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Homelessness in Seattle

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Stigmas and Shelters: Seattle's Fight for Dignity in Homeless Care

From the first homeless person in Seattle to the thousands that now crowd the streets, the local Seattle government has attempted to address the crisis in several ways, some more beneficial to those suffering from the crisis than others. From food banks to punitive laws and housing shelters to mental hospitals, each method has its perks and flaws that leave the city still in the hunt for the perfect solution. Although mental hospitals and shelters both aim to rehabilitate homeless individuals, one method is extremely controlling, while the other is structured but open, with mental hospitals de-humanizing, perpetuating stigmas, and un-consensually controlling unhoused people, while shelters allow homeless people to have autonomy of themselves, get support, and have a safe place to sleep for a night.

Even though mental hospitals intended to help homeless individuals deemed insane, their execution and treatments often left patients scarred and isolated instead of healthy and reintegrated into society. In the 1850s, the small lumber city of Seattle got its first taste of what would be their most formidable challenge to come: homelessness. Edward Moore was a washed-up, solitary, and frostbitten sailor living in a battered-down tent on a Seattle shoreline who was almost automatically labeled “insane and incapable of taking care of himself” (Ensign

13) by the white pioneers of the area. This ostracizing label consequently isolated Moore further from the already unaccepting community and perpetuated the stigma surrounding all homeless people being deranged, which is still prevalent today. At the time, being termed 'insane' often ended you up in a mental hospital, which was a relatively new, more progressive idea for the fresh city of Seattle. However, the hospitals from the 1850s and the ones we are familiar with today are drastically different, with the 'insane asylums' of the past profit-maximizing yet autonomy-depriving practices like cutting heat, stripping patients of basic hygienic needs and chaining them to isolated cells (Ensign 22). This method of sending homeless or those termed 'insane' is seen today in new legislature proposed from Texas, which is in turn dangerous to the public's view on the issue. The prospective bill would "make it easier to place psychiatric holds and administer involuntary medical treatment to unhoused people experiencing mental health conditions" (Tars 6), essentially a direct modern translation of the harmful treatment methods used in the 1800s. Despite Moore never being officially sent to a mental hospital during his time in Seattle, his story of being deemed 'insane' immediately by white pioneers serves as a moving reminder of the future homeless individuals termed and forced to endure the inhumane methods mental hospitals used at the time.

In comparison, housing shelters, while still having flaws, allow homeless people to have a safe, secure, and community based environment, encouraging them to find stable housing and get out of the treacherous cycle of homelessness. Shelters are typically government or nonprofit funded buildings that offer a safe space for those in need of protection throughout the night. By implementing shelters as a solution to homelessness, individuals get protection from the elements, crime rates drop, and basic hygienic needs of the unhoused are met. Furthermore, shelters can provide the initial pathway for homeless people to get the support they need to find

stable housing and get off the streets for good. Although shelters are not a definite place to live, they do offer the resources and expertise for those looking to get permanent housing. In contrast, shelters are a much more humane, welcoming, and supportive environment than the depriving nature of mental hospitals.

In conclusion, we all want solutions to homelessness. One person unsheltered is too many whether it be a washed up sailor or someone unable to pay rent in a modern tech heavy city. Mental institutionalization all but criminalizes homelessness and blames them for a largely societal issue. On the other hand shelters, give autonomy, choices and dignity to those on the razor thin cusp of society. Despite their vast differences, both pathways aim to tackle the same greater issue, but only one surpasses in success and ethical approach to those in need.

Bibliography:

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