later and told him over the PA system that he needed to move his car now because while Mr. Loggin could stay in the park his car could not. The officer stated that if he did not comply he would tow his car, write him a ticket and take him to jail.

According to meeting minutes, the CIP considered *Departmental Order 11, Chapter 10/6.2.3.3. Life Sustaining Conduct Misdemeanors*. They interpreted that “this department order entitled homeless does not provide any guidelines on whether or not homeless persons living in vehicle are allowed to park their vehicles in city parks after hours.” CIP staff also reviewed the Pottinger Agreement. They interpreted that there “is no provision in the agreement that covers homeless persons living in vehicle being allowed to park their vehicles in city parks after hours.” In this case, rules regarding removing people experiencing homelessness from public spaces for life sustaining conduct were circumvented. While the officer could not arrest Mr. Loggin at that time, he could still force him to leave the park by threatening action related to his car. While



sleeping in vehicles is protected by the Pottinger Agreement and departmental orders, where the vehicles are allowed to be parked is not detailed.

Another instance in which protections for the use of public space were circumvented is described in the officer complaint filed by Albert Rios on May 30<sup>th</sup>, 2017 alleging improper procedure. Mr. Rios stated in his testimony that he was sleeping under a bridge when an officer woke him up with a siren and told him he warned him about sleeping there. The officer said he was working that day and the next and if Mr. Rios is there the next day, he is going to take him to jail.

On a previous occasion, Mr. Rios told the officer he was homeless and explained his situation. The officer asked him if he wanted to go to a shelter and he told the officer that he hates shelters and that he is not allowed at Care Campus because of an incident he was involved in there.

CIP staff determined that Mr. Rios was warned to leave around 8:30 a.m., which is within the operating hours of the parking lot. CIP minutes state that all the other people experiencing homelessness had already left the area. CIP members argued that sleeping at this time in this place was not life-sustaining. The Chair of the CIP at the time, Grace Casas, explained:

We decided that, again, based on the investigation and also our legal consultation, that this was not a Pottinger violation. So, while the actions did occur, they were proper and that's why we voted for exonerated. To give a quick definition, Pottinger refers to a specific federal case regarding how specifically the homeless, any encounters between police and homeless regarding what they classify as life-sustaining conduct,

which conduct that is considered life-sustaining and it's specifically enunciated what is considered life-sustaining conduct, that is not an arrestable offense. But in this particular situation, and again, this is during the very particular hours of operation of this parking lot, it does not qualify in being there as a life-sustaining action. So, we thought that it was proper what the officer did.

While CIP members argued that sleeping in the parking lot was not "life-sustaining" because Mr. Rios did not need to sleep specifically in the parking lot during the operating hours, this was not a legal loophole. However, the CIP revealed another work around as well. CIP staff made contact with Independent Counsel, who advised that "an addendum to the Pottinger agreement allows officers to arrest a homeless person for 'life sustaining conduct' if the sole available shelter at the time is a shelter from which the homeless person is barred because of his or her purposeful misconduct, criminal or otherwise, which occurred at that shelter." The allegation of improper procedure was closed as Not Sustained.

These cases demonstrate the continued presence of punitivism and revanchist strategies. They also reveal limits to the Pottinger Agreement as written, that could be adjusted or improvements that could be incorporated in similar agreements in other cities. Another way officers circumvent Pottinger protections is that an officer may coerce a person experiencing homelessness to move out of an area without arresting them or offering shelter.

*Move Along Orders: complaint oriented policing*

Technically, according to the Pottinger Agreement, if shelter is unavailable the officer is not allowed to take any further action, including forcing the person to move. However, coercing a person to move along is not recorded as an arrest and may not attract as much attention from rights advocates. Coercion does not necessarily need to involve directly threatening or arresting a person. It could also be in the form of nonverbal cues and general police presence. Many interviewees experienced this form of involuntary movement, and did not consider it out of the ordinary.

**RY:** when you were living outside, like in front of Moe's [restaurant in Overtown], for example, did the police ever bother you?

**Cathy:** No. But they would wake us up at 5:30 in the morning.

**RY:** What for? They would just wake you up?

**Cathy:** Get, get up off the street. They wanted to come and clean the streets.

**RY:** Okay, so you just had to move or?

**Cathy:** I think most of us would go back to the emergency room at Jackson and use the bathroom.

Others described this process too. A truck drives around and sprays the streets with cleaner early in the morning. Despite this, Cathy felt that the police would still help her if she called them. Perhaps it has to do with who is calling the police. The officers respond to who calls. If Cathy calls, they are there to help her. If a business owner calls, they come to help them. Or sometimes, the police can both "help" the person experience homelessness while removing them from public space. Herring (2019) refers to this

strategy as complaint oriented policing, policing that is initiated by third parties, either individual callers, sanitation crews, and the like. Complaint oriented policing removes initiation from the role of the police, painting them as agents who simply must respond to caller requests. Interviewees tended to have this view, often describing police as just doing their job. Police are able to form relationships and sympathy with people experiencing homelessness by stating that they understand their situation, but that they must request that the individual moves. However, move along orders do little to solve homelessness and can exacerbate it by disrupting the plans of people experiencing homelessness and potentially causing them to lose belongings.

Carlos, whose experiences depicted earlier reflect therapeutic policing, also experienced complaint-oriented policing and move along orders.

**Carlos:** In Bayfront Park at 10 o'clock if you're in the park you have to leave. 10 pm at night you have to leave. If they catch you in there you're trespassing.

**RY:** They can arrest you?

**Carlos:** Yeah, they can. Yeah, they do. If you were in anywhere like the amphitheater where I used to stay. I think that's private property. But I think some people rent that out for concerts and what not. So I guess if they catch you there they are allowed to arrest you because it's a felony there in the park.

**RY:** But they never arrested you?

**Carlos:** No. No. If it was raining they let you stay under the cardboard.

But if it wasn't raining and it was warm, they tell you well go someplace else.

**RY:** Oh okay. So they just ask you to move?

**Carlos:** Yeah. And if you wasn't doing nothing they won't bother you.

Unless you had drugs or something or hurting somebody. But I never had too much problems with the police officers. I'm not a wild person. I'm not an ass. No, I'm very quiet.

However, as Carlos described in another instance, he had been arrested in the past and sent to Care Campus as a part of court mandated rehabilitation. The type of policing described by Carlos in which police enforce the law by forcing people to move rather than arresting them is described by Herring (2019) as well. It is aligned with Housing First in that it saves money on jail expenses, while also still removing people from the area. However, involuntary movement such as this is a form of everyday violence that negatively affects people experiencing homelessness by disrupting their plans and potentially causing them to lose belongings (Wolch and Rowe 1992; Bourgois and Schonberg 2009). Bourgois and Schonberg (2009) refer to everyday violence as routinised interpersonal violence and describe how it is experienced by people living on the streets, including when needing to flee law enforcement, losing shelter and possessions, dismissing public stigma, anticipating assault, and the like (Borgois and Schonberg 2009).

While move along orders are given by police, they are more characteristic of rule by aesthetics than criminalization in that they focus on removing the 'undesirable' from

public space but do not attempt to discipline the individual into meeting a norm. Rather than attempting to 'reform' the individual through bringing them to a shelter program or jail, the individual is simply forced to move. In this sense, it contradicts the typical goals of discipline and is not coordinated with biopolitical techniques for governing homelessness, which require the person to enter shelter first (as discussed in Chapter 5). However, in the sense that all of these techniques work towards the removal of people experiencing homelessness from particular public spaces, aesthetic governance in the form of move along orders still somewhat accomplishes this (very temporarily) and appears to be resorted to when shelter space is not available.

### **Copwise**

Participants sometimes described taking actions to ensure they would not be targeted by police. These include moving away from businesses before or when they open in the morning, avoiding police by moving when they are on their way, and more. Danny, a retired black man staying in shelter at Care Campus, described the actions he takes so that police do not mess with him.

Police don't mess with me. I usually be going at a destination. I don't hang around places. I'm usually going somewhere or doing what I'm supposed to be doing... I don't be in an area where a police just gonna stop me, and just start talking to me. No, I'm gonna be moving. I don't be in those kind of places.

Danny recognized that officers often target particular areas. His description matches with the areas referred to as hotspots by the CRAs in their special police detail plans. He also

recognized that officers typically target people who are loitering and he changed his routine to avoid being wrongfully suspected. Changing behavior based on knowledge of cops has been referred to by scholars as being copwise (Stuart 2016).

Rather than see police as their enemies, most participants recognized police as doing their jobs. Some even appreciated the security that police officers provided. Rather than question the role of the police, some took actions to ensure that they would not be misunderstood and potentially become the victims of police harassment.

Al, an elderly black man staying in an on-site housing program at Care Campus, does not mind police presence in the surrounding neighborhood.

**RY:** Do you ever see police around the neighborhood?

**Al:** Yeah. They be around a lot. Yeah. We need security around here.

**RY:** Right. And do you find that they're helpful and friendly?

**Al:** Yeah, I think that they are. To me they be doing their job. 9 out of 10 when the police be at something believe me you did something.

**RY:** So they're never mean to you or anything?

**Al:** One time I was at the Winn-Dixie on 12th avenue and 54th. I walked up to the bus stop. [The police officer] want to see my ID. I looked like I fit this description. But the name that I gave him, my name, and I showed him my I.D. "You fit, but you ain't him though." You know, because I told him "I ain't got nothing to hide."

There have recently been a multitude of stories in the media about black men being approached and questioned by police officers when they had not done anything to warrant it. A local example is the case of Dr. Armen Henderson, who had been COVID-

19 testing and providing tents to people experiencing homelessness during the pandemic. He was unloading his van in front of his house when a police officer approached him and questioned him. When Dr. Henderson could not produce an ID (it was in his house) the officer handcuffed him. The CIP found that the officer was in the wrong, but the officer was cleared internally by the police department (Roetz 2020). In order to avoid this type of interaction with police, Al adopts a stance of cooperation, even when an officer's actions are unwarranted. People of color and people experiencing homelessness should not have to incorporate these types of behavior, but may feel it is necessary for their safety.

Elton, a retired black man living in an apartment on-site at Care Campus, also took steps to avoid police interaction. Before he obtained his apartment, he was sleeping outdoors in the Wynwood Art District, an area where low income housing is gradually being gentrified. At night he would sleep in abandoned buildings or up close to businesses, trying to stay out of view.

I would get up when the sun come up in the morning and the business got ready to open up. Of course, you need to get up. They didn't have to call the police and say, "It's time for this man to leave. We can't operate a business with him lying down." I knew not to stay there at that time.

Elton also described proactively building positive relationships with police officers.

**RY:** When you were without a home, did the police ever bother you?

**Elton:** You know what? We became friends. I had to tell them I got tired of them staring and watching me. I had to tell them, "Don't think that I'm doing things, because most of the time, I see exactly what's going on.



When people break in buildings. I have seen a guy go on the top of the building and break in the buildings and come down on the inside all the time. So be nice to me, because I'm going to be the person to help you out." We got that understanding. I lived homeless for so long. When the police see me now, they just start [claps] clapping their hands like this.

**RY:** Because they know you got an apartment?

**Elton:** Yeah. They know I'm clean. If nothing more, they can look at me and see the difference that I'm not on drugs. I am happy that they recognize that.

Elton symbolically separated himself from people committing crimes by contributing information to the police. He felt like kept him in their favor and stopped them from targeting him.

### **The Dissolution of Pottinger**

On February 15<sup>th</sup> 2019, Federal Judge Moreno dissolved the Pottinger Agreement. City Commissioners argued that it was no longer necessary due to Miami's vast network of support for people experiencing homelessness. The appellees argued that the situation in Miami is now completely different than the early 90s. It is likely that the appeal to dissolve the agreement had motivations similar to those that led to the amendment in 2013 – City Commissioners' desires to force people experiencing homelessness that they have deemed "service resistant" out of public spaces.

Since the dissolution is recent, how it will affect homelessness in Miami remains uncertain. The dissolution had limited effects on my research, since the police

departmental orders were still in place. Officers that I spoke to during the ride-along did not actually know much of the history of the Pottinger Agreement, but they knew of the departmental orders that stemmed from the lawsuit. The officer that I conducted the ride-along with did not know that the agreement had been dissolved. Interviewees described entering Care Campus with police assistance even after the formal agreement was dissolved, and were unaware that it was dissolved.

Since the investigation of police officer complaints and the discussion at CIP meetings can occur years after the reported incident, the dissolution had limited effects on cases discussed before and up to 2020. Further, many CIP meetings were canceled in 2020 due to COVID-19, so more recent cases were put on hold. However, it is uncertain what steps will be taken in the future, such as removing the departmental orders. This may affect future officer complaints lodged and CIP decisions.

Due to the COVID-19 pandemic, it is also unclear whether the dissolution will affect the City of Miami's practice of funding 'Pottinger Beds' or similar beds for police placements. The City passed a resolution in January 2019 (as they have yearly since 2016) to fund 75 beds at Care Campus, 10 of which were designated as Pottinger Beds. This occurred before the Pottinger Agreement was dissolved and could not be taken back afterwards. It is not clear whether the lack of resolution in 2020 was due to COVID-19 concerns, or if it was a result of the dissolution. In 2020 and 2021, organizations received an influx of COVID-19 relief funding from HUD, so it is possible that City funds were not needed during these years. Continued research will be necessary to examine how the dissolution affects services such as those provided by Care Campus.

## **Discussion**

Overall, this chapter demonstrates the linking of criminalization and care and changing roles of the police. This was largely facilitated by the Pottinger Agreement, which linked enforcement of ‘life sustaining misconduct misdemeanors’ to the provision of care (such as shelter beds and toilets). This stipulation made the Pottinger agreement very productive. It led to the creation of the Homeless Trust and the County’s participation in HUD’s biopolitical best practices—which necessitates new knowledge, new organizing bodies, and the like—as well as the coordination of services to provide Housing First, and the funding of public facilities and other services that were necessary in order for arrests to be made. In many ways, service organizations in Miami-Dade have benefited from the Pottinger Amendment, which made the coordination between criminalization and care so compulsory. It also contributed, along with national trends, to the expansion of the roles of police into areas that were previously not their responsibility, including the responsibility to respond to mental health issues, homelessness complaints, and in Miami, shelter outreach. Yet, the increasingly better (depending on your perspective) or further reaching governance of homelessness through policing and other methods does not address the root causes of homelessness.

Advocates attempting to pass legislation or file class action lawsuits that protect the rights of people experiencing homelessness to use public space should consider the effects of the Pottinger Agreement on services and policing. They should also try to account for the limitations and workarounds of the Pottinger Agreement presented in this chapter when negotiating legislation, including the use of informal move along orders,

problematic definitions of available shelter, overlooked details such as where the vehicles of homeless persons may be parked, and the like.

## V. BIOPOLITICAL GOVERNANCE AND HOUSING FIRST STRATEGIES

In this chapter I address the research question *how do Housing First practices contribute to the governance of Miami's homeless population?* First, I give a history of homelessness governance in the U.S., demonstrating how subject categories of 'homelessness' were created through labeling and studying people experiencing homelessness as a population and as sub-populations. Increased knowledge production and data collection on homelessness since the late 1980s facilitated this and led to biopolitical discourses surrounding Housing First. Biopolitical management refers to the ways in which people experiencing homelessness are governed as a population (rather than as individuals) through economic analysis of population dynamics. I argue that Housing First, as a technique of biopolitical governance, depoliticizes homelessness while legitimizing different levels and types of care for different sub-populations.

Then, through the case study of Care Campus, I examine how these policies play out in the implementation of Housing First in Miami, including how it affects the experiences of staff at Care Campus and people experiencing homelessness. The case study part of this chapter is organized into two parts with multiple subsections. The first describes the ways in which people enter shelters through coordinated entry in Miami-Dade. The second describes the process of determining whether a person qualifies for housing assistance and if they do, how they are placed into an apartment. This case study reveals issues that lead to long wait times in shelters for some, and denial of assistance for others. I also more concretely demonstrate how aid is legitimized for some groups and delegitimized for others. Receiving housing assistance is often determined by how much 'homeless equity' a person has accrued.

My findings also show *how criminalization, care, and other strategies relate to each other*. This is an overarching research question throughout my dissertation. In this chapter, biopolitical governance works alongside other forms of governance, including disciplinary techniques. As discussed in previous chapters, biopolitical techniques focus on regulating populations through strategies informed by statistics and population data. On the other hand, disciplinary techniques are individualizing, focusing on getting an individual to implement a desired behavior or meet a norm. These strategies are redeployed and recombined in the governance of homelessness.

### **Housing First and “Chronic” Homelessness**

In response to increases in homelessness in the 1980s, congress passed the McKinney-Vento Act in 1987 which provided a federal definition of homelessness. It defined a homeless individual as “an individual who lacks a fixed, regular, and adequate nighttime residence” or whose residence is a temporary living accommodation (such as a shelter, welfare hotel, or transitional housing), an institution for individuals intended to be institutionalized, or a place not designated or ordinarily used as a regular sleeping accommodation for humans. The Act also removed address requirements for benefits such as SSI and food stamps and supplied funding for emergency shelters, a supportive housing demonstration program, transitional housing, PSH and Section 8 SRO rehabilitation programs. It also allowed local governments to use surplus federal land to assist people experiencing homelessness. For the supportive housing demonstration program, HUD funded both transitional housing and PSH. State, county, city, and tribal governments, and non-profit organizations could apply for funding for transitional

housing programs. However, only state governments (with a non-profit sponsor) could apply for funding for PSH programs and had to provide matching funds equal to the amount they applied for in order to fund the programs. PSH was reserved for people who were “handicapped” or people with physical and developmental disabilities. While \$340 million went to transitional housing, only \$32 million went to PSH from 1987-1990. Because of this, transitional housing was much more widely practiced across the U.S. during this time.

Transitional housing is an example of a traditional Linear Residential Treatment (LRT) model, which is based on a path from emergency shelter to transitional housing to permanent housing that requires participants to meet strict requirements to enter and stay in the program. The programs provide assistance temporarily, often for 24 months. In contrast, PSH was meant to be permanent. Typically, in PSH a client pays 30% of their income to rent while the program pays the rest. PSH programs varied based on what services clients were required to participate in, and whether the program was single site or scattered site, among other differences.

In the 1990s, psychiatrist Sam Tsemberis (1999), one of the pioneers of the Housing First model, began implementing and studying the results of PSH programs for homeless individuals with psychiatric disabilities. Tsemberis (1999) argued for programs to reduce barriers to entry in order to reach people experiencing homelessness who commonly were not eligible to receive assistance (such as due to not being sober or having income), and argued for the separation of housing status from service participation requirements in order to reduce coercion and housing related stress. He referred to these characteristics as “Housing First” in contrast with “housing ready”

approaches such as LRT which requires participants to meet particular requirements first. Tsemberis's (1999) study showed that PSH programs with these characteristics had housing-retention rates of 84.2%, compared to 59.6% for the LRT models. Tsemberis (1999) also showed that PSH programs were more cost efficient than LRT. Over time, the main tenants of Housing First PSH came to revolve around low barriers, housing before treatment, housing separate of support service participation, and housing with no time limits.

In 2000, the National Alliance to End Homelessness (NAEH 2000) released a Plan to End Homelessness in 10 Years that cited systemic and social causes of homelessness, and advocated for Housing First approaches that are considered national "evidenced-based best practices" today. Similar to Tsemberis (1999), NAEH (2000) argued in detail that addressing homelessness through Housing First would save communities money. The plan also suggested the need for better data to be entered by service agencies to be used for planning purposes. It then listed current resources, such as federal programs and grants that cities and states could take advantage of in their plans to end homelessness. Many of the ten-year plans developed afterwards by the federal and local governments resemble this plan.

In 2001, Congress directed HUD to assist communities with implementing Homeless Management Information Systems (HMIS), a software that would collect data on the characteristics and needs of clients at organizations serving people experiencing homelessness. This data would be analyzed and published yearly as the Annual Homeless Assessment Report to Congress. Since clients' information was typically entered into HMIS by a case manager at a shelter, HUD began implementing annual "point-in-time"



counts in 2005 to capture data on people experiencing homelessness who were unsheltered as well. Overall, these changes led to increased knowledge production and data collection on homelessness and are associated with the conceptualization of “the homeless” as a population to be managed. While transitional housing individualizes participants based on whether they qualify and move through the steps, Housing First PSH focuses on serving a population and puts less emphasis on individual characteristics/readiness. There is still some individualization present in Housing First PSH, but it is mainly to determine which subpopulation of homelessness an individual belongs to in order to inform the types of assistance to be provided. This demonstrates a move to using more biopolitical governance strategies.

HUD used knowledge gained from research and data collection to divide homelessness up into types, including chronic (longer period of time and diagnosed disability) or episodic (short ‘episodes’ of homelessness in between being housed), and further into family, individual, unaccompanied youth, or veteran. Their logic is that each of these groups have different needs to be targeted by services, as they attempt to move people through a ‘continuum of care.’ In 2003, HUD announced an initiative specifically aimed at ending chronic homelessness. HUD defines the chronically homeless as persons having experienced homelessness for over two years and that have two or more disabilities. HUD describes the chronically homeless as habitual service users who are costly due to their increased use of emergency rooms, services, and jail stays.

Willse (2015) demonstrates how chronic homelessness was invented, and how this allowed particular governance strategies. Through labeling, studying, and making decisions on how to manage people experiencing homelessness, particular discourses are

developed and reworked. Discourses influence public policy through particular depictions of the homeless as a subject category and are “fundamentally political and power laden” (Kingfisher 2007:94). Anthropologist Nancy L. Nelson (2008) emphasizes the way social categories or labels both identify and create subject populations, such as by distinguishing between the deserving and undeserving poor. Nelson (2008:109) argues that “labels legitimize the provisioning of aid for certain people while delegitimizing it for others...They make the social order appear natural. And through this legitimizing effect, aid discourse obscures the interests and intentions of powerful social actors and reinforces the perspective that aid and the need for it are nonpolitical issues.” Through the discourse of chronic homelessness, HUD legitimizes the provision of aid for some people, while legitimizing the provision of less, different types, or no aid for others. Further, Housing First and PSH is often supported on the basis that it is the most cost efficient, rather than based on a right to housing. This has led organizations such as HUD to focus on housing the most costly sub-populations of people experiencing homelessness, such as those labeled chronically homeless. It also obscures the political economic causes of homelessness, or at least redirects attention away from political economic change. Instead, it focuses on managing homelessness more efficiently. Referring to Housing First PSH, coordinated entry, and associated strategies as “evidenced based best practices” further obscures their political aspects.

In 2010, as many cities’ Ten Year Plans were ending without eradicating homelessness, USICH released a new, more detailed plan called the Opening Doors Plan (USICH 2015). Opening Doors (USICH 2015) emphasizes the differences between “Housing First” and “Housing Ready” approaches. HUD began redirecting federal

funding to only support Housing First approaches, and primarily preventative, rapid-rehousing, and PSH initiatives. While 10 year plans sought to “end” homelessness, the Opening Doors Plan redirected the goal to be making homelessness “rare, brief, and one time.” This reconceptualizes homelessness as something that cannot be ended and as something that will always need managing. This ensures the continued existence of knowledge and service economies surrounding homelessness. It also normalizes homelessness and the political economic circumstances that cause homelessness. Rather than change them, homelessness is seen as an inevitable, but manageable outcome. However, local organizations, including the Homeless Trust in Miami, still talk about ending homelessness. Either way, the increasingly efficient management of people experiencing homelessness does not solve the root causes of homelessness.

Some communities have been praised for reaching a “functional zero” for specific subpopulations of homelessness, such as veteran homelessness (Oliva 2016). However, this does not necessarily mean that no veterans experience homelessness in the particular community. Functional zero in terms of veteran homelessness means that “the number of veterans experiencing homelessness within a community is less than the average number of veterans being connected with permanent housing each month” (Oliva 2016). In other words, this means that theoretically if the locality were to place all veterans into empty shelter spaces, then veteran homelessness would be ended. This relies on the implication that any veteran still on the street is “service resistant” and chooses to be unsheltered. It also ignores the fact that some veterans will continue to experience new episodes of homelessness.

*Managing: the role of local organizations*

Each COC has a lead agency that guides the others in putting together the joint application, hosts meetings to update the COC on HUD's priorities, ranks the organizations' proposed projects for the joint application, submits the final joint application, and reports metrics to HUD. The lead agency may be a local government body or one that works closely with the local government through contracted services. If COCs want to have their programs funded, they must score high in the joint application since COCs with the highest scores are prioritized for funding. Their scores reflect their fidelity to HUD's guidelines. Thus, the Miami-Dade COC's strategies and structure has similarities to COCs across the country, though there are local differences as well.

People experiencing homelessness often seek assistance from organizations such as shelters and food pantries. These service providers are part of governance structures. While service organizations often try to address a perceived need in the community, funding plays a huge role in constraining how they are able to do so (Lyon-Callo 1998). They follow general trends of managing homelessness and guidelines of their funders. The Homeless Trust is the lead agency of Miami-Dade's COC, which means they lead the joint HUD application process. This role basically equates to a funding gatekeeper, which allows them to significantly affect the types of services available throughout the county and how they are managed. They also run the coordinated entry system through which people are placed into one of the shelters in the COC while they wait for PSH and RRH programs.

In the next sections, I describe the Housing First process through a case study of Care Campus, one of the largest providers of shelter and (re)housing in Miami-Dade.

Through this I examine the role of Housing First in the governance of people experiencing homelessness in Miami-Dade. The routes to shelter and housing described are from before the COVID-19 pandemic. There have been some changes in response to COVID-19, which I describe in Chapter 6. While Housing First is primarily a biopolitical technique, the case study illuminates other techniques of governance that work alongside the biopolitical.

### **From Streets to Shelter**

In order to understand the governance of homelessness and housing in Miami and elsewhere, it is necessary to understand the path that people take from unsheltered to housed through the COC. As recommended by HUD, the Miami-Dade COC utilizes a coordinated entry approach in which all people experiencing homelessness are placed into shelters and later housing through the same system. In this section, I focus on the ways in which people enter shelters in Miami-Dade.

#### *Homeless Hotline*

In Miami-Dade, most people who experience homelessness must enter Miami-Dade's coordinated entry system and wait for shelter through calling the 24-hour homelessness hotline (currently 305-375-2273) which is run by Care Campus staff and funded by the Homeless Trust. The automated answering system directs the caller. If the caller is fleeing domestic violence or is a veteran, they are directed to different departments. If a person is facing an eviction but not currently experiencing homelessness, they are directed to an agent who can provide legal advice and assign them

a case manager. This path is part of what HUD refers to as homelessness prevention. Prevention is seen as preferable, and HUD states that it is less costly than helping a person after they become homeless. When an evictee calls this hotline, they are advised not to move out. If there is not an official court notice to vacate, they are directed to wait. The agency cannot legally help with landlord three-day notices, and the person must call back once they receive the court notice. At continuum of care sub-committee meetings, members expressed concern that they could not help people sooner. Once they receive a notice to vacate, programs can help catch evictees up on rent and try to negotiate with the landlord to allow them to stay. However, COC members lamented that by that time, the relationship between the client and the landlord is sometimes too damaged to mend. If the loss of the home cannot be prevented, the individual or family is directed to the path of rapid rehousing (RRH). RRH can involve immediate placement into a new apartment with deposit and rental assistance, or it may involve placing a family or individual into a hotel or shelter while a new apartment is located. Hotel room placements are typically reserved for families. Since my interviewees were recruited at the Care Campus shelter after they began experiencing homelessness, I did not have access to interview people whose homelessness had been prevented in this way.

If the caller is currently experiencing homelessness, the hotline directs them to an agent who takes their contact information and calls them back when placement into one of the shelters in Miami-Dade is available. Some interviewees had been placed into Care Campus in this way and described the experience. Danny had experienced homelessness for a long time, switching between sleeping in shelters, in hotels, and in airport lobbies.

At one point he had been to prison and when he was released he was placed temporarily at Care Campus. He then called the hotline to get a longer-term spot in the shelter.

I came out of prison and I came here and then they gave me the Homeless Trust hotline... I talked to them that Monday...I made a phone call to them. Then the man on the phone took the information. I don't even know who he was. And then he told me, "listen, I don't have a bed today, but by Friday I'm a get you in there." But he called me the next day and I never seen him, but he did it all.

People who are released from prison, discharged from a hospital, or brought to the shelter by police may stay in temporary beds, but they will still need to get full placement into the shelter through the coordinated entry system by calling the hotline. Danny describes that while they did not have a bed that day, he was placed the next day. We continued our conversation:

**RY:** That's good you had a phone.

**Danny:** I had a phone. Only way I got it here quick was because I had a phone. If I didn't have a phone, they had no way to get in contact with me. When a bed come up they can't call your number. There's nothing they can do for you.

**RY:** So they just give it to someone else?

**Danny:** They give it to someone else. That's how that happen. But if you have a phone. But now you can have a government phone. The government will pay for it. And some people won't even keep that. But

you need to keep a phone. Everybody like you got yours. Everybody...

That's what saved me was the phone.

Danny attributes his quick placement into a shelter to having a phone that the hotline agent could contact him with. Otherwise, they would not have been able to contact him when a bed became available. Since they often do not have beds on the same day a person calls the hotline, the phone becomes necessary. Danny's friend Joan, who was also staying at the shelter, did not have a personal phone at the time. In our conversation, she told me that when she was living in a park she used to borrow a phone or use a public phone to call the hotline every Friday to check for space. They did not have space when she called and did not have a number to call her back at, so she never obtained placement through the hotline.

While the hotline is the main way people enter shelters, there are other methods including through outreach workers, police, hospital discharge, and prison release. People that enter the shelter through police, hospital discharge, and prison release are given temporary beds, and are supposed to call the hotline or be entered into the coordinated entry system by an outreach worker in order to receive a more permanent bed at the shelter. However, some people who entered through these alternative methods did not remember doing this, so it is possible that their case workers entered them instead.

### *Outreach teams*

There are different groups of outreach workers. The City of Miami employs an outreach team referred to as 'Green Shirts' due to the recognizable green shirts they wear while working. Green Shirts are able to enter people into the same system for coordinated



entry as those who call the hotline. If a person has a phone, they will give them the number for the hotline. However, for people who do not have a phone, the outreach team can try to keep track of them and find them when they are ready to be placed. Jayce, who was currently unsheltered but had been placed at a different local shelter before, described his interaction with the Green Shirts:

I approached them. Sometimes they will approach you. They'll ride up on you and be like, "Hey," but most of the time it takes you to be like, "Hey, I'm ready to go in. I can't live on the streets no more. I'm tired, I'm ran down. I stink, I need a shower, everything."

As Jayce described, outreach workers will sometimes approach people. However, they do not always approach everyone. Sometimes a person must approach them to tell them they are "ready" to enter a shelter. However, there is not always a bed available that day and the Green Shirts must be able to find them when there is one available. Green Shirts can also try to find people who call in to the hotline but do not have a call back number. Jayce described the process:

It's not all the time you just get picked up. Sometimes you have to wait. You have to wait at a certain spot. So, maybe if you sleep by Publix. You'll call this number, this 1-800 number and you sleep by Publix. They was like, "You need to tell me where you sleep at." The people will tell you, "Where are you sleeping?" "I sleep right beside Publix." Just know that you want to be there, stay right there and someone will come and pick you up basically.

However, this method did not always work for everyone. Joan, who was staying at Bayfront Park did not have a call back number and was not found by the Green Shirts. It may have been because she worked on a charter sail boat so she was not always in the park for them to find her. If people move around, this method will not work for them. There are other recognizable spots a person may be picked up though. For example, Elton met the Green Shirts outside of his doctor's appointment at Camillus Health.

Similar to case managers, outreach workers sometimes build relationships with the people they help. Elton recognized some of the Green Shirts and still greeted them after he was in PSH when he would see them around Care Campus.

Yeah, I see them often, when I'm in the back, especially. They're bringing people in. I'll joke and say, "Did you ever find that high-rise building on South Beach? The penthouse?" They'd say, "What?" I'd say, "Never mind. I already have an apartment." I always make jokes with them because I know they're working hard on a lot of cases. I don't know this for fact, but I'm sure they have certain picks that they help out more so than others sometimes. That's life and jobs anywhere. You have certain people you don't mind working with because they're going to be quiet and follow directions and do what you ask them to do. You're going to have some that's going to be the complete opposite, like a complete asshole. You have certain people you're going to say, "Well, if I don't find whoever they call me to check out and go and see, I'll do that."

In Elton's observations, the relationship benefits both the Green Shirt and the client. The Green Shirt builds relationships with individuals that are easy to work with. If they are

unable to find who they are supposed to place, they may place the client that they know instead.

Dio, a Cuban man who immigrated to Miami as a child, also benefited from a relationship with an outreach team member. He had attended court mandated drug rehabilitation at Care Campus. When he graduated, he left and was back staying on the streets in downtown Miami. However, one of the case managers who also worked with the Lazarus outreach team saw him downtown and recognized him.

Sarah takes care of the Lazarus program here... Sarah saw me. She said "oh Dio where you been?" You know, I'm usually here and there, you know, sleep in one spot always. The police throws you out and sometimes, you know, it gets bad in that area so you move. And she told me that had I lost an opportunity to come here. I came here and she gave me all the paperwork and I got the apartment in North Side.

When Dio left Care Campus, he lost his place in line for PSH. However, because a staff member recognized him and knew he qualified, she was able to get him back in line for PSH and into an apartment more quickly than would otherwise be possible. The Lazarus team is the other main outreach team in Miami-Dade. The team is run by Care Campus and is staffed with professional mental health care providers. Their purpose is to earn the trust of people experiencing homelessness with severe mental health issues and encourage them to enter the shelter. They meet them on the streets, talk to them, encourage them to take their medication, and eventually encourage them to accept shelter placement or drug rehabilitation. Service providers typically view this process as helping the person experiencing homelessness accept services that the organization feels they

need but are being resistant to. However, scholars have problematized the concept of ‘service resistance’ (Wolch and Rowe 1992; Hoffman and Coffey 2008). There are many reasons a person might not want to enter a shelter. For example, they may have had negative past experiences at shelters, are unsure about promises of housing, they may not want to live in congregate settings, they may need to take care of friends or pets on the streets, and the like. Homelessness itself is also traumatic, and there is a high incidence rate of experiences of trauma amid homelessness that may cause people to avoid shelters and congregate living. There are also reasons people may “resist” taking prescribed drugs, including experiences with negative side effects.

Rather than blaming people experiencing homelessness for “resisting help,” shelters can instead focus on removing barriers that keep people from choosing to enter shelter. Care Campus has addressed this in some areas, such as by providing a kennel for dogs so potential shelter residents would not have to leave pets behind and providing parking in their garage so residents would not risk losing their car. However, there is still a language of service resistance used to describe people experiencing homelessness with severe mental health issues because they are viewed as not being able to make the “correct decision” to enter shelter on their own.

Because the Lazarus Team’s target clients are people with severe mental health issues, they often have high vulnerability scores (a metric used to determine what housing assistance people qualify for and their prioritization on the waiting list) and are able to be placed into PSH more quickly than other people entering shelters. Since Sarah recognized Dio, she knew his case and that he qualified for PSH. Dio had been told about PSH when he was in rehabilitation, but he thought it was “bull crap.” However, when Sarah saw him

again downtown she “convinced” him to come back to Care Campus and she quickly got him into PSH. However, Dio was justified in assuming he would not receive housing in a timely manner. Most people have to wait a long time for PSH. However, since Dio had a high vulnerability score (due to his length of time experiencing homelessness and history of substance abuse issues) he was able to be placed more quickly.

### *Police*

While the hotline and outreach teams were the main points of entry, interviewees sometimes had difficulty entering shelter through these means. This issue typically occurred if they did not have a call back number or were difficult to find. Another way people may enter a shelter is by being brought in by a police officer. I previously discussed the role of police in Chapter 4. In this section, I will elaborate on their role in the coordinated entry process specifically.

Joan was sitting by the bay when an officer came up to her and her friend and asked if they were homeless and wanted to go to a shelter.

Every time a van would come by that the Green Shirt people were in, I'd go up and talk to them. I never. One time I got into [a different shelter]. But that's a horrible place to be. I was not impressed. And I only stayed there two months and then I left. But they're really not very helpful. But you almost have to have them or a police officer. Police officers where it's at... In fact the police is how I got in here... We were sitting out by the sandy part by the water and a police officer stopped and said “Are you two

homeless?” We said yeah. And she just took us right down and brought us right in.

Joan had tried in the past to get a bed in the shelter through calling the hotline or approaching the Green Shirts. However, since they do not always have a bed immediately available, she was usually not able to find placement in that way. Instead, she gained access to a Pottinger bed through the police officer and was able to transition to a regular bed in the shelter from there. Offering beds without forcing people allows the officers to establish relationships of care with people experiencing homelessness, though this excludes people who are not approached by an officer or do not feel comfortable approaching an officer from accessing the same bed.

### *Hospital discharge*

People experiencing homelessness or who are vulnerable to homelessness often lack access to healthcare. They often must use emergency rooms at hospitals for their health care needs. Since they cannot pay and hospitals have a limited budget for ‘indigent care,’ emergency room staff often have hostile relationships with people experiencing homelessness (Bourgois and Schnoberg 2009). Sometimes this leads to ‘dumping’ the person on the streets right after surgery or treatment when they should be on bed rest. Hospitals are not supposed to release patients who are supposed to be on bed rest and have no place to recover, yet it often occurred because hospitals do not want to keep unpaying customers in their beds long term. In a City of Miami Commissioner Meeting in 2015, the homeless coordinator for the Chief of Police described assisting a man who had recently had surgery for a fractured arm and to implant a pacemaker (a device that

regulates a heart muscle's contractions). He described that the man "still had bandages from his surgery, a hospital tag around his wrist and discharge papers from the hospital" (City of Miami 2015b). In order to address this, the COC came to an agreement with local hospitals. Hospitals such as Jackson, the main hospital in downtown Miami/Overtown, pays for beds at shelters such as Care Campus in order to guarantee their availability. When a person experiencing homelessness is released from the hospital but is supposed to be on bed rest, they are placed into one of these beds.

Josh, a 35-year-old Cuban man currently in emergency shelter, was experiencing homelessness when he got into an accident that severely damaged one of his legs.

Let me tell you, I must owe West Kendall Baptist. I was there for three months. I had seven surgeries on my leg. I must owe them millions of dollars. I have never seen a bill from them. They knew, because I was homeless, I'm not going to be able to pay.

What happened was, they basically told me in the hospital, you are on way too much pain medication. We can't discharge you, we have to wean you off...

I came here with a really small amount of pills. My case manager told me, "Look, you're only going to be here for 30 days. What are you going to do after that?" I'm like, "I don't know where to go, and I'm still trying to get off the pain medication."

She told me to go to the clinic, Crisis, which is across the street. It's for heroin, opium withdrawal, stuff like that. I went, but she didn't tell me that I had to come right back. I stayed at the Crisis for four, five days detoxing.

I called Care Campus to make sure I have a bed. They said, "No, you got discharged." I'm like, "What do you mean? I'm trying to clean myself up. You told me to come here." "No. You have to be here every day, you're discharged." "Wow."

I told the doctors at Jackson, and they were like, "Look, don't worry. We're not going to let you go on the street in a wheelchair." It ended up working in my favor, because they got me back into Care Campus for 60 days. Everything worked out. I finally got that monkey off my back.

According to Josh, West Kendall Baptist gave him a bed at Care Campus for 30 days. Josh left Care Campus to attend detox nearby because he was still trying to get off the pain medication. He planned to return afterwards, but when he left detox, Care Campus told him he would have to call the hotline and wait. However, Jackson hospital got him a 60 day spot at Care Campus instead. Afterwards, Josh's case manager allowed him to stay at the shelter longer, since he began going to culinary school and then because of COVID-19. While people in the shelter are typically allowed to stay 2-3 months, a case manager may give them more time if they are going to school, working, or are waiting for PSH. During the COVID-19 pandemic, the usual time limits/criteria were removed.

### *Drug aversion and prison release*

Rather than send a person to jail for having or using drugs, the court may instead send them to a mandated drug aversion program. Dio, discussed earlier, was mandated to go to the drug treatment program at Care Campus. While they no longer call it



transitional housing, the drug treatment program is similar to transitional housing in that Care Campus provides congregate housing while the person becomes sober. HUD no longer funds transitional housing since it is no longer considered an “evidenced-based best practice,” so many organizations have attempted to repurpose transitional housing programs and/or find funding for them elsewhere. When participants ‘graduate’ or the time period of the drug treatment has ended, participants are entered into HMIS and placed in line for PSH. Some interviewees received housing in this way. For example, Ray obtained an apartment in a PSH program on-site at Care Campus, after leaving their drug rehabilitation program and waiting in shelter. Even though a person who enters rehabilitation may have been experiencing homelessness, they are not considered homeless by HUD while they are in rehabilitation. Thus, it is unlikely that they will receive housing immediately after leaving rehabilitation, due to their length of time homeless being reset. However, a history of drug or alcohol abuse will raise their vulnerability score, so clients who graduate from drug rehabilitation are likely to qualify and be prioritized for PSH.

As discussed earlier, there is also a program in which non-violent offenders are placed into shelters if they do not have a home when released. This temporary bed allowed Danny to wait at Care Campus until a more permanent bed became available and he could be placed into PSH.

### *Coordinated Entry Discussion*

From the perspective of service providers, these multiple ways to enter shelter help add holism and flexibility to coordinated entry. It helps reach more people than one

method alone. It also helps fill beds that may otherwise go unoccupied if one of the shelters in the COC has space while the others are full. People experiencing homelessness may not want to check every shelter for availability, since it would require a lot of travel. However, the coordinated entry system caused people experiencing homelessness other frustrations. If a person shows up to a shelter and asks for a bed, they would be told they needed to call the hotline and wait. While some people were lucky to have called or approached an outreach worker at a good time, others were unsuccessful at getting a bed in a shelter in this way. Further, some people experiencing homelessness wanted a bed at a specific shelter, since they may have had negative experiences at others. However, the outreach team may not offer them a bed at the shelter of their choice.

From the perspective of service providers, the addition of beds designated for hospital discharge and prison release provide another source of funding and help address perceived needs in the community. Pottinger beds help police place people into shelter that they do not want hanging around certain areas, but people experiencing homelessness have also used them to their own advantage when trying to obtain a shelter bed. These beds are not funded by HUD, so they do not need to use the same coordinated entry system. However, they provide opportunities for some people to stay in shelter while waiting for placement into more long-term shelter (and potentially housing) through coordinated entry.

The different ways people enter shelter also demonstrate how different governance techniques work together. Having police offer people shelter, and sometimes pressure people into shelter, as well as offering drug aversion is exemplary of coercive care described by scholars (Stuart 2016). It represents techniques of criminalization and

care or medicalization working together to govern homelessness. Since this is how some people enter shelter and get in line for Housing First PSH or RRH, it shows how criminalization, medicalization, and biopolitics rely on each other and work together.

### **From Shelter to Housing**

The first step to securing (re)housing assistance in Miami-Dade is being placed in a shelter. This seems antithetical to Housing First, but is not uncommon. Housing First programs vary widely and have a loose set of common characteristics. Baker and Evans (2016, 28) argue that Housing First “has developed ‘innumerable variations’, and often functions as a malleable idea and fuzzy construct, rather than a highly-prescribed approach to housing and service delivery.” In general, though, the key characteristics of Housing First include consumer choice, separation of housing and treatment, recovery orientation (harm reduction approach) and community integration (Tsemberis 2010). Separation of housing and treatment refers to not requiring participants to participate in supportive services, such as therapy, in order to stay in housing. Recovery orientation, or a harm reduction approach, refers to not requiring participants to be sober or meet other requirements before receiving housing.

It is possible to place people from the streets directly into PSH (skipping shelter), as demonstrated by cities such as Philadelphia, Pennsylvania and Columbus, Ohio (Burt et al 2004). However, the requirement of waiting in shelter is justified by organizations in Miami-Dade through the concept of coordinated entry, which involves specific access points and case managers triaging wait lists for PSH and RRH programs. Staff have also suggested that it is easier to document a person’s length of time homeless (which matters

for their place in line), find clients when it is their turn and fill out any needed paperwork when they are staying in shelter. This section focuses on peoples' experiences waiting in shelter and obtaining housing through coordinated entry at Care Campus.

*Intake at the shelter: determining qualifications*

Once a person is placed in a shelter through coordinated entry, an emergency housing case manager does an intake interview and inputs their information into HMIS, which all organizations in the COC have access to and utilize to coordinate services. The entry includes information about the persons' specific case and background information. The case manager also assigns the person a vulnerability score using a standardized assessment tool (such as the vulnerability index-service prioritization decision assistance tool [VI-SPDAT]),<sup>10</sup> which represents their vulnerability of dying on the street. The score is based off questions such as length of time homeless, whether the person has a disability, interactions with police, experiences of violence, and emergency room use. A persons' score determines whether they are eligible for programs such as PSH or RRH and their prioritization on the waiting list for these programs. Those with higher scores (or those considered more 'at risk') are prioritized for PSH. Those with moderate scores may instead be recommended for RRH. While it is referred to as rapid rehousing, it is not necessarily rapid for reasons similar to what causes PSH to have long wait times. Those with low scores may not be recommended for either route. Since more people experience homelessness in Miami than there are available PSH apartments (as in many other cities),

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<sup>10</sup> <https://cchealth.org/h3/coc/pdf/2014-0521-packet-2.pdf>

there is typically a long wait list. Though, due to the VI-SPDAT, the wait is longer for some than others (if they qualify at all).

Elton, who had likely scored high on the VI-SPDAT due to his history of hospital stays and drug addiction, waited a total of ten months at the shelter before being placed in a PSH apartment. A few other interviewees with a history of drug addiction and court mandated rehabilitation also described waiting about a year after graduating from drug rehabilitation before receiving an apartment. These interviewees had documented disabilities and at the time of their placement were receiving SSI or SSDI.<sup>11</sup> While receiving SSI or SSDI is not a requirement of receiving PSH, having a stable income would be looked upon favorably when case managers recommend clients for PSH, since clients are asked to pay 30% of their income towards rent.

In contrast, Eric did not have a documented disability nor a history of drug addiction and was too young to receive retirement. He worked in low wage work, including as a dish washer, though he had completed some training for business administration. Eric stated that he stayed at the Care Campus shelter for three to four years before being placed into a PSH program. He suggested that the reason it took so long was because he had to wait for a spot in Citrus, a PSH program that had less restrictions than the others.

Scholars have demonstrated that long wait times undercut the efficacy of Housing First programs, including through eroding potential recipients' trust and limiting assistance (Bullen and Baldry, 2018). People experiencing homelessness may already be

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<sup>11</sup> Some interviewees did not have SSI or SSDI when they began staying at the shelter at Care Campus, and received help from their case manager in applying. Interviewees that received SSI or SSDI discussed receiving \$600-\$800 a month. This amount alone is not enough for a person to remain stably housed in Miami.

distrustful of service providers due to past negative experiences and their use of disciplinary techniques. Having to wait a year or more for promised housing assistance makes people further question the intentions of service providers. For example, Dio left shelters multiple times despite being told he qualified for housing assistance because he thought it was “bull crap.” Having had to attend court mandated drug rehabilitation and being pushed to work in the Yellow Shirts program<sup>12</sup> first, it is not surprising that it felt like service providers were dangling a carrot on a stick. For some people it is bull crap though, since they may never qualify for PSH and may never be recommended for RRH.

*Who does not qualify?*

According to a case manager at Care Campus, almost everyone who experiences homelessness is eligible for one of the programs, with PSH being more difficult to obtain. Because of the score criteria, HUD funded PSH is almost exclusively for people considered chronically homeless (defined by HUD as homeless for over two years and having a documented disability). In contrast, RRH is a program for people considered episodically homeless (defined as less than two years, most likely not having a documented disability). However, in rare cases it is possible for someone to score low enough that they do not qualify for either program. A housing case manager gave an example of a case in which a client did not qualify for either program.

To be honest it's hard to score below a 4 on a VI-SPDAT, which is what qualifies you for RRH... I had one client who was a teacher and worked a

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<sup>12</sup> The “Yellow Shirts” program is funded by the Downtown Development Authority. In this program the DDA pays people staying in shelter for a year to perform activities such as cleaning up streets and assisting tourists with directions. It serves the dual purpose of providing cheap labor for the DDA while also helping people in shelter gain income for rehousing.

job overnight at home depot and something happened with his house. I forget exactly what but it was like a disaster so he had to move out. He had nowhere to go. That guy would never score above a 2. He wasn't facing the types of things that other homeless people face. He didn't have a mental health condition. He didn't have substance abuse. He hadn't been on the street long enough to get robbed or have an altercation or threaten somebody or anything like this or have run ins with the police.

What is rare about the client's situation is that he had income considered sufficient to maintain housing. He just did not have enough saved to immediately get a new apartment (renters often are required to pay first and last month's rent and security deposit up front). It is not rare for people without mental health conditions, disabilities, or substance abuse issues to lose their home due to economic or other reasons. However, they may not end up in a shelter if they can borrow money or have family they can live with until they are able to save enough money. While people who are "doubling up," couch surfing, or are living in hotels due to lack of available/affordable housing are (by some definitions) considered to be experiencing homelessness, it is difficult to estimate how many people are in this situation because they are less visible. HUD does not include these circumstances in their definition of homeless, so data on people in this situation are not reflected in HMIS or HUD's annual reports to congress.

Scholars have created the term "precariously housed" to encompass people who do not have stable housing and may experience homelessness at some point in their life. The United Way has advocated for people who are not considered below the federal poverty limit and are employed but still have financial difficulty and are precariously

housed. They have termed this group Asset Limited, Income Constrained, Employed (ALICE). The United Way (2018) estimates that 54% of households in Miami-Dade are below the federal poverty level (17%) or are within the ALICE threshold (37%). People within the ALICE threshold are employed, but their wages are not enough to meet basic necessities. The threshold is based on a modest survival budget. Estimates for this budget are low, estimating rent costs in Miami-Dade to be \$871 for a one-person household. Further, the budget does not include savings or funds for unexpected costs. Thus, people within or below the ALICE threshold are particularly vulnerable to becoming homeless if they lose their job or are in an emergency situation, especially if they also have a disability or are alienated from family. Some of these people may end up doubling up and may not be considered homeless by HUD, or may not have a high enough vulnerability score to be eligible for PSH or RRH.

Another instance in which someone may not qualify for housing assistance is if they do not have a Social Security Number. Bri was staying in the U.S. legally while she applied for a special visa. While she was able to stay in shelters such as Chapman, Care Campus, and Lotus House, none were able to provide her with housing assistance because of rules associated with HUD funding. When she reaches a shelter's time limit, which is typically three months, she is asked to leave. Bri is forced to go back to sleeping in her car or, if possible, couch surfing.

This demonstrates how aid is legitimized for some populations, yet delegitimized for others. This includes the delegitimization of aid for people without citizenship or eligible immigration status, as well as legitimization based on particular behaviors, disabilities, or experiences. In housing ready approaches people needed to demonstrate



“worthiness” for aid through being sober or obtaining employment. In Housing First people must still demonstrate “worthiness,” however the conditions have changed. A person must be sufficiently “sick” enough or have experienced enough trauma to score high enough on a vulnerability test. It is almost as if a person must gather ‘homeless equity’ in order to qualify for assistance.

*Placement: exiting homelessness through PSH and RRH*

When it is a person’s turn on the wait list for PSH they are referred to a particular PSH program led by a clinical social worker. Some of these programs are funded by HUD, while others may be funded by the Homeless Trust (who distributes funding from the Food and Beverage Tax) or private grants and donations. Care Campus has staff for some of these programs on site, though they receive clients through referrals from the Homeless Trust, which refers clients to these programs from any shelter throughout the COC. Brandon, a clinical social worker for a HUD funded PSH program whose office is at Care Campus, described what happens when a person is referred to his program.

We do intake interviews. When we do intakes, it's usually as a team. So we have a clinician, we have a nurse, we have a case manager, and we have a housing case manager that take part in the actual intake assessment. So everybody kind of does a piece of the assessment. As the clinician, my part focuses more on the biopsychosocial, you know, data of the client. So anything that has to do with their mental health, their physical health, you know, anything in their past history that might play a part in their care, that's where I kind of come in and put all that together. Usually when we

do an intake, you know, everybody kind of takes a piece of it. And our job is to kind of take everything that everybody does and put it in one, you know, thing. So it gives us a better idea of the client, what their needs are and how we can best serve them.

The data from the team's intake interview is recorded in HMIS. There is also a separate system that Brandon and other clinical social workers use to record notes on the client's mental and behavioral health called ICANotes. ICANotes is not shared to all agencies within the COC in the way that HMIS is in order to comply with health information protections.

Another member of the team for intake interviews is a housing navigator (or housing case manager). Due to scholars' findings that apartment and neighborhood choice lead to more successful outcomes, many Housing First programs incorporate this (Tsemberis 2010). At Care Campus, the housing navigator assists the client in completing a survey that asks them for three different areas they would prefer to live in, what forms of transportation they use, about their income, and apartment preferences. The housing navigator also asks about any medical issues or handicaps in order to find an apartment that meets their accessibility requirements. The housing navigator then typically shows the client up to three apartments that are available and the client can decide from those options.

Depending on the person's level of need and where they want to live, the apartment may be part of a single site program, at which services are provided on site and many clients live in the same complex. A person's placement in a program is based on availability and the case manager's recommendation, which may accommodate the

clients choice. An example of a single-site program are the apartments that Care Campus has on site. The residents of these PSH programs have their own wing separate from the rest of Care Campus with a separate entrance, their own one bedroom apartments, a fitness room and library exclusive to those residents, and their own case managers working on site. While there are single site PSH units in Miami-Dade, such as those on Care Campus's campus and buildings run by the Carrfour program, they are currently at capacity. The COC currently mainly relies on the availability of apartments owned by private landlords or property management companies (scattered site PSH) for placing clients. As a housing navigator at Care Campus explained, potential apartments for PSH must be listed at fair market rent (an asking rent that governmental organizations have determined to be fair). She uses Go Section 8, an online database that assists renters and realtors in finding apartments that qualify for use for the Section 8 program, to find potential apartments because all apartments that qualify for Section 8 are determined to be fair market rent and can be used for PSH programs as well. In Miami-Dade, fair market rent is currently \$1,084 for a studio apartment (Miami-Dade County 2020a). Brandon said that for his PSH program they typically use a rent cap of \$1100. In contrast, the average rent in the city of Miami for a studio apartment is currently \$1450 (Zumper 2020).

In order to facilitate private rentals, the housing navigator develops relationships with landlords. She has a list of landlords that she typically works with, but she also tries to find new apartments in different areas to have a variety for client housing choice. She described that she did not have many options in Miami Beach so she was currently trying

to cover that area. However, she described that it can sometimes be difficult to convince landlords and property managers to rent to PSH clients.

It is not easy sometimes to deal with the landlords because, you know, it's homeless population. And sometimes many landlords don't want to work with them. You have to sell the program. You have to explain to the landlord that our client is not by himself. Our duties don't end when you put the client in the apartment. The client came with a group of supporting people for him... I'm always in contact with the landlord and the client about the home issues. If something happen with the client if he misbehave or don't behave properly or something happen they can communicate it with me all the time, 24/7.

Whether or not the client has a job is another factor that may affect whether a landlord will rent to a client. When one of his clients in the shelter was being placed into PSH, an emergency housing case manager went with him.

I remember when I was taking that client to the interview for PSH and everything the property managers one of her biggest things was "Are you going to get a job? What have you been doing to get a job?" and was really grilling him on that.

Having a job or income is not a requirement for participation in HUD-funded PSH programs. Most PSH residents will not have jobs because of the requirements for PSH outlined above, including that clients have one or more disability. However, landlords or property managers may discriminate based on employment and refuse to rent to a PSH client. In a study of a Section 8 voucher placement program, Marr (2005) similarly found

that voucher recipients are often unable to secure apartments outside of high-poverty areas, and that housing placement specialists can help dispel apprehension that can prevent the successful use of vouchers. Similarly, without a housing case manager, recipients of PSH programs would have trouble finding landlords willing to rent to them, especially outside of high-poverty areas. Even with a housing case manager, lack of rental apartments available for use in PSH and RRH still contribute to longer wait times for housing assistance for people waiting in shelter.

## **Discussion**

Overall, the experiences of people as they obtain shelter and (re)housing demonstrate various techniques of governance. While Housing First is mainly biopolitical, disciplinary techniques such as criminalization and medicalization and care work alongside it. In fact, disciplinary techniques make Housing First work. In particular, disciplinary techniques are used to get people to enter shelter and the Housing First process, such as when police pressure people to enter shelter or when court mandates drug rehabilitation (previously transitional housing). Most of the time people who enter the shelter through prison release or drug rehabilitation will qualify for PSH because addiction is considered a disability, and disabilities and encounters with police increase a person's vulnerability score. Emergency room visits also increase a person's vulnerability score, so a person entering from hospital discharge may also be more likely to qualify for PSH. Thus, these individualizing disciplinary techniques for encouraging (or pressuring) individuals into shelter assists biopolitical Housing First PSH programs target members

of the sub-population (those considered chronically homeless) that they are tasked with focusing on.

The experiences of people attempting to obtain shelter and (re)housing also show how aid is legitimized for particular groups, while less or no assistance is legitimized for others. This was accomplished during the policymaking process through grouping people experiencing into sub-populations. In practice, it was accomplished through assigning people vulnerability scores during intake interviews at the shelter. Policymakers have justified focusing on the most vulnerable by citing limited resources, including limits of funding and units available. The chronically homeless are discussed as not being able to help themselves and as habitual service users that use the majority of resources and are more costly to taxpayers due to their use of emergency rooms and jail stays. PSH solves these issues by providing permanent support and lessening the likelihood that clients will use other services. On the other hand, other sub-populations, such as the episodically homeless or those with lower vulnerability scores, are viewed as having less need and being of less priority. Giving them less or no aid is legitimized by referring to limited resources. However, the political economic circumstances that cause them to experience homelessness, such as lack of affordable housing and living wage, are skirted since focus is instead on managing homelessness more efficiently.

Political economic circumstances are also skirted through the discourse of service resistance. Service resistance discourse can be utilized in response to claims about failures to address homelessness. For example, service providers may state that people are still on the street because they want to be homeless, or because they are not well enough to choose shelter. In Miami, this is particularly poignant, service providers

lamented that they cannot force them into shelter because of the Pottinger Agreement. This led policymakers to attempt to include a clause in the Pottinger Amendment to allow them to force the service resistant into shelter in 2013 (though it was not added), and was part of their motivation for dissolving the Pottinger Agreement in 2019. The use of this discourse ignores the legitimate reasons people may not want to enter shelter, and distracts from the structural issues that led to their experience of homelessness in the first place.

The availability of rentals at fair market rent and the willingness of landlords to lease to PSH tenants puts limits on the availability of units that can be used by PSH programs. This reveals the constraints of relying on rental markets for supplying these units and demonstrates the necessity of lessening this reliance through increasing public housing stock. Public housing stock could be increased by new builds or reclaiming unused housing and hotels (Roy et al 2020).

The sheltering and housing process becomes more important, but also more difficult, during a public health emergency such as Covid-19. One of the difficulties will be the amounts of people needing assistance due to lost wages and evictions. There also may be more people who would not typically qualify for (re)housing programs seeking assistance. My field research at Care Campus demonstrated that there were even more difficulties associated with providing shelter and housing during a pandemic. In Chapter 6, I discuss how the COVID-19 pandemic affected the governance of people experiencing homelessness and their experiences obtaining housing.

## VI. GOVERNING HOMELESSNESS DURING THE COVID-19 PANDEMIC

As mentioned in Chapter 3, the COVID-19 pandemic began in the middle of my dissertation field work. This caused me to need to make changes to my research, and ultimately, pause my fieldwork for about two months. I instead spent this time conducting research in the online city and county archives of meetings and resolutions pertaining to homelessness until I was able to return.

I returned to continue dissertation fieldwork at Care Campus in May 2020 after a two-month break, which coincided with Miami's 'shelter-in-place' order. The same day, many of the staff who were able to work from home were returning. I walked over to the shelter courtyard to observe and find people to interview. Everyone, including residents, security guards, clinical social workers, and myself, were wearing a mask.

I noticed a line in the courtyard that led to the dining hall. People were standing on Xs spray-painted on the ground. A line wasn't uncommon around lunch time before the pandemic, but it was not previously as spaced out. After letting in the first group, staff let people in six at a time and three people sat per table after getting their food from the cafeteria line up. There were temporary handwashing stations outside the entrance to the dining room and other buildings. Signs, in English and Spanish, were posted along doors and elevators notifying residents about social distancing practices, hand washing, symptoms of COVID-19, bingo and movie times, and about needing a pass in order to leave and return to the shelter.

The inequalities reflected and reinforced by COVID-19 are stark in the case of people experiencing homelessness. For people experiencing homelessness, home is not a mansion nor a studio apartment. Instead, it may be a tent, doorway, or bunkbed in a



crowded shelter. This limits their ability to self-isolate. Sanitary measures such as hand washing are also more difficult for people experiencing homelessness when businesses and public places are closed. Due to mass unemployment during the pandemic, huge waves of evictions are expected to follow the end of the eviction moratoriums (Eviction Lab 2020). This will further cause stress on current procedures for providing services and (re)housing. Moreover, the Center for Disease Control (CDC) posits that people experiencing homelessness who contract COVID-19 are at a greater risk for becoming severely ill, since many are older and/or have underlying medical conditions (CDC 2020a). The heightened vulnerability of people experiencing homelessness to contracting and spreading the disease and the risk this poses to the housed population has motivated unprecedented interventions internationally (Parsell et al 2020). How interventions and policies related to COVID-19 affect people experiencing homelessness is in need of study.

Through the case study of an organization providing shelter and other services in Miami, Florida, I examine how the COVID-19 pandemic has affected the experiences of unhoused people and current policies for providing (re)housing. I also examine how techniques of power and governance are redeployed and recombined in order to address this crisis.

My findings show that COVID-19 presented new challenges to staff and residents. Part of this was due to lockdown protocols instituted by the shelter intended to protect residents. Many residents felt the measures were inequitably enforced and that they impeded activities they considered necessary to live their lives and escape homelessness. This breach of residents' autonomy hindered their trust in staff, which is

necessary for effective delivery of aid. However, many chose to stay in order to maintain their place in the shelter and in line for rental assistance programs. Shelter management provided a positive example by responding to staff and resident feedback, which is important for effective services but can be under-valued by service providers and policymakers. In the discussion and conclusion, I overview how COVID-19 protocols have brought fundamental issues with the ways homelessness is addressed more clearly to the fore. This reinforces the need to lessen reliance on the rental market and address the root causes of homelessness.

As discussed in Chapter 5, In Miami-Dade and other localities, emergency shelters and transitional housing shelter people while they wait for PSH, which can take years depending on a persons' prioritization on the waiting list. This may force people to wait long periods of time in potentially problematic congregate living facilities while they wait for PSH or other housing assistance. Scholars have demonstrated that long wait times undercut the efficacy of Housing First programs, including through eroding potential recipients' trust and limiting assistance (Bullen and Baldry 2018). Emergencies such as COVID-19 further challenge current procedures for providing (re)housing assistance.

### **Local responses to COVID-19 and efforts to protect people experiencing homelessness**

In mid-March 2020, Miami-Dade County began implementing social distancing measures including banning large gatherings and the closure of all restaurants, entertainment venues, beaches, and parks. On March 24<sup>th</sup>, the City of Miami issued a

‘shelter-in-place’ order, which banned travel in the city with the exception of essential activities. Recognizing that people experiencing homelessness were unable to shelter-in-place and may contribute to community spread, the City of Miami deliberated how to respond in commission meetings.

In response, the Downtown Development Agency, an autonomous organization funded by a special tax levy on properties within its downtown Miami boundaries, donated 1,000 small hand sanitizers to the City of Miami’s homeless outreach team for distribution and set up ten hand-washing stations downtown. The Miami-Dade County Homeless Trust, a government organization that distributes funds from a county-wide food and beverage tax, also responded. With administrative assistance from Care Campus, they funded hotel rooms to be used for quarantining people experiencing homelessness who contracted COVID-19 or were more vulnerable to severe side-effects. As of July 24<sup>th</sup> 2020, the Homeless Trust reported conducting 3,400 tests and securing 5 different sites for quarantine placements, which received around 846 individuals (Miami-Dade County 2020b).

The federal government provided additional funding to service providers and local governments as part of the Coronavirus Aid, Relief, and Economic Security (CARES) Act. This additional funding was channeled through existing HUD grants whose purposes and restraints are already set, including the Emergency Solutions Grant, Community Development Block Grant (CDBG-CV), and Housing Opportunities for Persons with Aids Grant. The City of Miami received and reallocated additional funding through each. With funds from the CDBG-CV the city set up a rental assistance program for people whose income was affected by COVID-19 in an attempt to prevent future

evictions. During the five days that the application was open, 5,867 eligible applicants applied. The City of Miami estimated that they had funding to help about 1,300 households (City of Miami 2020).

As of this writing in October 2020, there has not been significant community spread of COVID-19 among Miami-Dade's population of people experiencing homelessness as feared by service providers and officials. In July, the Homeless Trust reported the rate of positive tests to be 3% among people experiencing homelessness, and attributed it to their efforts (Mozloom, 2020). This is significantly lower than the percent of positive tests for housed individuals in the County at the time, which was 30.5% at the peak of a summer surge (Lardieri, 2020). However, the impacts of COVID-19 on people experiencing homelessness go beyond whether or not they contract the disease.

Since the beginning of the pandemic, Care Campus has helped with testing people experiencing homelessness for COVID-19 with their outreach team and at an on-site location. The organization has continued to provide day center services and maintain the homeless hotline through which people enter the continuum of care's (COC) coordinated entry to be placed into shelter and housing.

In response to the 'shelter-in-place' order, Care Campus began introducing their own measures to try to protect clients and provide services safely during the pandemic. When I returned after the shelter-in-place order was lifted, I was able to observe these measures in action and interview residents about their experiences. An organization that provides shelter, PSH, and other services in Miami is an important location for studying the effects of COVID-19 on (re)housing policies and participants' experiences. Miami-

Dade has been severely affected by COVID-19, having the second highest case count of counties in the U.S. as of October 2020 (CDC 2020c).

Further, Care Campus was the only organization in Miami-Dade to implement lockdown protocols in their shelter in which people could not leave unless their case manager wrote them a pass. As such, it is an important case study of peoples' lived experiences that can provide insight for the management of homelessness during pandemics. The protocols were not the same throughout the pandemic; Care Campus continuously adapted protocols in response to rising rates in the surrounding areas as well as staff and client feedback. There were also differences of opinion and experiences among staff and among residents. The protocols mostly affected people living in emergency shelter, since people in PSH (even on-site at Care Campus) were not subject to the lockdown protocols.

### **Navigating the pandemic at Care Campus**

People living in congregate settings are at a greater risk of contracting and spreading COVID-19 due to close proximity. In a City Commission meeting, the director of Care Campus expressed concern and a desire to protect clients, especially those staying in congregate settings.

It is an interesting moment for us and even the homeless community in trying to address the needs of our clients we have within our walls, keeping them safe. We are strictly enforcing, Mr. Mayor, your do not go out orders... because we want to keep them inside. We want to make sure that they're not bringing infection into our facility as well.

While people who have their own apartments are responsible for following shelter-in-place orders themselves, it is arguably different for people residing in congregate settings such as shelters or nursing homes. Not only are they more at risk due to close quarters, but the organization in which they are living may feel responsible for protecting them and other residents and staff. These types of organizations have the ability to enforce shelter-in-place protocols in ways apartment complexes, landlords, or housing associations cannot. In Miami-Dade, people in PSH, including those who received rental housing-vouchers and those on-site at Care Campus, have their own individual rental agreements and were not subject to lockdown protocols beyond the city's shelter-in-place order.

The efforts of Care Campus to prevent COVID-19 spread in their shelter, which included increased sanitization practices, quarantine spaces, and lockdown protocols, have been widely recognized. In July 2020, the U.S. Surgeon General toured Care Campus, praising them for their efforts. According to the Care Campus director, there were only four positive COVID-19 cases out of 880 residents between March 1<sup>st</sup> to July 8<sup>th</sup>. This is significantly low, considering the high risk of spread in congregate living. However, the challenges and costs to residents expands beyond contracting the virus. Deciding to continue to operate and how to do so amid the pandemic were difficult decisions. Shelters nationwide have been criticized and closed for outbreaks within their facilities (National Low Income Housing Coalition [NLIHC], 2020). Care Campus actively participated in community discussions about COVID-19 and continuously examined and negotiated their own protocols in response to feedback.

*Should I stay or should I go?: Deciding whether or not to stay sheltered during lockdown*

The day I returned to fieldwork I struck up a conversation with a woman, Joan, waiting in line for the dining hall. She was a hairdresser for thirty years before retiring, but could no longer stand behind a chair all day and wanted to do something else to supplement her Social Security retirement income (SSI). She found part time work on a charter sail boat, which she enjoyed. But Social Security reduced her benefits when they thought she received an inheritance, and she could not afford rent without it. So Joan started staying in downtown Miami's Bayfront Park, working on the sail boat, taking showers in the marina, participating in free outdoor yoga classes, and sleeping on cardboard. She said it felt like she was camping, but it got hard on her back and she grew tired, so when a police officer offered her a spot in the emergency shelter at Care Campus, she accepted.

Joan stayed in Care Campus on lockdown waiting until she could regain her SSI and stable part-time employment and a housing navigator could find her an affordable rental. At the time I talked to her in May, she had been at the shelter for five months. She was hoping to receive permanent rental assistance, such as PSH. However, she did not have a high enough VI-SPDAT score, likely since she was not disabled and did not have a history of the experiences probed by the survey.

Joan said that when local concern about the virus increased, Care Campus changed their curfew from midnight to residents only being able to leave from 9am-5pm. Shortly after, 'they completely shut it down.' Despite the restricted freedom, Joan described her motivation for staying: 'I hope they give me something (independent housing) soon. I know there's one girl that's been here a year. I don't want to stay here

that long. But, if I have to, I have to.’ Joan mentioned missing going for walks, but felt that staying would be worth the wait if she was able to receive assistance in finding an affordable apartment.

Joan’s friend Danny also chose to stay sheltered during lockdown. Danny had been experiencing homelessness for a long time. He even remembered temporarily staying at Care Campus before it moved in 2011. Danny said that he would sometimes steal to get by. He was arrested, went to prison and when released, he was placed in Care Campus. Due to his length of time homeless and run-ins with police, Danny qualified for PSH. He was waiting in lockdown to be placed in an apartment. However, as Danny explained, lockdown policies caused many other residents to leave. Once residents leave without a pass, they are not able to return, and new people are screened and given beds in the shelter in their place.

A lot of people leave. It's hard to keep people in here because the people just getting [cooped up]. And then they right back where they started from... Nobody's supposed to be out there doing nothing but being in the house anyway... because everything is locked up. But people in here, you don't feel like that. I've seen a lot of people leave because they think it is just us locked down. But it's not.

Danny understood why people felt cooped up, but disagreed with their reasoning for leaving. Residents who leave would be ‘right back where they started from.’ It is difficult to get a spot in a shelter in Miami-Dade due to limited space. It is especially difficult to get a spot at Care Campus because it is viewed as much nicer than other shelters, so beds are open less often. Residents who left would also potentially lose their



spot in line for PSH since staying in the shelter helps document prolonged homelessness (which helps a person qualify) and makes it easier for staff to find clients when it is their turn to be placed in PSH.

Danny also argued that since social distancing measures were not confined to Care Campus, there was no point in leaving. Most residents had access to phones, and all had access to shared televisions, so it was possible for residents to access news. However, some likely had less access than others. According to staff, the director suggested addressing this by printing out case rates and news articles to place in sign holders around the shelter to help update residents about what was going on outside and allow them to make more informed decisions about staying or leaving.

However, there was another issue that was more difficult to solve. Residents recognized that while they were not allowed to leave, other people were still coming and going such as staff and new residents coming in. Danny was frustrated about being on lockdown while others were not.

What sense in keeping me in and then they go home every night? The people at work here still leaving and coming back. If you thinking you got enough sense to go out and don't get it, what makes you think I ain't got enough sense to go out? And then let's say I'm in here, I've been in here two months, and then somebody just come in off the street. They just keep bringing 'em in. We don't know who got what they got.

Danny was staying in the men's shelter, a congregate setting in which men stayed in bunk beds in a hall with shared bathrooms and a lobby with a TV. I pointed out that they were screening new residents for fevers and symptoms. But Danny knew about the

possibility of asymptomatic cases, stating ‘I don't think the Coronavirus is like that. You don't really know if a person got it.’

Bri, a resident of the women’s shelter, expressed similar concerns. The women’s shelter typically has three people per room who occupy a bunk bed and a single bed, and the residents of two of those rooms share two toilets and a shower. Bri states that she sees a lot of people from the outside come and go, some of whom are placed in her room. With staff coming and going, and people coming in from outside, Bri complained, ‘Please tell us how that's protecting us. It's not.’

It is a difficult situation that Care Campus must balance. Not all staff can work from home, and many roles are necessary for the functioning of the organization. During lockdown staff have continued to place residents into individual apartments through temporary rental assistance or PSH. Care Campus has attempted to ramp up placement, though staff have discussed difficulties due to limited availability of units in the rental market and effects of COVID-19 on the job market. Miami-Dade housing programs’ coordinated-entry process requires staff including case managers, clinical social workers, and housing navigators. Staff have attempted to offer services such as individual therapy remotely. However, some clients do not have phones or are difficult to get a hold of.

As expressed by Danny, shelter residents may feel it is inequitable that staff are trusted to leave while they are not. Scholars have described shelter residents’ experiences of feeling patronized (Hoffman and Coffey 2008). The authors found that this caused residents to leave and opt out of services. In my observations, Care Campus aimed to provide services in a way that treated clients with dignity. Residents I spoke with often have relationships of trust and friendship with their case managers. However, COVID-19

concerns have made it difficult for Care Campus to heed resident autonomy while attempting to serve and protect residents in a congregate setting.

The CDC states that the risk of contracting COVID-19 may be lower for people experiencing homelessness who are unsheltered, since there is more room to physically distance from others. However, they recognize other risks associated with being unsheltered including environmental hazards and lack of hygiene facilities, access to services, and healthcare (CDC 2020b). In a city commission meeting, Care Campus's director addressed this.

We've made a choice to continue to accept placements into our facility... Because no matter what, we know that a homeless person is going to be safer inside our facility than they are going to be out on the street. And that has been a challenge because as you can imagine we have to screen everyone and make sure they're not bringing disease into a congregate residential setting where one infected person can create a major impact on such a tightly housed environment... We have a hugely robust cleaning program, everything from ozone generators, to sprayers, to you name it...

The potential risks of being in a shelter versus unsheltered are ultimately something that people experiencing homelessness must weigh themselves and decide. However, they often experience encouragement and police pressure to enter the shelter and housing system. It is worth noting that there are Housing First programs elsewhere that place unsheltered people directly into permanent housing when it becomes available (Bullen and Baldry 2018). However, in Miami-Dade the majority of people must stay in an emergency shelter while they wait for PSH or temporary rental assistance. This is

because it helps prove their length of time homeless (which affects their spot on the wait list) and helps case managers contact them. So, in Miami-Dade the shelter is a mostly necessary step between being unsheltered and having a safe, non-congregate living situation. Many residents in shelter at Care Campus felt it was worth the wait due to the necessity of their situation, even during COVID-19 and with the frustrations of lockdown. Though, as suggested by Danny, many other residents decided to leave. Since my place of observation prevented me from talking to people who had already left the shelter, the fact that people left and why are based off the observations of other residents and staff.

*Passes to leave and return: straining staff-resident relationships*

During lockdown, there were some situations in which residents could obtain a pass to leave the facility and return. Emergency housing case managers were allowed to give passes to their clients to go to work, doctor's appointments, or pay bills. However, due to the criteria and a large amount of requests, case managers had to deny many. Sometimes, being denied a pass caused residents severe stress.

Bri, an interviewee discussed earlier, is an immigrant that is staying here legally while applying for U nonimmigrant status (U Visa). After traveling to many different countries with her family, Bri came to the US from Barbados with her fiancé. After the relationship turned violent, Bri left him. However, since she was not eligible to legally work nor receive public assistance, she was not able to afford rent on her own. Due to this she was in an extremely vulnerable position and was exposed to further traumatic

experiences. Not knowing how to explain this to her family, she decided to stay in the U.S.

Once Bri's U Visa is approved, she was planning to apply for her green card. While she waited for approval, she was applying for deferred action so that she could legally work in the meantime. Bri felt that what she really needed was Social Security Disability Insurance (SSDI), since she is in a wheelchair and easily exhausted. However, she would have to contribute Social Security taxes first. It takes a very long time to apply for a U Visa. While waiting, Bri has been forced to leave other shelters after their term limit of a few months, in between which she slept in her car. Shelters in Miami-Dade may permit residents to stay longer if they are employed and waiting for temporary rental assistance or PSH. However, since Bri does not have a Social Security number, she does not qualify and cannot legally work. Thus, Bri feels it is necessary to hold on to her car in case she needs to live in it again.

Care Campus has an attached parking garage and allows residents, staff, volunteers, and visitors to park there. This helps protect residents from losing their cars by preventing them from being towed while staying in the shelter. People with too low income are vulnerable to losing their car if it is impounded, since they usually are not able to pay the high fees, which increase by the day. Eventually the fees total more than the value of the car. Understanding barriers and being holistic and flexible about meeting residents' needs helps Care Campus build trust. However, their flexibility has been limited in some ways by COVID-19 concerns.

While Bri's car is safe in the garage for now, she is concerned about maintaining insurance. In Florida, car insurance is required, so if Bri leaves she could lose her car if

she receives tickets and it is impounded for not having insurance. This is why Bri feels it is absolutely necessary for her to work ‘under the table.’ However, she described that during lockdown, her case manager does not want to give her a pass to go to work these types of jobs.

It's ever so difficult for me to find any little bit of work to do. I do have to pay the insurance of my car. My case manager has put so many obstacles in the way... There is an elderly guy that I was supposed to look after at the weekends. Just to make sure he takes his medication and fix a little something to eat... Can you believe they don't want me to do it? They don't feel I'm being paid enough money... I have pleaded with them. I explained, ‘Listen, I have to pay my car insurance.’

Outside of lockdown, a case manager may disagree with a client that wants to work a job that does not pay them enough money. They may encourage the client to find a different job or go to school or career training first while staying at the shelter. The case manager does this in order to help the client obtain a more livable budget. However, outside of lockdown the case manager would not be able to stop the client from leaving during the day, and likely would not know where they are going. Due to her status, Bri is confined to under the table work that is not regulated by minimum wage and other labor laws, so it would be difficult for her to find a job that her case manager would approve of until she is legally able to work. But in the meantime, how will she pay her car insurance? As Bri described, her car has served as a vital resource while living unsheltered, but lockdown protocols are hindering her ability to maintain it as her backup plan. This breach of her autonomy strained her relationship with her case manager.

Other residents also experienced case managers not wanting them to leave to look for a job, especially if it is unstable or does not pay well. Josh, a thirty-five-year-old man, described how his case manager would prefer him to remain inside, rather than work odd jobs to supplement his SSDI.

Before the Coronavirus, you had to get up at 8 in the morning and you couldn't be in bed. From 8 to 4, you're out of the dorm. Of course, go get a job. You're at a homeless shelter; go to work. Now, if it's not necessary, [don't go]. I asked my case manager, 'This guy was making money across the street, washing cars. He makes like 50 bucks a day. Let me go do that. I could do that in the wheelchair.'

She said, 'Dude, you're a chef, and you speak English and Spanish. I don't want you washing cars, money in your hand, then you come back with 20 people's germs.' I was like, 'I just want to make money.'

She was like, 'Look, right now, it's a free pass. Don't worry about it. Just stay here, work on your leg, work on yourself, make a plan, and this isn't going to last forever.' I was like, 'Damn, I want to make money. I just got a check. This will be just dwindling down.' Then she said, 'Just relax.'

As a case manager described, before the pandemic residents were given two to three months to find a job. However, during the pandemic no one would be asked to leave for not having a job. In fact, Josh's caseworker encouraged him to just wait it out as 'a free pass.'

Unfortunately, working from home is not a viable option for people staying at Care Campus. According to researchers from the Economic Policy Institute (Gould and

Shierholz 2020), only 30% of workers in the U.S. can work from home. The percentage is much less for black and Hispanic or Latinx workers. People who earned more were also more likely to be able to work at home; 61.5% in the top quarter of earnings were able to, while only 9.2% in the lower quarter were able to. This forces people of lower income, who are more vulnerable to homelessness (or may already be experiencing homelessness), to risk contracting the disease in order to maintain income. In the case of lockdown at a shelter, it may also mean not working in order to be able to stay.

Similar to Josh, many people on SSDI legally work up to twenty hours a week (or under the table) in order to supplement their income. The current average SSDI payment is \$1,258.91 per month (Social Security Administration 2020). Residents I spoke to who receive SSDI typically received between \$600-900 per month (it is calculated based on past monthly earnings). Meanwhile, the average rent in Miami for a studio apartment is currently \$1450 (Zumper 2020). Fair market rent, or a rental that is listed at what governmental organizations have determined to be fair (used in Section 8 and PSH), in Miami-Dade is currently \$1,084 for a studio apartment (Miami-Dade 2020a). Affordable rent is calculated as 30% of your income. Many landlords require that tenants prove their income is three times the asking rent. Without some sort of supplemental income or being in a rental assistance program, it would be almost impossible for a person on SSDI to afford rent, even if they were in an apartment listed at fair market rent.

Deciding whether or not to give out a pass put case managers in difficult positions. Many case managers build friendly relationships with their clients in order to earn their trust. Client-staff trust is necessary for resources to be mobilized and to have successful outcomes in service organizations (Marr 2015b). Case managers need these



trusting relationships in order for clients to activate social ties and access resources. A case manager described this relationship.

[Clients] come to us to vent or to help cope with some of their symptoms and issues. And you can try to push them to the therapist... or a psychiatrist as much as you want, but sometimes you establish a connection with them that they often trust you first. And then sometimes you even end up going to the sessions with them and saying listen it's okay to tell them everything you're gonna tell me. It's okay. They're here to help you.

This demonstrates that often times clients need trusting relationships in order to listen to case manager advice and receive assistance. However, not granting clients' requests to leave the shelter breaches their autonomy and puts a strain on this relationship. If clients become too frustrated, they may leave and lose some of the progress they have made towards obtaining housing. Bri felt as if her case manager did not understand her needs, and it almost led her to leave.

I'm starting to wonder if I shouldn't go back and sleep in my car just so I can do this little bit of work and be able to pay my car insurance... I don't think it's right, and my case manager has never supported me on it.

...When I had to explain that I needed to see my immigration lawyer, and it was really important, I went to see [my case manager]... I said, 'This is for my deferred action so that I can legally work.' [My case manager] was like, 'I know it's difficult having to stay in a lockdown.' I said, 'Do you not realize how important this is?'

Case managers at Care Campus during lockdown are not supposed to give passes to everyone who asks, and they must decide which reasons necessitate one. Something that might not seem like a necessity to the case manager may be a necessity for the client. Moreover, if the pass is denied the client may not feel supported by their case manager. This may cause the case manager to lose their client's trust, and the client may begin to distrust the shelter and the housing process as well.

Listening to feedback from residents and case managers, the director announced that case managers could begin to give recreation passes to 1/5 of their caseloads. As long as residents had not already received a pass for work or appointments and the 1/5 limit had not been reached, they could receive a pass to leave for four hours. While some staff questioned whether the shelter should be locked down at all, others thought the recreation passes were too lenient. They expressed concern about the exponentially increasing cases in the area during the summer surge, and clients bringing COVID-19 back with them. However, it is worth noting that the staff who were against more passes did not have clients in lockdown; they did not have to listen to the requests to leave and complaints from clients since only shelter residents, not people in PSH, were on lockdown.

Often times, shelter management is removed from the front lines of providing service, so willingness to listen and respond to resident and staff feedback is extremely important. Including residents in decision making can help address the power differential in governance and can lead to changes that improve resident experiences and the success of programs. Care Campus has addressed this through their consumer advisory board. The board holds monthly meetings that are open to the public. They encourage anyone to share ideas about how they can improve their services at these meetings. U.S. federal

guidelines and local networks have also attempted to address power differentials by employing people who have experienced homelessness in service organizations that address homelessness. The City of Miami employs people who previously experienced homelessness in their outreach team (a team that approaches unsheltered people and encourages them to enter a shelter). Yet, the voices of people who have experienced homelessness still have a very limited presence in policy decision making and management overall.

## **Discussion and Conclusion**

The difficulties in promoting resident autonomy and trust in staff are rooted in a shortage of affordable housing, which forces people to have to stay in shelters for extended periods of time. Pandemic circumstances further problematize extended stays in shelters. Health officials, practitioners, and scholars alike recognize the benefits of permanent, non-congregate housing, both during and outside of public health emergencies (NAEH 2000; Parsell et al 2020; Aidala et al 2005; CDC 2020a). In Miami-Dade during the COVID-19 pandemic people in PSH units or those who were (re)housed were able to self-isolate and maintain autonomy while shelter residents were not. However, shortage of PSH units and affordable housing due to reliance on rental markets leads to long wait times for people in shelters. This necessitates more radical sources of housing that do not rely on private landlords and rental markets to address homelessness in general, during public health emergencies, and as precautionary measures for surges of homelessness during future emergencies. I discuss ways to expand PSH, public and affordable housing in Chapter 7, Conclusions.

It is also important to address the root causes of homelessness to lessen the amount of people that experience homelessness in the first place. The experiences of participants demonstrate the incompatibility of their income (be it SSI, SSDI, and/or low income jobs) with the rental housing market in Miami-Dade. It is not necessarily emergency circumstances that have caused their homelessness, even though emergency circumstances have worsened their situation.

In sum, this chapter has demonstrated the necessity of client autonomy for encouraging trusting relationships and effectively providing aid in service organizations. COVID-19 has challenged service providers' ability to do so while protecting residents in a congregate setting. Increasing affordable housing and PSH stock and addressing the root causes of homelessness will help reduce the amount of people and their time spent in problematic congregate settings.

## VII. CONCLUSIONS

In this concluding chapter, I present the significance of my research to the literature and recommend steps forward for policymakers, advocates, and service providers. Overall, in this dissertation I demonstrated the ways in which different techniques of power were (re)deployed and (re)combined (Rose 1999) in the governance of homelessness. Through examining the ways in which these techniques interact and work together, my research contributes to literature on power and governance.

Techniques utilized in the governance of homelessness in Miami included discipline such as criminalization (NCH and NLCHP 2006) and medicalization (Lyon-Callo 2000), biopolitical governance (Willse 2010), care (Conradson 2003), and aesthetic governance (Ghertner 2015). At times these techniques worked against each other, such as when references to biopolitical best practices hindered criminalization legislation. Often, these techniques worked together, including the linking of criminalization and care in order to remove people experiencing homelessness from public spaces in order to make them aesthetically pleasing. I also demonstrated how the biopolitical Housing First practices in Miami rely on criminalization and medicalization techniques to funnel people experiencing homelessness into shelters and divide them into subpopulations for targeted assistance. In contrast, move along orders (an aesthetic governance technique) appeared to be more of a last resort (such as when shelter is not available) to remove people experiencing homelessness temporarily from certain public spaces, rather than fully working in coordination with biopolitical techniques.

My research also contributes to literature on neoliberal urbanism. I present an alternative to studies that attempt to determine which technique or logic (such as

criminalization or care) is the most dominant in neoliberal urban poverty or homelessness management. Some scholars argue that punitivism is the dominant logic governing cities' regulation of the poor (Mitchell 1997; Smith 1996 ). Scholars subsequently argued against these depictions, demonstrating the complexity of urban landscapes and new or persisting forms of care (Deverteuil 2009). Instead, I demonstrate how these seemingly contradictory techniques can be utilized together towards an overall goal – such as the removal of people experiencing homelessness from public space. Hennigan and Speer (2019) similarly demonstrate the blurring of care and criminalization in the form of 'compassionate revanchism' through their archival and ethnographic study of two cities. In their study of Phoenix, the authors state that the simultaneous timing of interventions that increased both shelter capacity and anti-homeless policing “suggests that they work jointly to spatially manage homeless populations” (Hennigan and Speer 2019, 915). I confirm this through my case study of Miami, as well as add nuance and further description as to how criminalization and care work together towards this end. I also look at the impacts of the interaction of these techniques at the individual level. These include: how people in Miami must navigate entering shelter, such as through the hotline, police, prison release, hospital discharge and the like; that people must figure out how to accrue “homeless equity” in order to qualify for PSH, such as through documenting disabilities, utilizing emergency rooms, and interacting with police; and how individuals experience different types of policing, including therapeutic policing and zero tolerance policing in hot spots, and strategize to obtain assistance from police and/or avoid negative interactions.

Overall, by showing how governing homelessness through different combinations of these techniques has been unable to truly end homelessness, I foreground the need for systemic change, rather than “better” or further reaching governance. In terms of governance techniques, Housing First PSH, RRH and homelessness prevention programs are more effective than ‘housing ready’ and criminalization techniques at reducing levels of homelessness and keeping formerly homeless persons housed (Tsemberis 2010). Housing First is currently accepted as a ‘best practice’ for managing homelessness, and is being implemented in cities across the U.S. and internationally as well. However, as discussed in Chapters 5 and 6, my findings reveal deep flaws in Housing First, mainly that it cannot end homelessness since it does not address the root causes. Further, it will (and arguably already does) have diminishing returns in terms of money saved and levels of homelessness reduced. Despite increasing implementation of Housing First by localities, levels of homelessness has risen for the past three years in the U.S. (HUD 2019).

How will techniques be (re)combined and (re)deployed once Housing First practices are recognized as not producing intended results? Instead, I propose policymakers and practitioners focus on impacting homelessness through meaningful systemic change. Chapter 2 describes productive areas for change, including specific changes in health care and welfare reform and to address income gaps and affordable housing deficits and strengthen labor unions. For example, states can be prevented from diverting TANF funds meant for food assistance to educational and moral programs that do little to keep families fed and housed. Requiring all states to participate in Medicaid expansion would increase access to affordable healthcare. Alternatively, establishing a

single payer healthcare system ('Medicare for all') with broad coverage could be best for ensuring everyone fair and equal access to healthcare. I also point to the benefits of unions, which help protect the rights of workers and encourage full time, living wage jobs with benefits. The Taft Harvey and Landrum Griffin Acts could be adjusted to give workers better ability to unionize and fight for their rights and benefits. In terms of home ownership and foreclosures, tighter regulations on loans and the housing market would help prevent subprime and predatory lending practices that may lead families to lose their homes.

In Chapter 2, I also discuss detrimental outcomes of the reduction of public housing stock and the financialization of the housing market. Increasing stock of public housing and affordable housing would greatly benefit people vulnerable to experiencing homelessness. As discussed in Chapters 5 and 6, affordable rental housing is also key for PSH programs, which can often only utilize apartments at fair market rent. In order to expand access to affordable housing and prevent homelessness, scholars have suggested increasing access to voucher programs such as Section 8 (Desmond 2016). However, the benefits of public housing over voucher programs should not be overlooked (see Cattell et al 2010). Voucher programs rely on the housing market and likely contribute to rising prices due to increased demand.

Another potential solution for increasing affordable housing stock includes increasing supply of public housing through new builds or reclaiming vacant homes and hotel rooms. For example, scholars have proposed reclaiming tourist hotels and motels, including through eminent domain, in order to expand access to housing amidst a looming eviction surge (Roy et al, 2020).



Another potential solution for increasing affordable housing and PSH stock is through utilizing public land banks. Land banks are governmental entities or nonprofits whose goal is to convert vacant, abandoned, and tax delinquent properties into new, productive uses (Center for Community Progress 2015). If utilized correctly, land banks have the potential to accumulate housing and land for redistribution towards more equitable ends, including for affordable housing. When vacant and abandoned homes or land are sold to investors such as banks, the banks may sit on them until the price is high enough for them to make a profit, and homes and land are sold to the highest bidder. However, if homes or land are transferred to a public land bank, the public can utilize the land in a more equitable way. For example, the land bank could utilize homes for scattered-site PSH programs, the homes could be sold to low- to moderate-income homebuyers including those participating in homeownership programs (such as Miami-Dade's Homeownership Assistance Program that assists low- and moderate-income households with down payments and closing costs), or the homes could be donated to organizations such as Habitat for Humanity for charitable purposes. Land in the public land bank can also be used for new development of affordable housing or can be utilized towards other community needs such as recreation or community gardens.

However, not all public land banks are effective. Land banks are also typically more successful in areas with large inventories of vacant and abandoned property that have not already been bought by private investors. This is not typical of Miami. Further, land banks in Miami would have to contend with state legislation that favors private investors. Florida Statutes (Title XIV Chapter 197) require that all tax liens be offered to investors first, which gives investors an advantage over local governments in acquiring

homes and land through the tax foreclosure process. Non-profits and local governments should coordinate with other cities and land banks to lobby the State of Florida to change legislation to allow for automatic transfer of tax foreclosed properties to the land trust. Effective legislation also grants land banks the ability to hold land tax-free, clear title and/or extinguish back taxes, lease properties for temporary uses, and negotiate sales based on the outcome that most closely aligns with community needs rather than only the highest bid.<sup>13</sup>

A community land trust, a non-profit organization that holds land in trust, can also be utilized to increase affordable housing. Community land trusts typically receive land through donation and hold it permanently. When a community land trust sells a home it does so at a discounted price and maintains ownership of the land that the home is located on. The land that the housing is on is typically leased to the homeowner through a long-term ground lease, which allows the community land trust to control the price at which the new owner can sell the home to a future buyer. This ensures that the housing unit remains affordable in perpetuity. Community land trusts and land banks can work together to increase access to affordable housing. For example, land banks can acquire land and extinguish liens or back taxes and donate land to the community land trust to be used for affordable housing (Zehner 2020).

In addition to changing specific policies related to welfare, labor, and healthcare and increasing affordable housing stock, laws and lawsuits that protect the rights of people experiencing homelessness to use public space can also positively affect their

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<sup>13</sup> Frequently Asked Questions on Land Banking  
<https://www.communityprogress.net/land-banking-faq-pages-449.php#What%20is%20a%20land%20bank?>

lives. However, as discussed in Chapter 4, advocates will need to address the limitations of and lessons learned from previous laws such as the Pottinger Agreement. For example, they should be wary of ways law enforcement may circumvent the protections, including through the use of move along orders and workarounds (such as regarding where vehicles of people experiencing homelessness may be parked). These can be implemented in combination with meaningful systemic changes in order to address homelessness. However, I also demonstrate that legal protections against arrest have been based on the availability of shelter and question the efficacy of this. Here, I wish to call for further discussion on how the rights of people experiencing homelessness to use public space might be protected without being based on shelter availability.

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## VITA

REBECCA LYNN YOUNG, Ph.D.

- 2021 Ph.D., Global and Sociocultural Studies, Florida International University  
Dissertation title: *The Governance of Homelessness in Miami*  
Chair: Matthew Marr, Ph.D.  
Committee Members: Kevin Grove, Ph.D. (Geography), Mark Padilla, Ph.D. (Anthropology), Asia Eaton, Ph.D. (Psychology)  
Certificate: Graduate Certificate in Geographic Information Systems
- 2016 M.A., Anthropology, University of Central Florida  
Thesis title: *Devising Strategies, Managing Needs: A Multi-level Ethnographic Study of Homelessness in Central Florida*. Defense: March 2016  
Chair: Joanna Mishtal, Ph.D.  
Committee Members:  
Beatriz Reyes-Foster, Ph.D. (Anthropology), Ty Matejowsky, Ph.D. (Anthropology), Amy Donley, Ph.D. (Sociology)
- 2014 B.A., Anthropology, with Honors, University of Central Florida  
Minor: Leadership Studies  
Honors Thesis: *The Perceptions of Homelessness and Strategies for Receiving Services among the Florida Homeless*. Defense: March 2014.  
Chair: Joanna Mishtal, Ph.D.
- 2018-2019 FIU-MDC Humanities Edge Faculty and Student Research - \$800 stipend per semester. Responsibilities include data collection, transcription, GIS analysis and data visualization, photovoice project and photovoice exhibit.  
Research Site: Camillus House – non-profit organization, Miami, Florida  
Supported by: FIU-MDC Humanities Edge Faculty and Student Research
- 2017-2020 U.S.-Japan Service Hub Network Research Assistant – Responsibilities include assisting with set up of travel, traveling to four research cities, meetings, and lecture series as well as contributing a book chapter and maps to the collaborative edited volume.  
Research Cities: Miami, Los Angeles, Tokyo, Osaka  
Supported by: The Japan Foundation Grant for Dispatching Artists and Cultural Specialists
- 2016-2020 Graduate Teaching Assistantship, Florida International University
- 2014-2016 Research and Mentoring Program (RAMP) Graduate Fellowship
- 2012-2014 Research and Mentoring Program (RAMP) Undergraduate Fellowship

- 2010-2014 Florida Bright Futures Scholarship
- 2013 Honors-in-the-Major Program Scholarship
- 2012 National Public Anthropology Award for Excellence in Writing on Ethics in Research. *Title of Paper*: "Tight Restrictions and Transparency in Research." Competition held by the Center for Public Anthropology.

Publications and presentations

Marr, Matthew D., Rebecca Young, Jacquelyn Johnston, and Karen Mahar (in press) "Spatial Dynamics and Subjective Experiences of Service Hubs Addressing Homelessness in Neoliberal Miami" in Kornatowski, Geerhardt, Toshio Mizuuchi and Taku Sugano (Eds.) *Diversities of Urban Inclusivity: Perspectives beyond Gentrification in Developed City-regions*. New York, NY: Springer.

- 2019 "Battles over 'Public' Space: The Contested Use of Public Urban Parks in Miami and Fort Lauderdale," American Association of Geographers Annual Meeting, April 3<sup>rd</sup> 2019, Washington DC. (National conference, oral paper presentation)
- 2019 "Socioeconomic Characteristics of Service Hub Neighborhoods in Miami and LA," Refuge Neighborhoods: Service Hubs and Homelessness in the US and Japan, Southern Japan Seminar, March 8th 2019, Miami. (Grant-funded conference, paper presentation)
- 2018 "The Contested Use of Public Urban Parks in Miami and Fort Lauderdale," American Anthropological Association Annual Meeting, November 14th 2018, San Jose. (National conference, paper presentation)
- 2018 "Adapting to Resilience Theory: Students negotiate the ubiquitousness of resilience in their research projects," American Anthropological Association Annual Meeting, November 14th 2018, San Jose. (National conference, organizer and presenter, roundtable presentation)
- 2018 "In the Interests of 'Citizens'": The Governance of Homelessness through Criminalization and Care in Orlando, Florida," American Association of Geographers Annual Meeting, April 10<sup>th</sup> 2018, New Orleans. (National conference, oral paper presentation)
- 2016 "A Vertical Slice of Homelessness: A Multi-Level Analysis in Orlando, Florida," Society for Applied Anthropology Annual Meeting, March 29<sup>th</sup> 2016, Vancouver. (National conference, oral paper presentation)