

# **Worse Than Death**

An Analysis of Excess Death and the Necropolitics of Dying in Public Space

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Sara Kelley  
Senior Capstone  
Community Studies  
University of California Santa Cruz  
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## Prologue

“Joey Crottogini let us know that we could go upstairs to wait for him to start our training. As Olympia and I sat there and chatted, I noticed the small memorial set up on a bookshelf in the middle of the upstairs area that had several portraits with their birth and death date written on the photograph. Sitting there and waiting, I felt very sad that most of the photographs were mugshots, presumably because they were the only photos that existed of that person. I find it significant that these were the photos they chose to display, as they obviously didn’t show the person in a positive light, but I also thought about the importance of a face to commemorate a person. While Olympia went to the bathroom I took a moment of silence for the people being displayed on the shelf.”

-- **Field Notes Entry 6/18/18**

“Everybody in the room faced the back wall where there was a microphone set up, a table with candles and flowers, and behind it a display of colored prayer flags with the names and ages of all the people who passed this year. Many of the people who died were over 60 years old with the oldest person who died being 77 and the youngest (by far) being 27. I read every flag and thought about how all these people had been reduced to their name and age; there were no pictures or any other attributes about them except for the fact that I knew all of these people to be homeless.

Most memorial services are done to remember a certain individual, a time for the family and friends of those who passed to gather to both mourn the loss of and celebrate the life of a person that was complex and meaningful. This was not that. Phil Kramer, in his opening speech about the memorial, reminded us that we hold this event every year because for many of the homeless folks who die in our county, the homeless memorial is the only time that person’s life will be remembered. Many homeless people are homeless in part because of their lack of connections with family, friends and their community or have lost their connection since becoming homeless. I’m sure for some of these people, if the data on their death had not been collected by Matt Nathanson, it is possible that no one would’ve noticed their absence and they simply would have returned to the Earth without a trace of their presence. For one person on the list, this was almost the case as Matt reported that their cause of death was indeterminate because of how severely their body had already decomposed. If their body had not been found, would somebody have noticed that they were gone or would they have died without leaving a mark? I truly don’t know.”

“Mark is right, the ceremony was not right, it reduced human lives to demographic information, occupations, ages, and numbers and gave no recognition to their other traits. No one was remembered for the way they cared for others, for who they loved, for how they laughed or how their spirit impacted other people and the world. I certainly wouldn’t want to be remembered in this way either.”

**-- Field Notes Entry Thursday 12/20/18**

These two passages from my six-month field study-- one from my first day and one from my last day-- represent to me what was the most striking part of my experience studying homelessness and drug use in Santa Cruz County. It was impossible to ignore over the six months how often the staff of my organization and the communities I interacted with talked about clients, friends, and family dying. Although at first I thought of these deaths simply as sad anecdotes that were unrelated to the political lens I was applying to my field experience, I eventually realized that they were the *result* of the politics I was observing around homelessness and drug use.

At the annual homeless memorial, attendees learned that 76 homeless and formerly unsheltered/unhoused people from Santa Cruz County died in 2018, a number considered to be a low estimate that excludes data on some deaths related to drug use, such as housed people who died of overdoses (Field Notes, 12/20/18). These folks died in hospitals, in shelters, in their vehicles, in their wheelchairs, in the levee, beside the train tracks, in parks and motels often alone and unnoticed. The people who were dying weren't just a random group; they were often elderly and/or physically/psychiatrically/cognitively disabled, and were all homeless and/or currently using drugs. They are people that our society works hard to make invisible-- to sweep under the rug, out of sight and out of mind-- and yet, they often live and die in public space. Their deaths tell a story of systematic neglect and abuse that is slowly eradicating those we find undesirable and unworthy of our help, those who are deviant and resistant. Their lives matter and deserve to be honored and their deaths cause me to wonder-- *what does it mean to live and die in public space?*

## Introduction

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When I first started my field study for Community Studies, I imagined it as being contained within the walls of the clinic of the Homeless Persons Health Project (HHP) and so I focused my eye on that singular organization. What I discovered was a complex web of organizations that are interdependent and I found myself floating within this web. I spent time in HHP, the Health Services Agency, The Syringe Services Program (SSP), the Harm Reduction Coalition, and in the community doing outreach. As such, in this essay I will take a holistic perspective and look not only at the organizations that I have worked with, mainly HHP and SSP, but also the communities that they serve and the broader community of Santa Cruz. Homelessness, addiction, neglect, social ostracism, and extreme marginalization; these are the topics that color my mind when I think about my field experience. The community I analyze are those living on the streets, in the parks, down the train tracks, into the forest, and in other public spaces in Santa Cruz County whose lives and bodies are marked by extreme poverty, addiction, and disability.

I argue that although HHP and SSP provide necessary services that reduce harms incurred during experiences of homelessness and drug use, the organizations primarily function to govern how people both live and die in public space. Their integration into state mechanisms of governance mean they are implicated in the perpetuation and reification of state-sponsored structural violence that aims to eradicate the most marginalized poor and those who engage in behaviors categorized as deviant. I must be careful in my critique of the state, to not objectify it

and to clarify that HPHP and SSP's participation in a state does not inherently make them complicit in structural violence. However, the *particular* state that is governing HPHP and SSP and the community they serve is built upon a history of colonial violence, slavery, racism, and exploitation that makes it by definition, a vector of abuse and violence. In what follows, I will develop these arguments using a lens of necropolitics to examine my field study organizations, the communities they serve, and the local context they are situated in. In doing so, I hope to help transform the way we see our neighbors, friends, and family that experience homelessness and addiction both in the community of Santa Cruz and beyond its borders.

### **Field Study Organizations: HPHP and SSP**

The Homeless Persons Health Project is a direct service-oriented federally qualified health center that provides comprehensive health care and housing services for currently homeless and low income in an effort to “eliminate” homelessness in Santa Cruz County (Health Services Agency, 2019). The Syringe Services Program (SSP) is a syringe exchange program that provides safe injection supplies, sharps containers, and referrals to medical or substance abuse recovery services in Santa Cruz County. The primary goal of the SSP is to “work in partnership with the community to help prevent the spread of infectious diseases associated with injection drug use and to address the community's concern regarding improperly discarded syringes” (Health Services Agency, 2019)

The Homeless Person's Health Project is situated in Santa Cruz's network of city and non-profit organizations attempting to address local homelessness. The City of Santa Cruz has a homeless population of 1,204 individuals as of 2017, and although that is considered to be a minimum estimate, it is still the 4th highest in California (City of Santa Cruz, 2018). HPHP is

fully integrated into the county and has been federally funded since 1989. They receive matching funds from the County Health Services Agency, although the original grants for HPHP were written in 1987 and 1988. In the original grants, HPHP applied for funding to provide primary care services, case management, substance abuse and mental health care, and shelters. The federal funds that HPHP received initially came from Stuart McKinney federal grants, and funding from the county came from the general tax fund. Stuart McKinney funds became available after the induction of what is now called the McKinney-Vento Act, a piece of legislation reluctantly passed by Ronald Reagan that was the first federal response to widespread homelessness. The act, which has been revised several times since it passed in 1987, details of mandates on funding and policy for homeless services nationally (National Coalition for the Homeless, 2006). Today funding for HPHP comes from the Department of Housing and Urban Development (HUD) and the county continuum of care program, called the Homeless Action Partnership (Santa Cruz County and internal city jurisdictions). Together, these funds provide approximately 2.3 million dollars to HPHP yearly (Health Services Agency, 2019).

As a clinic and syringe exchange program, HPHP and SSP's interventional approach to homelessness and drug use is crafted using the lens of an epidemiological paradigm. Also referred to as the (bio)medical model, the epidemiological paradigm is deeply rooted in our "rationalistic scientifically oriented western society" (Veatch, 1973). This paradigm, of course, does not exist in a vacuum and is heavily influenced by "prevailing medical and political interests and cultural norms" that become reified through the practice of biomedicine (Lock and Nguyen, 2018). In Jenna Loyd's chapter, "*Where is Community Health?*" she argues that "the role of the clinic should be to help mobilize people to *create* a place-based community through



the collaborative identification of needs” and that community health clinics should “[enable] people to effect change in their own and collective lives” (2010). However, in the context of biopower, the clinic contributes to the “disciplining of individuated bodies” and the objectification of health as a purely bio-technical problem (Loyd, 2010)(Lock and Nguyen, 2018). The epidemiological paradigm that HPHP and SSP work under identifies risk subjects or target populations-- in this case, homeless and injection drug using populations-- who require biomedical intervention such as Hep C/HIV testing or medication-assisted treatment. Instead of radical collaborative identification and universalization of needs that Jenna Loyd calls for in her critique of community health, clinics that operate under the epidemiological paradigm (re)produce “depoliticized therapeutic solutions” that do not “challenge power relations that shape the environmental and social conditions” that affect wellbeing (2010). Although issues like chronic wounds, back and foot problems, fungal and bacterial infections, injury, and bug bites are regular occurrences that need to be addressed, in effect, HPHP’s attempts to mitigate harms to the population of unsheltered/unhoused people help reify the environmental and social conditions that produce them. Similarly, SSP’s focus on reducing transmission of blood-borne pathogens and injection-related illness/injury-- although necessary to reduce injection drug use related harm-- reinforces a depoliticized epidemiological approach to drug use.

While on the topic of “risk groups” and “target populations”, I must note that although there is indeed overlap between the unsheltered/unhoused population and the population of people who use drugs, the populations are distinct and it is important not to conflate the two. These populations are extremely marginalized due to decades of discourse that assigns responsibility for homelessness and drug use to the individuals experiencing them and associates

those individuals with danger, pathology, and deviance (Toft, 2014)(Lyon-Callo, 2000)(Amster, 2003). Under classic neoliberal paradigms of individualization, homelessness and drug use are similarly framed as a personal/moral failing or a problem of a diseased self. People who are unsheltered/unhoused are ostracized from their own communities for it; their families and friends reject them, public spaces are hostile towards them, and their social interactions slowly become defined by their experiences of homelessness (Amster, 2003). People who use drugs are doubly stigmatized, their lives regarded as worthless due to their behavior being labeled wrong and immoral, a volitional destruction of the body instead of acknowledging “structural constraints, cultural geography, [and] the social economy of drug markets” as playing a role in widespread drug use (Campbell and Shaw, 2008). The lives and bodies of these populations are seen as a dispensable nuisance by many and their existence in public domains is criminalized and responded to with violence. The politicization of the natural activities of life (sleeping, bathing, using the restroom) and the ever diminishing lands for public use mean that unsheltered/unhoused people are unjustly targeted for simply existing out in the open. They have few belongings, very little resources, and are so entrenched in a mode of survival and coping that it becomes almost impossible for unsheltered/unhoused people and/or people who use drugs to advocate for themselves or resist the abuse.

## Methods

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In returning to the original research questions that I developed in CMMU 102 before starting my field study at HPHP, I can see a dramatic shift in the direction of my focus when

evaluating homelessness and drug use. My lived experience over the six months<sup>1</sup> being fully immersed in the worlds of homelessness and drug use has fundamentally altered the way I frame my questions about these issues and has taught me that listening to others, especially those whose everyday lives are entrenched in these issues, is the key to answering them. The evolution of my research questions has been informed by my day-to-day experiences with clients, the staff at HPHP and SSP, and other figures in the community that are in touch with issues around homelessness and drug use, four formal interviews with staff at my respective organizations, as well as further academic research I have done throughout my field study. In addition to my hours of intentional participant observation, interacting with people living unsheltered/unhoused and people who use drugs has become a regular part of my everyday life due primarily to the nature of these populations existing in open public space in a community where I live and work, but also because I was fortunately able to develop real friendships with some people throughout my field study.

The research question that was at the center of my focus before starting field study was as follows: “*What do the services offered by HPHP do to address complex structural reasons why people enter into homelessness, and will coordinated entry do more to address these root causes?*”. This was a question that I recognized early on in my field study as being based on the assumption that HPHP does *anything* to address structural reasons for homelessness which it does not, as it is an apolitical direct service organization run by county government. This first question also excluded a similar interrogation of harm reduction programs and how they address the complex web of social, cultural, and political dimensions of drug use and drug-related

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<sup>1</sup> June-December 2018

morbidity and mortality. The change in my analysis of harm reduction programs like SSP across the span of six months was the most pronounced and I think in this question it shows that I was not yet in a critical mindset when it came to such programs.

I realized in my early stages of field study that as a federally qualified health center (HHPH) and county-run project/public health intervention (SSP), the organizations are strictly prohibited from engaging in radical political solutions to homelessness and drug use and instead operate under a depoliticized direct-service model of addressing these issues in the community. This is primarily due to the mandates set by their funding sources (federal, state and county) that place a contingency on funding that their organizations do not engage in political, legislative, or electoral work. An example of that was when HHPH's restrictions on distribution of political information such as information about Measure M or Prop 10, two initiatives that had obvious implications for the clients they serve (Field Notes, 9/10/18). Another example was SSP's decision against providing voter registration forms to clients due to fears that their use would compromise the anonymity of the program (Field Notes, 10/5/18). HHPH and SSP also do not incorporate consciousness-raising efforts in their work with communities that are unsheltered/unhoused and/or use drugs and instead only engage with the populations they serve on an individualized basis. In the case of HHPH, most staff did not subscribe to a depoliticized conceptualization of homelessness and drug use-- HHPH Health Center Manager, Joey Crottogini, is even an open "anarchist"-- but still, they struggle to do their best with what they are given, often making concessions where they shouldn't be made. (Field Notes, 9/10/18, 6/19/18).

In the context of neoliberalism, the depoliticization of homelessness and drug use is an intentional strategy to divert responsibility for confronting these inherently political issues from the state onto the individuals experiencing homelessness and/or addiction (Lyon-Callo, 2000). This neoliberal project of casting issues of homelessness and drug use into the realm of the private, is executed in reality by politically neutralizing organizations like HPHP and SSP when they become integrated into the state and therefore dependent on state funding. Under these restrictions, harm reduction organizations primarily address homelessness and drug use by applying short-term palliative solutions under the guise of public health interventions.

Another one of my foundational questions before the start of my field study was about how people who are unsheltered/unhoused and/or use drugs theorize their circumstances and how those conceptualizations differed from that of service providers. This question made many assumptions; mainly, it assumed there would be a clear dichotomy between conceptualizations held by service recipients and service providers. In truth, I heard a diverse array of how people who are unsheltered/unhoused and/or use drugs, housed people, service providers, administrators, and law enforcement conceptualize the issues that encircle their lives and work. I now see that the language of this question individuates and oversimplifies the process of how people “theorize” reality and additionally places undue burden on the individuals experiencing homelessness and/or addiction to explain their lived experience.

The question that has developed into my most important research question was originally the following: *“Do homeless services function to govern the poor? If so, what kind of ideals of citizenship and morality do homeless services disseminate among homeless populations?”*.

Although I spent most of my time in a physical point of service, either at HPHP or SSP, I able to

observe more than just the services offered on the River Street and Emeline campus have since learned that subversive governance does not stay within the boundaries of county services. My rephrasing of this original research question into what is now my central question is: *How do harm reduction programs for people who are unsheltered/unhoused and/or use drugs embody the necropolitical state, and what are the characteristics of the necropolitical subject that is produced in these programs and in the conditions of homelessness and drug use?*

## Ethnographic gaze

In conducting research that is ethnographic in nature, I think often about the distinction between me, a student intern and researcher, and “clients”. Distinct lines between service providers and service recipients are clearly marked by outer appearance, demeanor, and the carrying of several belongings that signify service recipients’ unsheltered/unhoused status. In my interactions with clients, not only do I live with privileges that set me apart from the client, but I am also interacting with the client with an eye and ear for what is relevant to *my* research. This is a particularly troublesome dynamic that exists between clients and me; I am researching them without their knowledge, looking mostly for patterns and interesting points of analysis. Just like the medical gaze that was critiqued by Foucault, the ethnographic gaze looks at people as subjects of detailed analysis and not as human individuals (Foucault, 1963). The bodies and lives of people who live unsheltered/unhoused being in public space expose them and make them available as subjects of my research or anyone else who would like to study them, regardless of their wishes. In my ethnographic gaze, I fear I lose sight of the reality that I am researching a

population rich with nuanced experiences of great suffering simultaneous with joy, resilience, and belonging within their homelessness and/or addiction.

The ethnographic gaze is cold and only certain characters are accepted as worthy of being written about, but *every* person has a unique relationship with the community and the organizations I worked with. People who are unsheltered/unhoused are extremely marginalized, disenfranchised, and made to feel unwanted by the larger community and so their morale is low and capacity for transformative change limited. Casting them under my ethnographic gaze, I contribute to the process of ‘othering’ of people who are unsheltered/unhoused and further reinforce the idea that people who are unsheltered/unhoused belong to the public domain. It is difficult to grapple with this, but I see the importance of documenting what I see and hear so that I may fully understand my work and relationship with the community. It is for this reason that I will use pseudonyms for people that I am discussing indicated by an asterisk next to their name, with the exception of two who have given their prior consent.

## Community Analysis

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A history of early community responses to homelessness in Santa Cruz between 1985-1992 can be found in Paul Lee’s highly detailed book titled, *The Quality of Mercy* (1992). Lee’s book provides an intimate history of early Santa Cruz politics around homelessness, right when the issue was just emerging in the community and so provides valuable context to the complex relationships among local organizations today. Lee reminds us of Santa Cruz’s roots in direct action and how Santa Cruz resident, Jane Imler, sparked a local movement in 1985 when

she went on a hunger strike, vowing not to eat or drink until a public shelter was built for the local homeless population. Her actions were inspired by Mitch Snyder, an activist who performed a hunger strike in front of the Reagan White House to demand that the administration take action to provide shelter for folks nationally. When the Santa Cruz city council was unfazed by Jane's hunger strike, Paul Lee and Page Smith, who co-founded the William James Association, decided to make it a project of their organization to open a shelter. In order to save Jane, Smith and Lee very quickly navigated a former sauna on Cedar Street that had the capacity to shelter about 100 people, which at the time was the bulk of the homeless population. Already in the hospital due to kidney problems, Jane finally ended her fast on the first night that the shelter opened and ate her first meal at the Cedar Street Shelter which became the first stable shelter and community building space for houseless folks in Santa Cruz (Lee, 1992).

When the lease at Cedar Street was close to timing out, and there already need for overflow space, a recently formed Santa Cruz Citizens' Committee for the Homeless (SCCCH) began to search for a site to build a permanent shelter for people who were unsheltered/unhoused in Santa Cruz (Homeless Services Center, 2018). To give broader context, the federal government had formed a task force in 1983 whose purpose was to educate localities on how to acquire surplus federal lands for public use (National Coalition for the Homeless, 2006). Then, in 1987, Title V of the McKinney-Vento Homeless Assistance Act implemented a requirement that federal agencies work to identify and make available surplus sites for use in assisting the unsheltered/unhoused population (National Coalition for the Homeless, 2006). As such, the Santa Cruz Citizens' Committee for the Homeless (SCCCH) was able to navigate an unused property off of River Street that was owned by UCSC that was originally intended for student housing. The River Street property was originally appraised at \$539,000 and although the university wanted full price for it, the deed included a requirement that that the property be used strictly for "public benefit"



(Lee, 1992). After a period of negotiation, SCCCH was able to unofficially secure the property when Page Smith confronted one of the UC's negotiators in Berkeley in a coincidental encounter. In response, current Mayor, Mardi Wormhoudt, along with the rest of the Santa Cruz City Council intentionally subverted the deal and purchased it from underneath the SCCCH. Although Lee claims in his book that the city council purchased the River Street property with the intention of using it for commercial purposes, in truth, the council had always planned for the SCCCH to provide homeless services as a contractor of the city so that they would ensure they had a "controlling hand in the program" (Rotkin interview, 3/12/19). For many years, SCCH rented the property on River Street from the city at the low rate of \$1 per year in exchange for SCCCH acting as a proxy service provider for the city and county (Lee, 1992)(Rotkin interview, 3/12/19).

In doing in depth analysis of Santa Cruz's responses to community wide homelessness, it is crucial to be cognizant of its history of colonialism and to remember that the land occupied by modern-day Santa Cruzans was in fact, violently stolen from the Awaswas people. The City of Santa Cruz website tells a different story about its origins, mainly that Santa Cruz was "discovered" in 1769 by a Spanish explorer named Don Gaspar de Portola who named the land he found Santa Cruz, meaning "holy cross", and the San Lorenzo river for Saint Lawrence. The truth is that the Awaswas people once had a vibrant community of 20-30 villages that were spread across the Pajaro River and San Lorenzo River regions far before the land's "discovery" by the Spanish. (Amah-Mutsun, 2018). The people that lived in this region built a life around the rivers, hunting and fishing instead of living a more agricultural life and they spoke a language unique to their people, even among other indigenous tribes in the area. In 1797, soon after the Spanish made contact with the Awaswas people, Mission Santa Cruz was founded and served as a site to exploit indigenous labor and convert Awaswas populations into Catholicism

(Amah-Mutsun, 2018). When outreach in the villages did not successfully convince Awaswas people to assimilate into a European Catholic culture, people were forcibly removed from their villages and claimed as property of the mission. Upon being brought to the Mission and baptized, adults and children were separated, and the Awaswas never again returned to their homes.

(Amah-Mutsun, 2018). At the height of the mission's abuse, the leading cause of indigenous child mortality in the region was hernias due to the children being literally worked to the death (Rotkin interview, 3/12/19).

Later populations of Santa Cruzans flourished off the wealth of resources that the land offers, developing industries in logging, lime processing, commercial fishing, and agriculture (City of Santa Cruz, 2018). The early industrial economy, especially the logging and fishing industries, fizzled out after the turn of the century and finally disappeared after World War II. Still, the industries of early Santa Cruz provided enough wealth for the town to be established and is "responsible for its basic layout and orientation with the port" (Lehmann, 2000). The pleasant climate of Santa Cruz and "blending of mountain, seashore, and life with living streams of water running year round" made the city an ideal site for the resort and tourism industries. (Santa Cruz Board of Trade, 1908) Tourism in Santa Cruz was first established in 1865 when John Leibrandt opened several bath houses, a pool, and an entertainment house that quickly became a local attraction. However, the tourism industry was not truly fortified into the Santa Cruz economy until the 1880's when Fred Swanton developed a new seaside attraction that was meant to mirror New York's Coney Island that is now the Santa Cruz Beach Boardwalk (Lehmann, 2000). Although many other tourist attractions were either closed during WWII or destroyed in the 1989 Loma Prieta earthquake, Fred Swanton's Beach Boardwalk continues to be

a primary feature of Santa Cruz's landscape and culture. Santa Cruz's early industrial period and its roots in tourism greatly influenced modern day Santa Cruz's "architecture, its street layout, [and] its relationship with the coastline and the forests that surround it" and has also influenced local politics about public spaces (Lehmann, 2000).

Protecting the city's source of revenue meant for the San Lorenzo River, a series of dams and levees put in place over the last century in an effort to prevent flooding that could jeopardize the lucrative downtown area (Perry, 2010). The river that was once a place where "children played along its banks and built rafts, where its fisherman gathered by the hundreds each year at the start of steelhead season, where houses clung to its willow covered banks and where people fed ducks from their backyards," is now tightly controlled by levees. These levees put in place to control the river have unfortunately mostly severed the Santa Cruz community from its historical relationship with the San Lorenzo River (Perry, 2010). Today, the banks of the San Lorenzo River serve as a common living site for people who are unsheltered/unhoused.

The landscape of Santa Cruz would also not be what it is today if it were not for the Loma Prieta Earthquake of 1989. Before Loma Prieta, downtown Santa Cruz was decorated with a "broad range of architectural styles and periods", but sadly the quake destroyed many of these connections to the region's early history (Lehmann, 2000). The collective trauma of having to work to rebuild the community after Loma Prieta and the numerous floods helped foster an emphasis in Santa Cruz on protecting and celebrating what characterizes the city and its culture (Field Notes, 11/27/18). In *Quality of Mercy*, Paul Lee also explains how the Loma Prieta earthquake complicated local politics of homelessness when both secular and non-secular organizations attempting to provide disaster relief began to make distinctions between those who

became homeless *because* of the earthquake and those who were already homeless when it occurred (1987). This allowed for room in local discourse for an explicit categorization of the deserving and undeserving poor.

## Language to Define a People

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Before discussing further this population that I worked with closely during my field experience, I find it extremely important to make space for an exploration of language used to describe them. Since the beginning of the field study research process, I was intrigued by the myriad of words used to describe people who are unsheltered/unhoused-- “the homeless”, “hobos”, “vagrants”, “bums”, “transients”-- that are often discursively tied with language to describe people who use drugs like “junkies” and “tweakers”. In Paul Lee’s chapter in *Quality of Mercy* titled, “The Future of Homelessness and the Possibility for a Solution”, an important point made is that labeling people “homeless” and grouping them together based solely on their lack of housing, only serves to further stigmatize already vulnerable individuals (1992). Although Lee fails to offer alternative language to use other than ‘homeless’, he argues that part of the “intractability of the situation” lies with the use of the label itself (1992). In his essay titled, “*Helping and Hating the Homeless*”, Paul Marin similarly argues that the word “homeless” has become an “abstraction, and is applied to so many different kinds of people, with so many different histories and problems, that it is almost meaningless” and instead describes homelessness as “nothing more than a condition that is visited upon men and women” (1987). In *Street people and Community Public Policy in Santa Cruz*, authors Marotto and Friedland begin

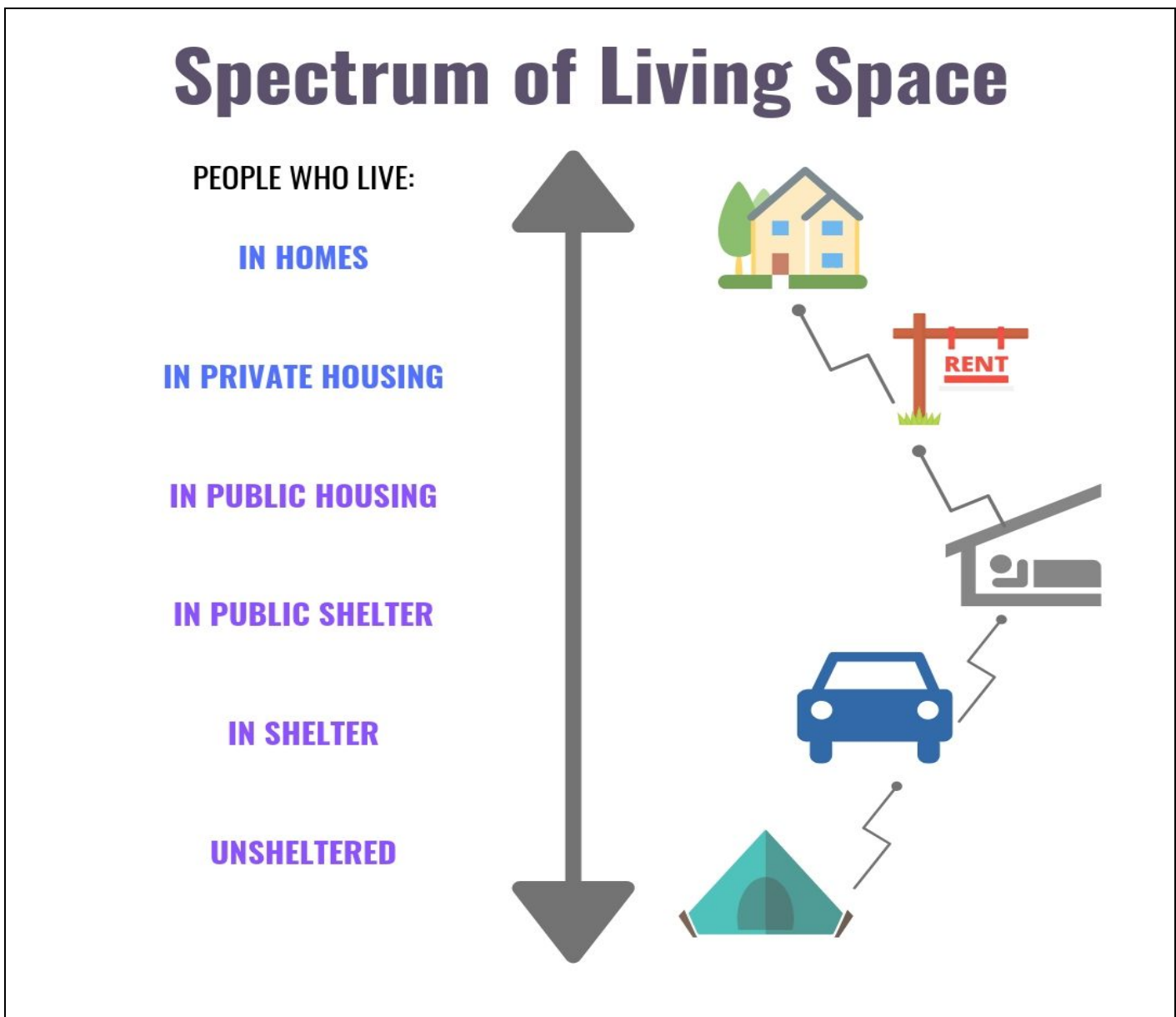
the discussion of their study by critiquing the use of the word “transients” in local discourses regarding homelessness. The word ‘transients’ is flawed, they argue, as it paints unsheltered/unhoused people as travellers with “no enduring attachment to the community” when actually, the majority of homeless living in Santa Cruz have lived here for a year or more and are rooted in the community (1987). Although the authors do offer alternative language for describing the homeless, with their use of the word ‘street people’, I would argue that ‘street people’ is far more stigmatizing. In my own discussions of this population I choose to use the term *people who are unsheltered/unhoused* because it is a phrasing that intentionally centers the personhood of the individuals and *not* their lack of shelter/housing.

In addition to the many ways in which individuals are described, there exists a wide array of ways to describe the ways in which people shelter and protect themselves. The definition of homelessness that HPHP uses is the lack of “a fixed, regular, and adequate nighttime residence” (Health Services Agency, 2019). This definition includes folks living in their car or in abandoned buildings, living in makeshift shelters, or in any other residence that is “not meant for human habitation” (Health Services Agency, 2019). There also exists the term “literally homeless” which describes individuals that live completely unsheltered and open to the elements.

In my own research, I hope to describe these conditions in a way that captures the diverse ways in which people protect and shelter themselves and meet basic needs while they are unsheltered/unhoused and I also hope to clarify the distinction between ‘private space’ and ‘public space’. That distinction is highly relevant to conceptualizations of homelessness and must be situated in a neoliberal construct of spatial organization. Physical space in neoliberal city formations, is divided up into individual private spaces with an ever-decreasing “public space”

that has become almost entirely commodified and has implicit expectations for participation in citizenship in these spaces (Amster, 2003)(Marin, 1987). I see the broad range of living situations that individuals may be in at any given time as a spectrum of spaces that may or may not protect from the elements, have space for fulfilling basic needs, or provide comfort, care, and a sense of support. Additionally, these spaces may be public or private. (See Figure 1 and Table 1)

**Figure 1: Spectrum of Living Space**



**Table 1. Matrix of Living Spaces**

	<b>Provides protection from the elements</b>	<b>Has space for fulfilling basic needs (sleeping, eating, bathing etc.)</b>	<b>Provides comfort, sense of belonging, and support</b>	<b>Public or Private</b>	<b>Example:</b>
<b>Homes</b>	yes	yes	yes	private	private residence
<b>Private Housing</b>	yes	yes	sometimes	private	private rental unit; apartment or house
<b>Public Housing</b>	yes	yes	sometimes	public <sup>2</sup> and private	subsidized housing; Section 8
<b>Public Shelter</b>	yes	sometimes	no	public	shelter programs and transitional housing
<b>Shelter</b>	sometimes	no	no	public	car or tent
<b>Unsheltered/ Outside</b>	no	no	no	public	out in the open; on sidewalks, in parks, under bridges etc.

Source: own analysis

This spectrum model attempts to account for the ways in which people often experience losing their housing and gaining it back in a series of steps and makes clearer the distinction between private and public space. The spectrum model also takes into consideration the

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<sup>2</sup> Subsidized housing units operated by HUD are an example of public housing that exists in public space and Section 8 vouchers where private landlords are paid by the Housing Authority are an example of public housing that exists in private space.

“ambiguous” transitions to homelessness that most people experience, progressively moving back and forth on the spectrum of living space as they exhaust through “ever-dwindling networks of family, friends, and acquaintances” (Bourgois, 2009). The varying levels of stigma directed at people who are unsheltered/unhoused that I observed in the field also correlate to a spectrum model, with stigma increasing as people’s living situations progressively fall down the spectrum.

It is important to note that this model includes a distinction between “housing”-- a stable place to live and meet basic needs and “home”-- an abstract conceptualization of a living space that provides both housing *and* a sense of belonging and support. Although ownership over the “home” is an important attribute of the concept, an individual doesn’t necessarily have to own the living space so the “home” being a site of community or family is far more central to the distinction between “housing” and “home”. Implicit in the importance of ownership over the home, is that the “home” is almost always a private space. This leads me to another reason that I am choosing to use the term *people who live unsheltered/unhoused*<sup>3</sup> which is that it more fully captures the population that lives and dies in public space, the focus population of my research.

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<sup>3</sup> There are times in this paper that I will use the term ‘homeless’ when it was the language used in the source I am discussing.



# Necropolitics

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## Why Death?

*Death is the end of life, the closure of existence as we know it, and what lies beyond it is one of our greatest unanswered questions.*

*Although at first glance it may seem easy to define, death becomes tangled in flattened heart beats, subtle brain waves— the ability to live without aid of machine.*

*We work to avoid the finality and void of death, always making sure to discuss it at the right time, in the right place, and in hushed tones.*

*The way we memorialize our dead is a reflection of how we viewed their life and whether we considered them a 'person' or a thing.*

*We only began to deeply think about life and the universe when we began acknowledging death and those who have been claimed by it.*

## Excess Death

Death is unavoidable, it happens to us all someday; it is nature's great equalizer. Still, the ways in which people die and the distribution of death across a population are often the work of politics. Deaths that occur in excess of what is natural for any population especially in the context of an emergency or traumatic event, are in many instances, a useful tool for critically analyzing mortality patterns with a political lens. In his brilliant essay on "necropolitics", Achille

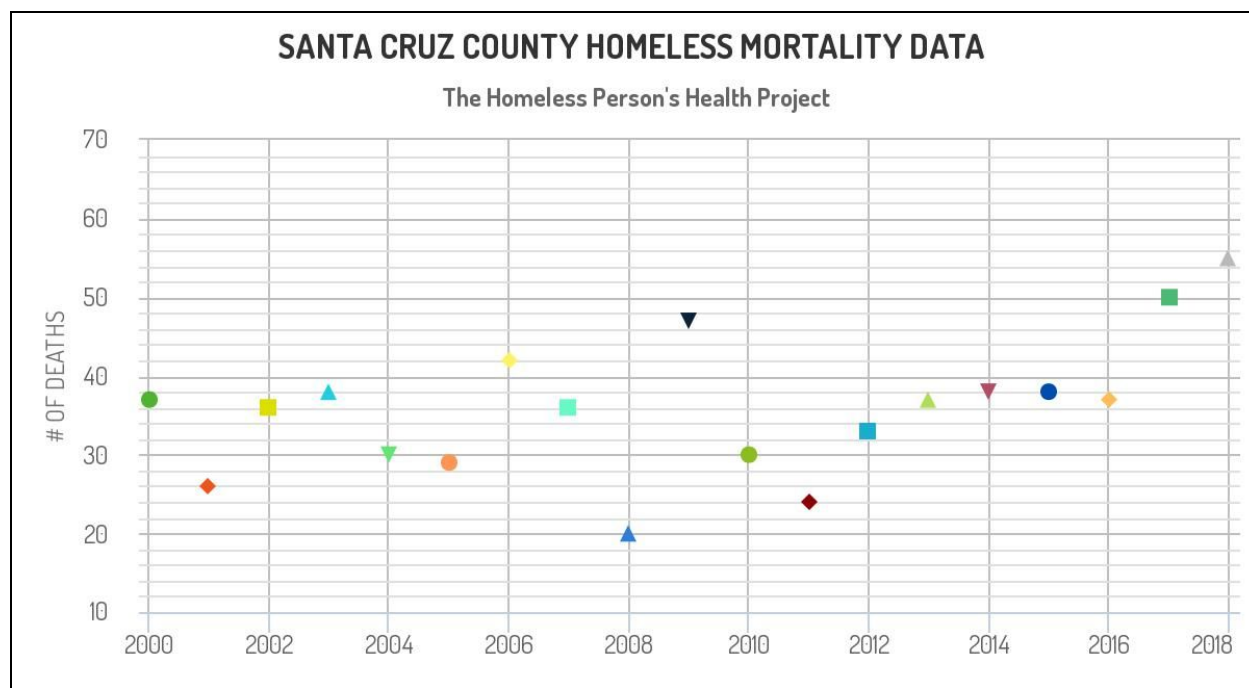
Mbembe discusses the politics of death in the modern era and frames death both as a site for state control and manipulation and as an embodied social and political condition. Using a detailed political analysis of sovereignty and the technology of terror, Mbembe argues that a defining characteristic of the modern state is that death and killing are leveraged as tactics of state control, our bodies either protected or dispensed at the hands of the state.

In Santa Cruz County, the deaths of people that live unsheltered/unhoused have been recorded since 1999 primarily by one very dedicated public health nurse at HPHP, Matt Nathanson. Nathanson started this project in late 1998 when he and another HPHP public health nurse, Paul Gendreau, received a call from the coroner's office asking them about a few people that had died in the county that were presumed to be homeless. Nathanson and the rest of the approximately six staff members at the time decided that as an organization attempting to address the health of homeless populations, it was necessary to investigate the deaths of homeless folks in Santa Cruz County. Data collection on these deaths served the purpose of helping the organization "change their practices" in response to trends in cause of death and served to "recognize and honor" their clientele that often had no memorial, obituary, or any other form of recognition (Nathanson interview, 2/21/19). In December of 1999, after the first full year of mortality data collection, the first homeless memorial was held in honor of those Santa Cruzans that had unfortunately died while unsheltered/unhoused. Since then, every year Nathanson has diligently collected the mortality data of unsheltered/unhoused peoples in Santa Cruz and a memorial is held annually in December to recognize those deaths. The memorial represents for the staff at many homeless organizations and the community at large, an intentional space for dealing with the "cumulative toll" of seeing "clients, friends, and people

they care about, die” (Nathanson interview, 2/21/19). Using raw data sourced directly from Matt Nathanson’s archives, I was able to create a table and graph of homeless mortality of in Santa Cruz County since 1999 (See Table 2 and Graph 1). Data collection across the last two decade have not been entirely consistent, so I have chosen to only represent the data points that were most consistently collected in the data set which includes: total death, sex distribution, age distribution, and location of death.

Table 2: SANTA CRUZ COUNTY HOMELESS MORTALITY DATA							
	2000	2001	2002	2003	2004	2005	Average
TOTAL DEATHS	37	26	36	38	30	29	32.6
MEN	34	19	31	30	27	23	27.3
WOMEN	3	7	5	8	3	6	5.3
UNDER 21	0	0	0	1	0	0	0.1
21-30	6	1	2	2	2	4	2.8
31-40	2	5	8	7	2	2	4.3
41-50	19	10	11	11	10	11	12.0
51-60	6	7	12	14	11	8	9.6
OVER 60	3	3	3	4	5	4	3.6
Average Age	x	x	x	x	x	x	x
Location of Death	Outside/Vehicle 18	x	x	x	x	x	x
	Nursing Facility 6	x	x	x	x	x	x
	Motel / Other	x	x	x	x	x	x
	Temporary Residence 7	x	x	x	x	x	x
	Hospital In-Patient 3	x	x	x	x	x	x
	Homeless Shelter 1	x	x	x	x	x	x
	Out of County 2	x	x	x	x	x	x
	2006	2007	2008	2009	2010	2011	Average
TOTAL DEATHS	42	36	20	47	30	24	33.1
MEN	34	27	18	39	24	18	26.6
WOMEN	8	9	2	8	6	6	6.5
UNDER 21	0	0	0	0	0	0	0
21-30	3	5	0	3	1	2	2.3
31-40	6	5	1	4	2	3	3.5
41-50	12	9	8	14	7	6	9.3
51-60	15	11	7	18	10	10	11.8
61-70	6	6	4	8	8	3	5.8
over 70	0	0	0	0	2	0	0.3
average age	49.5	x	x		52	49	
Location of Death	Outside/Vehicle 19	Outside/Vehicle 12	Outside/Vehicle 8	Outside/Vehicle 21	Outside/Vehicle 12	Outside/Vehicle 10	
	Nursing Facility/Hospice 2	Nursing Facility/Hospice 5	Hospital 8	Hospital: 16	Hospital: 11	Hospital: 4	
	Temporary Residence 5	Temporary Residence 6	Nursing Facility/Hospice 3	Nursing Facility 6	Nursing Facility 4	Motel: 5	
	Hospital 12	Hospital 9	Temporary Residence 1	Temporary Residence 4	Temporary Residence 3	Temporary Residence 4	
	Motel 3	Motel 4				Nursing Facility 1	
	Unreported 1						
	2012	2013	2014	2015	2016	2017	Average
TOTAL DEATHS	33	37	38	38	37	50	38.8
MEN	26	35	29	27	27	38	30.3
WOMEN	7	2	9	11	10	12	8.5
UNDER 21	0	0	1	0	0	0	1
21-30	2	2	1	3	4	1	2.1
31-40	2	2	3	2	3	8	3.3
41-50	7	11	10	10	8	6	8.6
51-60	18	13	14	9	13	16	13.8
61-70	3	6	7	9	7	17	8.1
over 70	1	3	2	5	2	2	2.5
average age	52	53	51.4	55.6	51.5	54	52.9
Location of Death	Outside/Vehicle: 21	Outside/Vehicle: 16	Outside/Vehicle: 14	Outside/Vehicle: 14	Outside/Vehicle: 17	Outside/Vehicle: 20	
	Hospital: 5	Hospital: 11	Hospital: 14	Hospital: 12	Hospital: 9	Hospital: 16	
	Motel: 1	Motel: 2	Nursing Facility: 6	Nursing Facility: 4	Nursing Facility: 2	Nursing Facility: 6	
	Temporary Residence: 1	Nursing Facility/Hospice: 8	Motel: 2	Shelter/Transitional Housing: 4	Shelter: 4	Temporary Residence: 5	
	Nursing Facility: 3		Temporary Residence: 2	Out of County Hospital: 2	Motel: 3	Motel: 3	
	Jail: 2			Temporary Residence: 2	Temporary Residence: 2		
Source: HPHP							
x= Data not collected							

**Graph 1: Santa Cruz County Mortality Data**



This data shows us that yearly, unsheltered/unhoused people are dying and that the annual number is slowly rising. It also shows a trend of an increasing number of seniors dying while homeless, a trend that Nathanson said could be because the original cohort of Reagan era homeless are aging or because supports for seniors have diminished over many years.

In discussing his process of data collection, Nathanson acknowledges that the process of mortality data collection is complicated and involves a number of ambiguous definitions and gray areas to account for. As such, he warns that the data captured should be considered a “low estimate” (Nathanson interview, 2/21/19). One such complication is that in attempting to both collect data *and* honor individuals, HPHP aims to accurately capture the mortality data on both people who died *in* Santa Cruz County and those who lived in Santa Cruz County but died

shortly after moving into housing or out of county. The data collected by HPHP is inherently limited by the definition of “homelessness” and ‘permanent’ vs. ‘temporary’ housing that make labeling a deceased person homeless or not homeless extremely complicated. During our interview, Nathanson said that it is also difficult to link the experience of homelessness causally to specific deaths due to the invisibility of the population, the subjective nature of defining homelessness, and the fact that cause of death is captured only in biomedical terms (2019). The coroner does not record homelessness status at time of death so individuals are identified as homeless after their death based mostly on their relationship with HPHP, the existence or absence of a current case file in homeless management information systems, and the circumstances of their death. As such, it should be assumed that there are people whose experience of homelessness was not documented at the time of their death and people whose past experiences of homelessness drastically shortened their life but were not currently unsheltered/unhoused at the time of their death.

The count of deaths of unsheltered/unhoused folks in Santa Cruz County continues on and at the time of this writing there has already been a handful of deaths in the county, some that have occurred in the large unsanctioned camp that is currently at the intersection of River Street and Highway 1 in Santa Cruz (See Figure 2). The “Ross Camp”, as it is called, sits on a piece of land that is owned by the City of Santa Cruz and Caltrans and is currently a living space for around 100 people at night and 150 people during the day (Todd, 2019). On field study and now in my position as a case manager for Homeless Services Center, I have witnessed the Ross Camp grow in size and become more established since it first started in November following the closure of the city-run River Street Camp and the failure by the city to provide adequate

emergency shelter. Currently, the camp is so full there is little space for walking through the large clusters of tents.



**Figure 2: The “Ross” Camp on 12/6/18**

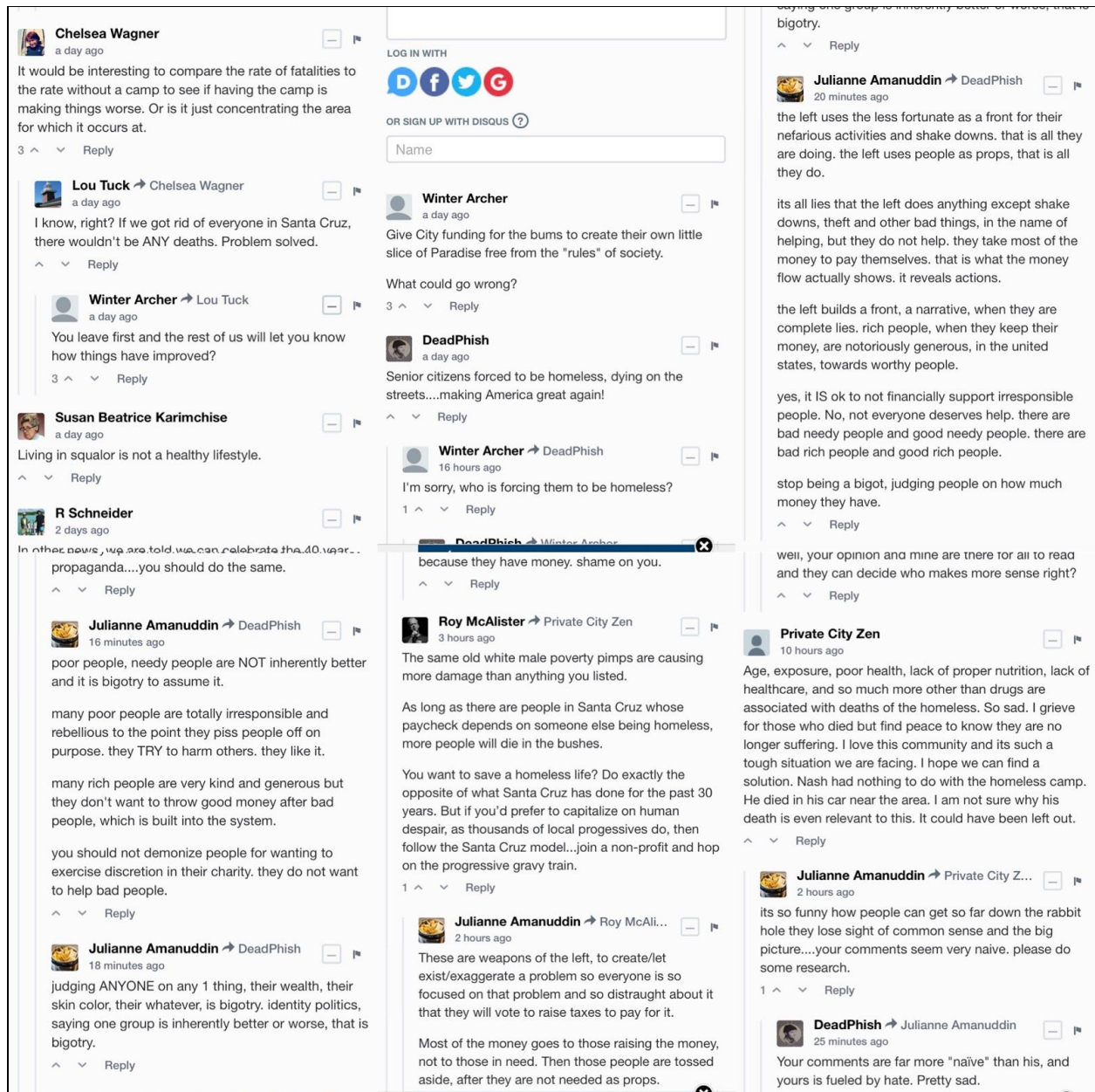
The closure of the River Street Camp struck fear of death in many of the people I interacted with as many did not know where they would go next and were aware that the winter season was coming (Field Notes, 10/16/18). My “client”, Stacy, was concerned for her friends and knew what was coming once the River Street Camp closed, as shown in this conversation we had one night after work:

*“When I left HPHP today, I went and said goodbye to Stacy at her spot on the sidewalk and she began to cry about how although she will be housed, her friends will have to stay on the street and many will die throughout the winter. She mentioned that the closing down of the River Street Camp will be responsible for many of the deaths throughout the winter and she is right. Three people died over the weekend that I know of already.”* (Field Notes, 10/22/18)

Community opinion over the unsanctioned camp has become increasingly divided and hostile during this time, and the deaths that have occurred at the camp have only escalated the controversy. Figure 3 presents some *Santa Cruz Sentinel* readers' commentary from a single day in response to two separate online articles about the deaths in the Ross Camp. To be fair, the people who publicly comment may be seen as more extreme aberrations from mainstream thinking; similarly, many of the facebook pages that I reviewed (Homeless Outside in Santa Cruz, Downtown Santa Cruz Bathroom Task Force, Keep Santa Cruz Weird, and The Warming Center) are published by one man, Brent Adams (Field Notes, 10/9/18). Still, social media



remains a useful tool for analyzing local discourse.



**Figure 3: Commentary on Ross Camp Deaths, *Santa Cruz Sentinel*, 3/5/19 and 3/6/19.**

These comments expose the ways in which Santa Cruz residents often frame their unsheltered/unhoused counterparts and how they tend to place responsibility on individuals for their experience of homelessness and even their deaths. Stigmatizing language like “poverty

pimps” and “bums” are used to describe unsheltered/unhoused folks and distinctions are made between “bad needy people” and “good needy people”, a less articulate expression of the deserving/undeserving poor dichotomy. Also intriguing is that even people who are sympathetic to the issue of homelessness are still critical of Santa Cruz’s normative strategy of using non-profit organizations to address homelessness as a substitution for organized community response.

## Counting Bodies

In their chapter on uninsurance in America, titled “The Death Spiral”, Sered and Fernandopulle point to the disastrous effects of uninsurance on Americans, ranging from bankruptcy to homelessness. Towards the end of their discussion, they make their issue tangible by asking the question-- “*Where are the bodies?*” (2005). Their answer is chilling-- “*In emergency rooms and end-stage hospital wards...In homeless shelters...In prisons*” (Sered and Fernandopulle, 2005)

Their question is significant because it hints to something that was articulated by Matt Nathanson, which is that *counting bodies* is one way of documenting or accounting for the effects of injustice and inequality. Counting bodies makes concrete structural violence that often seems too abstract or elusive to fully grasp. However, the way bodies are counted can become political when certain bodies are included and certain bodies are excluded, each count or lack thereof being an indicator of personhood and humanity (Scheper-Hughes, 1993).

In 1985 during the AIDS crisis, members of activist art collective, Gran Fury, designed their poster titled “*The Government Has Blood on It’s Hands*” (See Figure 3) in response to an

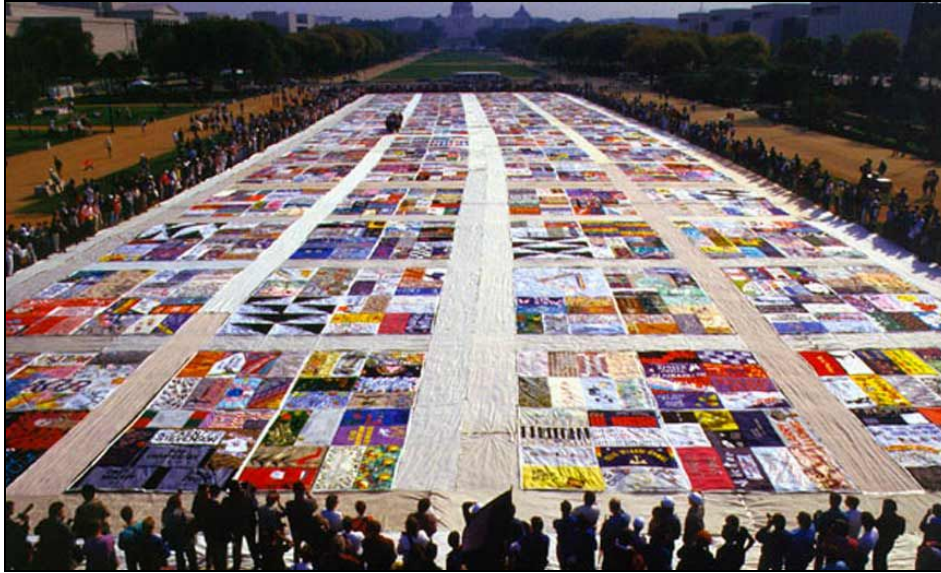
erasure of AIDS deaths by the New York City Department of Public Health and the New York City Health Commissioner, Stephen Joseph (Lampert, 2013). Official counts released by the two government entities put the current number of AIDS deaths in NYC at 50,000 when the actual number at the time was approximately 200,000 (Lampert, 2013). This egregious and intentional miscount of AIDS deaths symbolized to Gran Fury a willful denial of the reality of AIDS as well as an act of public disrespect to the individuals in the community that had died of the disease and its complications.



**Figure 3: “*The Government Has Blood On Its Hands*”, Gran Fury, 1985**

After many years of friends and family dying of AIDS, it also became clear to AIDS activists that memorializing those lost to the disease was necessary for community healing. In 1987, Cleve Jones responded to this need by creating a way for a way for *every* person to be recognized-- a quilt comprised of one square for every person that had died of AIDS. The quilt that was displayed in Washington D.C. on October 11, 1987, was unfolded to reveal 1,929

squares-- a massive work symbolic of the true magnitude of loss that was felt by so many after entire communities had been wiped out by AIDS (See Figure 4 ) (The Names Project, 2019).



**Figure 4: The Names Project: AIDS Memorial Quilt**

In counting the bodies of those who live and die in public space, it must be acknowledged that the data in Table 2 only represents the mortality data of people who were labeled “homeless” or “formerly homeless” at their time of death because there are bodies that have not been counted. In addition to excluding those whose experience with homelessness was not documented at their time of death, the data excludes a separate count of deaths that were caused by overdose or drug-related illness or injury, an important number for a necropolitical analysis of harm reduction programs. I am not the first to scream for bodies to be counted and counted accurately-- Nancy Scheper-Hughes worked tirelessly to account for the victims of “everyday violence” in Brazil and Bethan Thomas similarly made efforts to count homeless deaths in England as I am doing for Santa Cruz County (Scheper-Hughes, 1993) (Thomas, 2012).

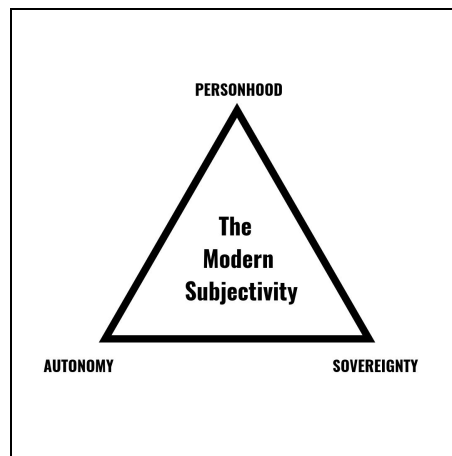
In his 20 years of collecting and analyzing the mortality data of homeless populations in Santa Cruz, Matt Nathanson has noticed that many of the deaths that occur in public space are the deaths of unsheltered/unhoused people, overdoses, and suicides (Nathanson Interview, 2/21/18). These deaths, he accurately pointed out, share a common thread-- they are heavily stigmatized, the individuals themselves invisibilized by society-- and yet, they die in *public* space. These are bodies we need to count; to truly acknowledge the injustice of homelessness and drug use, *everyone* must be recognized and accounted for.

## Sovereignty, Autonomy, and Personhood

In his essay, “*Necropolitics*”, Achille Mbembe locates the politics of death in a larger conceptual framework of biopower and constructions of sovereignty (2003). Mbembe explores the politics of death and sovereignty through a review of ideas introduced by Giorgio Agamben, Georg Hegel, and Georges Bataille. Hegel, for example, argued that “the human being truly becomes a subject-- that is, separated from the animal-- in the struggle and work through which he or she confronts death” (Mbembe, 2003). Bataille similarly said that “life beyond utility is the domain of sovereignty”, or that living beyond a state of survival-- when humans are no longer in competition with death--the subject becomes sovereign. Agamben relatedly conceptualized a kind of subjectivity characterized by the dispossession of sovereignty, where individuals exist in a state of inclusion and exclusion; a state of political death where they have been divested of their political status and reduced to “bare life”. (Agamben, 1995). Mbembe follows these ideas and reinforces his argument that death is not just the end of biological life, but also the enemy of the modern sovereign subject and the fate of those who live without subject status.

Central to Mbembe's analysis of state controlled death is his assertion that sovereignty expressed through death involves a division of subjects into groups of "the *ones*" and "the *others*" and that based on that classification, the state exercises the right "*to kill*", "*allow to live*", or "*expose to death*" (Mbembe, 2003). In other words, the state exercises its sovereign power over life and death with both *passive* and *active* action that both ultimately result in the deaths of the deviant "other". Mbembe also argues that implicit in the construction of the 'other', is a normative politics of sovereignty that privileges "self-institution", "self-limitations", and autonomous power as the embodiment of sovereignty (Mbembe, 2003). In this framing, sovereignty, autonomy and personhood develop a mutually inclusive relationship that informs the distinctions made between the 'ones' and the 'others' (See Figure 5).

**Figure 5: The Modern Subjectivity**



In Eli Clare's book, *Brilliant Imperfection* (2017), he says: "...life and death sometimes hangs on an acknowledgement of personhood...personhood is used all too often as a weapon...personhood holds tremendous power, its definitions are always arbitrary." Clare's framing of personhood as a "*weapon*" is reflective of the kind of violence that Mbembe

characterizes as being a feature of the the politics of sovereignty in a necropolitical state. Clare also speaks to something that is underpinning Mbembe's construction of the modern subject which is that dominant constructions of sovereignty, autonomy, and personhood are inaccessible and exclusionary. The exclusion from this construction of subjectivity can mean for individuals a lifetime of vulnerability to violence, discrimination, and exploitation.

This loosely defined group of 'others', who are abused due to being stripped of subject status and personhood, are akin to what Bourgois referred to in his field work with "the Edgewater homeless" as "lumpen abuse" (2009). The word "*lumpen*" itself references the name given by Karl Marx to what he polemically called the "residual class" and the "passive decaying matter of the lowest layers of the old society," -- i.e the most marginalized poor (Marx, 1848) (Bourgois, 2009). The lumpen, Marx claimed, have no productive "*raison d'être*", or "*reason to be*", and have been totally excluded from the means of production, but lack class consciousness (Bourgois, 2009). Marx referred to the lumpen with disgust, calling them the "*scum, offal, refuse of all classes*", a sentiment that was echoed in the field most strikingly when one of my own neighbors referred to unsheltered/unhoused people at a neighborhood meeting as "human debris" (Field Notes, 9/20/18). Bourgois reclaims the lumpen from Marx and frames them as a class of people that experience great suffering due to an insidious combination of structural violence and symbolic violence that causes "embodied manifestations of distress" where individuals both experience and perpetuate cycles of interpersonal violence and self-destruction (2009).

The word *lumpen* and its use by Marx and Bourgois, although somewhat problematic, are useful for describing the kinds of people that both clients and staff member said sometimes "fall through the cracks" (Field Notes, 9/17/18, 10/30/18) They are the single adult men, the elderly,

the amputees, those who use wheelchairs, walkers and canes, the drunks, the people who are anxious and mutter to themselves or have loud or inappropriate outbursts and have no teeth, the “junkies” and “tweakers”. They are people who often require a lot of care and patience-- or as Paul Lee said-- “test our capacity for charity/love, often, it must be said, quite severely”, but deserve it nonetheless. One man who I came to know on field study, James\*, is someone who unfortunately comes to mind when I think about the lumpen; he is disabled and elderly, uses heroin, has no teeth, and is cognitively impaired. Still, he lives completely unsheltered most nights. He is the kind of person that falls through the cracks, that slips into the shadows, but he still reaches out to be recognized--

*“We walked underneath the overpass of Highway 1 and walked down the trail when we ran into James, the client from the MAT meetings and the needle exchange I greeted him by saying what I say to pretty much everyone, “Hey James, how’s it going?” and then asked him if he needed anything from us. “Aww, you remember my name? You’re so sweet no one remembers my name” James said in a sad tone as he hunched over his bike. He asked for my name again and then continued, “Sara, thank you for being so nice, people aren’t nice to me...and and you can tell you really care. You really care!” he said almost weeping. I told him very honestly “Yes, I do care about you and everyone else out here, you all deserve for someone to care about you”*

*... James often speaks unintelligibly due to having no teeth and possibly a traumatic brain injury and his posture is very hunched over and strained even as he hung onto his bike for support. He has wispy brownish gray hair on his head and today as he spoke to me, was barefoot and was holding a syringe in his hand. I gave James some Narcan, granola bars, and socks which he was having a hard time keeping track of because of lapses in coherence and motor control. I wanted to move on to the next group of people that might also need supplies, but James started weeping again, this time with his hand on my shoulder and his head down “If you ever need anything just let me know...I want to hug you can I hug you?”. Normally if a male person I didn’t know very well went to hug me I would feel uncomfortable, but James asked and I don’t mind hugs at all so I hugged him as he cried some more. After he let go he said “I want to take you to dinner and a movie...” (I was like here we go, now you’re ruining it) “not like that, I want to take you and Matt and Paul out to dinner and a movie to thank you for all you do”. I was so sad that me remembering James’s name and basically acknowledging him was such a big deal to him, that this was so rare he wept and wanted badly to do something for me in return. I held*



*James's hand and told him there wasn't anything that he needed to do in return and reiterated that he deserved like everyone else to be healthy and safe. James's words were so genuine and his kind spirit showed through despite his difficulty speaking coherently so it seems obvious to me that James is normally dismissed because of his outer appearance and the way he presents. It's not healthy for anyone to be on the street, but especially for someone like James who I think is incapable of caring for himself and most likely would need permanent supportive housing or maybe even to be in a nursing home" (Field Notes, 11/1/18)*

More recently (3/8/18), I saw James near where I live and he had been kicked out of the winter shelter and didn't have a cane to walk with so I gave him an extra one I had. James struggled to get through his sentences, but told me that he has a sweatshirt for me he thinks I would like that he would like to give me in return for my help. He is a kind man even if he requires extra patience and care and he should not be on the streets.

I also think of a man, Thomas\*, who came to HPHP asking about housing, a common occurrence at HPHP--

*"After the MAT meeting, I went in front of HPHP and Olympia was out tabling with voter registration forms. I sat with her for a while and I assisted Donny\* from the meeting with registering. While we sat there, a man in a wheelchair approached us looking confused. He told us his name was Thomas and that somebody had been calling him to notify him that he was getting housing. Thomas was not sure who was calling him or from where so I suggested that he go inside and ask about it. Thomas is a skinny white man with gray hair and beard and a severely sunburnt face. I tried to push Thomas into the clinic but his chair wouldn't move because there was a rope tangled around his bottom wheel. I got down on the ground and started to try to untangle the rope when I realized the rope was absolutely soaked in urine. It was gross, but I worked on the rope until his wheel was free. Thomas had got down on the ground to let me fix his chair and I noticed that his blanket was also so soaked in urine that it was dripping down his chair and onto the ground. I asked Thomas if he wanted a new blanket and he said that he wanted to keep the blanket because it was nice and his only blanket so I went inside to see what we could do to get him clean. I washed my hands and then found Suzanne and explained what happened. Suzanne let me know that Thomas is not getting housing right now and that he is incontinent because of cognitive issues that leave him confused and unable to take care of himself. Suzanne said that Thomas really needs to be in a skilled nursing facility where he can get 24/7 care. I felt angry all day about this and I can't believe that someone who is literally unable to go to the bathroom by himself can't get housing." (Field Notes, 9/18/18)*

These experiences in the field help me reconcile with the idea of the ‘*lumpen*’ and look towards a world where requiring extra love, care, and patience does not exclude you from subject status and personhood. I look towards a world where we embrace people who are dependent on others or don’t quite behave like others; one where we let them tell us what they need as best they can and we work together to meet their needs without resentment or judgement. I look towards what Eli Clare calls “interdependence”.

*“White Western culture goes to extraordinary lengths to deny the vital relationships between water and stone, plant and animal, human and nonhuman, as well as the utter reliance of human upon human. Within this culture of denial, when those of us who don’t currently need help dressing ourselves or going to the bathroom try to imagine interdependence, we fail. In conjuring a world where we need care to get up in the morning and go to bed at night, we picture an overwhelming dependency, a terrifying loss of privacy and dignity. We don’t pause to notice that our fears reflect not the truth but the limits of our imagination”* (Clare, 2017)

There are people that “fall through the cracks” for a variety of reasons, and we may situate them in a framework of the lumpen subjectivity, but more than anything, they are often people who depend on others to survive in this highly individualistic and inaccessible society we have constructed. They are people who are routinely erased and excluded from the conversation; they become reduced to what Agamben called “bare life”-- life that is reduced to biological existence, devoid of political or social life (1995). They are the people most vulnerable to structural violence, the most common targets in the state’s exercise of their sovereign right to *kill*, to *expose to death*, and to *allow to live*.

### ***Right to Kill***

Many times throughout my field study I was reminded that HPHP and SSP’s integration into county government mean that they are somewhat held accountable to the community they

serve, but more so the county at large, and must work “collaboratively” with law enforcement and the criminal justice system (Field Notes, 6/19/18, 7/9/18, 8/2/18, 8/14/18, 7/24, 8/20/18). Considering the many times that I received reports from people I worked with about being displaced and harrassed by the police, getting their syringes and safe injection supplies confiscated, and the many times I witnessed police citing people for simply existing out in the open-- HPHP and SSP alliance with law enforcement translates into complicity with police violence (Field Notes, 8/23/18, 9/10/18, 9/20/18, 10/2/18, 10/10/18, 12/20/18, 11/16/18, 11/29/18, 11/30/18) Although I was not made aware of any police-related deaths in the population of my focus during my field study, police are granted by the state the right to kill and there were certainly examples of overt police violence such as this report given to me by a client exchanging at SSP:

*“After doing the exchange, I asked Will\* if he needed any Narcan and if he had witnessed any overdoses recently to which he replied yes and yes. He told me that he had witnessed his friend OD on heroin on a bench at Depot park and that he came to the park because his friend was also drunk and needed a taxi. Will also explained that his friend has only done heroin a few times and that whoever dosed him probably gave him a normal dose for a regular user, but that his friend had little tolerance and was wasted drunk. Will then told me that when he arrived at the park, he saw a cop approach his friend while he was lying unconscious on the bench and rip him off the bench. The cop did not try to revive the man, but instead violently pulled him off the bench so hard he hit his head on the pavement making a “cracking” sound. Thankfully, Will said that his friend was eventually picked up by paramedics and is okay. I was so angry about him telling me this story that I felt like yelling, but I calmly told Will that next time he witnesses something like that he should get the badge number of the cop and try to videotape it. We discussed how it is hard not to feel hopeless in regards to the cops because as Will said, when incidents like that happen ‘they have guns and you don’t so there is nothing you can do’” (Field Notes, 7/30/18)*

In addition to overt violence, I witnessed how constant displacement and verbal abuse by the police contributes to the feeling of being hated and unwanted, like an outsider in your own

community. Many “clients” I worked with have lived in Santa Cruz County their whole lives and now find themselves living in its open spaces, facing ridicule and shame from what they consider to be their own community members. As HPHP mental health client specialist, Victor Yanez, said, “there are often not a lot of degrees of separation” between service provider and service recipients who may be your former neighbor, friend, coworker, classmate, or even your family (Yanez interview, 9/21/18). In their unfortunately powerful position in the community, the actions of the police only validate and incite hateful attitudes that community members hold towards people who are unsheltered/unhoused and/or use drugs. Despite this, the police and park rangers (park rangers are integrated into the police department) continue to treat members of our community abhorrently and make them feel unwelcome, as shown by this interaction that an SSP client had with an officer--

*“One of my last clients was a young woman named Jamie\* about 27 years old that was skinny and blonde with small patches of scabs and scars on her face. When I was offering Jamie supplies she requested that I give her plenty of waters because she said it is not so easy to access water and they are always in need of it. She told me that her access to water has been limited because the city has taken out many of the water fountains and sinks in the local parks. I stupidly asked her why and she explained that the city does not want homeless people “drinking...bathing” she started and I finished her sentence, “...existing”. “Right!” she said, “they just want us to go away and die” in reference to law enforcement and the city. Then she told me about one time when a cop asked her “Can’t you just go be homeless in some other county?”. “I was born and raised here” she said, “this is where I live” and she added that she only became homeless after leaving her abusive husband. She also told me that in response to the cop’s question she asked “Can’t you just go be a cop in some other county?” which I thought was awesome.*

*I wondered how it must be like to feel hated in your own community where you grew up and went to school and had a family. I also thought about how brave it is for people to exist in spite of that, especially Jamie standing her ground and staying where she feels her people are.”* (Field Notes, 7/30/18)

Embedded in the vast network of organizations and county entities that HPHP and SSP work with, is a culture of power that supports and (re)produces police violence. To be truly accountable to the community they serve, HPHP and SSP must reevaluate their relationship with the police, the park rangers, and the larger power structures that uphold them.

## Expose to Death

People are *exposed to death* when shelter, food, water, and other basic needs are made inaccessible to them. They are exposed to death when services that can be life-saving are made inaccessible to them. In the population of people who were unsheltered/unhoused and/or use drugs, this happens when spaces are made physically inaccessible, when services have layers of bureaucracy to navigate through, and when unnecessary restrictions keep certain people out.

Large metal gates and small, loud, cramped spaces exclude people with trauma and/or psychiatric/cognitive disabilities that experience anxiety, sensory overload, and paranoia (Field Notes, 8/27/18 12/6/18 6/19/18). Stairs, curbs, and uneven terrain make services for people who use mobility devices mostly inaccessible. Forms that require literacy, sobriety, and moderate cognitive functioning excludes many people that have difficulty reading, don't have access to corrective eyewear, or have difficulty focusing because of intoxication or psychiatric/cognitive disabilities (Field Notes, 7/24/18, 10/15/18, 8/27/18, 6/19/18). In that same vein, people with trauma have difficulty divulging personal information because of mistrust and paranoia, so services become inaccessible when they are made contingent on providing personal information (Field Notes, 7/23/18, 7/24/18, 7/31/18). These are all relatively small, yet still important examples of inaccessibility that I observed in the field, but that I would argue are mostly

unintended consequences and not intentional means of exclusion. In light of that, I would like to spend my time calling attention to one glaring example of service inaccessibility that I would argue is most certainly an intentional means of excluding people from accessing services.

Specifically, the 1:1 exchange policy that Santa Cruz County enforces at the syringe exchange programs in Santa Cruz and Watsonville should be seen as a blatant refusal of evidence-based best practices around syringe exchange as well as a clear evidence of disregard for the safety and wellbeing of the people they serve. At SSP, the 1:1 policy means that clients are restricted to receiving only one needle for every one needle they bring in and must meet a nurse (if available) for a 15 syringe “starter pack” in the event that they do not have needles to exchange. Especially in the context of a community where police aggressively target people who use drugs and routinely confiscate their safe injection equipment, a 1:1 model effectually means that even people who are actively engaging in harm reduction practices to protect themselves and others, are at times unable to access clean equipment to inject with. Using clean equipment every time you inject is, of course, essential for preventing the transmission of bloodborne pathogens like HIV and Hep C as well as preventing injection-related injury and infections that can lead to things like chronic wounds and endocarditis (CDPH, 2018). This is not secret or new information; the California Department of Public Health Office of AIDS explicitly recommends in their guidelines for syringe exchange programs that they “adopt needs-based distribution policies with the goal of ensuring that program participants have a new, sterile syringe and other injection equipment for each injection” and recommend against “restrictive syringe access policies such as variations on one-for-one exchange” (2018). Despite this and despite continued advocacy from staff and leadership at HPHP for the county to adopt an access/needs-based

model, Santa Cruz County not only continues to insist on its 1:1 policy, but also struggles to gain political buy-in for harm reduction services at all (Field Notes, 8/14/18, 9/20/18, 11/16/18, 6/21/18, 11/29/18). In the face of mountains of evidence pointing to the efficacy of syringe exchange programs at reducing bloodborne pathogens and improperly discarded biohazardous waste, community members and local officials continue to refer to the “needle giveaway” program as a service that only “enables junkies and tweakers” (Field Notes, 9/20/18) (Gibson et al, 2001). In a meeting between HPHP staff and City of Santa Cruz Chief of Police, Andrew Mills and Deputy Chief Rick Martinez, Mills even argued for SSP to adopt a 7:10 exchange ratio as well as a distribution limit that sets the maximum number of syringes SSP can distribute to 3 syringes per day, per person (Field Notes, 11/29/18). Institutional opposition to a needs/access-based model of syringe exchange, like the one being used by the Santa Cruz County Harm Reduction Coalition, is largely due to the local presence of powerful “very organized” political groups in Santa Cruz such as Take Back Santa Cruz and Santa Cruz Together that are fiercely anti-homeless and anti-harm reduction (Field Notes, 6/21/18). Acquiescence to these political groups in the face of overwhelming amounts of public health evidence that points to the harms associated with 1:1 models of syringe exchange, makes local government guilty of exposing people who use drugs to illness and death.

### *Allow to Live*

The state exercises its sovereignty over life and death when it kills, when it deprives of life, *and* when it gives life to those that are valued by the state. During my field study, I was trained to use the Vulnerability-Index Service Prioritization Decision Assistance Tool

(VI-SPDAT), a 27-question survey (for the single adult survey) that evaluates a person's "vulnerability" based on four primary areas: "*history of housing and homelessness*", "*risks*", "*socialization and daily functioning*" and "*wellness*". The answers to the survey questions help inform a callous enumeration of vulnerability in the form of a score on a scale of 0-17 that serves to triage people who are unsheltered/unhoused into appropriate housing programs in an effort to "more efficiently allocate scarce housing resources based on the support service needs of homeless individuals and families" (Brown et al, 2018) (Community Solutions, 2015).

Attempting to enumerate a person's complex experience of homelessness objectively is shockingly arrogant and implies that "vulnerability" is not experienced by *all* people who live unsheltered/unhoused. The VI-SPDAT is also exemplary of what Lock and Nguyen refer to as "the tyranny of numbers", or tools of governance that intend to create objectivity, but "inevitably de-contextualize and efface the reality of everyday life and experience" (2018). Another equally problematic aspect of the VI-SPDAT is that it is inherently based in hegemonic discourses of austerity and housing 'scarcity' and therefore fails to challenge unjust distributions of housing resources that is harming our community. Even the practice of triage itself that is integral to the practice of coordinated entry presents as controversial; Paul Lee, for example, criticized the practice of triage calling it "a rationalization for giving up or not even making the effort" (1987).

In the construction of vulnerability that is deployed through the VI-SPDAT, clients who score between a 0-3 warrant "no housing intervention", clients who score 4-7 are recommended for rapid rehousing (housing navigation, case management, and short-term rental assistance), and clients scoring 8+ are recommended for permanent supportive housing programs that provide more intensive support. (Brown et al, 2018) (Community Solutions, 2015). The self-reporting



format of the survey and the propensity for the questions to trigger clients make both underreporting and overreporting vulnerability a concern with the VI-SPDAT, although little formal research has been done about the true accuracy of vulnerability reports (Brown et al, 2018). Scoring individuals and placing them into the wide array of housing types (single room occupancy, sober living environments, skilled nursing facilities, permanent supportive housing, private housing, etc) is a precarious process and can make the mistake of assuming that vulnerability is also “an indicator of individuals’ self-sufficiency in independent living” (Brown et al, 2018). Although the implementation of coordinated entry intended to uncomplicate entry into services and increase objectivity of triage processes, in practice the VI-SPDAT grossly oversimplifies the experience of homelessness, is still highly subjective, and so fails to be a consistently precise tool for determining appropriate housing services or adequately addressing housing needs.

Fostering self-sufficiency was frequently articulated as an explicit goal of housing programs and people that are already able to live relatively independently have the most access to limited housing opportunities (Field Notes, 11/13/18, 9/11/18, 8/14/18, 9/17/18, 10/30/18). Even within coordinated entry that supposedly aims to prioritize the people who are most vulnerable, still relies on the local housing market and traditional means of accessing housing (housing navigation, rental application, written lease) that give too much power to private landlords to choose tenants at their discretion. People who present well-- that is, people who speak coherently, have their teeth, and do not present with signs of drug use, etc. are much more equipped to navigate the competitive Santa Cruz housing market and access housing (Field Notes, 10/17/18, 10/22/18). People who have high needs and do not present well-- those who

have substance use issues and/or psychiatric/cognitive disabilities, or have unkempt outer appearances-- have an extremely difficult time navigating the mainstream housing market and so must compete for extremely limited permanent supportive housing resources (Field Notes, 9/12/18, 10/11/18, 10/22/18, 12/18/18).

Although there is little data as of yet on the long term success of people placed into housing through coordinated entry, it must be inferred that people are safer and become less vulnerable when they are placed into housing. Only a fraction of the unsheltered/unhoused population are housed through this triage process however, and the ones who do most certainly benefit from the protection of being housed, but many are still on the streets (Brown et al, 2018). When people are housed they are granted the chance *to live*.

## Conclusion

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*While shadowing nurses in HPHP one day, I met a man that was having an open wound on his foot cleaned. The wound on his foot started as a punctured varicose vein-- just a small nick-- but because he was unable to access supplies to clean it, it was allowed to turn into a large chronic open wound.*

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I learned quickly that chronic wounds are extremely common among people who live unsheltered/unhoused and people who use drugs; wounds that last weeks, months, and even

years that are open and raw. Working at the needle exchange and doing outreach at encampments, I became accustomed to the smell of rotting infected flesh and the sight of entire appendages covered in open wounds-- a sensory experience I will never forget. Once, I watched a woman I worked with closely, painstakingly wash her large open leg wounds with bleach as tears flowed down her face (Field Notes, 7/26/18). Another time I asked a client at SSP if he had any current wounds to which he said 'no', but as he reached for his syringes, I noticed that the entirety of his right big toe was completely black and necrotic. One of the 76 people that died this year, a double amputee, had a pressure wound on his hip that eventually progressed to the point of being infested with maggots because he was hesitant to access care (Field Notes, 7/31/18) With access to proper hygiene services, health care, and shelter, these horribly painful wounds would not be plaguing the bodies of people who are already experiencing great suffering and loss-- a loss of a possible self, a loss of the possibility to live a comfortable life.

All of this is to say that the visceral hatred and judgement that is cast upon people who are unsheltered/unhoused and/or use drugs in Santa Cruz County is violently translating into a lack of access to basic needs that is having miserable consequences. Many of the personal experiences that people generously shared with me are deeply sad and make me certain that I would not wish homelessness or addiction-- fates that seem worse than death-- on my worst enemy.

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The man I met with the chronic wound on his foot (I'll call him 'D' out of respect) was someone I saw almost everyday, one of several people whose friendly smile made being around so much commotion for a person with anxiety a little easier. He liked music, had friends all over

Coral Street and beyond, and was often seen working diligently on his walking sticks that he carved intricate designs into.

Shortly after my field study when I was working in my position with the Homeless Services Center, one of my clients said to me-- “Sara, can you do something? ‘D’ needs to be indoors, he is not doing well at all”. I told her I would try to talk to Paul Gendreau, who is in charge of the Recuperative Care Center, but I never got around to it. One Monday, I walked into work and saw ‘D’ sitting on a bench and we had a short, but as per usual, friendly chat. ‘D’ always seemed to be in good spirits and his positive attitude was undeniably infectious.

Early Wednesday morning, ‘D’ died from complications caused by his original infection; he was only 40 years and a few days old. He died indoors and so hopefully was in less pain than normal, but his death knocked the wind out of my chest because of how so profoundly unfair it seemed. If only he had been indoors and had access to adequate health care and could keep his wound clean, I thought. When I heard that ‘D’ had passed away, I left work for the day to reflect. My conclusion drawn from that reflection was that ‘D’s death was too unfair to ignore and that in truth, *all* deaths of people who are unsheltered/unhoused are unfair. In the spirit of honoring those people and hopefully bringing them justice, it must be said that the structure and delivery of county services and the paradigms that they are situated in, are directly contributing to the deaths of people who are unsheltered/unhoused and people who use drugs in Santa Cruz County and it is *inexcusable*.

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*May we count their deaths, may we honor individuals, and most importantly-- may we learn from their deaths and do better.*

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