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Acknowledging Human Dignity: The Plight of Individuals Experiencing Homelessness

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Acknowledging Human Dignity: The Plight of Individuals Experiencing Homelessness

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Abstract

Acknowledging Human Dignity: The Plight of Individuals Experiencing Homelessness
By Sarah Jean Coolidge

Individuals experiencing homelessness possess an unconditional dignity that is present in all human beings. However, these individuals experience disproportionate social, mental, and physical health issues and are subject to dehumanizing attitudes, behaviors, and policies. Harmful language and misconceptions about these individuals fail to acknowledge their dignity and further maintain unethical conduct towards them. The pervasive impacts of the dehumanization of individuals experiencing homelessness exist through the attitudes and language that aim to separate these individuals from their dignity. In order to respect the dignity of these individuals and support ethical treatments towards them, accurate and diverse narratives that emphasize their humanity is necessary. The advancement of narratives can be done through increasing both the use of dignifying language and exposure to the impacts and experience of homelessness. Narrative approaches to homelessness must occur at all levels of society and address individual interactions, community and institutional actions, and systemic policy implementation in order to enact lasting societal change. Failure to humanize these individuals' and protect their dignity is an issue of both current dialogue and ingrained societal beliefs. The denial and disrespect of the dignity of individuals experiencing homelessness is an ethical issue that requires multifaceted approaches and lasting narrative changes. Translating the philosophical concept of dignity into realms of healthcare, society, and policy is possible, attainable, and worthwhile. By tackling dehumanizing language and advancing accurate narratives, the respect that these individuals deserve due to their human dignity can be better advanced.

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Reflexive Statement

This work was in part inspired from the experiences I had while meeting, speaking with, and learning from healthcare providers and individuals experiencing homelessness in Atlanta, Georgia while engaging in my master's practicum at the Mercy Care Medical Clinic. Through these interactions, I gained invaluable experiences with individuals from a number of advocacy, support, and outreach groups based in Georgia.

While I am writing on topics relevant to those who are experiencing homelessness and those working towards the support and advocacy of these individuals, I do not have experience with homelessness myself. I draw on de-identified experiences and interactions that I was told about or heard directly from individuals as well as publicly made narratives of individuals who are or have experienced homelessness. The narratives I have included from my own experiences have been retroactively pulled and do not necessarily reflect all or the majority of experiences of individuals in these circumstances.

Every individual has a unique, complex, and highly personal experience associated with the circumstances surrounding their homelessness that cannot be captured in the handful of narratives or brief stories I have utilized; the very idea and focus of this work is to highlight the importance of increasing and promoting language, exposure, and narratives to advocating and improving attitudes and treatments of individuals who experience homelessness specifically in the United States.

Introduction

Homelessness is a complex issue. In the United States, nearly 570,000 people experience homelessness on any given night;¹ these individuals include families, young people, the elderly, veterans, college graduates, and everything in between. Many of the social stigmas, attitudes, and policies surrounding homelessness cause or force individuals to move out of the public eye. Homelessness can occur from a number of circumstances, such as poverty, housing unaffordability, mounting medical expenses, and domestic abuse. However, mentalities, attitudes, and policies enacted towards these individuals' border on hateful, discriminatory, and accusatory.

While efforts to detail the experiences of individuals experiencing homelessness and approaches to improving their conditions are being made, there is still a need for larger changes in societal perceptions and conduct towards these individuals. As dehumanizing language and attitudes persist, the dignity of these individuals is not respected and hundreds of thousands of people experience the negative impacts and consequences of being homeless each day. In this thesis, I will provide background on homelessness in the United States and describe how an appeal to dignity can be used to better language and increase exposure to homelessness, thus leading to widespread, long-term changes to society's perceptions of people experiencing homelessness.

Living without permanent housing has been linked to serious health concerns; crowded, communal living can exacerbate stress and chronic illness, lead to higher risk

¹ National Alliance to End Homelessness. "State of Homelessness: 2020 Edition." Accessed April 17, 2020. <https://endhomelessness.org/homelessness-in-america/homelessness-statistics/state-of-homelessness-2020/>.

of contracting communicable diseases, and worsen existing behavioral health issues.²

When I first met Anne³ while helping in a medical clinic in Atlanta, GA, she immediately struck me as a cheerful and optimistic woman. In her late 60s, she had been experiencing homelessness for several years following the end of an abusive relationship. The more I heard from her the more I realized the pain she was internalizing. She described a long history of paranoia, depression, and post-traumatic stress disorder from her relationship experience. She also felt rejected by society; repeatedly, she detailed how she would avoid main streetways in order to evade the dirty looks and whispers of passersby. The smile she wore masked a deep pain that is a reality for many of these individuals.

Being marginalized and seen as ‘less than’ in a society causes an individual to have increased likelihood of mental health disorders such as anxiety, depression, and post-traumatic stress disorder, many of which may already be present and thus further aggravated.⁴ Living without permanent housing sets these hundreds of thousands of individuals up to fighting an uphill battle regarding their health, wellbeing, social status, and acceptance in society. Therefore, this issue is one of critical importance to both the health of each individual impacted as well as the public health of a society in general.

The practice of denying the humanness and dignity of these individuals through dehumanizing attitudes and actions both harms their health and wellbeing and

² National Healthcare for the Homeless Council. “Homelessness & Health: What’s the Connection?” Accessed April 17, 2020. <https://nhchc.org/wp-content/uploads/2019/08/homelessness-and-health.pdf>

³ Name and identifying information have been changed to protect the privacy of this individual.

⁴ Kreek, Mary Jeanne. “Extreme Marginalization: Addiction and Other Mental Health Disorders, Stigma, and Imprisonment.” *Annals of the New York Academy of Sciences* 1231 (August 2011): 65–72. <https://doi.org/10.1111/j.1749-6632.2011.06152.x>.

promotes damaging policy and lasting social implications associated with homelessness. In order to improve the lasting impacts of outreach and advocacy efforts for these individuals, a new foundation must be laid for why the respect and ethical treatment of these individuals is an important issue. In this thesis, I will be utilizing dignity as this foundation.

These individuals have dignity, an unconditional value that entitles respect, due to their humanity. The violation of dignity, particularly through dehumanizing language and actions, is possible due to the lack of accurate language and exposure to the full narratives of these individuals. Through exploring what can allow an individual to deny, forget, look past, or ignore another person's dignity, one is better able to explain why dehumanization may occur towards certain groups of people, such as those experiencing homelessness. The roots of dehumanization stem from misconceptions or disagreement in what constitutes the dignity and value of the 'other', some of which are discussed further on; historically, this has been done to create an 'us versus them' mentality. Failures in acknowledging the other's humanity and dignity result in lasting mental and physical health issues for the individual and persisting unethical norms and policies in a society.

In the first chapter, I will provide an introduction to homelessness in the United States. I will cover the types of homelessness, who is disproportionately affected, the myths and criminalization of these individuals, and the negative individual and public health impacts. In the second chapter, I will go into a more detailed description of dignity, why it should extend to all human beings, and how it specifically applies to the plight of individuals experiencing homelessness. The third chapter will consist of a further explanation of what dehumanization is and how it manifests in language and

actions. This chapter will draw on how the act of dehumanizing others is a violation of their human dignity, and I will explain the ways in which dehumanization impacts individuals experiencing homelessness. In the fourth and final chapter, I will describe two ways in which dignity can be promoted and respected, through language and exposure. Additionally, I will provide an example of a successful approach to homelessness and include ways in which this could be improved through incorporating increased focus to language and narratives. I will point to how new and diverse narratives of individuals who have experienced homelessness can be used to protect dignity and combat dehumanization by broadening society's perspective of the humanity of these individuals.

Therefore, the focus of this work and advancing literature related to individuals experiencing homelessness is not only on explaining why these individuals should be treated with dignity and respect, but also what we, as individuals, community members, and a society, can do to acknowledge and protect their dignity. Efforts regarding advocating for individuals experiencing homelessness often address one or some of these topics I address in the following chapters. Therefore, in this work, I aim to look at how the dignity of these individuals can be promoted in order to end their dehumanization and unethical treatment and maximize approaches to homelessness.

Chapter 1: The Experience of Homelessness

Individuals experiencing homelessness face a number of unique issues that can affect them socially, mentally, and physically. This chapter will provide an introduction to some of these issues and their impacts. The extent of the existence of negative attitudes, treatments, and policies surrounding individuals experiencing homelessness in the United States have demonstrated the dehumanization of individuals experiencing homelessness and the lack of protection of their dignity throughout history. This chapter will provide a background on the disproportionate results of the harmful and unethical treatments of individuals experiencing homeless and begin to draw attention to why appropriate and supportive language should be used when addressing these individuals.

1.1 Introduction to A Vulnerable Population

Homelessness is a difficult social phenomenon to track; individuals may experience homelessness at any stage of life and may lose permanent shelter from anywhere between one night of their life to every night for the rest of their life. The dynamic nature of the issue means that it is both very difficult to know the exact number of individuals experiencing homelessness as well as difficult to monitor individuals and gauge their progress over time. For example, each year the United States Department of Housing and Urban Development produces a point-in-time count and housing inventory count in order to determine the number individuals experiencing homelessness who are both sheltered and unsheltered.⁵ As this yearly count is

⁵ “2019 Point in Time Estimates of Homelessness in the U.S. | HUD.Gov / U.S. Department of Housing and Urban Development (HUD).” Accessed July 3, 2020. <https://www.hud.gov/2019-point-in-time-estimates-of-homelessness-in-US>.

conducted by local or regional Continuums of Care on a single night in January,⁶ they are estimates and may not count every individual experiencing homelessness throughout the country. Due to the varying information collection methods of these Continuums of Care, there may be variations in the “reliability and consistency of the homeless counts” as well as changes in the number of individuals experiencing homelessness throughout the year.⁷

Homelessness is not a new problem in the United States. However, in the last several decades, homelessness has become more of a pertinent and pressing issue. The ‘modern age of homelessness’, beginning in the early 1980s, has resulted from numerous different causes including:

“gentrification of the inner city, deinstitutionalization of the mentally ill, high unemployment rate, the emergence of HIV/AIDS, an inadequate supply of affordable housing options, and deep budget cuts to the U.S. Department of Housing and Urban Development and social service agencies in response to what was then the country’s worst recession since the Great Depression”.⁸

⁶ The Continuum of Care is a planning body, located regionally or locally, that coordinates housing, services, and funding for individuals experiencing homelessness in the United States. They track and manage individuals experiencing homelessness in their communities as well as work on and with outreach, emergency shelters, transitional housing, and permanent housing, among other areas (see National Alliance to End Homelessness’ “What Is a Continuum of Care?”).

⁷ National Alliance to End Homelessness. “What Is a Continuum of Care?” Accessed July 3, 2020. <https://endhomelessness.org/resource/what-is-a-continuum-of-care/>.

⁸ National Academies of Sciences, Engineering, Health and Medicine Division, Board on Population Health and Public Health Practice, Policy and Global Affairs, Science and Technology for Sustainability Program, and Committee on an Evaluation of Permanent Supportive Housing Programs for Homeless Individuals. *The History of Homelessness in the United States*. National Academies Press (US), 2018. <https://www.ncbi.nlm.nih.gov/books/NBK519584/>.

Specifically, the closing of many state hospitals in the 1980s resulted in a large deficit of mental health resources and a shortage of inpatient care for individuals experiencing mental illnesses and those with psychiatric needs.⁹ With the closing of and, therefore, reduction in the number of longer-term state mental hospitals and facilities, defunding of the U.S. Department of Housing and Urban Development, and loss and disappearance of affordable housing options over time, more and more individuals who would have otherwise been able to go to institutions for their mental illnesses were pushed into short stays in emergency rooms, shelters, and the streets.¹⁰

1.2 Types of Homelessness

Homelessness can be difficult to categorize due to the variability in experience between one individual and the next. There are three main types of homelessness that individuals may experience: episodic, temporary or situational, and chronic. Each of these can be caused by one or a number of different types of circumstances.

Individuals who experience episodic homelessness often have little to no financial buffer against emergencies and may live with uncertainty in job stability, housing costs, and household budgets. This type of homelessness is often experienced in short time periods and may occur once or repeatedly depending on financial instability. Similarly, situational or temporary homelessness may also be experienced due to uncertainty but

⁹ NPR.org. “How The Loss Of U.S. Psychiatric Hospitals Led To A Mental Health Crisis.” Accessed August 2, 2020. <https://www.npr.org/2017/11/30/567477160/how-the-loss-of-u-s-psychiatric-hospitals-led-to-a-mental-health-crisis>.

¹⁰ National Academies of Sciences, Engineering, Health and Medicine Division, Board on Population Health and Public Health Practice, Policy and Global Affairs, Science and Technology for Sustainability Program, and Committee on an Evaluation of Permanent Supportive Housing Programs for Homeless Individuals. *The History of Homelessness in the United States*.

is specifically tied to a crisis or emergency event occurring, such as sudden unemployment, healthcare emergency, natural disasters, or domestic abuse.¹¹ These individuals are referred to as situational because often their housing circumstances can be resolved once the situation is addressed. Both situational and episodic homelessness can be anything between one night without shelter or housing to a short period, often considered to be less than one year in length.

Conversely, individuals who experience chronic homelessness are those who have been “living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter” for a period of over one year or have had four or more periods of homelessness in a span of three years (adding up to at least one year in total).¹² Further, the federal government includes that the individual must also be living with one or more mental or physical disabling condition(s), such as “[s]ubstance use disorder, serious mental illness, developmental disability [...], posttraumatic stress disorder, cognitive impairments resulting from brain injury, or chronic physical illness or disability”.¹³

Of the total number of individuals experiencing homelessness in the United States on any given day, almost one quarter of these individuals are chronically

¹¹ “Housing Search Assistance Toolkit - HUD Exchange.” Accessed July 3, 2020. <https://www.hudexchange.info/resources/housingsearchtool/?housingsearchtoolaction=public:main.making-the-case-why-provide-housing-search-services#:~:text=It%20helps%20prevent%20unnecessary%20duplication,the%20complex%20needs%20of%20clients.>

¹² “Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH): Defining Chronically Homeless Final Rule - HUD Exchange.” Accessed July 3, 2020. <https://www.hudexchange.info/resource/4847/hearth-defining-chronically-homeless-final-rule/>. Page 75793.

¹³ “Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH): Defining Chronically Homeless Final Rule - HUD Exchange.” Page 75793.

homeless.¹⁴ There are many factors that can contribute to an individual becoming chronically homeless including poverty or lack of affordable housing, physical disability or mental illness, and other medical conditions or financial circumstances. Additionally, these individuals tend to be older, experience more difficulty in exiting the situation, and have more severe negative health outcomes.¹⁵

1.3 Who is Affected?

The demographics of individuals experiencing homelessness in the United States have changed dramatically over history. Today, as hundreds of thousands of individuals are unsheltered or without permanent housing in this country, the individuals have a wide diversity of identities and backgrounds; no group or identity has gone untouched by homelessness. Even individuals who had amassed fame and wealth have experienced homelessness. Individuals including “Superman” actress Margot Kidder, who struggled with mental illness, and boxing champion Rocky Lockridge, who battled drug addiction and alcohol dependence, experienced homelessness following their successful careers.¹⁶ James¹⁷ was an individual I met in Atlanta, GA who was a graduate of a well-known college and was previously a highly successful artist on the East Coast. However, when the economy turned, James’ work suffered, and his marriage became strained and ended in a messy divorce. James left the East Coast and headed for Atlanta during the

¹⁴ National Alliance to End Homelessness. “Chronically Homeless.” Accessed July 3, 2020. <https://endhomelessness.org/homelessness-in-america/who-experiences-homelessness/chronically-homeless/>.

¹⁵ National Alliance to End Homelessness. “Chronically Homeless.”

¹⁶ Giang, Danielle Schlanger, Vivian. “9 Famous People Who Became Homeless.” Business Insider. Accessed July 29, 2020. <https://www.businessinsider.com/famous-people-who-became-homeless-2012-7>

¹⁷ Name and identifying information have been changed to protect the privacy of this individual.

recession with some cash but soon found himself without work, shelter, or a place to turn to. During each of the several times I spoke with him, he noted that he never thought that this (experiencing homelessness) would happen to him.

Data from the U.S. Department of Housing and Urban Development's 2019 point-in-time report showed that 17 out of every 10,000 individuals in the United States experience homelessness on a single night; that means that over 550,000 individuals can be experiencing the loss of permanent housing at any given time.^{18,19} These include single individuals, families, veterans, the elderly, and unaccompanied youth. The District of Columbia has the highest rates of homelessness in the United States at 93 people per 10,000, while Georgia has approximately 10,443 individuals experiencing homelessness at about 10 people per 10,000.²⁰

The majority of individuals experiencing homelessness are white, or about 270,000 people. However, when broken down into rates per 10,000 people, the top five categories are (out of every 10,000 people): Pacific Islander at 159.8; Native American at 66.6; Black at 55.2; multiracial at 35.3; and Hispanic or Latinx at 21.7. Comparatively, there are about 11.5 white individuals experiencing homelessness out of every 10,000 in the country. Additionally, while individuals who identify as black or African American

¹⁸ "2019 Point in Time Estimates of Homelessness in the U.S. | HUD.Gov / U.S. Department of Housing and Urban Development (HUD)." Accessed July 29, 2020. <https://www.hud.gov/2019-point-in-time-estimates-of-homelessness-in-US>.

¹⁹ National Alliance to End Homelessness. "State of Homelessness: 2020 Edition." Accessed April 17, 2020. <https://endhomelessness.org/homelessness-in-america/homelessness-statistics/state-of-homelessness-2020/>.

²⁰ National Alliance to End Homelessness. "State of Homelessness: 2020 Edition."

only constitute about 13% of the total U.S. population, they account for nearly 40% of the total individuals living in homelessness today.²¹

All of this is to say, one cannot have a dialogue about issues related to homelessness without considering and factoring in the policy and racial injustices in the country and the political systems that are currently in place. It is not by chance that there are higher rates of non-white, minority individuals experiencing homelessness in the United States. These disproportionate rates of homelessness should be addressed before any general concerns regarding the issue. So, why is there such a stark racial divide amongst persons of color and minority groups as compared to individuals who identify as non-Hispanic or Latinx white?

There are many existing racial inequities that contribute to the previously mentioned rates of individuals experiencing homelessness. This chapter will only provide a brief introduction to some of these pervasive issues. Historically, people of color and minority individuals have been and continue to be disadvantaged by social and political systems in the United States which contributes to their disproportionate representation in those experiencing homelessness. Particularly in regard to African Americans, hundreds of years of oppression from slavery, segregation, marginalization, and long-standing and multigenerational disparities in numerous areas of life have been evident.²² Specifically relevant to issues of homelessness, increased rates of impoverished individuals, mass incarceration, and housing discrimination (ranging from lack of affordability to barriers in accessibility through redlining), have snowballed

²¹ National Alliance to End Homelessness. "State of Homelessness: 2020 Edition."

²² National Alliance to End Homelessness. "Racial Inequality." Accessed July 20, 2020. <https://endhomelessness.org/homelessness-in-america/what-causes-homelessness/inequality/>.

into effects that trap and limit individuals from breaking from harmful circumstances.²³ For example, poverty, one of the strongest predictors for homelessness, is 2.5 times more likely for African Americans, and about one in five African Americans are living in poverty.²⁴ Additionally, the median white family has approximately 10 times the amount of wealth as the median African American family, and in 2015 homeownership among African Americans was 30 points lower than white Americans at about 40%.²⁵ Minority groups experiences of disproportionate rates of homelessness make them more susceptible to the negative social, mental, and physical impacts of homelessness, thus continually contributing to the lasting racial disparities in who experiences homelessness.²⁶

1.4 Myths About Homelessness

There are many misconceptions associated with homelessness in general and the individuals who experience it. Homelessness is something that can happen to any individual regardless of age, race, or socioeconomic status. Unexpected events such as employment changes, emergency medical care, or family instability can drastically alter an individual's financial status. For example, one can consider the impact of cancer, the

²³ “A Pileup of Inequities’: Why People of Color Are Hit Hardest by Homelessness.” Accessed August 2, 2020. <https://pew.org/2FKzGGt>.

²⁴ National Alliance to End Homelessness. “Racial Inequality.”

²⁵ Economic Policy Institute. “50 Years after the Kerner Commission: African Americans Are Better off in Many Ways but Are Still Disadvantaged by Racial Inequality.” Accessed July 20, 2020. <https://www.epi.org/publication/50-years-after-the-kenner-commission/>.

²⁶ National Alliance to End Homelessness. “Racial Inequalities in Homelessness, by the Numbers.” Accessed July 20, 2020. <https://endhomelessness.org/resource/racial-inequalities-homelessness-numbers/>.

second leading cause of death in Americans in 2017.²⁷ For individuals who are diagnosed with cancer and require treatment, medical bills can become overwhelming. In 2012, eleven of the twelve Food and Drug Administration approved cancer drugs were priced at over \$100,000 per year.²⁸ While insurance may cover some or most of this cost, the resulting bill may still exceed what an individual is able to pay. A 2019 study reported that about 530,000 cases of United States bankruptcy were filed due to medical reasons.²⁹

George³⁰ was a man nearing 70 years old who had spent over a decade of his life living without shelter. He had built an encampment for himself but was becoming too physically frail to manage living on his own. When he detailed to me the experiences that resulted in his homelessness, they sounded both shocking and all too common. George's mother had become ill when he was nearing retirement age; he had been his mother's caretaker and spent his savings on treatments and procedures to prolong her life. During that period, he had lost his job and could not find other work due to the time he was committing to his mother's care and the state of the job market. After his mother passed away, George had spent all of his saving on care, did not have a job, had excessive medical debt, and was forced to file for bankruptcy.

²⁷ "FastStats," February 7, 2020. <https://www.cdc.gov/nchs/fastats/leading-causes-of-death.htm>.

²⁸ Moore, Peter. "The High Cost of Cancer Treatment." AARP. Accessed July 6, 2020. <http://www.aarp.org/money/credit-loans-debt/info-2018/the-high-cost-of-cancer-treatment.html>.

²⁹ Himmelstein, David U., Robert M. Lawless, Deborah Thorne, Pamela Foohey, and Steffie Woolhandler. "Medical Bankruptcy: Still Common Despite the Affordable Care Act." *American Journal of Public Health* 109, no. 3 (2019): 431–33. <https://doi.org/10.2105/AJPH.2018.304901>.

³⁰ Name and identifying information have been changed to protect the privacy of this individual.

Unfortunately, many Americans face similar fates. Mounting medical fees and debts in the face of serious illness can be difficult to manage even with health insurance.³¹ However, for about 27.5 million Americans without health insurance, one large medical expense may be the difference between financial security and poverty.³² Individuals like George, may find themselves struggling with a number of factors that can increase chances of homelessness, such as loss of employment or unmanageable medical expenses. In a 2014 survey from the US Conference of Mayors, the city officials included “lack of affordable housing, unemployment, and poverty as the top three causes of homelessness”.³³

The stigmas, or associations of shame or disgrace with certain individuals or circumstances, and biases associated with why individuals experience homelessness only degrade conversations and dialogue surrounding solutions and ways in which to end this issue. There are many gaps in the knowledge and understanding of the general public as to what truly causes homelessness in the United States. Public conceptions of housing instability and individuals who struggle with problems of housing are often attributed to the personal failings of the individual and their responsibility for managing their situations. Thus issues, of long-standing structural and societal policies and inequities, are characterized as faults in the individual’s ability to care for themselves

³¹ PNHP. “I Live on the Street Now’: How Americans Fall into Medical Bankruptcy.” Accessed July 24, 2020. <https://pnhp.org/news/i-live-on-the-street-now-how-americans-fall-into-medical-bankruptcy/>.

³² Bureau, US Census. “Health Insurance Coverage in the United States: 2018.” The United States Census Bureau. Accessed July 24, 2020. <https://www.census.gov/library/publications/2019/demo/p60-267.html>.

³³ “7 Myths About Homelessness – Homeless Voice.” Accessed July 26, 2020. <https://homelessvoice.org/7-myths-homelessness/>.

due to their own irresponsibility, laziness, poor choices, or risky behavior.³⁴ However, an emphasis on the individuals affected and their experiences, like those of James and George, that occur due to uncontrollable health or financial circumstances can raise societal awareness of the multifaceted nature of homelessness.

1.5 Criminalization and Legal Actions Against Homelessness

There are several criminal laws and prohibitions in place in cities in the United States that directly affect and target individuals experiencing homelessness. These take many different forms in practice. Laws that make it illegal to sleep or store belongings in public spaces, laws against begging or panhandling, and laws that forbid sleeping in one's own vehicle target individuals who have little to no resources or places to turn to. Further, classifying everyday activities as criminal when conducted by individuals experiencing homelessness allows room for discriminatory, inhumane, or dehumanizing actions to occur.³⁵

Criminalization and other legal actions against these individuals serve to remove them from public view and spaces at the expense of their dignity and entitled respect. As criminalization of everyday necessities continues, studies have found that many 'crimes' committed by individuals experiencing homelessness include non-violent, 'nuisance

³⁴ "A House, a Tent, a Box': Mapping the Gaps Between Expert and Public Understandings of Healthy Housing." Accessed July 26, 2020. <https://www.frameworksinstitute.org/publication/a-house-a-tent-a-box-mapping-the-gaps-between-expert-and-public-understandings-of-healthy-housing/>.

³⁵ American Civil Liberties Union. "Concluding Observations of the UN Human Rights Committee to the U.S. Fourth Periodic Report." Accessed July 26, 2020. <https://www.aclu.org/other/concluding-observations-un-human-rights-committee-us-fourth-periodic-report>.

offenses', such as sleeping on a public bench.³⁶ In a further study on homelessness and crime conducted in 2008, researchers noted that "it may be more accurate to think of [individuals experiencing homelessness] as people struggling to get by whose engagement in non-violent illegal activities is driven by survival needs."³⁷

Criminalization of these individuals is not only inefficient and ineffective as a long-term solution to homelessness in a community, it also further violates the dignity and humanity of these individuals.

One common example of removal of these individuals from public spaces occurs in what is called a city sweep. City sweeps are used to break up encampments, where individuals can find community and share resources and access to services necessary for survival. These communities have been growing in numbers over the years, however, "[m]ore than one in three U.S. cities have bans on camping throughout their jurisdictions."³⁸ The breaking up of encampments puts increased burden on individuals already experiencing significant stress and uncertainty in life and can also result in loss of previous contact with outreach and advocacy groups.³⁹ In addition to having to relocate, individuals can lose (through confiscation or destruction) personal belongings

³⁶ Fischer, Sean N., Marybeth Shinn, Patrick Shrout, and Sam Tsemberis. "Homelessness, Mental Illness, and Criminal Activity: Examining Patterns over Time." *American Journal of Community Psychology* 42, no. 3-4 (December 2008): 251-65. <https://doi.org/10.1007/s10464-008-9210-z>.

³⁷ Fischer, Sean N., Marybeth Shinn, Patrick Shrout, and Sam Tsemberis. "Homelessness, Mental Illness, and Criminal Activity: Examining Patterns over Time."

³⁸ National Coalition for the Homeless. "Swept Away: Reporting on the Encampment Closure Crisis," August 1, 2016. <https://nationalhomeless.org/swept-away/>. Page 2.

³⁹ "Against CDC Guidance, Some Cities Sweep Homeless Encampments." Accessed August 2, 2020. <https://pew.org/2W4sXhq>.

including documentation, necessary medications, and sentimental objects.⁴⁰ Further, sweeps and criminalization erode community relationships and trust in the justice system that may have negative lasting impact on future interactions and care.⁴¹

Undoubtedly, these sweeps disrespect human dignity, and numerous U.S. courts have ruled that these sweeps violate the United States Constitution's fourth amendment rights of protection against searches and seizures, among other constitutional rights.⁴² ⁴³ While encampments do not provide the dignified housing these individuals deserve, conducting forced removal and criminalization of these individuals is not the ethical solution.

The implementation of these policies and laws is a matter of dignity and respect. The removal of these individuals from the streets and public spaces and the treatment of basic life necessities such as sleeping and hygiene maintenance as criminal, only prove to perpetuate the stigmatization and dehumanization of these individuals and further push them to the edges of society and away from supportive resources. The enforcement of criminal offenses on individuals who are left without housing or other shelter options does not prevent or stop homelessness,

⁴⁰ Tars, Eric S., Heather Maria Johnson, Tristia Bauman, and Maria Foscarinis. "Can I Get Some Remedy?: Criminalization Of Homelessness And The Obligation To Provide An Effective Remedy." *Columbia Human Rights Law Review*, 45 (2014):738-771. https://nlchp.org/wp-content/uploads/2018/10/HLRL_Symposium_Edition_Spring2014_Can_I_Get_Some_Remeddy.pdf. Page 740.

⁴¹ National Coalition for the Homeless. "Swept Away: Reporting on the Encampment Closure Crisis." Page 7.

⁴² Tars, Eric S., Heather Maria Johnson, Tristia Bauman, and Maria Foscarinis. "Can I Get Some Remedy?: Criminalization Of Homelessness And The Obligation To Provide An Effective Remedy." Page 743-744.

⁴³ Justia Law. "Kincaid et al v. City Of Fresno et al, No. 1:2006cv01445 - Document 34 (E.D. Cal. 2006)." Accessed August 3, 2020. <https://law.justia.com/cases/federal/district-courts/california/caedce/1:2006cv01445/155467/34/>. Page 10.

“[r]ather, it fuels a de facto system of “managing” homelessness wherein [individuals experiencing homelessness] are cycled through the criminal justice system for a wide array of minor violations—often spending time in jail or receiving fines they cannot afford to pay—or are forced to move back and forth between neighboring communities to avoid citation or arrest. The frequent interaction with law enforcement and the criminal justice system, as well as the destabilizing effects of moving in and out of custody or between cities, perpetuates homelessness by making it even more difficult for [individuals experiencing homelessness] to secure or maintain housing, employment, and benefits.”⁴⁴

These actions do not help the individuals, nor do they help the larger community or society. They are both unethical and inefficient solutions, and only prove to hinder effective long-term solutions and more dignified approaches in the process.

1.6 A Public Health Concern

As mentioned throughout this chapter, there are many health impacts of homelessness and living without permanent shelter. Negative health outcomes and homelessness are bidirectional; poor health may cause an individual to become homeless, or an individual may have poorer health outcomes due to their lack of

⁴⁴ Tars, Eric S., Heather Maria Johnson, Tristia Bauman, and Maria Foscarinis. “Can I Get Some Remedy?: Criminalization Of Homelessness And The Obligation To Provide An Effective Remedy.” Page 741.

permanent shelter. Individuals experiencing homelessness face higher rates of mental and physical illness, increased barriers to health care and preventative measures, fewer social resources and treatment options, and higher mortality rates.⁴⁵ Further, these obstacles, as well as the policy and law implementations previously mentioned, reinforce social divides and negative perceptions towards these individuals as well as maintain the challenges they face to obtaining stable housing, education, and income.⁴⁶ This is both a matter of health outcomes and health equity of the thousands of individuals being impacted each day. Therefore, ending homelessness is a pressing public health issue.

1.6.1 Exacerbating Existing Health Concerns

As individuals experiencing homelessness can be living in temporary shelters, on the streets, or in other spaces not intended for human habitation, these individuals face many unique health concerns as compared to permanently housed individuals and are often high-utilizers of emergency services to treat their health conditions.⁴⁷

Unsurprisingly, living without shelter can cause or further worsen mental and physical ailments that these individuals may face. Individuals who are experiencing homelessness are at higher risk of both acute and chronic illnesses due to their

⁴⁵ “Housing and Homelessness as a Public Health Issue.” Accessed August 3, 2020. <https://apha.org/policies-and-advocacy/public-health-policy-statements/policy-database/2018/01/18/housing-and-homelessness-as-a-public-health-issue#:~:text=Ending%20homelessness%20is%20a%20public,or%20comply%20with%20prescribed%20medications.>

⁴⁶ “Housing and Homelessness as a Public Health Issue.”

⁴⁷ “Housing and Homelessness as a Public Health Issue.”

circumstances. Many common health issues are both more highly associated with homelessness and more difficult to treat or manage while experiencing homelessness. For example, living with diabetes or hepatitis C, which are two times and twelve times more prevalent in individuals experiencing homelessness respectively, can become increasingly more challenging for numerous reasons including difficulty accessing clean supplies and inability to store medications properly. When considering these higher rates of illness and diseases paired with the often decreased access to ambulatory care of individuals experiencing homelessness,^{48,49} it is not difficult to understand why rates of emergency service usage, including emergency room visits and transportation via ambulance, are higher in these individuals than the general public.^{50,51}

1.6.2 Health Consequences of Homelessness

After considering some of the health conditions that may precede an individual experiencing homelessness, one should also consider what the complications of not having permanent shelter may do to the health of these individuals. A number of health issues associated with a lack of permanent shelter impact the mental, physical, and emotional wellbeing of affected individuals and can have long-standing detrimental

⁴⁸ Kushel, M. B., E. Vittinghoff, and J. S. Haas. "Factors Associated with the Health Care Utilization of Homeless Persons." *JAMA* 285, no. 2 (January 10, 2001): 200–206. <https://doi.org/10.1001/jama.285.2.200>.

⁴⁹ "Housing and Homelessness as a Public Health Issue."

⁵⁰ Bharel, Monica, Wen-Chieh Lin, Jianying Zhang, Elizabeth O'Connell, Robert Taube, and Robin E. Clark. "Health Care Utilization Patterns of Homeless Individuals in Boston: Preparing for Medicaid Expansion under the Affordable Care Act." *American Journal of Public Health* 103 Suppl 2 (December 2013): S311-317. <https://doi.org/10.2105/AJPH.2013.301421>.

⁵¹ "Housing and Homelessness as a Public Health Issue."

effects. These issues range from medical illnesses and conditions to traumatic injuries and disorders and can include skin infections from living unsheltered, trauma resulting from physical altercations and assault, and clotting disorders and edema in lower limbs from sleeping upright.^{52,53}

Housing provides an individual with safety and stability; the living situations of individuals experiencing homelessness will inevitably lack one or both of these attributes. These individuals are exposed to more health risks from living situations and victimization by other individuals. Hate crimes against individuals experiencing homelessness by members of the public have increased over the years even while violent crimes have generally decreased overall.⁵⁴ Individuals may be verbally or physically assaulted while living without shelter. For example, between 1999 and 2006, there were “614 acts of violence by housed people [against individuals experiencing homelessness] resulting in 189 murders”.⁵⁵

Additionally, some of the more common conditions and illnesses in the general public are especially present in individuals experiencing homelessness; these include diabetes, hypertension, chronic obstructive pulmonary disease, and respiratory illnesses. All of these conditions are treatable or able to be maintained with access to

⁵² People, Institute of Medicine (US) Committee on Health Care for Homeless. *Health Problems of Homeless People*. National Academies Press (US), 1988. <https://www.ncbi.nlm.nih.gov/books/NBK218236/>.

⁵³ National Healthcare for the Homeless Council. “Homelessness & Health: What’s the Connection?” Accessed April 17, 2020. <https://nhhc.org/wp-content/uploads/2019/08/homelessness-and-health.pdf>

⁵⁴ “Homeless Encampments | ASU Center for Problem-Oriented Policing.” Accessed July 24, 2020. <https://popcenter.asu.edu/content/homeless-encampments-o>.

⁵⁵ “Hate, Violence, and Death on Main Street USA.” Accessed July 24, 2020. <https://www.nationalhomeless.org/publications/hatecrimes/index.html>.

proper medical care and resources; however, this can be difficult or impossible due to the individual's living situation. Even further, individuals living without permanent shelter have lower life expectancies than those who are sheltered;⁵⁶ in a study by Romaszko and colleagues, life expectancy of these individuals was nearly 18 years shorter in comparison, and other studies have shown similar results.^{57,58} Early healthcare and resources for individuals who are experiencing homelessness can help prevent, stop the progression of, or treat these conditions; however, there are many barriers and obstacles that can limit the ability of an individual to be able to access these resources. Lack of health insurance, access to ambulatory care, availability to store medications or drugs, and a safe place to return to following hospitalization contribute to the lack of medical attention and healthcare these individuals are receiving.

Poverty, homelessness, and negative health outcomes are all interconnected issues.⁵⁹ False conceptions surrounding homelessness and myths of its causes only further exacerbate a complex and difficult issue. Additionally, there are many negative health outcomes associated with living with the uncertainty, instability, stigmas, and

⁵⁶ Nusselder, Wilma J., Marcel T. Sloekers, Luuk Krol, Colette T. Sloekers, Caspar W. N. Looman, and Ed F. van Beeck. "Mortality and Life Expectancy in Homeless Men and Women in Rotterdam: 2001–2010." *PLoS ONE* 8, no. 10 (October 2, 2013): e73979. <https://doi.org/10.1371/journal.pone.0073979>.

⁵⁷ Romaszko, Jerzy, Iwona Cymes, Ewa Dragańska, Robert Kuchta, and Katarzyna Glińska-Lewczuk. "Mortality among the Homeless: Causes and Meteorological Relationships." *PLoS ONE* 12, no. 12 (December 21, 2017). <https://doi.org/10.1371/journal.pone.0189938>.

⁵⁸ Bramante, Carolyn, and John Song. "Preferences for End-of-Life Care: A Physician and Homeless Patient Comparison." *AMA Journal of Ethics* 11, no. 1 (January 1, 2009): 38–42. <https://doi.org/10.1001/virtualmentor.2009.11.1.jdsc1-0901>.

⁵⁹ "A House, a Tent, a Box': Mapping the Gaps Between Expert and Public Understandings of Healthy Housing." Accessed July 26, 2020. <https://www.frameworksinstitute.org/publication/a-house-a-tent-a-box-mapping-the-gaps-between-expert-and-public-understandings-of-healthy-housing/>.

negative biases that also come with experiencing homelessness. These will be covered in more depth in the third chapter on dehumanization.

1.7 Conclusion

The experience of homelessness can impact individuals in a large number of ways. These individuals face repercussions from negative myths and stigmas, criminalization of daily life-sustaining activities, barriers to healthcare and resources, increased exposure and likelihood of illness, and reduced ability to gain access to housing and employment. Homelessness is undoubtedly a pervasive public health issue that should be addressed with intention and care. However, persistent dehumanizing policies and language surround the treatment of these individuals and impact societal attitudes towards them. One manner in which the respect of these individuals can be grounded in is through their human dignity. In the following chapter, I will outline what dignity is in the context of this thesis and in relation to individuals experiencing homelessness as well as why the dignity of these individuals should be respected. This will lay a foundation for the continued theme of the importance of ethical language surrounding individuals experiencing homelessness.

Chapter 2: Human Dignity and Its Attributes

As seen in the previous chapter, individuals experiencing homelessness face many social, medical, and legal challenges due to their circumstances. These challenges are unethical and dehumanizing because they violate the dignity of these individuals. Dignity provides the grounds for determining which beings are entitled to respect. Many defenses for the protection of human rights are founded in the concept of human dignity, such as international documents like the Universal Declaration of Human Rights discussed in section 2.1.3.⁶⁰ The sources and criteria for possessing dignity have been debated throughout history. There have been different views and uses of dignity, such as Kantian, religious, or legal uses that I will mention in this chapter but not endorse. Definitions of what dignity is or what it entails are wide-ranging, so I will provide the definition of dignity that will be used in this thesis.

Beings with dignity have, by definition, unconditional value that is not equaled by any beings without dignity, and beings with dignity are entitled to a particular form of ethical treatment and respect. For the purposes of this thesis, I will assume what many individuals have argued with different justifications - that all humans have dignity. Further, as this thesis focuses on the dignity of people who are experiencing homelessness, I will be referring specifically to human dignity. First, I will explore three different historical views of dignity. Following this, I will describe two attributes of dignity, that it is foundational and relational, that are assumed from the unconditional value perspective.

⁶⁰ “Universal Declaration of Human Rights,” October 6, 2015. <https://www.un.org/en/universal-declaration-human-rights/>.

2.1 Uses of Dignity

Numerous philosophers and groups have addressed the concept of dignity of human beings throughout history. Many sources that utilize dignity do so by relying on scriptural or biblical references and thought, such as Catholicism or general Christian religious theory. However, there are varying conceptions of what dignity entails and entitles. In order to understand the use of dignity in applied ethics, an understanding of some prominent concepts of dignity should be established.

2.1.1 Kantian View

One view that addresses dignity and relational duties between humans is that of Immanuel Kant. While the concepts of dignity and moral status did not begin with Kant, his moral philosophy had lasting influence on current and contemporary thinking. Much of Kant's practical philosophy was grounded in the importance and supremacy of rationality, use of logical reason, and the ties between morality and rationality. Kant's most influential positions can be found in his 1785 work *The Groundwork of the Metaphysics of Morals*,⁶¹ where he supported the notion that individuals possess equal worth and respect. However, this worth and respect extended only to individuals capable of rational reflection and rational will. Therefore, individuals who do not possess these abilities could not claim dignity.

⁶¹ Johnson, Robert, and Adam Cureton. "Kant's Moral Philosophy." In *The Stanford Encyclopedia of Philosophy*, edited by Edward N. Zalta, Spring 2019. Metaphysics Research Lab, Stanford University, 2019. <https://plato.stanford.edu/archives/spr2019/entries/kant-moral/>.

While Kant proposed positive and supportive ideas such as identifying the unethical use of treating other humans as means to an end, he also found that dignity, or “(an absolute inner worth) by which [an individual] exacts respect for himself from all other beings in the world,”⁶² comes from human beings’ abilities to reason and use their rational nature to determine right and wrong or moral and immoral actions. In this sense, dignity is associated with moral capacity, or levels of rational deliberation that are not present in all human beings.

This approach leaves out many individuals, such as those without the capacity for rational deliberation or autonomous decision-making abilities. Individuals in permanent vegetative states, children and infants, individuals suffering from dementia, and many others who be excluded from this definition given this focus on capacity and rational thought. For example, individuals living with debilitating or disabling mental health conditions, while still capable of feeling suffering and humiliation, would not be regarded as dignified human beings.⁶³ Therefore, a compelling criticism of Kant’s approach to dignity is that, without the protection and status endowed to individual possessing dignity under these criteria, many individuals are not entitled to the same levels of respect and ethical treatment.

The exclusions present in Kantian ideas produce a divide between human beings and individuals possessing dignity. Unlike in Kantian thought, views such as the dominant Christian view and those described in several United Nations documents

⁶² Dillon, Robin S. “Respect.” In *The Stanford Encyclopedia of Philosophy*, edited by Edward N. Zalta, Spring 2018. Metaphysics Research Lab, Stanford University, 2018. <https://plato.stanford.edu/archives/spr2018/entries/respect/>.

⁶³ Walker, Margaret. “Humane Dignity.” *Care, Compassion and Recognition: An Ethical Discussion*, January 1, 2011. https://epublications.marquette.edu/phil_fac/176. Page 165-166.

suggest that holders of dignity and human beings are not two distinct groups that may or may not overlap; dignity is not lost or reduced for a human who has a lesser rational capacity than another human. Compared to Kant, these other approaches to explaining the scope of dignity have been more inclusive to those Kant excluded in his practical philosophy.

2.1.2 Christian View

Conversely to the Kantian approach, there are theories that pose that human dignity is universal to all human beings. Many of these individuals appeal to religious texts and biblical thought to support the nature of unconditional and inherent dignity of human beings. In this view, dignity does not require a level of merit or performance (unconditional) and it is ascribed to every human being due to their humanity (inherent). One prominent example is the dominant view of the Christian church that human beings are made in *imago dei*, or the image of God, as stated in the Hebrew Bible Book of Genesis.⁶⁴ The verse states that, in the creation of the world, God made human beings “in [His] image, in [the holy trinity’s] likeness, so that they may rule over the fish in the sea and the birds in the sky, over the livestock and all the wild animals, and over all the creatures that move along the ground.”⁶⁵ This verse does two things; it establishes the inherent human dignity of every human being and it relates this human

⁶⁴ Altmann, Alexander. “‘Homo Imago Dei’ in Jewish and Christian Theology.” *The Journal of Religion* 48, no. 3 (1968): 235–59.

⁶⁵ Bible Gateway. “Bible Gateway Passage: Genesis 1 – New International Version.” Accessed July 20, 2020. <https://www.biblegateway.com/passage/?search=Genesis%201&version=NIV>.

dignity to God. Therefore, each human being, regardless of ability, capacity, or merit possess dignity because of this inherent likeness of God.⁶⁶

Additionally, the Catholic Church expands on this concept in the “Catechism of the Catholic Church” where it is stated that:

“Freedom is exercised in relationships between human beings. *Every human person*, created in the image of God, has the natural right to be recognized as a free and responsible being. *All owe to each other this duty of respect*. The right to the exercise of freedom, especially in moral and religious matters, is an *inalienable requirement of the dignity of the human person*. This right must be recognized and protected by civil authority within the limits of the common good and public order.”^{67,68}

The Biblical conception of human beings made in the image of God lie at the heart of Christian support of the universal dignity of all human beings and the manner in which individuals are expected to treat one another. Both the Hebrew Bible and the New Testament detail the manners in which individuals are to treat each other. Numerous verses emphasize the importance of caring for individuals in need and actively participating in social action. Followers are called to “seek justice and defend the

⁶⁶ Jackson, Timothy P. *The Priority of Love: Christian Charity and Social Justice*. Princeton: Princeton Univ. Press, 2009.

⁶⁷ “Catechism of the Catholic Church - Man’s Freedom.” Accessed July 24, 2020. http://www.vatican.va/archive/ccc_css/archive/catechism/p3s1c1a3.htm.

⁶⁸ Italics added for emphasis.

oppressed,”⁶⁹ “[g]ive generously,”⁷⁰ and care for “the poor, the crippled, the lame, the blind”⁷¹ because of this recognition of the image of God and, therefore, universal dignity of all other human beings.

2.1.3 Intergovernmental View

Further, there are a number of non-religious uses of human dignity as well. Both the Universal Declaration of Human Rights document and the International Covenant on Civil and Political Rights treaty have claims within them regarding universal human dignity. In 1948, the United Nations (UN) created a document, the Universal Declaration of Human Rights, that detailed the inherent nature of dignity in all human life. This document repeatedly, both in title and content, affirmed this universal nature as well as its inviolable nature.⁷² Another UN document, the International Covenant on Civil and Political Rights, adopted in 1966, also acknowledges this view of human dignity. The document cites that both “the inherent dignity and the equal and inalienable rights of all members of the human family is the foundation of freedom, justice and peace in the world,” and that “these rights derive from the inherent dignity of the human person.”⁷³ The UN General Assembly utilizes this view of dignity as a way to

⁶⁹ Bible Gateway. “Bible Gateway Passage: Isaiah 1:17 - New International Version.” Accessed July 24, 2020. <https://www.biblegateway.com/passage/?search=Isaiah%201%3A17&version=NIV>.

⁷⁰ Bible Gateway. “Bible Gateway Passage: Deuteronomy 15:10 - New International Version.” Accessed July 24, 2020. <https://www.biblegateway.com/passage/?search=Deuteronomy%2015%3A10&version=NIV>.

⁷¹ Bible Gateway. “Bible Gateway Passage: Luke 14:13-14 - New International Version.” Accessed July 24, 2020. <https://www.biblegateway.com/passage/?search=Luke%2014%3A13-14&version=NIV>.

⁷² “Universal Declaration of Human Rights,” (1948). <https://www.un.org/en/universal-declaration-human-rights/>.

⁷³ “OHCHR | International Covenant on Civil and Political Rights.” Accessed July 12, 2020. <https://www.ohchr.org/en/professionalinterest/pages/ccpr.aspx>.

both describe the rights that each human being is entitled to and the duties other individuals are called to in order to promote and observe the rights of others. The implication of the UN's view on universal human dignity points to the existence of the 'world community'.⁷⁴ This view acknowledges the dignity of the individual as well as the individual's relationship to others.

These acknowledgments of world-wide, all humanity encompassing dignity did not begin the effort to support human rights because of dignity. However, the international acceptance and longevity of these documents provides supports that "there is something in the concept of dignity recognizable to people of many regions, cultures, and faiths that has enabled this idea to be grasped and affirmed as widely as it has been, given the circulation of human rights discourse".⁷⁵ While dignity and human rights are not interchangeable, these documents aim to respect and protect human rights for all human beings, and therefore also promote dignity.

While each of these views have different justifications for whom constitutes as a dignified being, each also states that there are particular duties to and relationship with other individuals that have dignity. This concept, along with our assumed theory of dignity being universal to humanity, will lead into the attributes of dignity.

2.2 The Attributes of Dignity

Two attributes of dignity are that it is foundational and relational. On the assumption that all human beings have dignity, dignity is therefore foundational to

⁷⁴ Walker, Margaret. "Humane Dignity." Page 164.

⁷⁵ Walker, Margaret. "Humane Dignity." Page 164.

humanity. However, external sources, such as social interactions and societal validation, are required to acknowledge and practice respect and ethical treatments of other individuals. This moral respect, or the acknowledgement of dignity in attitude and behavior, and its protection stem from the values, rights, and entitlements that individuals, as human beings, have due to their unconditional value.⁷⁶ Therefore, both the acknowledgment of the existence of dignity and the respect of dignity are necessary to recognize dignity in practice.

2.2.1 Foundational

As previously mentioned, determination of which entities meet the criteria for dignity has been strongly debated in applied ethics, moral philosophy, and theology, among other disciplines. Human history is riddled with instances of the denial of the humanness of individuals considered ‘the other’, including the disabled, women, and minorities, among other groups.⁷⁷ The denial of the dignity of these individuals has allowed for the denial of moral protections and moral rights entitled to dignified beings.⁷⁸ Most individuals would agree that human lives are valuable. However, the properties that are adequate to determine which lives are valuable should be discussed in order to understand and defend why they are valuable and why respect is due to all human beings. In this work I will describe dignity as it applies to human beings. This dignity denotes the distinct value in humanity and will lay the ground for providing

⁷⁶ Walker, Margaret. “Humane Dignity.” Page 174.

⁷⁷ Jaworska, Agnieszka, and Julie Tannenbaum. “The Grounds of Moral Status.”

⁷⁸ Beauchamp, Tom L., and James F. Childress. *Principles of Biomedical Ethics*. 6th ed. New York: Oxford University Press, 2009.

ethical conduct and protecting inviolable rights, such as the right to be treated with respect.⁷⁹

Dignity in its use in this thesis, is the unconditional value in every person due to humanity's "natural capacities for conceptual thought, deliberation, and free choice, that is, the natural capacity to shape their own lives".⁸⁰ The potential for this capacity, while not immediately exercised by all human beings, is present in every human being by nature of their humanity. This is similar to the Kantian view as it is also based in rationality. However, while one of the downfalls of the Kantian view, mentioned in section 2.1.1, was that it excluded a number of individuals due to their reduced rational capacity, this theory of dignity differs greatly as it covers all individuals of the species rather than just those who possess rational capacity themselves. As human being, in general, possess a rational nature, this natural capacity, regardless of extent utilized or exercised, distinguishes the grounds for dignity in all human beings.⁸¹ Thus, those human beings who do not exercise rational capacity, such as neonates and other previously excluded groups, are still dignified beings. Similarly to the dominant Christian view, dignity is defined as foundational as it inherent to all human beings, and it is also unconditional thus not requiring a certain level of merit, performance, or capacity in order to possess.

⁷⁹ Zagzebski, Linda. "The Dignity of Persons and the Value of Uniqueness," November 2016. <https://shareok.org/handle/11244/47082>.

⁸⁰ "PCBE: Human Dignity and Bioethics: Essays Commissioned by the President's Council on Bioethics (Chapter 16: The Nature and Basis of Human Dignity)." Accessed July 24, 2020. https://bioethicsarchive.georgetown.edu/pcbe/reports/human_dignity/chapter16.html.

⁸¹ "PCBE: Human Dignity and Bioethics: Essays Commissioned by the President's Council on Bioethics (Chapter 16: The Nature and Basis of Human Dignity)."

This is a particularly important distinction to make in the context of approaches for individuals experiencing homelessness. The mentally ill are among those frequently labeled as irrational and have their autonomy overridden in patient care.⁸² As nearly one third of the individuals experiencing homelessness in the United States experience severe mental illness,⁸³ if one denies that these individuals have dignity, they may be subject to being treated in manners that would otherwise be considered unethical. These unethical treatments include the utilization of stigmatizing or dehumanizing language against them and the criminalization basic human actions like sleeping, both of which will be addressed in more detail in the following chapters. Therefore, the distinction between a Kantian scope of dignity and this all-humanity encompassing distinction is critically important for protecting the dignity of individuals experiencing homelessness.

Using the natural capacities theory, dignity is an unconditional value and one that entitles all humans to respect. As such, dignity lays a foundation for human and moral rights, or those granted to human beings because of their humanity and value, and the protection of these rights. Without dignity, legal rights can be established by a government; however, they may be subject to societal or social change. Conversely, if individuals are granted protection and respect based in dignity, they have a morally legitimate claim against treatment that would disrespect their dignity, such as those that are violent, manipulative, or coercive. Dignity, unlike societal norms, is, therefore, not relative to time or personal perception. It is treating people in the way they ought to be

⁸² Craigie, Jillian, and Lisa Bortolotti. "Rationality, Diagnosis, and Patient Autonomy in Psychiatry." In *The Oxford Handbook of Psychiatric Ethics*, Volume 1, edited by John Z. Sadler, K. W. M. Fulford, and Cornelius Werendly van Staden. Wellcome Trust–Funded Monographs and Book Chapters. Oxford (UK): Oxford University Press, 2014. <http://www.ncbi.nlm.nih.gov/books/NBK361400/>.

⁸³ Publishing, Harvard Health. "The Homeless Mentally Ill." Harvard Health. Accessed July 25, 2020. https://www.health.harvard.edu/newsletter_article/The_homeless_mentally_ill.

treated due to the value that is present and unchanging in their humanity. Therefore, dignity can be used as a starting point to protect and guide language and actions that advance the value of human dignity and reject those that disrespect it.

2.2.2 Relational

While each of the views of dignity mentioned previously differ in their scope and reasoning, they share the commonalities that dignified beings are entitled to being treated with respect. While all human beings have dignity, individuals may be disrespected or treated unethically if one denies this. Therefore, dignity is also relational – human beings have a duty to acknowledge and respect one another through ethical attitudes and behavior. It creates responsibilities between individuals with dignity. Emphasizing this relational nature preserves “the normative force of the concept of dignity as an ideal of human interaction, recognition, and concern”.⁸⁴ Dignity establishes a distinction between moral rights and protections and legal rights and protections. Individuals experiencing homelessness are often removed from public view; they can live in uninhabitable places, experience lack of hygiene access, suffer from reduced health and healthcare options, and even face criminalization from existing in public spaces.⁸⁵ Many policies and laws put in place have contributed to violating these individuals’ dignity and respect, as legal precedent does not always provide moral protection. Therefore, as humans in a social network, this holds individuals to being morally accountable to each other outside of and beyond legal precedents.

⁸⁴ Walker, Margaret. “Humane Dignity.” Page 164.

⁸⁵ Langedger, Sig, and Stephen Koester. “Invisible Homelessness: Anonymity, Exposure, and the Right to the City.” *Urban Geography* 37, no. 7 (October 2, 2016): 1030–48.
<https://doi.org/10.1080/02723638.2016.1147755>.

In practice, this moral accountability is not always equal or symmetrical. There are instances in which accountability and reciprocity is unbalanced between two groups or individuals, such as with children and adults. However, this does not eliminate dignity's relational nature; while individuals are not being held morally accountable in the way they should be to these individuals, it does not mean that they are not morally accountable. One such criteria that has been historically used to reduce or deny moral accountability to some individuals is their rational agency. However, as discussed in the Kant section of this chapter (section 2.1.1), the lack or reduction of the ability to engage in rational thought does not deny the reciprocity of moral protection. Rational thought is only one of many valuable features of humanity, that are seen in human life. As seen with young children, individuals with disabling conditions, and the severely demented, these individuals can still experience degrading treatment, abuse, and moral disrespect without certain thresholds of rational capacity established by Kant.

Dignity's relational nature acknowledges the humanity and accountability to respect and protect the moral status of others – not only those with rational agency or any other condition in addition to their humanity. In this understanding, dignity is foundational to respect and standards of ethical treatment and action, and it sets forth interpersonal duties and responsibility unto humanity.⁸⁶ Therefore, the existence of human dignity is necessary to understand how individuals experiencing homelessness should be treated, however, in order to fully acknowledge their dignity, mutual responsibility and respect are also required.

⁸⁶ "Human Dignity | Internet Encyclopedia of Philosophy." Accessed August 3, 2020. <https://iep.utm.edu/hum-dign/>.

2.3 Denial of Dignity is A Moral Concern

Beings with dignity, in this thesis, have an unconditional value, and this value is present in all human beings. Therefore, individuals experiencing homelessness also possess this unconditional value. Dignity is critical to both understanding the experiences of these individual and addressing ways to improve how they are treated in society.⁸⁷ Failure to respect the dignity of individuals experiencing homelessness results in failure to acknowledge the moral basis for protection of rights and our duties to other dignified beings. History is riddled with times in which individuals did not believe another group of people were worthy of respect or humane treatment. Unfortunately, United States history is full of moments such as this; the colonization and forced removal of Native Americans from their lands, the enslavement and exploitation of African and African Americans, and the isolation and internment of Japanese Americans during World War II are some of many known instances in which it was seen as appropriate to dehumanize other human beings. These instances, though supported by many individuals, display the need for moral respect and behaviors that affirm the dignity of individuals considered the outgroup even if they do not align with legal or majority opinion. These dehumanizing actions did not refute the presence of the outgroup members' dignity; they emphasized the importance of societal attitudes and actions in maintaining protection of dignity.

⁸⁷ Miller, Alison B., and Christopher B. Keys. "Understanding Dignity in the Lives of Homeless Persons." *American Journal of Community Psychology* 29, no. 2 (April 1, 2001): 331–54. <https://doi.org/10.1023/A:1010399218126>.

Understanding dignity and the impact of respecting human value can provide means for increased social policy protection and health improvements of those considered outgroup populations, such as individuals experiencing homelessness. The utilization of dignity in this work is to emphasize the importance of dignity to arguments that support the moral protection of all human beings. Dignity should be used to protect individuals from being unethically treated because, unlike policies and laws, it does not change with time or majority opinion. It provides the justification for why certain actions are demeaning or dehumanizing – without the acceptance of which there may exist future atrocities like those mentioned prior. Dignity provides a foundation upon which grounds for respect and ethical treatments of human beings, through lasting ethical policy and social structures, can be created.

2.4 Conclusion

Human lives have dignity, as acknowledged by both secular and religious traditions. However, despite philosophical, legal, and religious support for the value of human life, the national state of homelessness persists. This state is due to the existence of dehumanization, which is a form of negative socialization that prevents people from recognizing the dignity of other human beings. The sources of dehumanization, and associated concepts such as stigmas and biases, are therefore a moral concern and should be identified and resisted in order to fight both discrimination and homelessness.

In the next chapter I will explore some of the ways that individuals experiencing homelessness have been dehumanized and why this has occurred. It will be important to keep in mind the existence of the dignity of these individuals in understanding the full

impact and extent of their dehumanization. Dehumanization, as we will see, involves the denial of another human's dignity, and thus their value as a human being, which can result in negative social views, societal impacts, and targeted policy. Therefore, understanding dignity requires an understanding of its foundational attribute and second its relational attribute. As evident from a repeated human history of the disrespect of dignity through dehumanization, an understanding of dehumanization and its effects on outgroup individuals is necessary in creating positive long-term approaches to homelessness.

Chapter 3: Dehumanization as Anti-Dignity

3.1 Why Does Dehumanization Occur?

Dehumanization, or the delegitimization or denial of another person's humanness, is a socially-mediated form of harm. It associates the dehumanized group as non-human and is often done through means of language that supports negative emotional associations, such as contempt, disgust, and fear.⁸⁸ This results in the ability of human beings to view another group as the other or outgroup,⁸⁹ as an enemy, one who is meant to be feared and hated. Dehumanization finds its power in its ability to create moral exclusion, or the perception that certain individuals are outside of the boundaries or protections of the rights and ethical treatment entitled by their dignity. This is done by denying the existence of moral responsibilities and accountability humans have to each other, as mentioned in the prior chapter.⁹⁰

Terminology that associates the other with negative emotions or animals (i.e. rats or vermin as used by the Germans to address Jewish individuals during the Holocaust), creates divides between those deemed 'superior' or 'dominant' and those referred to as 'less than'. These attitudes and actions towards individuals of certain groups, often based on racial, ethnic, or class-identity, serve to create distance between groups and deny those individuals membership to the human species. Additionally, these labels can influence and change further social, political, and historical events and occurrences; for

⁸⁸ Haslam, Nick. "Dehumanization: An Integrative Review." *Personality and Social Psychology Review*, December 21, 2016. https://doi.org/10.1207/s15327957pspr1003_4.

⁸⁹ In this work, I will refer to the dehumanized individuals or group as 'the other(s)' or 'the outgroup' for ease of notation.

⁹⁰ Brown, Brené. "Dehumanizing Always Starts With Language." *Brené Brown* (blog), May 17, 2018. <https://brenebrown.com/blog/2018/05/17/dehumanizing-always-starts-with-language/>.

example, to this day, there are pro-Nazi individuals who support and engage in anti-Semitic propaganda and actions that stem from the treatment of Jewish people during Holocaust. Dehumanization has fueled many horrible and horrific actions, some of which continue to present day, including human dignity and rights violations, war crimes, genocides, slavery, and human trafficking.⁹¹

Dehumanization can be better understood through psychological and neuroscientific examination. Through neuroimaging research done by Harris and Fiske, it was demonstrated that individuals perceived to be part of extreme outgroups, such as individuals experiencing homelessness, the mentally ill, and drug addicts, are so dehumanized that they did not register as social beings in research participants prefrontal cortex (where social perception would register).⁹² Rather than eliciting a social or moral relationship to these individuals, the outgroups actually elicited feelings of disgust, indicating that they are more able to be socially devalued as human beings. This, in turn, allows for individuals to justify not extending protection of moral rights to certain individuals because they are no longer considered dignified human beings.⁹³ Through this exclusion, a group, perceived as the culturally-dominant group, views the social and cultural norms of other individuals and groups as inferior to their own. The association of negative attributes and qualities to another individual or group of

⁹¹ Brown, Brené. “Dehumanizing Always Starts With Language.”

⁹² Harris, Lasana T., and Susan T. Fiske. “Dehumanizing the Lowest of the Low: Neuroimaging Responses to Extreme out-Groups.” *Psychological Science* 17, no. 10 (October 2006): 847–53. <https://doi.org/10.1111/j.1467-9280.2006.01793.x>.

⁹³ Goff, Phillip Atiba, Jennifer L. Eberhardt, Melissa J. Williams, and Matthew Christian Jackson. “Not yet Human: Implicit Knowledge, Historical Dehumanization, and Contemporary Consequences.” *Journal of Personality and Social Psychology* 94, no. 2 (February 2008): 292–306. <https://doi.org/10.1037/0022-3514.94.2.292>.

individuals serves the functions of legitimizing the exclusion of those individuals from their humanity, reducing or eliminating a moral relationship to another group, “explaining the conflict, justifying the [culturally-dominant group]’s aggression, and providing [the culturally-dominant group] with a sense of superiority”.⁹⁴

This initially psychological process can bleed into social practice and institutionalized marginalization and dehumanization of outgroup individuals. By utilizing moral exclusion when perceiving the members of another group, the culturally-dominant group can avoid applying boundaries of moral norms, such as fairness, justice, and rights.⁹⁵ By removing the shared, communal aspects of humanness from the outgroup and reducing exposure to their humanity, these individuals “lose the capacity to evoke compassion and moral emotions, and may be treated as means toward vicious ends.”⁹⁶ Therefore, by depicting the other’s characteristics or qualities, such as their race, gender, religious affiliation, ethnicity, as less than, intolerable, or malicious, the individuals being targeted are reduced to being undeserving of being seen and treated as human beings worthy of being respected and morally dignified.

Dehumanization is explicitly anti-dignity in the sense that it promotes harmful and undignified language of the other and encourages decreased exposure to their humanity. It uses this harmful language and reduced exposure to allow and justify denying the existence of the humanity of the individuals of the outgroup in order to reduce them to a single harmful and oversimplified label. Therefore, as previously

⁹⁴ Haslam, Nick. “Dehumanization: An Integrative Review:”

⁹⁵ Opatow, Susan. “Moral Exclusion and Injustice: An Introduction.” *Journal of Social Issues* 46, no. 1 (April 1990): 1–20. <https://doi.org/10.1111/j.1540-4560.1990.tb00268.x>.

⁹⁶ Haslam, Nick. “Dehumanization: An Integrative Review:”

noted, it is evident that dehumanization begins in the language and manner in which the other is depicted.

While dehumanization is harmful and detrimental to all individuals involved, not every individual engaging in these beliefs is evil or possessing of malicious intents. Up to this point, dehumanization has been explained as a mostly deliberate and ill-intentioned practice; however, many of the terminology or phrases associated with a certain group of people may not be intentionally malicious. Dehumanizing behavior is not all or none; there are many types of views and actions that can be considered to contribute to the dehumanization of others. These range from intentional malicious language or actions to unintentional, unnoticed compliancy to the language and actions that support or further the dehumanization of the other.

3.2 The Role of Implicit Biases

Dehumanization exists in everyday, common forms as seen in persistent stigmatization of certain groups and the overlooking of discriminatory practices and policies.⁹⁷ Every individual is vulnerable and capable of possessing views of others that are implicit or ingrained through life experiences, direct and indirect messages, and nurturing.⁹⁸ Individuals, when prompted, would most likely deny that they dehumanize others or possess beliefs that would minimize the humanity of another human being. However, as previously mentioned, dehumanization is more complex than many would

⁹⁷ “Discrimination | Healthy People 2020.” Accessed July 26, 2020.
<https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health/interventions-resources/discrimination>.

⁹⁸ “2015 State of the Science: Implicit Bias Review.” Accessed July 26, 2020.
<http://kirwaninstitute.osu.edu/my-product/2015-state-of-the-science-implicit-bias-review/>.

imagine. Dehumanization can grow into the ability to conduct or condone acts of genocide and atrocities but has a range of different daily presentations as well. It can be the base that allows an individual to apply or support a harmful stigma to another individual or group and can allow for individuals of the culturally-dominant group to deny the legitimacy of the experiences and identities of outgroup individuals.⁹⁹

One manner in which this is possible is through implicit biases. Implicit bias influences an individual's "understanding, actions, and decisions in an unconscious manner" and develop from a young age and over a lifetime of direct and indirect experiences.¹⁰⁰ By having an implicit or subconscious association of the other as less than human, one is able to apply a label to them that further establishes and engrains this status.

Implicit associations have strong influence on the attitudes, behaviors, and social decision-making choices of individuals and societies.¹⁰¹ These biases must be addressed in order to acknowledge and remedy the existence of forms of everyday, normalized dehumanizing language. While individuals generally tend to favor the group they identify with, implicit biases are capable of being modified. These associations reside in the subconscious of the brain but can be unlearned through debiasing methods and techniques, many of which are implemented in institutional settings through manners

⁹⁹ Luna, Aniuska M., Emily Jurich, and Francisco Quintana. "Thwarting Stigma and Dehumanization Through Empathy." In *Teaching Empathy in Healthcare*, edited by Adriana E. Foster and Zimri S. Yaseen, 251–67. Cham: Springer International Publishing, 2019. https://doi.org/10.1007/978-3-030-29876-0_16.

¹⁰⁰ "Understanding Implicit Bias." Accessed July 26, 2020. <http://kirwaninstitute.osu.edu/research/understanding-implicit-bias/>.

¹⁰¹ Murrow, Gail B., and Richard Murrow. "A Hypothetical Neurological Association between Dehumanization and Human Rights Abuses."

such as implicit bias training.^{102,103} The language used in regard to and against the other is critically important and carries weight towards how these individuals will be treated in many different and often lasting contexts.

By looking at dehumanization, one should also look at empathy and feelings of social responsibility towards others. These feelings are often present when individuals feel as though there are commonalities and a sense of shared humanity; when this is reduced or eliminated, empathy is reduced for the outgroup in order to reduce moral responsibility and justify social prejudice and discriminatory behaviors and actions.¹⁰⁴ Neural empathic mechanisms are both associated with an individual's conscious awareness as well as their non-conscious, automatic or implicit, associations.¹⁰⁵ Specifically, the implicit associations can be attributed to conditioned, social views of an individual due to their nurturing rather than their biological settings or what they are 'born with'. This further supports that implicit biases towards members of the outgroup are malleable.

The use of damaging and destructive terminologies and language surrounding particular groups, can have negative impacts on feelings of moral respect and responsibility that can lead towards the 'slippery slope' of normalizing dehumanization and enacting policies and laws that reflect these views. Therefore, dehumanizing associations are upheld and maintained within communities and societies through

¹⁰² "2015 State of the Science: Implicit Bias Review."

¹⁰³ Holroyd, Jules, Robin Scaife, and Tom Stafford. "Responsibility for Implicit Bias." *Philosophy Compass* 12, no. 3 (2017): e12410. <https://doi.org/10.1111/phc3.12410>.

¹⁰⁴ Haslam, Nick. "Dehumanization: An Integrative Review:"

¹⁰⁵ Murrow, Gail B., and Richard Murrow. "A Hypothetical Neurological Association between Dehumanization and Human Rights Abuses."

social conditioning and discourse, often mediated through language and lack of exposure to the humanity of those considered the outgroup.

3.3 Features of Dehumanization

There are a number of different terminologies that have been and will be used in this chapter that relate to issues of dehumanization, including: stigma, bias, and discrimination. Many of these concepts are used interchangeably in many previous works touching on similar subjects. These are all separate terms; however, they are utilized to acknowledge and label actions and practices that are anti-dignity. As stated by Luna and colleagues, these are “definitionally fraught concepts, yet their immateriality and debatability do not lessen their individual and social impacts.”¹⁰⁶ To best describe their usages in this context, this section will go over consequences of the existence and applications of these concepts and their connections to dignity. This section will touch on a few of the different ways in which dehumanization can play out in practice; this does not include all of the ways in which it can occur, however, it raises attention to overarching themes of the wide-ranging nature of dehumanizing views and actions.

While there are many forms of dehumanization, I will address the acceptance and promotion of stigmas against outgroups and the indifference of dehumanization of the outgroup. Following this, I will move into the negative impacts of dehumanization on the individuals affected and how even seemingly minor views and actions can have lasting negative consequences.

¹⁰⁶ Luna, Aniuska M., Emily Jurich, and Francisco Quintana. “Thwarting Stigma and Dehumanization Through Empathy.”

3.3.1 Acceptance and Promotion

When considering societal attitudes and sentiments surrounding individuals experiencing homelessness, dehumanizing stigmas often play roles in the tolerance and justification of harmful views and actions. There are many false myths that have become associated with homelessness, as mentioned in section 1.4. Views that these individuals are dangerous or criminals, are addicted to drugs, are lazy or somehow deserving of their circumstances, and other myths associated with experiencing homelessness draw attention away from issues of lack of affordable housing and impacts of poverty and also strengthen support for the reduction of these individuals to a single label or classification.¹⁰⁷

Dehumanization is dangerous, and the societal normalization of it is even more so. Justifications for treating other human beings as sub- or non-human have fueled horrific and unthinkable actions, wars, and genocides throughout history. The association of negative emotions and stigmas towards these individuals and their continual dehumanization prove to shape, enforce, and justify inhumane behaviors and actions towards them.¹⁰⁸ By associating the outgroup with negative, often dangerous or fear-inducing, stigmas, culturally-dominant group individuals can act “on a [biased] moral imperative and preserve their view of themselves as moral agents while indicting

¹⁰⁷ “7 Myths About Homelessness – Homeless Voice.” Accessed July 26, 2020. <https://homelessvoice.org/7-myths-homelessness/>.

¹⁰⁸ Luna, Aniuska M., Emily Jurich, and Francisco Quintana. “Thwarting Stigma and Dehumanization Through Empathy.”

harm on others.”¹⁰⁹ This justification perpetuates the culturally-dominant individuals’ feelings that their dehumanizing attitudes and actions are socially and morally acceptable. However, this justification is based on a denial of the full humanness of the outgroup members as well as each individual’s human dignity.¹¹⁰ This means of justification is often evident when groups are referred to as a nuisance or societal problem that needs to be removed – harmful views that are often associated with individuals who are experiencing homelessness.

3.3.2 Indifference

While most forms of dehumanization that result in aggression and violence tend to stem from intentional acceptance or promotion of negative associations, emotions, and characteristics towards the other, there is also significant damage caused by a deindividuated view of the other. Therefore, in addressing non-intentional, non-explicit denial of humanness, one must address the existence of culturally-dominant group indifference towards the treatments and outcomes of outgroup individuals.

Indifference is different from the blatant acceptance or promotion of negative biases due to its the lack of emotional association and lack of application of moral standards or responsibilities. As a form of dehumanization, it allows for some individual (such as those in the culturally-dominant group) to be treated with dignity and respect while the ethical treatment of other individuals (such as those in the outgroup) is disregarded or ignored. Without moral responsibility to all human beings, conduct is

¹⁰⁹ Bandura, Albert. “Selective Moral Disengagement in the Exercise of Moral Agency.” *Journal of Moral Education* 31, no. 2 (June 1, 2002): 101–19. <https://doi.org/10.1080/0305724022014322>. Page 103.

¹¹⁰ Haslam, Nick. “Dehumanization: An Integrative Review:”

not monitored or considered towards the outgroup individuals. Through moral and physical distancing from the outgroup individuals and their humanity, the commonalities and social relationship between those considered the culturally-dominant group and outgroup degrade.¹¹¹

This is particularly important because, while perspectives that deny some level of humanness to certain individuals are often thought of in regard to contexts of aggression, many more common and less noticeable forms of dehumanization may arise from indifference. The act of being indifferent to the circumstances of these individuals is an act of rejecting their human dignity. While it may seem as though indifference is the ‘least harmful’ path of dehumanization, or not even capable of being considered dehumanization, one must analyze what it really entails. The disregard for the humanity of the individual living without a home, the apathy to their constant state of uncertainty, and the disregard of their feelings of being forgotten and ignored by their community or society, are all present when moral responsibility to outgroup individuals is ignored. Choosing indifference, as in choosing inaction, is harmful. It has impacts on social and societal perceptions of these individuals as well as policy and law that directly or indirectly affect them.

Indifference is easiest when exposure is limited – a common occurrence with the majority of American society and individuals experiencing homelessness. Many individuals experiencing homelessness are in larger American cities, such as Los Angeles, San Diego, New York City, and Atlanta to name only a handful. As only about 30%, or about 98 million, of individuals living in the United States live in urban

¹¹¹ Haslam, Nick. “Dehumanization: An Integrative Review.”

locations, many individuals may not be directly exposed to homelessness.¹¹² However, even with those in urban areas, exposure to individuals experiencing homelessness are less likely due to the policies and regulations noted in section 1.5. Therefore, many individuals form opinions and biases on homelessness from the language and narratives that exist surrounding it.

In addressing the harms of indifference towards individuals experiencing homelessness, it is critical to understand the importance of each individual's role in uplifting and uprooting pre-existing dehumanizing stigmas, biases, and actions. Specifically, in regard to dehumanizing language and practices aimed at these individuals, one must remember the number of individuals experiencing homelessness as compared to those who are not. If, as mentioned in section 1.3, only .17%, or the 17 out of every 10,000, of individuals in the United States are experiencing homelessness, there are comparatively few individuals who are experiencing these circumstances daily.¹¹³ Even when considering those advocating for these individuals in the community, institutional, and societal levels, there is a clear need for more support and backing.

While some individuals have the financial or situational ability to reduce exposure to homelessness and be indifferent towards the circumstances, suffering, and difficulty of those who are living without shelter, many hundreds of thousands of

¹¹² Pew Research Center's Social & Demographic Trends Project. "Demographic and Economic Trends in Urban, Suburban and Rural Communities," May 22, 2018. <https://www.pewsocialtrends.org/2018/05/22/demographic-and-economic-trends-in-urban-suburban-and-rural-communities/>.

¹¹³ This statement is in no way meant to discount or minimize the experiences and lives of those who are experiencing homelessness, it is only to point out the comparison between the number who are versus those who are not.

individuals in the United States do not have that freedom. Therefore, the ability to step away from thinking about or facing issues resulting from homelessness contributes to the harm of individuals who need the advocacy and support of the culturally-dominant group. While indifference may seem to be less harmful than explicit dehumanization, it still contributes to the plight that these individuals face each day.

3.4 Why Does Dignity Alone Not Motivate Change?

The intentional, consistent recognition of dignity is necessary to draw attention to and eliminate dehumanizing language and actions in a society. As all human beings have dignity and are deserving of respect, attitudes and actions that dehumanize certain individuals, such as those experiencing homelessness, should not only not be tolerated but should be actively worked against. Dehumanization in all forms, from indifference to acceptance to promotion, disrespects the foundational and relational attributes of dignity described in section 2.2.

Therefore, good intentions are not enough to motivate lasting change in underlying systems. As dignity is foundational to respect for all persons' humanness, the acknowledgment of this universal dignity is not a stopping point. In order to enact a lasting impact based off of the foundation of the existence and importance of the dignity of every human life, there must also be action supporting societal changes. As stated by Albert Bandura:

“The process of dehumanisation is an essential ingredient in the perpetration of inhumanities. [...] social practises that divide people into ingroup and outgroup members produce human estrangement that fosters dehumanisation. Strangers

can be more easily depersonalised than can acquaintances. The findings from research on moral disengagement are in accord with the historical chronicle of human atrocities. *It requires conducive social conditions rather than monstrous people to produce atrocious deeds.* Given appropriate social conditions, decent, ordinary people can do extraordinarily cruel things.”¹¹⁴

The acknowledgement of dignity is only the first step; in a society that acknowledges dignity but does not implement lasting social change and policy that uplifts and supports this concept, dehumanization may continue to occur. “Given many psychological devices for disengaging moral control, societies cannot rely entirely on individuals, however righteous their moral standards, to provide safeguards against human cruelty”.¹¹⁵ Systems that recognize and legitimize the humanity of each individual, whether considered the culturally-dominant group or outgroup, are necessary to allow for the respect of dignity to become a lasting societal norm. This requires the acknowledgement of human dignity of all individuals as well as changes in language and mentality towards those considered the outgroup (i.e. individuals experiencing homelessness), which will be further discussed in the follow chapter.

3.5 Impacts on Individuals Experiencing Homelessness

Individuals experiencing homelessness are a particularly vulnerable outgroup of society. There are overlapping group categorizations of these individuals that can result

¹¹⁴ Bandura, Albert. “Selective Moral Disengagement in the Exercise of Moral Agency.” Page 109.

¹¹⁵ Bandura, Albert. “Selective Moral Disengagement in the Exercise of Moral Agency.” Page 116.

in disrespect and dehumanization based on their race, class, gender, age, and housing status. Many of these individuals have multiple groups that they are identified with by others or that they identify with themselves, many of which frequently face discrimination and exclusion.¹¹⁶ These individuals experience discrimination in numerous realms; there is extensive research on the existence of housing discrimination especially against African American women and single mothers, as well as limitations and obstacles to education and employment opportunities.¹¹⁷ Barriers to necessary services and resources force these individuals to continue living in undesirable or dangerous locations and limits their ability to gain access to resources and opportunities that would help better their circumstances and allow them to move forward.

By dehumanizing individuals, through indifference, acceptance, or promotion of damaging views, those deemed the outgroup are denied the respect and ethical treatment entitled by their human dignity and are excluded from the protection of the larger moral community.¹¹⁸ This denial and subsequent exclusion can lead to community and societal level conflicts as well as individual harms; they impact all levels of society. There are numerous negative impacts that result from dehumanization, many of which impact the health and wellbeing of those being dehumanized, including loss of

¹¹⁶ Johnstone, Melissa, Jolanda Jetten, Genevieve A. Dingle, Cameron Parsell, and Zoe C. Walter. "Discrimination and Well-Being amongst the Homeless: The Role of Multiple Group Membership." *Frontiers in Psychology* 6 (June 1, 2015). <https://doi.org/10.3389/fpsyg.2015.00739>.

¹¹⁷ "Discrimination | The Homeless Hub." Accessed July 26, 2020. <https://www.homelesshub.ca/about-homelessness/legal-justice-issues/discrimination>.

¹¹⁸ Haslam, Nick. "Dehumanization: An Integrative Review:"

respect, self-worth, social standing, and confidence.¹¹⁹ There are innumerable health and social ramifications of violations of these individuals' dignity.

3.5.1 Health Impacts

Harmful social categorization can occur through the existence and continuance of stigmas and dignity violations; this can lead to exclusion and isolation of the outgroup and subsequent feelings of separation from society and loss of belonging and identity.¹²⁰ Violations of dignity can include being subject to indifference, contempt, labelling, objectification, and discrimination, among other actions. These violations have lasting and devastating impacts on the emotional and mental health and wellbeing of individuals being dehumanized.¹²¹ In the short-term, the individual being disrespected may feel an array of damaging and adverse emotions. As Nora Jacobson stated following her research and interviews with marginalized individuals, these can include

“[...] a "dwindling spiral" of damage and loss. When a violation occurs, the individual may experience many emotions, including shock, fear, disbelief, hurt, mortification or embarrassment, discomfort or pain, indignation, frustration, or anger. Initial emotions evolve into a range of longer term experiences of "being

¹¹⁹ Jacobson, Nora. “A Taxonomy of Dignity: A Grounded Theory Study.” *BMC International Health and Human Rights* 9, no. 1 (February 24, 2009): 3. <https://doi.org/10.1186/1472-698X-9-3>.

¹²⁰ Luna, Aniuska M., Emily Jurich, and Francisco Quintana. “Thwarting Stigma and Dehumanization Through Empathy.”

¹²¹ Lucas, Jeffrey W., and Jo C. Phelan. “Stigma and Status: The Interrelation of Two Theoretical Perspectives.” *Social Psychology Quarterly* 75, no. 4 (December 2012): 310–33. <https://doi.org/10.1177/0190272512459968>.

wounded": degradation (feeling "worthless," feeling that "you don't deserve anything better," feeling "worn down," feeling "like a failure," feeling "an inch high" or "like a criminal"), humiliation (shame and guilt), anger (resentment and hostility), isolation (no sense of belonging, feeling different from everyone else), insecurity (distrust, dread), disempowerment, and apathy and depression (feeling "like a cork in the water," lack of belief in or valuing anything, feeling suicidal)."¹²²

Specifically, stigmas against individuals with mental illness also permeate into the attitudes and actions towards individuals experiencing homelessness. While not every individual experiencing homelessness also has a mental illness,^{123,124} the association between the two is longstanding. Mental illness amongst these individuals has become a mark of shame and mistrust, often inaccurately associated individuals with mental disorders as social incompetence or having propensities toward violence.¹²⁵ The association of mental illness with negative traits and characteristics leaves room for individuals to blame the mentally ill, and by extension individuals experiencing

¹²² Jacobson, Nora. "A Taxonomy of Dignity: A Grounded Theory Study."

¹²³ The U.S. Department of Housing and Urban Development Office of Community Planning And Development conducted their Annual Homeless Assessment Report (AHAR) to Congress in 2015 that collected data on the individuals currently experiencing homelessness in the United States at that point in time. That report found that there were approximately 140,000 individuals, or about 25% of the homeless population, who were 'seriously' mental ill. Further, approximately 250,000 individuals, or about 45%, had any mental illness.

¹²⁴ Org, M. I. P. "Homeless Mentally Ill Facts and Figures." *Mental Illness Policy Org* (blog). Accessed July 26, 2020. <https://mentalillnesspolicy.org/consequences/homeless-mentally-ill.html>.

¹²⁵ Hinshaw, S. P., and D. Cicchetti. "Stigma and Mental Disorder: Conceptions of Illness, Public Attitudes, Personal Disclosure, and Social Policy." *Development and Psychopathology* 12, no. 4 (2000): 555–98. <https://doi.org/10.1017/S0954579400004028>. Page 557.

homelessness, for their plight and proves to justify subsequent demonization of these individuals.¹²⁶ Deinstitutionalization of mental hospitals in the late 1900s led to “a crisis of rampant unemployment, pervasive despair, and even noteworthy rates of premature deaths among the hundreds of thousands of deinstitutionalized individuals across the nation”.¹²⁷ This dehumanization leads to increased fear, blame, and distancing from these individuals and has left lasting impacts on society. Due to these misconceptions, “[p]roclivities to label the afflicted individual as different, even subhuman, have recurred throughout human history; accordingly, “treatment” has gravitated towards punitive, exclusionary practices [...]”¹²⁸ rather than focusing on the dignity and humanity of the affected individuals.

Mental illness is not always present before an individual experiences homelessness. The stress and uncertainty of lacking permanent shelter along with the prior mentioned feelings of societal exclusion can result in mental illnesses and disorders in these individuals. For example, Post-Traumatic Stress Disorder (PTSD), is highly prevalent amongst these populations.¹²⁹ PTSD can be from any traumatic experience had as a result of living in shelters or on the street such as witnessing or being the victim of an assault or attack. The existing rates of trauma and stress are

¹²⁶ Hinshaw, S. P., and D. Cicchetti. “Stigma and Mental Disorder: Conceptions of Illness, Public Attitudes, Personal Disclosure, and Social Policy.” Page 562.

¹²⁷ Hinshaw, S. P., and D. Cicchetti. “Stigma and Mental Disorder: Conceptions of Illness, Public Attitudes, Personal Disclosure, and Social Policy.” Page 566.

¹²⁸ Hinshaw, S. P., and D. Cicchetti. “Stigma and Mental Disorder: Conceptions of Illness, Public Attitudes, Personal Disclosure, and Social Policy.” Page 567.

¹²⁹ “Addressing Post-Traumatic Stress Disorder Caused by Homelessness | The Homeless Hub.” Accessed July 26, 2020. <https://www.homelesshub.ca/resource/addressing-post-traumatic-stress-disorder-caused-homelessness>.

extremely high amongst individuals experiencing homelessness as compared to the general public.¹³⁰

“Homelessness deprives individuals of...basic needs, exposing them to risky, unpredictable environments. [...] homelessness is more than the absence of physical shelter, it is a stress-filled, dehumanizing, dangerous circumstance in which individuals are at high risk of being witness to or victims of a wide range of violent events.”¹³¹

The repeated experience of traumatic stressors present in life without permanent shelter are extensive and devastating. This can impact individual health through impaired immune functioning, poorer physical health, and decreased attention and memory capacity and can also reduce ability to trust or feel safe, thus impacting ability to find or stay in stable housing or employment opportunities.¹³²

Individuals experiencing homelessness face dehumanization and discrimination for numerous reasons; associations with mental illness, drug addiction, and laziness or choice of circumstances are just a few that receive high levels of stigmatization in

¹³⁰ Fitzpatrick, K. M., M. E. LaGory, and F. J. Ritchey. “Dangerous Places: Exposure to Violence and Its Mental Health Consequences for the Homeless.” *The American Journal of Orthopsychiatry* 69, no. 4 (October 1999): 438–47. <https://doi.org/10.1037/h0080392>. Page 439

¹³¹ Fitzpatrick, K. M., M. E. LaGory, and F. J. Ritchey. “Dangerous Places: Exposure to Violence and Its Mental Health Consequences for the Homeless.” Page 439.

¹³² Hopper, Elizabeth K., Ellen L. Bassuk, and Jeffrey Olivet. “Shelter from the Storm: Trauma-Informed Care in Homelessness Services Settings~!2009-08-20~!2009-09-28~!2010-03-22~!” *The Open Health Services and Policy Journal* 3, no. 2 (April 7, 2010): 80–100. <https://doi.org/10.2174/1874924001003020080>. Page 150.

society.¹³³ Each of these affect the health and wellbeing of these individuals; in addition to those impacts mentioned, violations of these individuals dignity result in:

“[...] a reluctance to seek help or access resources, passivity or "learned helplessness," a "small" life of constrained choices, [...] and a cycle of victimization and abuse, in which the violated individual turns to violating others. Dignity violation has similar consequences for collectives and whole societies: a group "traumatization," resulting in a lack of balance and the development of a "culture of disrespect" and a subsequent loss of collective dignity ("we all feel less human").”¹³⁴

The existence of dehumanization in a society leads to many areas upon which the outgroup is affected, including health, relationships, employment, and housing. For example, as housing is typically seen as a status that is under an individual's control, individuals experiencing homelessness are subject to increased blame, less prosocial behavior from outsiders, and further amplified negative wellbeing as a result.^{135,136} Stigmas associated with homelessness are widely known. These stigmas then influences more individuals' conceptions of what homelessness is or entails from an early age due

¹³³ Johnstone, Melissa, Jolanda Jetten, Genevieve A. Dingle, Cameron Parsell, and Zoe C. Walter. "Discrimination and Well-Being amongst the Homeless: The Role of Multiple Group Membership."

¹³⁴ Jacobson, Nora. "A Taxonomy of Dignity: A Grounded Theory Study."

¹³⁵ Johnstone, Melissa, Jolanda Jetten, Genevieve A. Dingle, Cameron Parsell, and Zoe C. Walter. "Discrimination and Well-Being amongst the Homeless: The Role of Multiple Group Membership."

¹³⁶ Parsell, Cameron, and Mitch Parsell. "Homelessness as a Choice." *Housing, Theory and Society* 29, no. 4 (December 2012): 420–34. <https://doi.org/10.1080/14036096.2012.667834>.

to inevitable socialization into society; implicit biases are formed, attitudes arise from these biases, and feelings of moral responsibilities are reduced due to the existence of dehumanizing language and lack of exposure to the humanity of individuals experiencing homelessness.¹³⁷ Therefore, dehumanization can impact these individuals in ways that span from health and wellbeing, to employment and housing, and to general daily existence.

3.6 Cyclical Nature

Another detrimental aspect of dehumanization of individuals is the cyclical nature of negative consequences. This arises through the impacts on public perception of individuals experiencing homelessness and those perceptions leading to further social and societal interactions as well as policy that make it difficult or impossible for these individuals to break out of their circumstances. Luna and Colleagues state that:

“The presence of a mark of rejection, with negative values, labels, attributes, and outcomes such as loss of status or discrimination permeates and constantly reinforces the different spheres of violence. *Once the mark exists*, it supports the boundaries that exclude those who are stigmatized so that person-to-person interactions inform institutional interactions, which in turn support, de jure or de facto, the outcasting of individuals who are stigmatized. This is a systemic loop since it reflects the relational nature of interactions from the micro (person to person) to the macro levels (e.g., cultural perspectives and social organization).

¹³⁷ Link, Bruce G., and Jo C. Phelan. “Conceptualizing Stigma.” *Annual Review of Sociology* 27, no. 1 (August 2001): 363–85. <https://doi.org/10.1146/annurev.soc.27.1.363>.

[...] The systemic effects of stigma and dehumanization shape group membership, inclusion, and exclusion.”¹³⁸

When individuals are viewed as not having the same humanity or commonality as those in the culturally-dominant group, prosocial behaviors, or those that aim to benefit other people, are diminished.¹³⁹ Thus the initially dehumanized individuals would become even more dehumanized as the social and physical distancing ensues. Negative societal perceptions create lasting impacts on the relationships between the general public and individuals experiencing homelessness, the ties and cohesiveness of a community, and the opportunities and quality of life of those being dehumanized.¹⁴⁰

As was previously noted in chapter one, policies and practices that promote exclusion and distancing of these individuals only further the normalization of their dehumanization. These perceptions, behaviors, and actions that are disrespectful of the dignity and detrimental to the wellbeing and success of individuals experiencing homelessness are proof of existing dehumanization in society. In short, the perceptions of individuals in a society permeate into their lives and the perceptions of future generations which in turn leave lasting discriminatory practices and impacts in place for the dehumanized group.

3.7 Combating Dehumanization

¹³⁸ Luna, Aniuska M., Emily Jurich, and Francisco Quintana. “Thwarting Stigma and Dehumanization Through Empathy.”

¹³⁹ Haslam, Nick. “Dehumanization: An Integrative Review:”

¹⁴⁰ Link, Bruce G., and Jo C. Phelan. “Conceptualizing Stigma.”

While there is a clear trend in human history to resort to an ‘us versus them’ mentality when thinking of other individuals and groups, this can be combated with the recognition of dehumanizing attitudes and actions, use of dignifying language, and increased exposure to the humanity of individuals experiencing homelessness. In order to create or impose some type of feasible lasting solution, individuals in the culturally-dominant group will have to acknowledge the dignity of individuals experiencing homelessness and the normalization of their dehumanization. Further, they will have to actively work to dismantle stigmas and biases that are present in so many aspects of society.

In order to recognize and stop the existence of dehumanization, exposure to the full humanity of individuals experiencing homelessness must occur. In the following chapter, I will propose that this must be done through exposure to narratives. Through narratives, the dehumanizing language surrounding individuals experiencing homelessness can be debunked and removed, exposure to the truth of the issue of homelessness in the United States can be advanced, and more light can be brought to the dignity of every human being.

Chapter 4: Promoting Dignity Through Narrative

In the previous chapters, issues that arise from or contribute to the experience of homelessness were explained, dignity and its attributes were defined, and the ways in which dignity is often disrespected or violated through dehumanization of these individuals was addressed. In this chapter, I will suggest that the manners upon which dignity can be acknowledged and respected by individuals, communities, and policies is through the use of language and exposure. A majority of the research and services aimed at improving outcomes for individuals experiencing homelessness focus on material needs and structural causes of homelessness; however, approaches incorporating the individuals' experiences through changing the narrative surrounding homelessness are less extensive.¹⁴¹

As previously stated, dignity in this thesis is both foundational and relational. Dignity's relational attribute connects the practical acknowledgment and protection of every individuals' dignity and their entitlement to ethical treatment and respect, to how humans ought to engage with one another. This can be at a variety of different levels, from individual interactions to the manner in which a society treats its members. In this chapter, I will be advocating for how advancing dignifying language and increasing narrative exposure can impact attitudes towards individuals experiencing homelessness. Further, I will note successful approaches to homelessness, discuss why these approaches have been accepted and effective, and propose ways in which narrative can be furthered in various levels of society. By seeing the ways in which dignity can be promoted and comparing approaches that have been successful, the practical ability to

¹⁴¹ Miller, Alison B., and Christopher B. Keys. "Understanding Dignity in the Lives of Homeless Persons." *American Journal of Community Psychology* 29, no. 2 (April 1, 2001): 331–54. <https://doi.org/10.1023/A:1010399218126>.

protect and promote the ethical treatment and respect of all individuals can be better understood.

4.1 The Need for Language and Exposure

As previously discussed, for the purposes of this thesis, dignity is an unconditional value present in all human beings that warrants respect and ethical treatment. It is not just a subjective concept that can be molded or changed to fit specific situations, it is the standard on which further social and societal changes should be based on. So, why is dignity not proving to be enough to motivate change in the treatment of individuals experiencing homelessness? Societal attitudes and actions that dehumanize individuals experiencing homelessness, discussed in chapter three, perpetuate violations of these individuals' dignity. Pejorative terms, unfounded myths and implicit biases, inappropriate criminalization, and social segregation continually reaffirms society's attitudes towards individuals experiencing homelessness. As mentioned in section 3.1, dehumanization occurs when individuals separate someone from their humanity and the respect that is entitled due to their dignity. Therefore, dehumanization can be combated through changing the common narratives surrounding these individuals by increasing both dignifying language and exposure to their humanity.

4.1.1 Language

As this thesis focuses on the importance of human dignity, there must be some attention to the impact of language and the way in which individuals experience homelessness are spoken about. Loss of respect of the dignity of others begins to take

root through the language used and the lens that others are viewed through. Language is a tool that can shape public perception and attitudes, which can, in turn, shape policy, social practices, and resource allocation.^{142,143} As commonly used language and perceptions are often those that are advanced by the culturally-dominant individuals of society, the individuals with power have the most ability to change language. However, each individual can contribute to reshaping language to dignify these individuals and “deepen the public’s understanding [of the dignity of individuals experiencing homelessness], attract new allies, and foster demand for change”.¹⁴⁴

Language is an important place to start for reframing how these individuals are seen and treated because of its ability to change over time. A common agreement in cognitive analysis is that many social attitudes are acquired in life,¹⁴⁵ drawing attention back to the impact of implicit biases previously mentioned in section 3.2. This means that both positive and negative attitudes towards individuals and groups are learned; the language and associations that shape our social opinions come from exposure to positive and negative stimuli. These stimuli are not always accurate, and they may support many false and harmful myths about individuals experiencing homelessness. Thus, these attitudes from information learned and acquired impact individuals’

¹⁴² Palmer, Geri. “People Who Are Homeless Are People First: Opportunity for Community Psychologists to Lead in Language Reframing.” SSRN Scholarly Paper. Rochester, NY: Social Science Research Network, December 26, 2018. <https://papers.ssrn.com/abstract=3326292>.

¹⁴³ “Attitudes about Homelessness | The Homeless Hub.” Accessed July 24, 2020. <https://www.homelesshub.ca/resource/attitudes-about-homelessness>.

¹⁴⁴ Palmer, Geri. “People Who Are Homeless Are People First: Opportunity for Community Psychologists to Lead in Language Reframing.”

¹⁴⁵ Crano, William D., and Radmila Prislin, eds. *Attitudes and Attitude Change*. Frontiers of Social Psychology. New York ; London: Psychology Press, 2008. Page 289.

cognitive functions and implicit beliefs and, therefore, how they engage with the world and each other.¹⁴⁶

As has been used throughout this thesis, the preferred and appropriate approach to addressing affected individuals is to refer to them as ‘individuals experiencing homelessness’. The intention of this approach is to establish and affirm the fact that these individuals’ identities are not defined by a temporary set of circumstances, whether the experience is one night long or a decade long. By avoiding the phrasing ‘homeless individuals’ or ‘the homeless’, one avoids associating these individuals with the historically negative and oppressive connotations, reinforcing stigmas, and characterizing these individuals by their current circumstances.¹⁴⁷ This distinction is important because the attitudes and associations we draw from the words used to describe these individuals can shape the manner in which other individuals choose or choose not to engage with them. Put simply, language shapes actions.¹⁴⁸ By changing the manner in which we describe these individuals, we can change the dialogue surrounding attitudes, treatment, and policies that address or impact them.

Different reactions are associated with different labels we, as a larger society, find are the norm for addressing individuals. These labels can be very powerful. As has been used throughout this work, individuals are not homeless, they experience homelessness, and an intentional switch in language to the latter is being made among organizations

¹⁴⁶ Crano, William D., and Radmila Prislin, eds. *Attitudes and Attitude Change*. Page 290.

¹⁴⁷ “People Experience Homelessness, They Aren’t Defined By It | United States Interagency Council on Homelessness (USICH).” Accessed July 22, 2020. <https://www.usich.gov/news/people-experience-homelessness-they-arent-defined-by-it/>.

¹⁴⁸ Bandura, Albert. “Selective Moral Disengagement in the Exercise of Moral Agency.” *Journal of Moral Education* 31, no. 2 (June 2002): 101–19. <https://doi.org/10.1080/0305724022014322>.

and advocacies to reflect this in society. The reduction of an individual to a label diminishes these individuals' dignity and disrespects their value. Conversely, by acknowledging that they are human beings momentarily or temporarily experiencing difficult circumstances, individuals are more likely to react positively towards them due to the increased holistic understanding previously noted.

Indirect encounters and assumptions about individuals in these circumstances impact attitudes we possess. Therefore, addressing and ending stigmas and implicit biases is necessary to produce positive change in attitudes and actions towards these individuals. A separation of the individual and the label associated with them is one of the first steps that must be taken in order to treat individuals with dignity.

4.1.2 Exposure

Throughout this thesis there have been a few brief stories of individuals I have personally interacted with. These stories help expose the narrative of the human being experiencing both the negative impacts of homelessness itself as well as the impacts of the stigmatization of homelessness. These individuals are more than their housing status, and, as individuals possessing dignity, they are deserving of ethical treatment and respect.

Exposure to the plight and challenges that individuals experiencing homelessness face goes hand in hand with increasing dialogue and discussion about these issues. Brené Brown, professor at the University of Austin and author of numerous works focusing on courage, vulnerability, shame, and empathy, wrote a book, *Braving the Wilderness*, that has a particularly impactful chapter associated with the impact of exposure to suffering titled "People are Hard to Hate Close Up. Move In." She notes that

when individuals allow themselves to come into closer contact with other people, especially those who are dissimilar or have different backgrounds, they must prepare to have experiences that will conflict with their preconceived attitudes and biases.¹⁴⁹

Increasing the amount and extent of exposure to the daily circumstances and sufferings of individuals who are living in constant stress, fear, uncertainty, and lacking that come with being without permanent housing, has been shown to improve attitudes towards these individuals.¹⁵⁰ A 2000 study showed that increased communication between undergraduate student and individuals experiencing homelessness positively impacted the students opinions of them. These interactions, either with the individual or with their narrative, increase understanding of the full experiences, backgrounds, and identities of these individuals. For example, in that study, after engaging with individuals experiencing homelessness, they saw them as less blameworthy for their circumstances.¹⁵¹ Research on exposure has been done in healthcare settings as well. In their 2004 study, David Buchanan and colleagues found that with increased education, training, and exposure to individuals experiencing homelessness, primary care residents had decreased feeling of blame and increased willingness to work and volunteer with these individuals.¹⁵² Additionally, a 2004 study on exposure to individuals experiencing

¹⁴⁹ Brown, Brené. *Braving the Wilderness: The Quest for True Belonging and the Courage to Stand Alone*. First edition. New York: Random House, 2017.

¹⁵⁰ Hocking, John E., and Samuel G. Lawrence. "Changing Attitudes Toward the Homeless: The Effects of Prosocial Communication With the Homeless." *Journal of Social Distress and the Homeless* 9, no. 2 (April 1, 2000): 91–110. <https://doi.org/10.1023/A:1009466217604>.

¹⁵¹ Hocking, John E., and Samuel G. Lawrence. "Changing Attitudes Toward the Homeless: The Effects of Prosocial Communication With the Homeless."

¹⁵² Buchanan, David, Louis Rohr, Laura Kehoe, Susan B. Glick, and Sharad Jain. "Changing Attitudes toward Homeless People." *Journal of General Internal Medicine* 19, no. 5 (May 1, 2004): 566–68. <https://doi.org/10.1111/j.1525-1497.2004.30111.x>.

homelessness and individuals of the general public found that “[r]egardless of whether exposure is via information from third-party sources, observation in everyday settings, face-to-face interaction, or out-group membership, it seems to make a difference in how the public views homelessness”;¹⁵³ further the individuals with increased exposure had more compassionate and positive attitudes about homelessness and even were more likely to act on these feelings (by spontaneously donating the money received from study participation to an individual). The results from these studies along with other similar work support the notion that increased exposure leads to increased understanding of the individual being impacted by homelessness.

It is easy to separate oneself from issues that one is not consistently encountering. This ability to shield oneself from the truths of another individuals suffering is how human beings are able to dehumanize others in daily life. Many studies, like those previously cited, have found that increasing exposure between the culturally-dominant group (individuals with permanent housing) and outgroup (individuals experiencing homelessness) improves and increases positive attitudes and behaviors towards outgroup individuals and reduces inaccurate or incomplete notions of the experience of homelessness. Therefore, “interaction[s] with [individuals experiencing homelessness] is required to appreciate their individuated capacities, goals, and personalities” and begin to engage with the complexity of homelessness.¹⁵⁴

¹⁵³ Lee, Barrett A., Chad R. Farrell, and Bruce G. Link. “Revisiting the Contact Hypothesis: The Case of Public Exposure to Homelessness.” *American Sociological Review* 69, no. 1 (February 1, 2004): 40–63. <https://doi.org/10.1177/000312240406900104>.

¹⁵⁴ Hocking, John E., and Samuel G. Lawrence. “Changing Attitudes Toward the Homeless: The Effects of Prosocial Communication With the Homeless.”

4.2 Housing First Approach

Issues and injustices related to the experience of homelessness span ethical, medical, legal, and political realms; finding approaches that are successful and effective while also addressing the dignity of individuals experiencing homelessness is difficult. One such approach is the Housing First movement. Housing First is a strategy that has been used in numerous cities and states in the United States.¹⁵⁵ This approach acknowledges the primary need of housing for individuals who are experiencing homelessness. It does not require individuals complete extensive training, graduate from a program, or resolve all behavioral health issues in order to participate. Housing does more than provide a roof over an individual's head; it also provides safety from harassment or violence, protection from natural elements, and a sense of security and stability.

4.2.1 What Makes This Successful?

Since the dignity of these individuals exists within them unconditionally, this approach supports the theory of dignity that does not require some type of capacity, merit, or ability in order to be treated with respect. Rather, it acknowledges that all individuals are entitled to having safe and stable shelter. Treating individuals with respect requires ensuring that they have access to basic needs for life, such as housing, water, health, and sanitation, and also that they have the right to security and freedom from violence.¹⁵⁶ Further, in addition to providing housing, Housing First approaches

¹⁵⁵ National Alliance to End Homelessness. "Housing First." Accessed July 26, 2020. <https://endhomelessness.org/resource/housing-first/>.

¹⁵⁶ "Inherent Dignity: An Advocacy Guidebook." Mercy International Association, 2018. https://www.mercyworld.org/_uploads/_cknw/files/2018/Trafficking%20Guide%20WEB.pdf

employ optional supportive services that can be utilized by the individuals to further support them with a continuum of care in housing and well-being.¹⁵⁷

4.2.2 ‘Built for Zero’

One successful Housing First approach is the ‘Built for Zero’ movement. This approach moves communities towards “functional zero”, where zero or a very limited number of military veteran or chronically homeless individuals are unhoused in a community.¹⁵⁸ This is done through the combination of Housing First, command centers, and individual-specific data collection.¹⁵⁹ Command centers within a city or community aim to unite those working with individuals experiencing homelessness, including the healthcare providers, organization, and agencies, to collaborate on these issues rather than working asynchronously. Further, these collaborations collect information about each individual they serve through direct engagement and frequent contact and match applicable housing placements and resources to them.¹⁶⁰ Through Built for Zero, 81 communities have joined in addressing homelessness through these approaches and over 120,000 individuals have been housed since 2015.¹⁶¹

¹⁵⁷ National Alliance to End Homelessness. “Housing First.”

¹⁵⁸ Community Solutions. “Key Definitions”. Accessed July 26, 2020. <http://community.solutions/key-definitions/>

¹⁵⁹ Community Solutions. “The Challenge.” Accessed July 26, 2020. <http://community.solutions/the-challenge/>

¹⁶⁰ Community Solutions. “A Housing System Built for Zero.” Accessed July 26, 2020. <https://community.solutions/a-housing-system-built-for-zero/>

¹⁶¹ Community Solutions. “Functional Zero.” Accessed July 26, 2020. <https://community.solutions/functional-zero/>.

These methods utilize an approach that focuses on each individual affected by homelessness. By involving community organizations, agencies, and leaders in a united, individual-specific way, they are learning and collecting information on each individual's unique experiences and needs and analyzing which resources would be the best fit for their future success. However, these approaches are targeting the groups that have already established work with these individuals and do not have a direct impact on how non-involved individuals can also become engaged.

Despite the success of these programs in the implemented cities, there are still many communities that have high numbers of individuals experiencing homelessness. Without a direct intervention on society's misconceptions, dehumanizing language and actions against these individuals persist. Housing First approaches alone are not enough to create wide-spread, lasting societal change. In the United States, there is a lack of understanding of the experiences and causes of homelessness as well as a lack in consensus as to what can be done to address homelessness in general.¹⁶² This may be due to persisting stigmas and lack of public exposure to individuals experiencing homelessness. Therefore, through utilizing dignifying language and exposure in conjunction with Housing First, more education and awareness of the plight of these individuals may be made in order to support practices that advance these individuals dignity.

4.3 Using Narratives to Advance Dignity

¹⁶² Tsai, Jack, Crystal Y. S. Lee, Jianxun Shen, Steven M. Southwick, and Robert H. Pietrzak. "Public Exposure and Attitudes about Homelessness." *Journal of Community Psychology* 47, no. 1 (2019): 76–92. <https://doi.org/10.1002/jcop.22100>.

With the acknowledgment of dignity's foundational and relational attributes and the assumption that all human beings have dignity, one must ask why dignity does not prompt more social change in the attitudes and treatments of individuals experiencing homelessness. As discussed in the previous chapter on dehumanization, the ability to forget or ignore the personhood of another human being is a common theme in history. Therefore, the question to pose is: how can society promote the dignity of individuals experiencing homelessness in order to better advance the positive work being done? The utilization of supportive language and exposure, in the form of narratives, is the necessary bridge to maintaining a dignity-focused approach to homelessness.

Narrative can be used as a powerful tool to advance and improve attitudes and treatments of individuals experiencing homelessness. In this thesis, I use the word narrative to indicate the 'full story' of an individual; it encompasses the individual's perspectives, experiences, goals, backgrounds, identities, or other aspects that contribute to recognition and understanding of their life and humanity.¹⁶³ Using narratives to improve social, health, and legal conditions for individuals experiencing homelessness is necessary for creating long-term changes. A few stigmatized narratives dominate society's perception of individuals experiencing homelessness. As detailed in the first chapter, accurately representing the spectrum of lived experiences through new and diverse narratives will broaden society's perspective of the humanity of these individuals. In medicine, narratives are "a fundamental tool to acquire, comprehend and integrate the different points of view" of patients in their experiences.¹⁶⁴ New narratives,

¹⁶³ Zaharias, George. "What Is Narrative-Based Medicine?" *Canadian Family Physician* 64, no. 3 (March 2018): 176–80.

¹⁶⁴ Fioretti, Chiara, Ketti Mazzocco, Silvia Riva, Serena Oliveri, Marianna Masiero, and Gabriella Pravettoni. "Research Studies on Patients' Illness Experience Using the Narrative Medicine Approach: A

therefore, can have the ability to offset imbalances in the stories of individuals that are inadequate or inaccurate, such as many of those being told about individuals experiencing homelessness.¹⁶⁵

4.4 Narratives at all Social Levels

What does it mean to treat other individuals with dignity, in the context of changing language and exposure? I will address how using a narrative-based approaches to respect the dignity of individuals experiencing homelessness can supplement the current measures being done by housing first initiatives.

Changes in how these individuals are seen must be approached from various levels of society. These include actions that are directed at individual interactions (micro), actions that are implemented in a community or institution (meso), and actions that prompt systemic policy change (macro). Recognition of dignity of individuals experiencing homelessness needs to deepen at all levels. Further, all levels must be engaged in order to enact lasting change. Without individual and community approval, supportive legislation will be rejected, and without institutional action, legal protections, resources, and funding may not last. Therefore, these interact bidirectionally; individuals may appeal to their morals and relationships, societies may pose policy and legislative change, and communities may engage in a mix of both.

Through these micro, meso, and macro level changes and implementations of narrative-focused approaches, individuals' dignity can be promoted and dehumanizing

Systematic Review." *BMJ Open* 6, no. 7 (14 2016): e011220. <https://doi.org/10.1136/bmjopen-2016-011220>.

¹⁶⁵ Zaharias, George. "What Is Narrative-Based Medicine?"

language and actions can be reduced and eliminated. I will highlight three areas in which improvements in language or narrative can be made. These approaches impact the societal levels previously mentioned; the bidirectional nature shows that social change can begin at the individual level and move up towards the institutional level, or policy can be implemented at the institutional level that can impact the community and individual levels. Simply suggesting increased language and exposure is not the answer to addressing homelessness; narratives must be used strategically at each level in order to play a role in a lasting solution.

4.4.1 Engaging Narratives and Ending Stigma

Language is powerful and can be used as a tool for improving attitudes and treatments of individuals experiencing homelessness. In the same way that socially acceptable language surrounding these individuals has been shifted from ‘homeless people’ to ‘people experiencing homelessness’, further language changes can be made at the individual level to respect dignity. At this level, change is not imposed, but individuals must hold each other accountable to using dignified language towards vulnerable persons.

With individual interactions, much of the change must come from moral responsibility to other individuals through being an ally. Allyship is a tool for individuals in positions or states of power to use their position to end oppression, such as dehumanization and violations of dignity, by listening, supporting, and advocating for marginalized individuals.¹⁶⁶ Due to the comparatively small number of individuals

¹⁶⁶ Evans, Nancy J., and Vernon A. Wall, eds. *Beyond Tolerance: Gays, Lesbians, and Bisexuals on Campus*. Alexandria, VA: American College Personnel Association, 1991. Page 215.

experiencing homelessness and those actively working in advocacy organizations, allies are critical in advancing dignified language surrounding individuals experiencing homelessness among the public and larger society. As dignity can be found in each human being, the promotion of the others' value as a human relies on the relational attribute of dignity. Motivation to be an ally should stem from the moral responsibility human beings have to each other due to the established attributes of dignity. In acting as an ally to individuals experiencing homelessness, one acknowledges the dignity and grounds for respect of every human being while also acknowledging the inequitable treatment of these individuals in society. To do this, allyship requires awareness, education, resources, and action and, therefore, comes in many forms that are not constrained to one definition.^{167,168}

One tangible example of allyship is through the use of narrative medicine to combat biases against these individuals in healthcare. Narrative medicine shifts healthcare provider's focus to the story of the patient and places them in a position to listen, empathize, and understand a patient's experiences and perspectives.¹⁶⁹ Recent studies have found that individuals experiencing homelessness feel they are stigmatized

¹⁶⁷ Atcheson, Sheree. "Allyship - The Key To Unlocking The Power Of Diversity." Forbes. Accessed July 25, 2020. <https://www.forbes.com/sites/shereeatcheson/2018/11/30/allyship-the-key-to-unlocking-the-power-of-diversity/>.

¹⁶⁸ Evans, Nancy J., and Vernon A. Wall, eds. *Beyond Tolerance: Gays, Lesbians, and Bisexuals on Campus*. Page 220.

¹⁶⁹ Zaharias, George. "What Is Narrative-Based Medicine?"

and discriminated against when receiving healthcare.^{170,171} Further, these experiences have been linked to decreased desire to interact with healthcare, increased substance use and mental health problems, and increased emergency facility use.¹⁷² As mentioned in section 4.3, narrative medicine is used in order to understand a patient's experience in a holistic manner. The patient, an individual experiencing homelessness, therefore, is given the ability to share more about the context and story behind an illness or disease. Narrative medicine has been found to have many benefits to the patient-physician or patient-provider relationship. It is therapeutic to the patient, engages deeper understanding of patient experiences, promotes empathy from the listener, improves the quality of the relationship, and increases awareness of the patient's full experiences.^{173,174} Respectful encounters between healthcare providers and individuals experiencing homelessness is critical to interacting with these individuals; as they "should not be treated as 'homeless individuals,' as lesser persons [...]. Rather, they should be treated as human beings," with value and dignity.¹⁷⁵ Narrative medicine and

¹⁷⁰ Skosireva, Anna, Patricia O'Campo, Suzanne Zerger, Catharine Chambers, Susan Gapka, and Vicky Stergiopoulos. "Different Faces of Discrimination: Perceived Discrimination among Homeless Adults with Mental Illness in Healthcare Settings." *BMC Health Services Research* 14, no. 1 (September 7, 2014): 376. <https://doi.org/10.1186/1472-6963-14-376>.

¹⁷¹ Gilmer, Cyndi, and Kristy Buccieri. "Homeless Patients Associate Clinician Bias With Suboptimal Care for Mental Illness, Addictions, and Chronic Pain." *Journal of Primary Care & Community Health* 11 (March 5, 2020). <https://doi.org/10.1177/2150132720910289>.

¹⁷² Gilmer, Cyndi, and Kristy Buccieri. "Homeless Patients Associate Clinician Bias With Suboptimal Care for Mental Illness, Addictions, and Chronic Pain."

¹⁷³ Zaharias, George. "What Is Narrative-Based Medicine?"

¹⁷⁴ Sakalys, Jurate A. "Restoring the Patient's Voice: The Therapeutics of Illness Narratives." *Journal of Holistic Nursing*, June 22, 2016. <https://doi.org/10.1177/0898010103256204>.

¹⁷⁵ "Homelessness Is Only One Piece of My Puzzle: Implications for Policy and Practice | The Homeless Hub." Accessed July 26, 2020. <https://www.homelesshub.ca/resource/homelessness-only-one-piece-my-puzzle-implications-policy-and-practice>. Page 167-168.

restoring patient-provider relationships can advance understanding of homelessness among providers and the healthcare community and restore relationship and connection between the groups.¹⁷⁶

4.4.2 Allocating Resources and Funding to Supportive Services

As with the command center approach of Built for Zero, community engagement must come from uniting services, building support, and engaging more individuals. Successful community or institutional level efforts often adopt a systems of care approach;¹⁷⁷ this integrates care through different strategies including increasing funding and resources, uniting organizations and facilities, and understanding clinical needs and increasing access to care.¹⁷⁸ These systems are designed in order to both address homelessness in a community and prevent future instances from occurring.

The integrated care approach acknowledges that, while access to affordable housing is critical and a good first step, just providing housing is not enough. Dehumanization and barriers to services and resources still exist for these individuals. Unified organizations have more power than when they are operating individually; through collaboration, they can draw more pointed attention to the unique difficulties individuals who experience homelessness face as well as their experiences and narratives. Increased community exposure can lead to more favorable attitudes towards

¹⁷⁶ Sakalys, Jurate A. “Restoring the Patient’s Voice: The Therapeutics of Illness Narratives.”

¹⁷⁷ “A Systems Approach to Homelessness | The Homeless Hub.” Accessed July 26, 2020. <https://www.homelesshub.ca/solutions/systems-approach-homelessness>.

¹⁷⁸ L. Kodner, Dennis, and Cor Spreeuwenberg. “Integrated Care: Meaning, Logic, Applications, and Implications – a Discussion Paper.” *International Journal of Integrated Care* 2 (November 14, 2002). <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1480401/>.

supportive actions, as noted in section 4.1.2. An integrated approach, thus, aims at exposing the multifaceted nature of homelessness to the community and utilizes supportive services and healthcare advancements in addition to permanent housing. These services thus provide continuity of care and support, especially to those with “serious mental illness with or without co-occurring substance-related disorders”.¹⁷⁹

Dignified treatment of these individuals involves addressing their humanity and needs as well as acting to remove and dismantle obstacles that they may face in the process. One successful approach to increasing community engagement and addressing some of the health needs of these individuals is through the use of preventative community health strategies and team-based care.¹⁸⁰ A University of Pennsylvania Medicine study of the use of community health workers, or laypeople from the community, in supplementing the healthcare of high-poverty individuals was shown to reduce the days spent in the hospital by 65%.¹⁸¹ These community health workers perform roles including “providing informal social support, coaching to improve health behaviors, navigating complex health systems, coordinating care, and advocating for patients.”¹⁸² The impact of this role is best stated in the words of one of the workers:

¹⁷⁹ Burt, Martha R., Carol Pearson, and Ann Elizabeth Montgomery. “Community-Wide Strategies for Preventing Homelessness: Recent Evidence.” *The Journal of Primary Prevention* 28, no. 3 (July 1, 2007): 213–28. <https://doi.org/10.1007/s10935-007-0094-8>.

¹⁸⁰ PatientEngagementHIT. “How Healthcare Organizations Drive Homeless Patient Care Access.” PatientEngagementHIT, March 18, 2019. <https://patientengagementhit.com/news/how-healthcare-organizations-drive-homeless-patient-care-access>.

¹⁸¹ Kangovi, Shreya, Nandita Mitra, Lindsey Norton, Rory Harte, Xinyi Zhao, Tamala Carter, David Grande, and Judith A. Long. “Effect of Community Health Worker Support on Clinical Outcomes of Low-Income Patients Across Primary Care Facilities: A Randomized Clinical Trial.” *JAMA Internal Medicine* 178, no. 12 (December 1, 2018): 1635–43. <https://doi.org/10.1001/jamainternmed.2018.4630>.

¹⁸² Kangovi, Shreya, Nandita Mitra, Lindsey Norton, Rory Harte, Xinyi Zhao, Tamala Carter, David Grande, and Judith A. Long. “Effect of Community Health Worker Support on Clinical Outcomes of Low-Income Patients Across Primary Care Facilities: A Randomized Clinical Trial.”

“I noticed a lot of my patients had PTSD and were socially isolated. I took my time with them and got them to come out each week to social activities like movies or bowling. We even planted an urban garden. After these efforts, you can see the difference in their health.”¹⁸³

These individuals act as a mediator between the individual and emergency resources and contribute to long-term continuity of care.

It is known that individuals experiencing homelessness are frequent overutilizers of the emergency care system and services. This is an indication of the complex health issues that these individuals face as well as poor access to nonemergency health care.^{184,185} Effective and dignifying care for these individuals can occur through increased community involvement in care and resources. These methods supply more access to medical and psychosocial services of individuals who otherwise face barriers to critical services and resources. Supportive services and interdisciplinary healthcare teams can “co-locate medical, mental health, and addictions services, coordinate vertical

¹⁸³ “Community Health Workers Can Reduce Hospitalizations by 65 Percent and Double Patient Satisfaction with Primary Care – PR News.” Accessed July 26, 2020. <https://www.pennmedicine.org/news/news-releases/2018/october/community-health-workers-can-reduce-hospitalizations-by-65-percent-and-double-patient-satisfaction>.

¹⁸⁴ Kushel, Margot B., Sharon Perry, David Bangsberg, Richard Clark, and Andrew R Moss. “Emergency Department Use Among the Homeless and Marginally Housed: Results From a Community-Based Study.” *American Journal of Public Health* 92, no. 5 (May 1, 2002): 778–84. <https://doi.org/10.2105/AJPH.92.5.778>.

¹⁸⁵ Han, Beth and Wells, Barbara. “Inappropriate Emergency Department Visits and Use of the Health Care for the Homeless Program Services by Homeless Adults in the Northeastern United States.” *Journal of Public Health Management & Practice* 9.6 (2003): 530-537. <http://ovidsp.ovid.com/ovidweb.cgi?T=JS&PAGE=reference&D=ovftf&NEWS=N&AN=00124784-200311000-00014>.

integration of components within the health care system [...], and facilitate horizontal integration with other key sectors, including the criminal justice system, after-jail services, social services, and housing,”¹⁸⁶ thus increasing prevention measures and community advancement overall. Therefore, employing community health worker services can increase access to necessary non-emergency care, bridge the divide between these individuals and their community, and reduce the amount of utilization of limited emergency resources.¹⁸⁷

4.4.3 Decriminalizing Homelessness

At the policy level, homelessness needs to be decriminalized for reasons I will provide below. As mentioned in section 1.5, individuals experiencing homelessness are subject to criminalization of activities that are vital to living. Laws and policies that result in the ticketing and arresting of these individuals for living without shelter violate their dignity and add arrest records, fines, and fees that may increase their stigmatization and dehumanization and compound their social situation.¹⁸⁸ Having a criminal record makes it more difficult to gain employment and education and can add to worse mental and physical health outcomes and increases in existing health

¹⁸⁶ Koh, Howard K., and James J. O’Connell. “Improving Health Care for Homeless People.” *JAMA* 316, no. 24 (December 27, 2016): 2586–87. <https://doi.org/10.1001/jama.2016.18760>.

¹⁸⁷ Kushel, Margot B., Sharon Perry, David Bangsberg, Richard Clark, and Andrew R Moss. “Emergency Department Use Among the Homeless and Marginally Housed: Results From a Community-Based Study.”

¹⁸⁸ Tars, Eric. “Criminalization of Homelessness.” National Law Center on Homelessness & Poverty (2019). https://nlihc.org/sites/default/files/AG-2019/06-08_Criminalization-of-Homelessness.pdf

disparities.^{189,190} These strategies have proven ineffective at addressing homelessness or reducing the number of individuals without permanent shelter on the streets.

In the past decade, the National Law Center on Homelessness & Poverty tracked laws criminalizing homelessness (such as those against, camping and sleeping in public, asking for donations/panhandling, and jaywalking, among others) in 187 cities in the United States. In this time period, bans on these activities have increased significantly, including a 69% increase against camping, 51% increase on sitting or lying down, and 43% increase on panhandling. At the same time, they found a 1300% increase in homeless encampments.¹⁹¹ Therefore, criminalizing homelessness is an insufficient approach to solving homelessness as it both treats individuals unethically and does not enact positive change in a society.

The aim of criminalization of homelessness is to remove individuals from the public eye and, therefore, reduce exposure to these individuals.¹⁹² These laws and policies are in direct conflict with aims to increase both dignified language surrounding these individuals and exposure of the experience of homelessness to the public. The social and moral impacts alone are enough to denounce criminalization approaches;

¹⁸⁹ National Law Center on Homelessness & Poverty “Fact Sheet: The Top Five Ways Criminalization of Homelessness Harms Communities.” Accessed August 2, 2020. <https://nlchp.org/wp-content/uploads/2018/10/criminalization-one-pager.pdf>

¹⁹⁰ Herring, Chris, Dilara Yarbrough, and Lisa Marie Alatorre. “Pervasive Penalty: How the Criminalization of Poverty Perpetuates Homelessness.” *Social Problems* 67, no. 1 (February 1, 2020): 131–49. <https://doi.org/10.1093/socpro/spz004>.

¹⁹¹ Tars, Eric. “Criminalization of Homelessness.”

¹⁹² Foscarinis, Maria, Kelly Cunningham-Bowers, and Kristen E. Brown. “Out of Sight - Out of Mind: The Continuing Trend toward the Criminalization of Homelessness,” *Georgetown Journal on Poverty Law and Policy* 6, no. 2 (Summer 1999): 145-164. https://heinonline-org.proxy.library.emory.edu/HOL/Page?collection=journals&handle=hein.journals/geojovlp6&id=150&men_tab=srchresults

additionally, however, many studies have been conducted that have shown the cost of maintaining criminalization of these individuals compared to housing and supportive services approaches is much higher. In a comparative study of 22 states, it has been found that United States tax-payers pay on average over \$35,000 per individual experiencing chronic homelessness, due in part from the criminalization of homelessness and its resulting measures. However, when individuals were placed in permanent housing with supportive services costs were reduced by nearly 50%.^{193,194} Another finding, from a 1999 Georgetown Law paper, puts this information into another perspective:

“In 1993, the average cost of detaining one person for one day in jail in the U.S. was over \$40, excluding the police resources utilized in the arrest process. According to [U.S. Department of Housing and Urban Development] figures obtained in an evaluation of its Supportive Housing Demonstration Program, the cost of providing transitional housing, which includes not only housing and food but also transportation and counseling services, was approximately \$30.90 per person per day.”^{195,196}

¹⁹³ National Alliance to End Homelessness. “Ending Chronic Homelessness Saves Taxpayers Money.” Accessed July 27, 2020. <https://endhomelessness.org/resource/ending-chronic-homelessness-saves-taxpayers-money-2/>.

¹⁹⁴ National Alliance to End Homelessness. “Permanent Supportive Housing Cost Study Map.” Accessed July 27, 2020. <https://endhomelessness.org/resource/permanent-supportive-housing-cost-study-map/>.

¹⁹⁵ Foscarinis, Maria, Kelly Cunningham-Bowers, and Kristen E. Brown. “Out of Sight - Out of Mind: The Continuing Trend toward the Criminalization of Homelessness.” Page 155.

¹⁹⁶ While these numbers may have changed due to inflation since the paper was published, the concept remains the same. For an example of more recent statistics, in 2001, the average fee to incarcerate an individual was approximately \$62 per day (see U.S. Department of Justice’s Office of Justice Programs “State Prison Expenditures, 2001”). With inflation rates from 2001 to 2010, this was about \$76 per day. Comparatively, in 2010, the cost for permanent supportive housing was between \$18 and \$59 per day

The expenses used in maintaining laws and policies that violate these individuals' dignity could therefore be used in more effective and dignifying manners elsewhere. With a shortage of 7 million affordable apartments and homes in the United States,¹⁹⁷ resources currently funding dehumanizing criminalization could go towards creating more affordable housing, Housing First efforts, permanent housing placements, and various supportive services previously mentioned.

Laws and policies that target individuals experiencing homelessness and criminalize their existence in public spaces actively contribute to the continual violations of these individuals' dignity. Exposure to their plight should not be reduced, and efforts to do so have been unsuccessful in a number of ways. Intolerance should be moved from the individuals experiencing homelessness to the existence of homelessness itself. By changing legal and institutional action from criminalization to a preventative approach, individuals can be treated with more respect as deserved by their dignity and more funds and resources can be allocated to dignifying services.

4.5 Employing Each Level

In order to advance and protect the dignity of individuals experiencing homelessness each of the three levels of society must be engaged. There are many ways to do this, including challenging dehumanizing stigmas, supporting impactful

depending on location (Des Moines, IA and Houston, TX, respectively) (see U.S. Department of Housing and Urban Development Office of Policy Development and Research "Costs Associated with First-Time Homelessness for Families and Individuals").

¹⁹⁷ National Low Income Housing Coalition. "The Gap: A Shortage of Affordable Rental Homes." Accessed July 26, 2020. <https://reports.nlihc.org/gap>.

organizations, and decriminalizing basic human necessities. Through a focus on using dignified language and increasing exposure and access to the narratives of these individuals, attitude and actions towards these individuals can be transformed and homelessness can become something that is brief and rare.

Conclusion

All human beings have unconditional dignity that warrants respect and ethical treatment. However, the hundreds of thousands of individuals experiencing homelessness in the United States are often stigmatized in ways that contribute to lasting negative attitudes towards them. These attitudes and treatments paired with living without permanent shelter can cause worsening health and make it more difficult to find housing, education, and employment opportunities. Harmful language and misconceptions about these individuals fail to acknowledge the dignity they possess as human beings as well as further maintain unethical and dehumanizing actions towards them.

Dehumanization occurs when individuals are able to separate someone from their dignity and entitlement to respect. Societal stigmas and criminalization of their existences are pushed from public view, thus distancing the contact and exposure housed individuals have to the suffering sustained by those experiencing homelessness. The dehumanization of these individuals impacts their lives in a number of ways, with many negative social, mental, and physical health impacts; the pervasive impacts of homelessness exist through attitudes and language that aim to separate these individuals from their dignity. This is occurring at all levels of society. Failure to humanize these individuals' and acknowledge and protect their dignity has impacts at the individual (micro), community/institutional (meso), and policy (macro) levels and is an issue of both current dialogue and ingrained societal beliefs. Therefore, the denial and disrespect the dignity of individuals experiencing homelessness is an ethical issue that requires multifaceted approaches.

In order to draw awareness to these individuals and protect their dignity, language used about and surrounding homelessness needs to be changed to be more respectful. Further, exposure to these individuals' lives and experiences needs to be increased to highlight the unethical ways in which they are treated. These two approaches will combat the lack of accurate and full information in society.

The narrative approach can be used at every level of society and in addition to already successful approaches, such as Housing First. From the micro-level, individuals must determine their views on human dignity and what treatment is just for all individuals; additionally, the true voices, perspectives, and narratives of individuals experiencing homelessness and dehumanization must be acknowledged and brought to light to combat false narratives. On the meso-level, communities and institutions must be educated, and stigmas and stereotypes must be broken down and challenged. Finally, larger macro-level changes are necessary to support policy and social changes that advance dialogue and make lasting impacts on health and treatment of these individuals. As Tisha Rajendra states in her book "Migrants and Citizens", "[i]f individuals, churches, and societies do not weep for [them], there is no chance that political institutions will change."¹⁹⁸

In order for these individuals' dignity to be acknowledged and protected, recognition of the current lack of respect of their dignity needs to be made at all levels. Further, all levels must be engaged in order to enact lasting change. Without individual and community approval, supportive legislation will be rejected, and without policy action, legal protections, resources, and funding may not last. By tackling language and

¹⁹⁸ Rajendra, Tisha M. *Migrants and Citizens: Justice and Responsibility in the Ethics of Immigration*. Grand Rapids, Michigan: William B. Eerdmans Publishing Company, 2017.

advancing accurate narratives, the respect that these individuals deserve due to their human dignity can be better advanced.

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