

POLICING THE NEW DOWNTOWN: THE COSTS OF COMMUNITY
FOR HOMELESS PERSONS AND INDIVIDUALS WITH
MENTAL ILLNESSES IN WASHINGTON, D.C.

By

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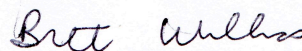
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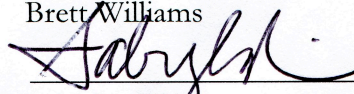
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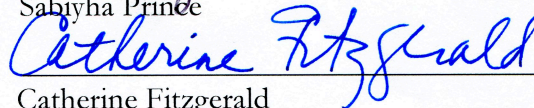
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ABSTRACT

This research project is an ethnographic account of the effects of neoliberal social, economic and urban development policies since the 1980s on the interactions between police officers and homeless persons and individuals with mental illnesses in Washington, D.C. These interactions are comprehended through the perspectives of police officers, homeless men and women with mental illnesses, their advocates, mental health and criminal justice professionals and public employees. Together, these perspectives shed light on the intersections of criminal justice, mental health and urban development policies with poverty, economic inequality and the rhetorical and practical workings of community.

Since the early 1980s, neoliberal social and economic policies that promote privatization, deregulation and punitive crime control have dramatically impacted the mental health and criminal justice systems, often in consequence of one another. As mental health care has been privatized and marketized, the social safety net available in the public sector has been dramatically reduced. Combined with the loss of affordable housing in cities, the number of homeless individuals with mental illnesses has grown. Consequently, contact

between law enforcement and homeless individuals with mental illnesses has increased, often at the prompting of vocal community opposition to the presence of homeless.

Neoliberal economic policies have also reshaped the landscape of cities as local governments have become reliant on large-scale downtown urban development projects to draw in capital, while at the same time carving cities into exclusive enclaves of privilege. Business and community opposition to the use of public space by homeless individuals in downtown cores has increasingly become the catalyst for interactions between police officers and homeless individuals, many with mental illnesses. Homeless outreach workers employed by business improvement districts in Washington, D.C. have created informal partnerships with police officers to mediate these interactions, creating a model of best practice for jail diversion. However, these informal public-private partnerships ultimately promote the removal of homeless individuals from public space and privilege the workings of community on behalf of businesses and city elite.

This paper concludes that to build a truly living city, we must tackle the foundational issues of poverty and economic inequality that create homelessness and at the same time, hold civic leaders, business elite and public agencies accountable for their role in the promotion of exclusionary practices in the name of community.

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I thank my family for their unending support: my father, whose scholarship inspired me to the Ph.D.; my mother, whose college anthropological interests sparked my imagination; and my sisters, Annie and Sarah who daily amaze me with their brilliance and creativity in their respective careers, art and architecture. They are also my closest confidants, and as with my whole family, I love them so much. My little Luce, Piper and Dialba helped me all the way through this process as well.

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CHAPTER 1

INTRODUCTION

There is an unexpected similarity in the experiences of police officers and homeless individuals with mental illness, found in the intersections of their lives. Sometimes they face tragedy together and other times, it is in the simplicity of kindness that both experience the sense of just trying to make it in their world. I saw instances of both in my fieldwork, and I begin with two of these.

The first takes place on a hot July evening. It is the last ride-along I will do as I wind-up my fieldwork. I have just arrived to begin a ride-along with Officer Jones¹, a seasoned veteran with MPD. However, before we leave, a call comes in for an attempted suicide, and Officer Jones turns to me, and says, “Well, here’s what you’re here to see.” As we drive to the call, I watch this part of the city through an open window, unfamiliar to me when I started my fieldwork, but now, the mix of old homes, public housing and people are recognizable. We arrive at a public housing building to find Fire and EMS already there. Officer Jones prompts me to get out the car to go in with him and I go, wanting to be brave and wanting to force myself to understand. And so, I walk into this home, pictures in frames on every surface, and watch while EMS keeps one fragile individual alive and Officer Jones efficiently manages the scene. There are pieces of the self that must be lost in this, I think and wonder at how happiness can survive past these moments.

¹ All names have been anonymized to ensure confidentiality.

The second story takes place on a fall morning in 2009. I am sitting in a cruiser with Officer Adams, chatting about his beat, the people he encounters and the relationships he has built. The windows are down and Officer Adams has brought us to this specific spot in order to show me the men's shelter that is part of his daily rounds. While we are talking, an older black man approaches the cruiser. He tells Officer Adams that his radio has been stolen by another man in the shelter and hopes that Officer Adams will help him retrieve it. After asking the man several details about the radio, we get out of the car and follow the man into the shelter, housed in the basement of a building. As we go in, Officer Adams is greeted by several men- those who run the shelter, as well as guests who are sitting at the long rows of folding tables, eating their breakfast. Officer Adams takes both men aside and questions them about the radio, but determines that he cannot take any action because both men maintain the radio is theirs. After informing them that there is nothing he can do, he takes me aside and says, "We'll just go buy him a radio. It saves any bigger problems from happening later." And so we leave, stopping at a Radioshack so that Officer Adams can spend his own money on a small portable radio for a person he has never met, until this day. It is an action unsanctioned by departmental policy and nowhere to be found in any police textbook. Yet, for both of them, in the unevenness of daily life, it works.

This dissertation is about intersections, contradictions and loss. Broadly, it is a study of the intersections between the criminal justice and mental health systems in the United States through an ethnohistorical account of the organizations and individuals that represent these systems in the changing urban landscape of Washington, D.C. It is also a detailed ethnography of the contradictory relationships and motivations to be found in the interactions between police officers and homeless individuals with mental illnesses in a city

of stark contrasts and inequality. It is also an accounting of loss- of people and public space. These intersections, contradictions and encounters with loss are the lived experience of police officers and individuals with mental illness who are homeless, yet they are situated in and informed by larger historical, socio-political and economic processes and shaped by poverty, inequality and ideas of “community.” It is the goal of this dissertation to demystify these processes and their relationship to economic inequality and “community” through a comprehensive examination of interactions: first, between the criminal justice and mental health systems on historical and policy levels; second, at a local level between the Metropolitan Police Department and the Department of Mental Health in Washington, D.C.; and finally, on an individual level between police officers and homeless individuals with mental illnesses in Washington, D.C. At each level, intersections, contradictions and loss abound, and throughout this dissertation, I will return to several, important questions: How do socio-political, economic and historical processes shape and influence these interactions? How do these interactions intersect with poverty and economic inequality? What do these interactions have to tell us about neoliberal economic and social policies since the 1980s? Finally, what role has “community”- as both a rhetorical device and politically-constituted entity- played in shaping interactions at the policy, local and individual levels? And what are the social costs of community? The following chapters are a critical exploration of these questions.

Setting the Stage- In These Neoliberal Times...

In Washington, D.C. homeless individuals first started to appear in large numbers in the late 1970s as a result of “discrimination, gentrification and displacement stemming from the elimination of affordable housing.”² Significant numbers of individuals with mental illness were also showing up in shelters and on the streets, linked to the court-mandated depopulation of St. Elizabeths Hospital, a federally-run mental hospital in southeast D.C., inadequate community outpatient care, lack of social support programs and benefits and a shortage of low-cost rental units and transitional housing. This mirrored similar happenings in cities across the United States, as a confluence of economic and sociopolitical forces in the late 1970s and early 1980s created a context amenable to an increase in the number of people with mental illnesses- many often homeless- in contact with law enforcement and subsequently, the criminal justice system. To understand these forces, I use neoliberalism as a critical theoretical lens to frame my analyses. Although using neoliberalism as a framework promotes a generalized detailing of its history and influence, it should be recognized that neoliberalism also takes shape in local environments and attention must be paid to its variability, as I do throughout this dissertation in the context of Washington, D.C.

Neoliberalism, according to Goode and Maskovsky is “the re-embrace of classic liberalism’s faith in the economic, social and moral attributes of unhindered competition and

² Christine M. Elwell, “From Political Protest to Bureaucratic Service: The Transformation of Homeless Advocacy in the Nation's Capital and the Eclipse of Political Discourse” (American University, 2009), 39.

unregulated markets in the current context of welfare state retrenchment.”³ It is a philosophy and economic policy that privileges the interests of business and capital in determining the priorities and services of the government and is characterized by privatization of services, marketization of the lived experience and deregulation in service of the market.⁴ For the homeless individuals and people with mental illnesses, neoliberal policies have increasingly reduced the social safety net available in the public sector and contracted services to private agencies unburdened by public accountability. They have also increased the use of punitive and disciplinary measures to combat homelessness, particularly through the aggressive policing of quality-of-life crimes.⁵

In the United States, two periods of neoliberal economic development have occurred since the late 1970s.⁶ The first, from the late 1970s through the 1980s, was a period of roll-back neoliberalism, in which economic policies aimed at the dissolution of the Keynesian welfare-state, including the deregulation of markets, fiscal austerity measures, and the marketization and privatization of social services, were rolled-out by the Reagan administration. These policies laid blame for the economic crisis of the 1970s on the largesse of the welfare-state, financial regulation and unions, so that according to Peck and Tickell, “the neoliberal text- freeing up markets, restoring the ‘right to manage,’ asserting individualized “opportunity rights” over social entitlements- allowed politicians the right to

³ J. Goode and J. Maskovsky, “Introduction,” in *New Poverty Studies: The Ethnography of Power, Politics, and Impoverished People in the United States*, ed. J. Goode and J. Maskovsky (New York University Press, 2001).

⁴ David Harvey, *A Brief History of Neoliberalism* (New York: Oxford University Press, 2005); Vincent Lyon-Callo, *Inequality, Poverty, and Neoliberal Governance : Activist Ethnography in the Homeless Sheltering Industry* (Orchard Park, N.Y.: Broadview Press, 2004).

⁵ Quality of life crimes- also known as victimless crimes, liveability crimes or nuisance crimes- generally refer to minor, nonviolent misdemeanor crimes, such as loitering, public urination, public intoxication, panhandling, and open-container violations, that detract from public order and quality of life.

⁶ Jamie Peck and Adam Tickell, “Neoliberalizing Space,” *Antipode* 34, no. 3 (2002).

be both conservative and radical.”⁷ In this context, neoliberalism found a home in the Republican Party in the 1970s, as the ideological underpinnings of free market capitalism and individualism resonated with the neoconservative focus on morality, personal responsibility and consumer choice. Harvey argues that under the neoliberal state, “each individual is held responsible and accountable for his or her own actions and well-being,” so that failure is the result of “personal failings” rather than attributed to systemic or structural inequality.⁸ Conservative policies that supported an expanded criminal justice system and focused on the increased and aggressive policing of community “disorder” particularly affected homeless individuals and people with mental illnesses. Likewise, the conservative focus on “personal responsibility,” combined with neoliberal economic policies translated into a reduction of social services, housing and income supports and benefit programs necessary for the poor and people with mental illnesses to minimally survive on the streets.

The second phase, beginning in the early 1990s under Clinton, continued to further privatize and marketize social service provision, but at the same time, a new neoliberal project was rolled-out, centered on social and penal policymaking to control those marginalized by the first phase of neoliberal economic restructuring, including the poor, homeless individuals and people with mental illnesses previously supported by public services.⁹ In this phase of neoliberal policymaking, which continues into the present, a “deeply interventionist agenda is emerging around ‘social’ issues like crime, immigration,

⁷ Ibid., 388.

⁸ Harvey, *A Brief History of Neoliberalism*, 65-55.

⁹Peck and Tickell, “Neoliberalizing Space,” 389.

policing, welfare reform, urban order and surveillance and community regeneration.”¹⁰ Peck and Tickell argue

In complex simultaneity, these social and penal policy incursions represent both the advancement of the neoliberal project – of extending and bolstering market logics, socializing individualized subjects and the disciplining the noncompliant- and a recognition of sorts that earlier manifestations of this project, rooted in dogmatic deregulation and marketization, clearly had serious limitations and contradictions.¹¹

Neoliberalism has also impacted the geography of cities as they compete in the global and national marketplace. With the decrease of federal monies to cities as part of the neoliberal project of the 1980s, cities began to participate in urban entrepreneurial schemes, particularly around enterprise zones, cultural spectacles, waterfront developments and downtown entertainment centers to attract capital and investment.¹² This mode of neoliberal urban development is based on a “growth-first” model that privileges economic development over social investment and disproportionately allocates public resources to corporate gain.¹³ Urban space is increasingly lost in this model of development, as the city is shaped into controlled environments amenable to capital, tourism and the affluent. Coupled with neoliberal policies that enhance social control through policing and surveillance, the poor and homeless are increasingly policed out of these growth-driven cities.

Today, neoliberal economic and social policies have dramatically restructured the sociopolitical, economic and spatial landscape encountered by homeless individuals and

¹⁰ Ibid.

¹¹ Ibid., 390.

¹² David Harvey, *The Condition of Postmodernity : An Enquiry into the Origins of Cultural Change* (Cambridge, Mass.: Blackwell, 1990).

¹³ Peck and Tickell, “Neoliberalizing Space.”

people with mental illnesses in cities. As these individuals move in and out- as well as between- local criminal justice and mental health systems, they experience the very real consequences of neoliberalism.

Also important to this dissertation is the concept of community and its use as both a rhetorical and practical tool of exclusion. The concept of community and the associated ideals of self-government, communal action and political and social cohesiveness resonate in American discourse. Yet, as Roberto Unger writes, “By its very nature, community is always on the verge of becoming oppression.”¹⁴ For homeless individuals with mental illness, the rhetoric of “community” has subtly covered the true effects of its practical workings. The failings of service coordination between state and local levels that accompanied the rise of community-based mental health treatment since the 1960s have been compounded by community resistance to people with mental illnesses, particularly the homeless, in neighborhoods and public space. Likewise, community policing has privileged organized and vocal majorities representing the community and police departments have policed community parameters against those “out of place”- including homeless individuals and people with mental illness. At a local level, these exclusionary machinations of community inform the policy of police departments and practice of police officers, while at the same time, the failings of community-based mental health care and the presence of homeless individuals with mental illness on the streets mobilizes community resistance. Consequently, the workings of community result in daily interactions between police officers and the homeless individuals with mental illnesses over their right to live in the community.

¹⁴ Quoted in Steve Herbert, *Citizens, Cops and Power: Recognizing the Limits of Community* (Chicago, IL: University of Chicago Press, 2006), 32.

In the following chapters, I further elaborate on these historical, sociopolitical and economic processes and continue to interrogate the rhetorical and practical workings of “community” as they effect police officers and the homeless and mentally ill in Washington, D.C. Throughout this dissertation, the observations and experiences of police officers, homeless and mentally ill individuals, and mental health and homeless advocates give texture to these processes and reveal layers of complexity that exist in the interactions between police officers and homeless individuals with mental illnesses. In my concluding analysis, I bring forward the intersections, contradictions and losses that are detailed in this research and offer recommendations from them.

Background Literature

A correlation between homelessness and mental illness underlies my argument, as many of the processes I examine have particularly affected homeless individuals with mental illnesses. Extensive anthropological, sociological and psychological works have explored this correlation, producing a substantial body of literature on homelessness, mental illness and the pathways to homelessness. The following review of this literature is necessary to establish the context of my research. Additionally, the sociological and criminological work on law enforcement response to individuals with mental illness provides a practical lens for understanding interactions between police officers and individuals with mental illness, and a brief examination of this literature also follows.

The most recent available statistics from the U.S. Department of Housing and Urban Development (HUD) show a complex picture of mental illness among homeless populations

in the United States. Based on annual point-in-time counts¹⁵ and Homeless Management Information System statistics from 2008, on any given night in January 2008, 26% of all sheltered persons who were homeless had a severe mental illness.¹⁶ For individuals experiencing chronic/long-term homelessness, data over a five-year period showed over 30% had mental health conditions.¹⁷ Among this same population, based on data from the 1996 National Survey of Homeless Assistance Providers, over 60% had experienced lifetime mental health problems.¹⁸

Beginning in the early 1980s, medical and academic literatures began to extensively document the relationship between homelessness and mental illness.¹⁹ More recently, however, researchers from the social sciences, as well as medical sciences, have explored the social, economic, historical and political processes that influence the experiences of homelessness for individuals with mental illness. In the medical literature, Mojtabai found in a review of data from participants in the 1996 National Survey of Homeless Assistance Providers and Clients that homeless individuals with mental illness reported the same reasons for loss of housing and continued homelessness as those without a mental illness.²⁰

¹⁵ City-wide PIT counts are required by HUD at least every two years in the last ten days of January. A city-wide count of homeless persons is conducted to give a reflection of how many people are homeless on any given night.

¹⁶ U.S. Department of Housing and Urban Development, "Current Statistics on the Prevalence and Characteristics of People Experiencing Homelessness in the United States," (2010).

¹⁷ Ibid.

¹⁸ Ibid.

¹⁹ E. L. Bassuk, L. Rubin, and A. Lauriat, "Is Homelessness a Mental Health Problem?," *Am J Psychiatry* 141, no. 12 (1984); David P. Folsom et al., "Prevalence and Risk Factors for Homelessness and Utilization of Mental Health Services among 10,340 Patients with Serious Mental Illness in a Large Public Mental Health System," *American Journal of Psychiatry* 162, no. 2 (2005).

²⁰ Ramin Mojtabai, "Perceived Reasons for Loss of Housing and Continued Homelessness among Homeless Persons with Mental Illness," *Psychiatric Services* 56, no. 2 (2005).

For both groups, financial factors, such as insufficient income to cover rent, unemployment, loss of benefits or cash assistance, were the main reason for their most recent loss of housing or continued homelessness. Interpersonal problems, including violence in a household, landlord or roommate issues and the end of a relationship, were the next most significant reasons for loss of housing. Mojtabai's research supports a "general vulnerability theory" in regards to homelessness among individuals with mental illness, which locates homelessness in the nexus of poverty and structural inequality and asserts that the reasons for homelessness among people with mental illnesses are similar to homeless individuals without a mental illness and not directly correlated with the symptoms of mental illness. Cohen and Thompson and Rossi and Wright, in structural analyses of the causes of homelessness among individuals with mental illness, found persistent poverty, lack of affordable housing, detrimental social and economic policies and exhausted social networks to be at the root of individuals' homelessness.²¹ Hopper, Jost et al also found that an "institutional discharge" from jail or prison was a precipitating reason for homelessness among approximately one-third of their study sample.²²

Anthropological research has similarly stressed structural and economic inequality as the primary factors in homelessness among individuals with a mental illness but have given

²¹ C. I. Cohen and K. S. Thompson, "Homeless Mentally Ill or Mentally Ill Homeless?," *Am J Psychiatry* 149, no. 6 (1992); Peter H. Rossi and James D. Wright, "The Urban Homeless: A Portrait of Urban Dislocation," *Annals of the American Academy of Political and Social Science* 501 (1989).

²² K. Hopper et al., "Homelessness, Severe Mental Illness, and the Institutional Circuit," *Psychiatr Serv* 48, no. 5 (1997).

depth and texture to the experiences of homelessness through ethnography.²³ Waterston, in the life histories of several poor, black mentally ill women in a supervised community residence in New York City, described how racism, stigma, gender and poverty effected the lives of these women, including their experiences of homelessness.²⁴ And in *Street Lives: An Oral History of Homeless Americans*, Steven Vanderstaay writes of the oral histories he collected, “the homelessness described in Street Lives is at once simple and complex: simply by virtue of the economic shifts and inequities which emerge as the root cause of the crisis, and complex because of the great diversity of personal situations these forces impact.”²⁵

Other research has connected continued homelessness among individuals with mental illness to the institutionalized “solutions” of shelters and compliance-based service provision. Hopper, Jost et al. found in a study of 36 homeless individuals with mental illness, one-third of whom were homeless due to an “institutional discharge” from jail or prison, that “shelters repeatedly provided the bridgework from confinement to community, and back again.”²⁶ For 20 of the 36 participants, over half of the last five years had been spent between institutions (jail, prison or psychiatric hospitals), the street, and shelters, with shelters “part of a more durable pattern, of a life lived on the “institutional circuit” with occasional breaks for temporary housing on their own.”²⁷ Luhrman also argues that service

²³ See Kim Hopper, *Reckoning with Homelessness* (Ithaca, NY: Cornell University Press, 2003); Arline Mathieu, “The Medicalization of Homelessness and the Theater of Repression,” *Medical Anthropology Quarterly* 7, no. 2 (1993).

²⁴ Alisse Waterston, *Love, Sorrow, and Rage : Destitute Women in a Manhattan Residence* (Philadelphia: Temple University Press, 1999).

²⁵ Steven VanderStaay, *Street Lives : An Oral History of Homeless Americans* (Philadelphia: New Society Publishers, 1992), ix.

²⁶ Hopper et al., “Homelessness, Severe Mental Illness and the Institutional Circuit,” 662.

institutions, including shelters and direct service agencies that provide help to homeless individuals with mental illnesses are filled with rules and regulations, making services contingent upon compliance. “When we house people, we often house them conditionally: they can stay for a few weeks, or months, or even a few years, on the condition that they do not break the rules,” Lührman argues.²⁸ “This is a world,” Lührman writes, “of middle-class morality.”²⁹ It follows that the homeless, and especially those with a mental illness, must be deserving of the services they receive by showing both compliance and sobriety. Yet, as Lührman states, “The system sets clients up to fail its requirements.”³⁰

The pathways to homelessness experienced by individuals with mental illness are complex, enmeshed in both larger historical and structural contexts as well as personal processes. The depopulation of state mental institutions in the 1960s and 1970s has been linked, in both research and popular literature, to the appearance of homeless individuals with mental illnesses. However, Hopper argues that this hypothesis “ignores...the telling fact of a time lag between the major waves of deinstitutionalization in this country (early and later 1960s) and the appearance in large numbers of the psychiatrically disabled on the streets (late 1970s).”³¹ In more recent work, Hopper provides a more complex picture of the routes to homelessness by situating them in specific economic and political contexts. He identifies three forces that coalesced in the 1970s and 1980s: “1) cyclical unemployment and/or

²⁷ Ibid.

²⁸ T.M. Lührman, “Uneasy Street,” in *The Insecure American: How We Got Here and What We Should Do About It*, ed. Hugh Gusterson and Catherine Besteman (Berkeley: University of California Press, 2010).

²⁹ Ibid., 214.

³⁰ Ibid., 217.

³¹ Kim Hopper, “More Than Passing Strange: Homelessness and Mental Illness in New York City,” *American Ethnologist* 15, no. 1 (1988).

massive job loss; 2) recurring shortages of low-cost housing; and 3) sudden dislocations in government relief or institutional programs- especially the depopulation of state mental hospitals.”³² Amongst these, the loss of affordable housing available to individuals with mental illness made for especially precarious living. Hopper states

Psychiatric disorder itself is neither a necessary nor (only rarely) a sufficient cause of homelessness. The real forces of displacement proved to be the living circumstances confronted by people with diminished coping skills and low tolerance for stress. Especially relevant was the growing scarcity of what had been housing for thousands of ex-patients: the stock of residential hotels.³³

Prior to the increasing gentrification of cities in the late 1970s and 1980s, skid rows, SROs, transitional housing and other low-cost rental units had offered cheap accommodations, affordable even for those receiving a minimal income through benefit programs. They also offered accommodations for men and women living on the social margins, including individuals with acute mental illnesses and/or substance abuse addictions. “Whatever their hardships, they were suffered for the most part silently and invisibly,” Hopper writes.³⁴ But as gentrification reconfigured the geography of cities, “Undesirable tenants became expendable nuisances; dilapidated housing became a commodity to be “warehoused” against its future exchange value, rather than one prized for its immediate utility; and the displaced poor were left in the cold.”³⁵ According to Lynn-Callo, in 1970, after increased government spending on housing programs, there were 7.4 million low-cost

³² Hopper, *Reckoning with Homelessness*, 76.

³³ *Ibid.*, 77.

³⁴ Hopper, “More Than Passing Strange,” 160.

³⁵ *Ibid.*

rental units in the United States and 6.5 million low-income renters, a surplus of 900,000.³⁶ By 1993, there were 6.5 million low-cost rental units, yet 11.2 million low-income potential renters- a shortage of 4.7 million units.³⁷ This trend has continued throughout the 1990s and into the present, resulting in years-long waiting lists for housing assistance, disproportionate spending on housing versus actual income, and homelessness.³⁸ Ultimately, the paths to homelessness for individuals with- and without- mental illnesses are situated in the political and economic context of the United States in the late 20th and 21st centuries and come down to “something rather elemental: the “terribly complicated” business, as George Orwell had called it, of learning to survive on next to nothing.”³⁹

A substantial body of literature by academic scholars, law enforcement professionals and advocacy organizations has focused on police practice when responding to mental health crisis situations in the United States. According to Thompson, Reuland and Souweine, police generally encounter individuals with mental illness in one of five contexts: when the individual is a danger to themselves or others (a crisis situation); as the subject of a nuisance call; as a crime victim or crime witness; or as a possible offender.⁴⁰ However, as first responders, police officers are often the first emergency personnel onsite in crisis situations.⁴¹

³⁶ Lynn-Callo, *Inequality, Poverty and Neoliberal Governance*, 27.

³⁷ Ibid.

³⁸ Ibid.

³⁹ Hopper, *Reckoning with Homelessness*, 5.

⁴⁰ Michael D. Thompson, Melissa Reuland, and Daniel Souweine, “Criminal Justice/ Mental Health Consensus: Improving Responses to People with Mental Illness,” *Crime & Delinquency* 49, no. 1 (2003): 36.

⁴¹ H. Richard Lamb, Linda E. Weinberger, and Walter J. DeCuir, Jr., “The Police and Mental Health,” *Psychiatric Services* 53, no. 10 (2002).

Early work by Bittner argued that police officers felt unprepared to handle mental health crisis calls and were reluctant to make psychiatric referrals due to an uncertainty in the diagnosis of mental illness and bureaucratic and procedural obstacles.⁴² However, as the number of individuals with mental illness in the criminal justice system increased throughout the 1970s and 1980s, Teplin argued that as a result of deinstitutionalization and stricter involuntary commitment laws, the criminal justice system had become responsible for controlling the behavior of people with mental illness.⁴³ This “criminalization hypothesis” recognized the role of the police as gatekeepers to both the mental health and criminal justice systems, but failed to account for the decision-making processes of police officers when responding to calls involving individuals with mental illness, as well as organizational and environmental characteristics.⁴⁴ Engel and Silver, writing against the “criminalization hypothesis,” argued that arrests of mentally ill individuals by police were often the result of a lack of training on mental health for police officers, who were unable to identify the clinical signs of mental illness. Further, they proposed that the “community contexts” where officers and individuals with mental illness met be more fully understood and their influence accounted for.⁴⁵ More recently, Morabito, building upon the work of Bittner, argued that a more comprehensive understanding of a police officer’s environmental, organizational and

⁴² Egon Bittner, “Police Discretion in Emergency Apprehension of Mentally Ill Persons,” *Social Problems* 14, no. 3 (1967).

⁴³ Linda A. Teplin, “Criminalizing Mental Disorder: The Comparative Arrest Rate of the Mentally Ill,” *American Psychologist* 39, no. 7 (1984).

⁴⁴ Robin Shepard Engel and Eric Silver, “Policing Mentally Disordered Suspects: A Reexamination of the Criminalization Hypothesis,” *Criminology* 39, no. 2 (2001); Melissa Schaefer Morabito, “Horizons of Context: Understanding the Police Decision to Arrest People with Mental Illness,” *Psychiatric Services* 58, no. 12 (2007).

⁴⁵ Engel and Silver, “Policing Mentally Disordered Suspects.”

immediate contexts was necessary to understand an officer's decision to arrest or divert an individual from the criminal justice system.⁴⁶ More critically and at a larger scale, Walchholz and Mullaly situated encounters between police and individuals with mental illness within the larger structures of society. Specifically, they maintained that the prevailing sociopolitical order, in conjunction with a capitalist economic system, had produced an inadequate American welfare state that must rely on an enlarged police role "to deal with the individuals and the social problems that it is unable to address."⁴⁷ Ultimately, Walchholz and Mullaly argued the criminal justice system obscures the shortcomings of the welfare state and blames the individual "who is responsible for his or her situation rather than society."⁴⁸

Literature on the best practices in law enforcement response to individuals with mental illness has most often focused on the crisis intervention team (CIT) model, although police departments may employ several other arrangements, including collaborative teams of officers and mental health workers, mandated mental health training for all officers or the use of mobile crisis units based in the city's mental health authority. In 2002, the Criminal Justice/Mental Health Consensus Project, a comprehensive, cooperative and research-based project coordinated by the Council of State Governments, released its findings and recommendations on improving response to individuals with mental illness in the criminal justice system. For law enforcement agencies, the report recommended that, most importantly, a mental health crisis response model be implemented and tailored to the

⁴⁶ Morabito, "Horizons of Context."

⁴⁷ Sandra Wachholz and Robert Mullaly, "Policing the Deinstitutionalized Mentally Ill: Toward an Understanding of Its Function," *Crime, Law and Social Change* 19, no. 3 (1993): 290.

⁴⁸ *Ibid.*, 295.

specific needs of the jurisdiction.⁴⁹ Similarly, Borum, Deane, Steadman and Morrissey maintained that specialized response programs be appropriate to the community; however, they found police officers in jurisdictions with a police-based specialized response, such as crisis intervention teams, had the highest ratings of effectiveness in their response to individuals with mental illnesses.⁵⁰

Qualitative research on interactions between police officers and individuals with mental illnesses in North America is limited in this literature; however, several key works from the social sciences are worth mentioning. Bittner was one of the earliest scholars to explore interactions between patrol officers and individuals with mental illness. In an ethnographically-based work on the “emergency apprehension” of mentally ill persons, Bittner found that although police had a legal mandate to intervene in mental health emergencies, the law existed as just one resource available to officers.⁵¹ In resolving calls for service involving mentally ill individuals, Bittner noted that alternatives to emergency apprehension and hospitalization were regularly used by officers in cases where the immediate health of the individual or risk to the community was not at stake. Placing the individual in the care of family or a physician was the most desirable solution; however, for individuals living on skid row without available kin, a “network of connections so rich and

⁴⁹ Council of State Governments, “Criminal Justice/Mental Health Consensus Project,” (Lexington, KY: Council of State Governments, 2002), 40.

⁵⁰ Randy Borum et al., “Police Perspectives on Responding to Mentally Ill People in Crisis: Perceptions of Program Effectiveness,” *Behavioral Sciences & the Law* 16, no. 4 (1998).

⁵¹ Bittner, “Police Discretion.”

ramified” existed that the individual was “scarcely ever completely at a loss.”⁵² Bittner

elaborates that for the officer responding to a mentally ill resident of skid row,

It is the officer’s grasp of the stable aspects of the social structure of life in slums, in rooming house sections, and in business districts – aspects that often elude the attention of outside observers – that permits him to find alternatives to the emergency hospitalization of mentally ill persons.⁵³

Yet, Bittner was writing at a time in which skid rows and rooming houses still existed, not yet replaced by “revitalized” downtowns and sociopolitical and economic processes effecting the criminal justice and mental health systems had not yet reconfigured the urban landscape and interactions between police officers and homeless individuals with mental illness.

More recent literature presents an increasingly punitive picture of interactions between police and the homeless in cities. Sylvestre reviewed police calls for service involving “disturbing behavior,” the complaint most often associated with the homeless, in Montreal, Canada and argues that although the police department practiced aggressive “disorder policing,” as part of its community policing strategy, this was not necessarily reflective of citizen demands.⁵⁴ By reviewing calls for service, Sylvestre found that the police department’s “disorder policing” strategy and interventions against the homeless were not supported, as the department claimed, by the actual number of calls for “disturbing behavior.” Rather, the police department responded to the corporate interests of a vocal

⁵² Ibid., 288.

⁵³ Ibid.

⁵⁴ Marie-Eve Sylvestre, “Policing the Homeless in Montreal: Is This Really What the Population Wants?,” *Policing & Society* 20, no. 4 (2010).

minority of business association, merchants and interest groups it constituted and legitimated as “community.”

Herbert and Beckett documented the use of “banishment” as an increasingly common tool in policing the homeless and other “disadvantaged populations” in Seattle, WA.⁵⁵ Banishment occurs in three key practices: parks exclusion orders, innovations in trespass laws and off-limits orders.⁵⁶ Each of these practices allows police to banish individuals from public space and “enhance the capacity of the police to exercise territorial control over the spaces they patrol,” thereby increasing police power.⁵⁷ Yet, for the homeless and other marginalized populations, including people with mental illness, Herbert and Beckett found four negative implications that resulted from having their “daily time-space mobility diminished: an inability to maintain social contacts; reduced access to services; loss of work; and reduced physical security.”⁵⁸

As Sylvestre and Herbert and Beckett demonstrate, interactions between law enforcement and the homeless are increasingly shaped by exclusionary forces emerging from the community, police organizations and the state. However, a noticeable gap in the literature exists in qualitative studies on interactions between police officers and homeless individuals with mental illnesses, particularly ethnographic work with police officers. This dissertation is a preliminary step in filling this gap and uniquely offers perspectives of both police officers and homeless individuals with mental illness.

⁵⁵ Steve Herbert and Katherine Beckett, “‘This Is Home for Us’: Questioning Banishment from the Ground Up,” *Social & Cultural Geography* 11, no. 3 (2010).

⁵⁶ Ibid., 234.

⁵⁷ Ibid.

⁵⁸ Ibid., 237.

With this brief literature review serving to set the stage, in the chapters that follow, I extensively review academic works and relevant debates as they relate to this dissertation's focus on criminal justice and mental health policies, policing administration, neoliberal urban development and public space.

Local and Historical Context of Washington, D.C.

Washington, D.C. is a city of stark contrasts, where the political power and wealth of the nation's capital brushes uncomfortably against the historical consequences of racial segregation, extreme economic inequality and limited home rule. It is a city of contradictions, the context on which this dissertation is built. Statistically, an extraordinary income disparity exists between households in the District, with the average income of the top fifth 31 times that of the bottom fifth Washington, D.C., the largest income inequality in any major city in the country.⁵⁹ Geographically, is also divided by Rock Creek Park and the Anacostia River, and the majority of the city's African American population lives east of both. These statistics provide a one-dimensional accounting of the city's divide today, but they are the products of a deep historical legacy of inequalities.

In 1854, the Uniontown Development Corporation developed Washington, D.C.'s first restricted community, located on a trolley line east of the Anacostia River. A restricted covenant established that no property in Uniontown could be "sold, rented, leased, or in any

⁵⁹ Angie Rodgers and Ed Lazere, "Income Inequality in the District of Columbia Is Wider Than in Any Major U.S. City," (Washington, D.C.: D.C. Fiscal Policy Institute, 2004); Sarah Lyons and Nastassia Walsh, "A Capitol Concern: The Disproportionate Impact of the Justice System on Low-Income Communities in D.C.," (Washington, DC: Justice Policy Institute, 2010).

way conveyed or transferred to any Negro, mulatto, or anyone of African descent.”⁶⁰

Uniontown and other white suburbs that emerged were the solution to increased anger by white working-class residents at what they believed to be the encroachment of African American homes onto west bank of the Potomac River. As new trolley and streetcar lines were built, white residents seized the opportunity to move and restricted covenants grew, many along lines north and west in the city, but east of the Anacostia River, as well.

Yet, the city’s African American population continued to grow as enslaved Africans, who had sought sanctuary at the city’s ring of forts during the Civil War, settled as free people after the abolition of slavery in the city in 1862, many on the banks of the Anacostia River. A large number of African Americans also moved north from the Carolinas after the end of the Civil War for employment in the government and service industries, as well as for the support of a growing black community.⁶¹ But, as restrictive covenants began to cover the city, poor African Americans were increasingly relegated to Washington’s downtown core, many crammed into alley homes on the back of property owners’ lots.

In the late 19th century, the federal government began to organize itself into a centralized and bureaucratized entity, which included a colonial takeover of the city. Three commissioners were appointed by the president to rule the city; additionally, the Board of Trade and Congressional House District Committee also had a part in the city’s rule. At the same time, Washington was geographically reshaped to accommodate the federal government, with the downtown as its administrative center and a mall of shrines and

⁶⁰ Louise Hutchinson, *The Anacostia Story* (Washington, D.C.: Smithsonian Institution Press, 1977): 53, quoted in Brett Williams, “A River Runs through Us,” *American Anthropologist* 103, no. 2 (2001): 415.

⁶¹ Susie McFadden-Resper and Brett Williams, “Washington’s ‘People without History,’” *Transforming Anthropology* 13, no. 1 (2005).

museums its monumental core. However, Washington, D.C. had grown into a city of contradictions. As Williams points out, it was

A capital city filled with citizens who could not vote, Jim Crow laws that further oppressed African Americans, and a distended, lumbering state whose officers were to suffocate Washington's central core, already crammed with African American residents banned from other neighborhoods.⁶²

Into the 20th century, the city's African American residents increasingly experienced economic marginalization and racial segregation. Jim Crow laws created a city in which "separate but equal" was never equal, particularly in the educational system, and the needs of black students went unmet, even after the Supreme Court's decision in *Bolling v. Sharpe*⁶³ as white residents fiercely resisted the integration of schools. A job ceiling also existed for black residents through federal exemptions from fair employment practices for businesses with less than 25 employees, religious organizations, private clubs, restaurants and the federal government itself.⁶⁴ And restricted covenants segregating neighborhoods were not struck down by the Supreme Court until 1948.

With the integration of schools in 1954 and the abolition of restrictive covenants, white residents fled the city for the suburbs, enabled by a growing highway system that destroyed poor, black neighborhoods. Middle class black residents also moved into areas east of Rock Creek Park and the D.C./Maryland border, and Elwell notes that in 1950,

⁶² Williams, "A River Runs through Us." 417.

⁶³ *Bolling v. Sharpe* was brought before the Supreme Court in 1952 and reargued in 1953. The case focused on the racial segregation of the District of Columbia's public school system. On May 17, 1954 the Supreme Court ruled that because of racial segregation in public schools, black children in D.C. were denied their right to due process of the law under the Fifth Amendment. That same day, the decision in *Brown v. Board of Education* was handed down, ruling that racial segregation in public schools was unconstitutional.

⁶⁴ McFadden-Resper and Williams, "Washington's 'People without History'," 6.

whites represented 64.6% of Washington, D.C.'s populations; however, by 1960 this had dropped to 45.2% and by 1970, 27.7%.⁶⁵ During this period, the state seized the opportunity to raze the downtown and waterfront areas on the Potomac River of its black neighborhoods. The first urban renewal project in the country targeted the Near Southwest neighborhood, demolishing homes and displacing residents in the name of revitalization, and black neighborhoods in downtown soon followed. To house these displaced residents, the federal government invested in public housing in the Northeast and Southeast quadrants of the city east of the Anacostia River, and from 1950 to 1967, these areas experienced a population growth of 50%.⁶⁶ Cut off by major highways, residents east of the Anacostia River were isolated and concentrated into public housing and became "people without a history."⁶⁷

Residents in neighborhoods east of the Anacostia River acutely feel the consequences of this history. Extreme poverty, limited access to employment and basic resources such as health care facilities and grocery stores and concentrated surveillance and policing by the city's police force are the legacy of policies that have perpetuated and reproduced economic inequality and racial segregation.

The absence of home rule for 100 years and what limited home rule exists today defies the democratic process. As previously mentioned, from 1874 to 1974 the District was ruled by a three-man committee, the Board of Trade and the Congressional House District Committee. In 1964, residents "received" the right to vote and in 1970, residents were allowed to elect a delegate- without any voting power- to Congress. Today, under limited

⁶⁵ Elwell, "From Political Protest to Bureaucratic Service: The Transformation of Homeless Advocacy in the Nation's Capital and the Eclipse of Political Discourse", 22.

⁶⁶ McFadden-Resper and Williams, "Washington's 'People without History'," 8.

⁶⁷ Ibid.

home rule, residents are able to elect a mayor and 13-member City Council; however, oversight and jurisdiction of the city is still in the hands of Congress, as it can veto any local legislation or budget appropriations, as well as the president, who may also veto any legislation passed by the City Council. Congress can also unilaterally restrict the use of city tax dollars, as evidenced in the 2011 budget, which barred the city from funding abortions for low-income women.

The District's court system also uniquely places District residents under direct oversight of the federal government. All cases, civil and criminal, are heard in the Superior Court of the District of Columbia, operated and funded by the federal government. The local Attorney General of the District of Columbia presides over civil and minor misdemeanor trials, but the U.S. Attorney, overseen by the Department of Justice, prosecutes all federal and local felony cases. Most importantly, the president appoints the city's judges and prosecutors, further severing the relationship of residents from their own governance and representation.

Today, in the District of Columbia, while crime rates decrease, arrests and incarceration increase, with the highest rates of increase in Wards 5 and 7.⁶⁸ Approximately, 5% of D.C. residents are under criminal justice control, and the city has the third highest rate of criminal justice control in the United States.⁶⁹ From 2008 to 2010, the Metropolitan Police Department's budget grew, while funding for social services, including the Department of Mental Health was reduced by 17%.⁷⁰ Mirroring the policy and funding strategies of the federal

⁶⁸ Lyons and Walsh, "A Capitol Concern: The Disproportionate Impact of the Justice System on Low-Income Communities in D.C.," 4.

⁶⁹ Ibid.

and state governments, in Washington, D.C. law enforcement and the criminal justice system, rather than social service provision, are the answers to economic, social and racial inequalities.

Yet, social services are a desperate necessity in this city. In January 2010, 6,539 homeless individuals were engaged in the yearly PIT count, and 1, 145 cases (17.5%) of mental illness were reported. Twelve percent of the individuals surveyed reported a dual diagnosis- co-occurring chronic substance abuse and severe mental illness.⁷¹ In the course of my fieldwork, I heard many histories of poverty and substance abuse and what it meant to be “poor in the city,” as one individual put it. “The police target the homeless or those who have an alcohol problem,” he elaborated. “They resent panhandlers. Some people think it is a racket or that I don’t want to work. But they don’t understand how hard I’m trying to get a job so I can get off the street. Especially when I’ve been out of work for seven years.”

In Washington, D.C., individuals most in need of services find it hard to receive them. One psychiatrist and advocate who has worked in the city for the past 30 years, reflected this when he spoke to me about how services are offered to the homeless individuals with mental illness.

They need to get real; a certain part of the population needs to be served here. I’m not trying to serve you; I’m trying to serve people who are out in the street. These people have a lot of problems and don’t follow the rules. So why set up a system that has all these rules? You don’t need an appointment to buy crack cocaine or an appointment to buy booze at the liquor store. It’s a five-minute transaction. You don’t have to have anything except your money together. So we’re competing with crack dealers and liquor storeowners. We’re competing with people who give you immediate services. And the drug dealers are beating our ass.

⁷⁰ Ibid., 6.

⁷¹ The Community Partnership for the Prevention of Homelessness, “A Summary of the 2010 Point in Time Enumeration for the District of Columbia,” http://www.community-partnership.org/cp_dr-res.php (accessed on January 2, 2011).

Despite these extreme social justice concerns in this city, surprisingly little anthropological work has focused on Washington, D.C. Early ethnographies by Liebow and Hannerz explored street life and “ghetto culture” in Washington, D.C.⁷² Later work by Kofie addressed how low-income residents in three apartment complexes in Washington, D.C. confronted the social and economic issues that have effected their neighborhood.⁷³ More recently, Braman explored the effects of incarcerations on families in Washington, D.C. and Modan addressed the complex intersections of race, ethnicity and community in the Mount Pleasant neighborhood of Washington.⁷⁴ This dissertation, however, has its lineage in the rich scholarship of Williams and the recent work of Elwell, who have brought a social justice approach to issues of gentrification, homelessness and poverty in Washington, D.C.⁷⁵ Their work reveals the historical consequences of larger social, political and economic processes on racial segregation, economic inequality and the experiences of the poor. Throughout, I have used their work to contextualize and theoretically frame this work and am indebted to their scholarship.

⁷² Ulf Hannerz, *Soulside: Inquiries into Ghetto Culture and Community* (University of Chicago, 2004); Elliot Liebow, *Tally's Corner: A Study of Negro Streetcorner Men* (Rowman & Littlefield, 2003).

⁷³ Nelson F. Kofie, *Race, Class, and the Struggle for Neighborhood in Washington* (Routledge, 1999).

⁷⁴ Donald Braman, *Doing Time on the Outside: Incarceration and Family Life in Urban America* (Ann Arbor, MI: University of Michigan Press, 2007); Gabriela G. Modan, *Turf Wars: Discourse, Diversity, and the Politics of Place* (Malden, MA: Wiley-Blackwell, 2007).

⁷⁵ Elwell, “From Political Protest to Bureaucratic Service: The Transformation of Homeless Advocacy in the Nation's Capital and the Eclipse of Political Discourse”; Brett Williams, *Upscaling Downtown: Stalled Gentrification in Washington, D.C.* (Ithaca, NY: Cornell University Press, 1988); ———, “‘There Goes the Neighborhood’: Gentrification, Displacement, and Homelessness in Washington, DC,” in *There's No Place Like Home: Anthropological Perspectives on Housing and Homelessness in the United States*, ed. Anna Lou Dehavenon (Westport, CT: Bergin & Garvey 1996); Williams, “A River Runs Through Us.”

Methodology

Thirty years ago, Sue Estroff described her introduction as an anthropologist into the field.

Instead of arranging for passage, visas, fearsome injections, getting out my hiking boots, and packing my trunks, I got in my car, drove ten minutes to the downtown area of a city where I had lived for five years, and thus began fieldwork. Despite the geographic proximity and lack of exotic contingencies, I am convinced that the experiences of the two years that followed constitute as long, arduous, exciting and frightening a journey into differentness and newness as that of any novice anthropologist on her first vision quest.⁷⁶

In much the same vein, when I began preliminary fieldwork, I drove twenty minutes to the mental health-drop in center where I had arranged to volunteer while doing fieldwork and began a complex and complicated journey.

In June 2008, I began volunteering with a newly opened, peer-run mental health drop-in center. The drop-in center is funded by a grant from the Department of Mental Health but operated by a local consumer⁷⁷ organization. Anyone may use the center's resources, regardless of a psychiatric disability, but the center is intended to particularly serve individuals with psychiatric, emotional, intellectual or physical disabilities, youth, low-income persons and disenfranchised groups, including LGBTQ and Latino individuals. Every day, approximately 30 individuals, including many older homeless men and women with a mental illness, come and go to use the computers and small library, watch TV, attend one of several self-development groups and skills trainings, or to simply relax. The center is "peer-run,"

⁷⁶ Sue E. Estroff, *Making It Crazy: An Ethnography of Psychiatric Clients in an American Community* (Berkeley, CA: University of California Press, 1985), 3.

⁷⁷ "Consumer" is a term commonly used by both mental health professionals and individuals with mental illness to identify a person receiving mental health care treatment. The term connotes choice and agency for the "consumer" of services. In Chapter Two, I critically discuss this concept.

signifying that it is staffed and run by individuals with mental illness who are “peers” to the “guests” that visit. No clinical services are offered, specifically because the goal of the center is to maintain a safe space where guests can be themselves without the surveillance of case managers and clinical staff.

My intent in volunteering was to establish myself as a researcher and gain a better understanding of interactions between individuals with mental illness and police officers through the perspectives of visitors to the center. Over the course of six months, I attended a variety of meetings at the Department of Mental Health, often at the suggestion of the executive director of the center, ran a book discussion group, led a nutrition course and generally spent time with the staff and visitors at the center. In this way, I became attached to the center and identified myself at meetings and later in my fieldwork, as both a researcher and volunteer at the center.

My original dissertation proposal sought to understand the power dimensions of interactions between police officers and individuals with mental illness through fieldwork conducted with police officers. In October 2008, I applied for the approval of my research project with the Metropolitan Police Department through an upper-level administrator in the department. Thus began an indefinite process of approval that never materialized, although my proposal was passed from the Director of Research to several Assistant Chiefs. One administrator within MPD explained it to me this way: “There’s two strikes in your research. You want to talk to officers and you want to talk about community policing. And they see it as an opportunity for officers to complain about management. What they’re trying to do is wait you out, stall you out.” Significantly, and as was later important to my analysis,

this process pointed to a lack of transparency within MPD and made my commitment to “studying up” into a powerful institution that much more salient.⁷⁸

The research project that emerged from this seeming set-back, however, allowed me to understand- as comprehensively as possible- the interactions between police officers and individuals with mental illness. Building from the preliminary fieldwork I had completed at the drop-in center, I reconceptualized my research design to include not only the perspectives of police officers but individuals with mental illness, mental health and criminal justice professionals, and homeless advocates. I also conducted a substantial amount of archival and ethnohistorical research on the histories of the Metropolitan Police Department and Department of Mental Health to situate my ethnographic data. Such an approach also allowed for a solid historical political-economy framework to guide my research, and following Roseberry and Wolf, I’ve attempted to place the immediate interactions between police officers and individuals with mental illness in the context of larger historical, social, political and economic processes, while paying specific attention to how inequality is a consequence of these processes and yet, is also constitutive of these interactions.⁷⁹ Wolf writes, “Since social relations have been severed from their economic, political, or ideological context, it is easy to conceive of the nation-state as a structure of social ties informed by moral consensus rather than as a nexus of economic, political and ideological relationships connected to other

⁷⁸ Laura Nader, “Up the Anthropologist: Perspectives Gained from Studying Up,” in *Reinventing Anthropology*, ed. Dell H. Hymes (New York: Random House, 1972).

⁷⁹ W. Roseberry, *Anthropologies and Histories: Essays in Culture, History, and Political Economy* (Piscataway, NJ: Rutgers University Press, 1989); Eric R. Wolf, *Europe and the People without History* (Berkeley, CA: University of California Press, 1982).

nexus.”⁸⁰ Accordingly, it is the project of this dissertation to write against the idea of “moral consensus” in understanding the policies that have shaped the criminal justice and mental health systems, as well interactions between police officers and people with mental illnesses.

Through the drop-in center, I developed many established relationships with visitors to the center, staff and advocates that allowed for rich ethnographic data through 28 semi-structured interviews, one focus group and much participant-observation. The much more complicated process was entry into the world of policing and police officers. As the former partner of a police officer,⁸¹ my access as a researcher was smoothed by this relationship; however, my identification with the drop-in center also allowed officers to place me in a city and organizational context. Together, this allowed for access to police officers not easily gained by a researcher. To find officers to participate in this research, I followed a chain referral sampling method and asked each officer I worked with to refer additional participants to me. To maintain confidentiality, I asked that officers contact their referrals with instructions on how to reach me if they wished to participate. Officers were given the choice to meet with me off-duty or while on-duty during a ride-along. Each officer was informed that the research project was not approved by the Metropolitan Police Department, but all precautions to conceal their identity would be taken. In total, I conducted 17 interviews with police officers and participated in 11 ride-alongs. As a means to ensure anonymity, my descriptions of officers and locations are purposefully vague and thin, and to allow for the same degree of anonymity, my descriptions of center staff, visitors

⁸⁰ Wolf, *Europe and the People without History*, 9.

⁸¹ My former spouse was not employed by the Metropolitan Police Department.

and advocates are limited, as well. For all interviews, I gained the informed consent of participants.

Finally, the project of “studying up” into powerful institutions, such as police departments, informs this methodology. In writing about an anthropology of institutions and organizations, Nader noted that, ironically, “public institutions are not structured for public access,” making the project of studying the powerful methodologically complex but necessary.⁸² Mosse further argued that by using ethnography to critically investigate organizations or public policy, “it offers another means of public engagement with powerful institutions whose knowledge systems constantly organize attention away from the contradictions and contingencies of practice and the plurality of perspectives.”⁸³ It is my belief that this is especially relevant to the study of police agencies, whose claims to secrecy in the name of security run deep. So, although the police department as an organization was out of reach for me, its members were not, and it was only through working with officers who believed in the importance of my research that this project was possible.

Organization of Chapters

Through ethnographical, ethnohistorical and archival research, this dissertation explores the content and meaning of interactions between police officers and individuals with mental illness as they are situated in space and time. In looking historically at the

⁸² Nader, “Up the Anthropologist: Perspectives Gained from Studying Up,” page unknown.

⁸³ David Mosse, “Anti-Social Anthropology? Objectivity, Objection, and the Ethnography of Public Policy and Professional Communities*,” *Journal of the Royal Anthropological Institute* 12, no. 4 (2006): 938.

criminal justice system and mental health systems, I chose to review significant events and forces that have brought shape to the systems today. However, in reviewing the histories of the Metropolitan Police Department and the Department of Mental Health, I narrowed my focus to more recent history, beginning in the late 1970s, after limited home rule was established and both agencies were situated in the workings of city governance.

The remainder of this dissertation is organized into four chapters, along with my concluding thoughts. In Chapter Two, I broadly explore the intersections of the criminal justice and mental health systems in the United States. Through a historical review of these systems, I identify some of the larger social, historical, political and economic factors that have shaped them. I argue that changes in one system have influenced the other and delineate these intersections, particularly over the past fifty years. Throughout the chapter, I also problematize the rhetorical use of “community” in both the criminal justice and mental health systems to signify inclusion and cohesiveness.

In Chapter Three, I bring together the histories of the Department of Mental Health and the Metropolitan Police Department to understand how organizational policies have affected interactions between police officers and homeless individuals with mental illness in Washington, D.C. I also situate the organizations in time, pointing to the influence of larger sociopolitical and economic forces on policy and continue to interrogate the rhetorical uses of “community” as used by both agencies.

Chapter Four charts the historical trajectory of mental health training for police officers in MPD through ethnographical, ethnohistorical and archival research. Specifically, I outline the efforts of advocates and individuals in the Department of Mental Health to establish a comprehensive mental health training program for police officers. I then address

the eventual implementation of mental health training within the department and conclude with a discussion of the significance of organizational culture in determining how, when and why this mental health training was adopted within MPD.

In Chapter Five, I explore interactions between police officers and homeless individuals with mental illness over public space in downtown Washington, D.C. I begin with a historical review of urban development planning in the city since the 1980s, situating it in the larger context of neoliberalism. I then focus on how large-scale “revitalization” projects in the downtown have effected policing practices in relation to the homeless. I also interrogate how “community” has been constructed by businesses, residents and business improvement districts as an entity the police department must be accountable to. Finally, I explore partnerships between homeless outreach outworkers employed by business improvement districts and police officers that contradictorily work towards providing homeless residents with mental illnesses services and a place in the “community,” while also contributing to their removal from downtown.

In my concluding thoughts, I briefly review my dissertation in the context of intersections, contradictions and loss. I then look forward, offering recommendations for building a living city. Specifically, I argue we must hold civic leaders, business elite and public agencies accountable for their role in the promotion of exclusionary practices in the name of “community.”

CHAPTER 2

POLICING AND MENTAL HEALTH CARE IN THE UNITED STATES: HISTORIES AND INTERSECTIONS

The Washington Post headline read, “All Police Rookies to get Briefings on Mentally Ill.” The date was July 23, 1961, four months after the United States Supreme Court had ruled in *Durham v. United States* that “an accused is not criminally responsible if his unlawful act was the product of mental disease.”⁸⁴ The training, held at St. Elizabeths Hospital would, “instruct the new policemen in the recognition of the various states of mental disorder, and give them pointers on how to best handle such persons,” as well as “be a form of mental therapy for policemen who have been grumbling that the Durham ruling is being used by prisoners to escape jail sentences.”⁸⁵ In 1961, in the mid-summer heat of Washington, D.C., the criminal justice system would meet the public mental health system.

The intersections of these two systems are not unique to Washington, D.C. As increased attention has been paid to the “criminalization of mental illness,” a vast body of research has explored interactions between police officers and people with mental illnesses in the United States⁸⁶ as well as investigating how the larger criminal justice and mental

⁸⁴ *Durham v. United States*, 214 F.2d 862 (1961).

⁸⁵ “All Rookies to Get Briefings on Mentally Ill,” *The Washington Post*, July 23, 1961.

⁸⁶ See Thomas J. Jurkanin, Larry T. Hoover, and Vladimir Sergevnin, *Improving Police Response to Persons with Mental Illness : A Progressive Approach* (Springfield, Ill.: Charles C. Thomas, 2007); Jim Ruiz, “An Interactive Analysis between Uniformed Law Enforcement Officers and the Mentally Ill,” *American Journal of Police* 12, no.

health systems overlap in the United States.⁸⁷ However, much of this literature has focused on connecting the deinstitutionalization of state mental hospitals in the 1960s and 1970s with a rise in the presence of homeless individuals with mental illness on the streets. While there are strong connections to be made along those lines, it is as important to chart the larger historical trends in both systems in order to better understand how, when and why the criminal justice and public mental health systems have been and are connected before and beyond deinstitutionalization. This allows for a deeper and more complex historical conceptualization of interactions between police officers and homeless individuals with mental illness. In highlighting the histories of law enforcement and mental health care in the current chapter, I have been careful not to overly generalize the histories of these systems, but rather to identify some of the larger social, historical, political and economic factors that have shaped them.

Historically, changes in one system have influenced the other. Localized interactions between police officers and individuals with mental illness are situated in a complex interplay between history, political climate, economic policies and public debate. Some of the most significant events that have caused reverberations from one system to another include: a lack of integration between local, state and federal mental health care support systems; a trend in zero-tolerance and aggressive policing; the reduction in welfare and social support benefits; the war on drugs; the recognition of patient civil rights; and public support of “law and

4 (1993); L.A. Teplin, “Keeping the Peace: Police Discretion and Mentally Ill Persons,” *National Institute of Justice Journal* 244(2000).

⁸⁷ See H. R. Lamb, L. E. Weinberger, and B. H. Gross, “Mentally Ill Persons in the Criminal Justice System: Some Perspectives,” *Psychiatr Quarterly* 75, no. 2 (2004); Nancy Wolff, “Interactions between Mental Health and Law Enforcement Systems: Problems and Prospects for Cooperation,” *Journal Health Politics, Policy and Law* 23, no. 1 (1998).

order” policies. Further expansion of these events is the goal of this chapter. I begin with a discussion of policing and the criminal justice system in the United States, from approximately the 18th century to present day. This is followed by a similar historical outline of public mental health care in the U.S.

A complete history of law enforcement in the United States is arguably impossible if one hopes to recognize the distinctive federal, state, regional and local characteristics of informal and formal police organizations. In this historical review I create a critical history of policing that recognizes class, race, poverty and inequality as important factors influencing policies, trends and practices. As is often noted, history is not without bias,⁸⁸ and it is important to note the prevalence of the white, urban, Northeastern perspectives in much of the literature on police history in America.⁸⁹ With that said, the history I write here is a recreation, drawing from standard sources as well as corrective and alternative historical versions of policing in the United States.

18th Century to Early 1900s

To understand the origin of the police mandate, I start in the late 1700s, when organized law enforcement institutions began to emerge. In standard histories of policing, a clear, linear development of the modern police institution begins in the Northeastern cities of colonial America, where law enforcement was organized at a local level, with a

⁸⁸ Howard Zinn, *The Politics of History*, 2nd ed. (Champaign, IL: University of Illinois Press, 1990).

⁸⁹ Hubert Williams and Patrick V. Murphy, “The Evolving Strategy of Police: A Minority View,” in *Policing: Key Readings*, ed. Tim Newburn (Willan Publisher, 2005).

constabulary system consisting of a sheriff and constables, as well as citizen night watchmen.⁹⁰ However, Williams and Murphy, following Reichel and Walker, argue that the emergence of modern American policing can be traced to the slave patrols of the colonial South.⁹¹ Prior to legislation formally enacted by Southern states in the late 18th century, foot and mounted slave patrols existed in rural and urban areas, mobilized by cities and/or slave owners to provide surveillance and sanctioning of slaves.⁹² Citing Foner, Williams and Murphy elaborate that

Slave patrols had full power and authority to enter any plantation and break open Negro houses or other places when slaves were suspected of keeping arms; to punish runaways or slaves found outside their plantations without a pass; to whip any slave who should affront or abuse them in the execution of their duties; and to apprehend and take any slave suspected of stealing or other criminal offense, and to bring him to the nearest magistrate.⁹³

Thus, these early forms of law enforcement were expected to violently control the bodies and spaces of slaves.⁹⁴ With slavery, a deep historical relationship between policing and minority populations began, threading its way up to the present.

By the mid-19th century, as populations grew in the Northeast, immigration swelled, racial tensions flared and class divisions became apparent, an increase in urban disorder gave

⁹⁰ Randall G. Shelden, *Controlling the Dangerous Classes : A History of Criminal Justice in America*, 2nd ed. (Boston, MA: Pearson Allyn and Bacon, 2008), 74.

⁹¹ Williams and Murphy, "The Evolving Strategy of Police: A Minority View." Phillip L. Reichel, "Southern Slave Patrols as a Transitional Police Type," *American Journal of Police* 7(1988); Samuel Walker, *A Critical History of Police Reform* (Lexington, MA: Lexington Books, 1977).

⁹² Shelden, *Controlling the Dangerous Classes : A History of Criminal Justice in America*; Williams and Murphy, "The Evolving Strategy of Police: A Minority View."

⁹³ P.S. Foner, *History of Black Americans: From Africa to the Emergence of the Cotton Kingdom* (Westport, CT: Greenwood, 1975); Williams and Murphy, "The Evolving Strategy of Police: A Minority View," 113.

⁹⁴ Williams and Murphy, "The Evolving Strategy of Police: A Minority View," 114.

rise to organized police forces in the United States.⁹⁵ Kelling and Moore, in a standard telling of modern American policing, identify this historical period as the “political era” during which the police were authorized by local governments and derived their power and resources from politicians.⁹⁶ Police officers, according to Kelling and Moore, were often recruited from the same neighborhoods they patrolled and had intimate ethnic, familial, social and historical ties to the communities in which they worked.⁹⁷ However, Shelden argues that full-time, organized police forces were both created and strictly controlled by business and political leaders as well as economic and political elites whose concern was to maintain their power in the midst of social unrest and rioting among the “dangerous classes”⁹⁸- who in this historical era included impoverished Irish, Italian and other immigrant populations and freed slaves.⁹⁹ In synthesizing these two perspectives, it can be argued that although the police function was authorized by local governments, police legitimacy was inherently tied to both political and business interests. According to Greene, in this era, the function of police was to provide help to those in power, while “punishing political enemies

⁹⁵ Shelden, *Controlling the Dangerous Classes : A History of Criminal Justice in America*, 75; R. Lane, *Policing the City: Boston, 1822-1885* (Cambridge, MA: Harvard University Press, 1967); James F. Richardson, *Urban Police in the United States* (Washington, NY: Kennikat Press, 1974); Williams and Murphy, “The Evolving Strategy of Police: A Minority View.”

⁹⁶ George L. Kelling and Mark H. Moore, “The Evolving Strategy of Policing,” in *Policing: Key Readings*, ed. Tim Newburn (Portland, OR: Willan Publishing, 2005), 90.

⁹⁷ Ibid.

⁹⁸ According to Shelden, “The term *dangerous classes* was apparently first used by Charles Loring Brace in his book of 1872 called *The Dangerous Classes of New York*.” Shelden connects the term as used by Brace to Marx and Engles “lumpenproletariate”- “the social scum, that passively rotting mass thrown off by the lowest layers of society.”

⁹⁹ Shelden, *Controlling the Dangerous Classes : A History of Criminal Justice in America*.

and the underclass.”¹⁰⁰ Greene fails to expand that the “underclass” was not only identified along class lines, but also along racial and gender lines, as black men and women of any race or ethnicity were denied legal status and any political power that would have been afforded to citizenship.¹⁰¹ Several authors have also noted that in addition to the suppression of riots, assisting politicians, and serving business interests, police officers’ close ties to the political machinery of cities also created a service role for police, including the provision of overnight lodging for the homeless, helping in soup kitchens and job placement for new immigrants.¹⁰²

In the South, after the Civil War, Black Codes were enacted by states, detailing freedmen’s “rights” to limited employment, behavior surveillance punishable by criminal statutes, and selective housing, to name only a few of the penal codes that were used to curtail the rights of freed black men.¹⁰³ With the enactment of the 15th Amendment to the Constitution allowing the right to vote to all persons – excluding women – and the Civil Rights Act of 1875, prohibiting the exclusion of blacks from public accommodations, Black Codes were undermined. However, they reappeared in the form of state-legislated Jim Crow laws allowing for *de jure* racial segregation, better known as “separate but equal” segregation. Specific to law enforcement, black males were hired by police departments, but worked apart from their white counterparts in black neighborhoods, often in plain

¹⁰⁰ Jack R. Greene, “Community Policing in America: Changing Nature, Structure, and Function of the Police,” in *Criminal Justice 2000: Policies, Processes and Decisions of the Criminal Justice System*, ed. Julie Horney (Washington, DC: Office of Justice Programs, U.S. Department of Justice, 2000), 305.

¹⁰¹ Williams and Murphy, “The Evolving Strategy of Police: A Minority View,” 116.

¹⁰² Hopper, *Reckoning with Homelessness*; Shelden, *Controlling the Dangerous Classes : A History of Criminal Justice in America*; Kelling and Moore, “The Evolving Strategy of Policing.”

¹⁰³ Randall G. Shelden, “From Slave to Caste Society: Penal Changes in Tennessee, 1830-1915,” *Tennessee Historical Quarterly* 38(1979); Williams and Murphy, “The Evolving Strategy of Police: A Minority View,” 117.

clothes, and without the power to police or arrest whites.¹⁰⁴ However, Jim Crow laws also expanded the role of law enforcement to include the policing of “separate but equal” public and private spaces and facilities.

Arguably, in both the North and South, those without access to full political or legal power- the poor, immigrants, racial minorities and women- were the most closely policed by full-time, organized police departments whose mandates were often created by and served the interests of political and economic elites. Citing Cohen, Ericson elaborates on this point, arguing, “The police have always had an ideological function as well as a repressive function. They have been repeatedly employed as an “advance guard” of municipal reform, especially for altered uses of social space and time (public order) and the protection of property, to ensure the free circulation of commodities (including labor power).”¹⁰⁵ The historical relationship between law enforcement and business is an important one that continues into the present, as I will discuss throughout this chapter as well as in Chapter Five.

¹⁰⁴ Williams and Murphy, “The Evolving Strategy of Police: A Minority View.” Some of the first police departments to hire black officers included: Selma, AL (1867); Houston, TX (1870); Jackson, MS (1871); Chicago (1872); Washington, D.C. (1874); Boston (1885).

¹⁰⁵ Phil Cohen, “Policing the Working-Class City,” in *Capitalism and the Rule of Law: From Deviancy Theory to Marxism*, ed. Bob Fine, et al. (London: Hutchinson & Co., 1979); Richard V. Ericson, “The Police as Reproducers of Order,” in *Policing: Key Readings*, ed. Tim Newburn (Portland, OR: Willan Publishing, 2005), 219.

1930s-1950s: Reforming the Police

By the early part of the 20th century, a movement to reform and professionalize the policing function began in response to the corruption and violence of the last century.¹⁰⁶ The call for reform came as dramatic upheavals in the United States began to occur: unregulated markets collapsed, creating a worldwide economic depression; World War II; and continued immigration, labor unrest, and targeted repression (Ku Klux Klan, McCarthy's red hunts). Shelden, citing Weber and Haber, argues that during this period, many areas of social life were bureaucratized, "resulting in the control, regulation, and efficient functioning of the major institutions of society and the establishment of many regulatory agencies of social control."¹⁰⁷ Bittner, building upon Weber, further elaborates, attributing the "proliferation of formal control" at this time to the fortification of a market-based, industrial, and urban order, from which emerged, "a shift from reliance on informal mechanisms of traditional authority to reliance on legal rational means."¹⁰⁸ It was not surprising, then, that the criminal justice system and police departments underwent extreme bureaucratization during this period. According to Greene, the reform movement sought to sever the police from political control, as well as to raise the status of police officers from corrupt, political lackeys to

¹⁰⁶ Robert M. Fogelson, *Big-City Police* (Cambridge, MA: Harvard University Press, 1977); Greene, "Community Policing in America: Changing Nature, Structure, and Function of the Police."; Kelling and Moore, "The Evolving Strategy of Policing."; Shelden, *Controlling the Dangerous Classes : A History of Criminal Justice in America*.

¹⁰⁷ Max Weber, *The Theory of Social and Economic Organization* (New York: The Free Press, 1997 (1947)); Samuel Haber, *Efficiency and Uplift: Scientific Management in the Progressive Era 1890-1920* (Champaign, IL: University of Chicago Press, 1964); Shelden, *Controlling the Dangerous Classes : A History of Criminal Justice in America*, 85.

¹⁰⁸ Egon Bittner, "Florence Nightingale in Pursuit of Willie Sutton: A Theory of the Police," in *Policing: Key Readings*, ed. Tim Newburn (Portland, OR: Willan Publishing, 2005), 152.

professionals.¹⁰⁹ In an effort to achieve this goal, several significant changes occurred. First, departments were centralized, with power vested in high-level police administrators based on a military rank-style.¹¹⁰ Second, the police function was standardized, creating a uniform understanding of police officers as professionals, distanced from the general public.¹¹¹ Third, the popular image of police officers as crime fighters was promulgated as a method to further entrench the professionalism of the occupation in the public's mind.¹¹² Finally, new technologies reinvented the patrol function. Phones, car radios and dispatch systems enabled a rapid response system that facilitated officers' ability to move quickly between service calls.¹¹³ However, as Williams and Murphy point out, other strategies to professionalize police departments kept minorities' access to employment restricted.¹¹⁴ Civil service exams, created as a means to avoid nepotism, instead resulted in the exclusion of individuals without advanced educations, and the abolishment of residency requirements¹¹⁵ reduced what little advantage an urban minority might have had for employment. Police departments thus became legalized, professionalized and militarized, wrapped in "signs, symbols and images

¹⁰⁹ Greene, "Community Policing in America: Changing Nature, Structure, and Function of the Police," 306. See also Fogelson, *Big-City Police*.

¹¹⁰ Kelling and Moore, "The Evolving Strategy of Policing."; Shelden, *Controlling the Dangerous Classes : A History of Criminal Justice in America*.

¹¹¹ Greene, "Community Policing in America: Changing Nature, Structure, and Function of the Police."; John P. Crank, "Watchman and Community: Myth and Institutionalization in Policing," *Law & Society Review* 28, no. 2 (1994).

¹¹² Greene, "Community Policing in America: Changing Nature, Structure, and Function of the Police."; Shelden, *Controlling the Dangerous Classes : A History of Criminal Justice in America*.

¹¹³ Kelling and Moore, "The Evolving Strategy of Policing."; Greene, "Community Policing in America: Changing Nature, Structure, and Function of the Police."

¹¹⁴ Williams and Murphy, "The Evolving Strategy of Police: A Minority View."

¹¹⁵ Residency requirements required recruits and sworn officers to live within the city limits.

that effectively conceal, mystify and legitimate police actions.”¹¹⁶ Up until the end of the 1950s, professionalized police departments worked, in the sense that their authority remained unquestioned on a large, public scale. However, another series of huge, societal upheavals in the 1960s resulted in the largest policing crisis to happen in recent history.

1960s-1970s: Policing in Crisis

If the previous two decades had established the police as professionals, the next decade was to unravel the “signs, symbols and images” that had obscured questions of power, authority and legitimacy. Scholars of criminal justice history in the United States generally agree that the crisis in policing revolved around the civil rights and anti-war movements.¹¹⁷ However, Parenti and Shelden suggest that for the criminal justice system, the first signs of distress began with four Supreme Court decisions handed down from 1954 through the mid-1960s.¹¹⁸ First, in 1954, the Supreme Court in *Brown v. Board of Education* ruled that “separate but equal” schools for white and black students were unconstitutional; therefore, *de jure* racial segregation was in violation of the 14th Amendment.¹¹⁹ Following this decision and the building civil rights movement, Southern politicians and officials “called for a crackdown on the ‘hoodlums,’ ‘agitators,’ ‘street mobs,’ and ‘lawbreakers,’ who challenged

¹¹⁶ Carl B. Klockars, “The Rhetoric of Community Policing,” in *Community Policing: Rhetoric or Reality*, ed. Jack R. Green and Stephen D. Mastrofski (New York: Praeger, 1988), 443.

¹¹⁷ Kelling and Moore, “The Evolving Strategy of Policing.”; Christian Parenti, *Lockdown America : Police and Prisons in the Age of Crisis* (New York: Verso, 1999); Shelden, *Controlling the Dangerous Classes : A History of Criminal Justice in America*; Williams and Murphy, “The Evolving Strategy of Police: A Minority View.”

¹¹⁸ Parenti, *Lockdown America : Police and Prisons in the Age of Crisis*; Shelden, *Controlling the Dangerous Classes : A History of Criminal Justice in America*.

¹¹⁹ *Brown v. Board of Education of Topeka*, 347 U.S. 483 (1954).

segregation and black disenfranchisement. Nine years later, in 1963, the Supreme Court in *Gideon v. Wainwright* made legal counsel in state courts mandatory for “indigents” on trial for serious crimes.¹²⁰ Then, in 1964, with its decision in *Escobedo v. Illinois*, the Supreme Court gave defendants the right to counsel in police interrogations.¹²¹ Finally, in 1966, the decision handed down in *Miranda v. Arizona* made it mandatory for police to inform a suspect of their rights upon arrest.¹²² As a result of the last three decisions, “Overnight an arsenal of “traditional” investigative methods had to be scrapped.”¹²³ For police officers and conservative politicians, these decisions signaled a breakdown of law and order.¹²⁴

More troublesome, though, was the momentum of the civil rights movement and resulting protests in major cities across the country, specifically riots in Harlem in 1964 and Watts in 1965. For some politicians and law enforcement officials, the link between race, protest and crime was evident. Retired Supreme Court justice Charles Whittaker argued in the *U.S. News and World Report* that the current state of “lawlessness and crime” could be attributed to

The fact that some self-appointed Negro leaders who, while professing a philosophy of nonviolence, actually tell large groups of poor and uneducated Negroes...whom they have harangued, aroused and inflamed to a high pitch of tensions, that they should go forth and force the whites to grant them their rights.¹²⁵

¹²⁰ Nancy E. Marion, *A History of Federal Crime Control Initiatives, 1960-1993* (Westport, CT: Praeger, 1994); *Gideon v. Wainwright*, 372 U.S. 335 (1963).

¹²¹ Ibid; Parenti, *Lockdown America : Police and Prisons in the Age of Crisis*; *Escobedo v. Illinois* 378 U.S. 478 (1964).

¹²² Marion, *A History of Federal Crime Control Initiatives, 1960-1993*; Parenti, *Lockdown America : Police and Prisons in the Age of Crisis*; *Miranda v. Arizona* 384 U.S. 436 (1966).

¹²³ Parenti, *Lockdown America : Police and Prisons in the Age of Crisis*, 5.

¹²⁴ This is quoted from Parenti, *Lockdown American*, 5. Parenti is referring to a statement by Gerald Ford.

It was no wonder, then, that in the presidential election of 1964, crime became a major national issue.¹²⁶ Republican candidate Barry Goldwater campaigned against Lyndon Johnson on a “law and order” platform, reinforcing the public perception that crime was rising as activists broke apart the very fabric of moral American society. Tellingly, “those most opposed to social and racial reform were also most receptive to calls for law and order.”¹²⁷ Johnson and his administration responded to the panic around crime by arguing that his “antipoverty programs were, in effect, anticrime programs...that social reforms such as the war on poverty and civil rights legislation would get at the ‘root causes’ of criminal behavior.”¹²⁸ So although Johnson won the 1964 election, the political rhetoric on law and order and a focus on crime and criminality were to continue, imbued with a racial subtext that united white voters. For white America, Parenti argues, “Crime meant urban, urban meant black, and the war on crime meant a bulwark built against the increasingly political and vocal racial ‘other’ by the predominately white state.”¹²⁹

Responding to the crime issue after the 1964 election, Johnson decided on a two-tiered approach- in the short-term, funding would be directed to research initiatives that explored the causes of crime; in the long-term, antipoverty and educational programs would

¹²⁵ Quoted in Katherine Beckett, *Making Crime Pay: Law and Order in Contemporary American Politics* (New York: Oxford University Press, 1997), 30.

¹²⁶ Crime is a large and expansive concept. However, following how crime was identified in the political rhetoric of the time, I use the term crime to signify those acts included in the FBI’s Uniform Crime Reports: homicide, forcible rape, robbery, aggravated assault, burglary, larceny theft, motor vehicle theft and arson, as well as misdemeanors committed in public (known also as “quality-of-life” crimes): disorderly conduct, public drinking, public urination, panhandling, etc. Noticeably missing is any mention of so-called “white-collar crime.”

¹²⁷ Beckett, *Making Crime Pay: Law and Order in Contemporary American Politics*, 32.

¹²⁸ *Ibid.*, 36.

¹²⁹ Parenti, *Lockdown America: Police and Prisons in the Age of Crisis*, 7.

combat the socio-economic and moral dimensions of crime.¹³⁰ Both approaches responded to the prevailing conservative argument on crime- namely, the link between poverty, race, welfare and criminality.¹³¹ Two theoretical works were especially significant in promulgating the conservative argument- Oscar Lewis's "culture of poverty" thesis in his work, *Five Families: Mexican Case Studies in the Culture of Poverty* and Daniel Patrick Moynihan's, *The Negro Family: The Case for National Action*.¹³² Both works outlined the behaviors, values and lifestyle choices of poor minorities that contributed to their impoverishment; both saw a "cycle of poverty" that was reproduced generation after generation by poor black and Latino families. With these arguments as the basis, it was only a few steps for conservatives to link race to poverty to criminality.¹³³

Welfare also became an illustrative point-in-case for conservatives concerned about crime. Linking Great Society¹³⁴ programs to the "breakdown of the family structure," conservatives constructed a picture of the American welfare state that was both racialized and gendered.¹³⁵ They were quick to link poverty and welfare dependence to a lack of work

¹³⁰ Marion, *A History of Federal Crime Control Initiatives, 1960-1993*.

¹³¹ Beckett, *Making Crime Pay : Law and Order in Contemporary American Politics*.

¹³² Oscar Lewis, *Five Families: Mexican Case Studies in the Culture of Poverty* (New York: Basic Books, 1975); Daniel Patrick Moynihan, *The Negro Family: The Case for National Action* (Washington, D.C.: Office of Policy Planning and Research, U.S. Department of Labor, 1965).

¹³³ Beckett, *Making Crime Pay : Law and Order in Contemporary American Politics*.

¹³⁴ The Great Society was a set of domestic anti-poverty programs implemented under President Lyndon B. Johnson.

¹³⁵ Michael K. Brown, "Race in the American Welfare State: The Ambiguities of Universalistic Social Policy since the New Deal," in *Without Justice for All: The New Liberalism and Our Retreat from Racial Equality*, ed. Adolph Reed (Boulder, CO: Westview Press, 1999), 93.

ethic in black culture and even quicker to blame “welfare mothers” who- using the culture of poverty thesis- reproduced this reliance on public assistance.¹³⁶ Brown argues

The culture of poverty has coalesced with long-standing racial stereotypes that are the residue of slavery and its aftermath – the portrayal of African Americans as lazy and African American women as sexually promiscuous and wanton that is endemic to contemporary images of black welfare mothers.¹³⁷

The conservative rhetoric around black women and motherhood reflected a view of black women, not as creators of family structures but reproducers of criminality.

Johnson’s first effort in his research agenda came in 1965, when he established the President’s Commission on Law Enforcement and Administration of Justice. The commission’s broad mandate was “to inquire into the causes of crime and delinquency and report...with recommendations for preventing crime and delinquency and improving law enforcement and the administration of criminal justice.”¹³⁸ In its final, 342-page report, “The Challenge of Crime in a Free Society,” the commission detailed over 200 specific recommendations, ranging from the creation of a new office in the Department of Justice devoted to providing federal aid and collaboration with state and local law enforcement to expanding housing and recreation activities for youths.¹³⁹

In 1967, another research commission, the National Advisory Commission on Civil Disorders, informally known as the Kerner Commission, was formed to study the causes of

¹³⁶ Beckett, *Making Crime Pay : Law and Order in Contemporary American Politics*, 35.

¹³⁷ Brown, “Race in the American Welfare State: The Ambiguities of Universalistic Social Policy since the New Deal,” 94.

¹³⁸ The President's Commission on Law Enforcement and Administration of Justice, “The Challenge of Crime in a Free Society,” (Washington, D.C.: United States Government Printing Office, 1967).

¹³⁹ Ibid.

urban disorder and riots in major cities across American since 1964. The resulting Kerner report famously declared that, “Our nation is moving toward two societies, one black, on white – separate and unequal.”¹⁴⁰ Among its findings, the commission concluded that: 1) riots were precipitated by police actions; 2) an atmosphere of hostility was reinforced by the widespread belief among blacks of a double standard of justice and protection; and 3) behind the riots was a long historical pattern of racism. “In many ways the policeman only symbolizes much deeper problems,” the report argued, “The policeman in the ghetto is a symbol not only of law, but of the entire system of law enforcement and criminal justice.”¹⁴¹ The Kerner Commission report was significant because it acknowledged the widespread misconduct and racism among police officers in the United States and formally recognized the connection between policing and racism.

Academics also pursued research around issues of law enforcement, race and urban unrest. In 1966, Bayley and Mendelsohn conducted a large-scale study of relationships between police and minorities in Denver, CO. In their work, *Minorities and the Police: Confrontation in America*, Bayley and Mendelsohn sought to understand the “constraints bearing upon” both police officers and minority citizens and how these “constraints” influenced interactions.¹⁴² In an attempt at objectivity, the authors dissected the social experiences of police officers and minorities in Denver, reflecting the Kerner Commission’s

¹⁴⁰ National Advisory Commission on Civil Disorders, “Report of the National Advisory Commission on Civil Disorders, 1967,” www.eisenhowerfoundation.org/docs/kerner.pdf (accessed March 19, 2010).

¹⁴¹ Ibid.

¹⁴² David H. Bayley and Harold A. Mendelsohn, *Minorities and the Police: Confrontation in America* (New York: Free Press, 1968).

assessment that police are both a product and symbol of the “society in which they live and work.”¹⁴³ They concluded

Unless that society is willing to inaugurate changes in the pattern of living that touch everyone...policemen will remain locked with minorities in a relationship of antagonism which neither created but from which neither can escape.¹⁴⁴

But research commissions and academic treatises were not what the voters or conservative politicians wanted. With massive riots after the assassination of Martin Luther King, Jr. and increasing protests by anti-war activists, Congress moved to establish a greater role for the federal government in crime control. The Omnibus Crime Control and Safe Streets Act (PL 90-351), signed into legislation by Johnson in 1968, was one way to facilitate this role. In the “Safe Streets Act” several important pieces were put in place “in an effort to reshape, retool and rationalize American policing.”¹⁴⁵ Of most significance was the creation of the Law Enforcement Assistance Administration (LEAA), an entity that would strengthen the relationship between federal, state and local law enforcement through the disbursement of state planning grants. These planning grants for public protection would be used for

Methods, devices, facilities and equipment designed to improve and strengthen law enforcement and reduce crime in private and public places [as well the] organization, education and training of regular law enforcement officers, special law enforcement units, and law enforcement reserve units for the prevention, detection and control of riots and other violent civil disorders, including the acquisition of riot control equipment.¹⁴⁶

¹⁴³ Ibid., 206.

¹⁴⁴ Ibid.

¹⁴⁵ Parenti, *Lockdown America : Police and Prisons in the Age of Crisis*.

¹⁴⁶ Omnibus Crime Control and Safe Streets Act of 1968, Public Law 90-351, 42nd Cong. (June 19, 1968).

Through the LEAA, the federal government spent billions of dollars over the next decade to fund the acquisition of military weaponry, special training and advanced technology by state and local law enforcement agencies.¹⁴⁷ Beckett argues that the federal dollars spent on equipment merged “crime, political dissent and race...in both the rhetoric and practice of law and order.”¹⁴⁸ This fit handily in with the policies and practices that were soon to be championed by Nixon’s “war on crime.”

The War on Crime

The 1968 presidential election saw an increasing “moral panic” around crime. The Republican Party platform argued that, “We must re-establish the principle that men are accountable for what they do, that criminals are responsible for their crime” and Richard Nixon campaigned on the belief that, “the solution to the crime problem is not quadrupling of funds for any governmental war on poverty but more convictions.”¹⁴⁹

With Nixon’s presidential victory, a Republican-led war on crime was to be launched and continued throughout the 1970s, 80s and early 90s.¹⁵⁰ However, one large obstacle had to be overcome: the federal government had no jurisdiction over [street] crime control outside of Washington, D.C. As one administration official put it, the only thing the federal

¹⁴⁷ Parenti, *Lockdown America : Police and Prisons in the Age of Crisis*.

¹⁴⁸ Beckett, *Making Crime Pay : Law and Order in Contemporary American Politics*, 38.

¹⁴⁹ Cited in Ibid.

¹⁵⁰ Jimmy Carter’s one-term presidency marginally affected the Republican focus on the “war on crime.”

government could do was to “exercise vigorous symbolic leadership.”¹⁵¹ Thus, Nixon’s first step was to dramatically increase funding to the LEAA, which was then disbursed to local law enforcement agencies. His second step was to use a political slight-of-hand: a focus on narcotics enforcement, which fell under federal government jurisdiction, as a critical piece of the war on crime.¹⁵² Beckett argues, “That in order to explain and legitimate this new strategy, administration officials argued that drug addicts commit the majority of street crimes in order to pay for their drugs.”¹⁵³

In 1970, the first large piece of federal narcotics control legislation was passed, the Comprehensive Drug Abuse Prevention and Control Act.¹⁵⁴ The act provided “treatment and rehabilitation of drug abusers and drug dependent persons” while strengthening “existing law enforcement authority in the field of drug abuse.”¹⁵⁵ To this end, \$189 million was given to drug treatment and prevention for fiscal years 1970-77; \$220 million to the Department of Justice to carry out the provisions of the act; and an additional 300 agents added to the Bureau of Narcotics and Dangerous Drugs (BNDD), as well as expanded law enforcement powers for the agency.¹⁵⁶ “No-knock” search and arrest warrants¹⁵⁷ were also

¹⁵¹ Cited in Katherine Beckett and Theodore Sasson, “The Origins of the Current Conservative Discourse on Law and Order,” in *Defending Justice: An Activist Resource Kit*, ed. Palak Shah (Somerville: Political Research Associates, 2005), 50.

¹⁵² Beckett, *Making Crime Pay: Law and Order in Contemporary American Politics*; Beckett and Sasson, “The Origins of the Current Conservative Discourse on Law and Order.”; Marion, *A History of Federal Crime Control Initiatives, 1960-1993*; Parenti, *Lockdown America: Police and Prisons in the Age of Crisis*.

¹⁵³ Beckett, *Making Crime Pay: Law and Order in Contemporary American Politics*, 39.

¹⁵⁴ This act also established the current schedule (I-V) for drugs.

¹⁵⁵ *Comprehensive Drug Abuse Prevention and Control Act of 1970*, HR18583, 91st Congr., 2nd sess.

¹⁵⁶ Parenti, *Lockdown America: Police and Prisons in the Age of Crisis*.

authorized to strengthen law enforcements efforts in narcotics control. Upon signing the bill, Nixon claimed, “Those who have a drug habit find it necessary to steal, to commit crimes, in order to feed their habit...this is a national problem.”¹⁵⁸

By 1971, Nixon had declared drugs as “public enemy number one” in the United States.¹⁵⁹ The following year, the Office of Drug Abuse Law Enforcement (ODALE) was formed to establish joint task forces between federal and local law enforcement agencies in an effort to combat street level drug crime, and in 1973, the Drug Enforcement Agency (DEA) was created, collapsing the BNDD and ODALE into one agency. Congress also appropriated \$3.25 billion for the LEAA in 1973, enabling further federal to local transfers of money, training, and technology. This funneling of money, training and technology from the federal government to local law enforcement in an effort to fight the war on drugs was the “first systematic and large scale technology transfers from the military to the civilian police.”¹⁶⁰ It was to be the first of several large steps in the militarization of state and local law enforcement.

After Nixon left office in 1974, the crime issue under Ford and Carter was to take a backseat to the withdrawal of American troops from the occupation in Vietnam and a period of high unemployment and high inflation (stagflation) in the United States, as well as

¹⁵⁷ A “no-knock” search and arrest warrant permit law enforcement officials to enter premises without announcing their presence and asking for entry; a search warrant must be issued, however, by a judge.

¹⁵⁸ President Richard M. Nixon, “Remarks on Signing the Comprehensive Drug Abuse Prevention and Control Act,” (October 27, 1970), <http://www.presidency.ucsb.edu/ws/index.php?pid=2767> (accessed on May 9, 2010).

¹⁵⁹ The American Presidency Project, “Ronald Reagan, ‘Remarks in New Orleans, Louisiana, at the Annual Meeting of the International Association of Chiefs of Police,’ September 28, 1981,” (1999-2011).

¹⁶⁰ Parenti, *Lockdown America : Police and Prisons in the Age of Crisis*, 23.

globally.¹⁶¹ However, academic interest in policing flourished, with researchers exploring ideas of police legitimacy, discretion, and authority. With the crisis in policing that occurred in the late 1960s followed by Nixon's war on crime, these lines of study were both relevant and popular. Several works sought to understand how police officers' discretion and use of authority was shaped by everyday patrol work. Two influential works in this genre include William Ker Muir Jr's *Police: Streetcorner Politicians* and John Van Maanen's "*The Asshole*."¹⁶² In *Police: Streetcorner Politicians*, Muir (1977) sought to determine "what a good policeman is" vis-à-vis his¹⁶³ use of power and coercion. In one example, Muir observed patrol officers' relationships with skid row residents in "Laconia" to understand how benevolence and authority were meted out to individuals that officers regularly encountered on their everyday beat. In understanding the motivations behind police officers' interactions with marginalized city residents, Muir theorized that a good police officer was someone who both understood the dimensions of human suffering and was able to resolve the paradox of achieving justice through the use of coercive power. Van Maanen in "The Asshole" explored to whom and how the label of "asshole" was used by police officers, asserting that assholes were those who would personally affront an officer by questioning his authority, power and legitimacy. "...The asshole can be seen as a sort of reified other, representing all those persons who

¹⁶¹ Ford expanded money to the LEAA; however, Carter reduced funding when he took office (Marion 44).

¹⁶² William Ker Muir, *Police: Streetcorner Politicians* (Chicago, IL:: University of Chicago Press, 1979); John Van Maanen, "The Asshole," in *Policing: A View from the Street*, ed. Peter K. Manning and John Van Maanen (Santa Monica, CA: Goodyear, 1978).

¹⁶³ Gender is absent from Muir's work, so following his bias, I use the male pronoun.

would question, limit, or, otherwise attempt to control the police,” he concluded.¹⁶⁴ “The Asshole” made apparent the subjective formulation of categories of people by police officers and the role authority and discretion play in determining the outcome of interactions between officers and those they stop. More critically, the Center for Research on Criminal Justice (CRJC)¹⁶⁵ published the classic, *The Iron Fist and Velvet Glove: An Analysis of the U.S. Police* in 1975.¹⁶⁶ Outside the mainstream criminal justice discipline, the CRCJ was a product of the “radical criminology” movement happening across academic institutions. Radical criminology was at its heart a Marxist analysis and one of the first works to connect policing and capitalism, although current scholars have made the connection retroactively to earlier collusions.¹⁶⁷ In *The Iron Fist and Velvet Glove*, a radical and critical rethinking of the police as agents of control and repression was undertaken. The CRJC saw law enforcement as a necessary outgrowth of capitalism- instruments of class power that could control and repress the class and racial conflicts that arose from a capitalist system. Responding to the law and order rhetoric of the 1970s, the research collective concluded,

Given that the police attempt to legitimate their class-control functions as crime-control functions, it is necessary to clearly explain the material sources of crime, demonstrate that the police are unable and unwilling to control ‘street crime’, and show how the ‘law and order’ ideology is a thinly disguised rationale for racist scapegoating.¹⁶⁸

¹⁶⁴ Van Maanen, “The Asshole,” 235.

¹⁶⁵ The Center for Research on Criminal Justice was a collaboration between the Union of Radical Criminologists at UC-Berkeley and the North American Congress on Latin America.

¹⁶⁶ Center for Research on Criminal Justice, *The Iron Fist and the Velvet Glove : An Analysis of the U.S. Police*, 3rd ed. (Berkeley, CA: Center for Research on Criminal Justice, 1982).

¹⁶⁷ See Shelden, *Controlling the Dangerous Classes : A History of Criminal Justice in America*.

¹⁶⁸ Center for Research on Criminal Justice, *The Iron Fist and the Velvet Glove : An Analysis of the U.S. Police*, 197.

However, one of the most critical pieces of the CRJC's argument was the emphasis on the relationship between the development of free market capitalism in the United States and the changing role of the police function to accommodate interests of the economic and political elite. The assertion was radical, but its relevance is found in the questioning of who defines crime and how, as well as against whom these laws are enforced.¹⁶⁹

Thus, throughout the 1970s, a paradox surfaced: on one hand, a critical rethinking of policing in some academic circles was occurring, while politicians, popular media and values voters focused on crime and criminals. In the midst of this incongruity were the makings of a perfect storm: crime and drug rates continued to rise, a Democratic president focused on the poor rather than crime, and an unemployed "moral majority" looked for someone to blame.¹⁷⁰ And so, it was that Ronald Reagan rode a breaking wave of "law and order" into the presidency.

Reagan and Bush: The Moral War(rior)s on Crime and Drugs

In a 1981 speech to the International Association of the Chiefs of Police, Reagan laid out his vision of a "war on crime" that focused on a "moral" and "spiritual" solution. In his remarks, he asserted

¹⁶⁹ Ibid., 11-12.

¹⁷⁰ The Moral Majority was a political organization formed in the late 1970s to advance a Christian Right agenda in national politics. The term itself refers to a supposed "majority" of Christian Right Americans who form a "moral majority."

It's time, too, that we acknowledge the solution to the crime problem will not be found in the social worker's files, the psychiatrist's notes, or the bureaucrat's budgets. It's a problem of the human heart, and it's there we must look for the answer.¹⁷¹

The second era of law and order ushered in by Reagan was to be a lasting one, with far-reaching consequences and a devastating impact on many, especially the poor. In Reagan's quest to bring criminals to justice, questions about the "face" of crime were readily answered by the rhetoric around the war on crime and law and order. Reagan attributed the lawlessness of American society to the expansion of a welfare state, drugs, and leniency in the criminal justice system.¹⁷² So, although he rejected the claim that "criminals were products of poverty," the "face" of crime targeted in Reagan's war on crime was poor, immoral, addicted to drugs and a career criminal.¹⁷³ A concerted effort was made to emphasize that

The war on crime will only be won when an attitude of mind and a change of heart takes place in America, when certain truths take hold again and plant their roots deep in our national consciousness, truths like: Right and wrong matters; Individuals are responsible for their actions; Retribution should be swift and sure for those who prey on the innocent.¹⁷⁴

Reagan's focus on morality, values, individual responsibility and harsher penalties was to be the foundation that his crime policy was built upon. A "new federalism," in which fiscal authority for law enforcement activities and crime control was devolved onto states and municipalities was also a key part of this foundation and mirrored the same devolution to a

¹⁷¹ The American Presidency Project, "Ronald Regan, 'Remarks in New Orleans, Louisiana, at the Annual Meeting of the International Association of Chiefs of Police,' September 28, 1981," <http://www.presidency.ucsb.edu/ws/index.php?pid=44300&st=&st1=%29.#axzz1LxHUrh16> (accessed on May 13, 2010).

¹⁷² Beckett, *Making Crime Pay: Law and Order in Contemporary American Politics*.

¹⁷³ The American Presidency Project "Remarks in New Orleans."

¹⁷⁴ Ibid.

state and local level in other areas of policy and service provision.¹⁷⁵ Two extremely important efforts were soon underway that would significantly effect law enforcement and coalesce with Reagan's crime policy: the advent of community policing as a dominant model of policing and the war on drugs. Each had its own profound effect and warrants close examination.

Community Policing and Broken Windows

In 1982, conservative political scientist James Q. Wilson¹⁷⁶ and criminal justice scholar George Kelling published an article in *The Atlantic* that was to revolutionize the policing profession.¹⁷⁷ Its title, "Broken Windows," was a simple metaphor: if a broken window in an unoccupied building was left unrepaired, the rest of the windows would soon be broken. However, a broken window was also a metaphor for the undesirable persons in a community; their untended behavior could eventually lead to "the breakdown of community controls".¹⁷⁸ In essence, broken windows were people who did not belong in the community- "...disreputable or obstreperous or unpredictable people: panhandlers, drunks, addicts, rowdy teenagers, prostitutes, loiterers, the mentally disturbed."¹⁷⁹ They argued

¹⁷⁵ Crank, "Watchman and Community: Myth and Institutionalization in Policing," 338. This will be covered more extensively later in the chapter when I discuss mental health policy in the 1980s.

¹⁷⁶ Wilson also served on the Attorney General's Task Force on Violent Crime in 1981.

¹⁷⁷ James Q. Wilson and George L. Kelling, "Broken Windows," *Atlantic Monthly*, 1982, <http://www.theatlantic.com/magazine/archive/1982/03/broken-windows/4465/> (accessed May 15, 2010).

¹⁷⁸ Ibid.

¹⁷⁹ Ibid.

A stable neighborhood of families who care for their homes, mind each other's children, and confidently frown on unwanted intruders can be changed, in a few years or even a few months, to an inhospitable and frightening jungle.¹⁸⁰

Wilson and Kelling's solution to "urban decay" was to emphasize the formal and informal mechanisms of control the police could use to maintain order when it had broken down in a community: one solution was an order-maintenance strategy centered around aggressive quality-of-life policing, i.e. a large number of arrests on charges that affected a community's quality-of-life, namely, disorderly conduct, panhandling, public drunkenness, and loitering. Another answer was to put the police officer back into the community on foot patrols, "to elevate...the public order" in neighborhoods.¹⁸¹ Key to the broken windows theory was a privileging of the community over the individual: "the responsibility of the police was to protect the rights of the community, even if sacrifices to individual liberties were incurred."¹⁸² Broken windows theory was not a solution to stemming violent crime, but from the perspective of its proponents, it would ensure that it would not happen in certain places. The type of policing suggested by broken windows theory targeted the increasing presence of those on the margins in the late 1970s and early 1980s- the homeless, individuals with mental illness and/or a substance abuse problem, people hustling to make a living- the human broken windows.

The theory was indicative of its milieu. With the focus on morality and values in the war on crime, Wilson and Kelling's argument appealed to middle-class ideas of community, order and belonging. It also appealed to police administrators and officers whose middle-

¹⁸⁰ Ibid.

¹⁸¹ Ibid.

¹⁸² Crank, "Watchman and Community: Myth and Institutionalization in Policing," 339.

class values of morality and respectability guided the sense of order they were to reproduce.¹⁸³ In addition, the community-partnership practices that “Broken Windows” suggested fit handily with Reagan’s new federalism and the devolvement of responsibility for crime control to municipalities and communities. Herbert argues the

Community stands as a potential recipient for responsibilities off-loaded by a governmentalizing state. Community works, as well, to help legitimate these efforts at off-loading because of the warm-hearted associations many make with the term.¹⁸⁴

Finally, community policing as suggested by “Broken Windows” tapped into a nostalgia for a time in which “the watchman was responsible for the preservation and protection of a conception of community that celebrated the traditions and values of traditional American society.”¹⁸⁵ It appealed to a moral nostalgia championed by Reagan, conservatives and the Christian-right “moral majority.”

Community policing became and remains the dominant policing model across the United States, although it has been and continues to be debated whether it is practiced in “rhetoric or reality.”¹⁸⁶ Later in this chapter I will return to a discussion of development of community policing and critiques of the model. In Chapter Five, community policing will also be discussed as it relates to gentrification and urban development.

¹⁸³ Ericson, “The Police as Reproducers of Order.”

¹⁸⁴ Steve Herbert, “The Trapdoor of Community,” *Annals of the Association of American Geographers* 95, no. 4 (2005): 851.

¹⁸⁵ Crank, “Watchman and Community: Myth and Institutionalization in Policing,” 336.

¹⁸⁶ Jack R. Greene and Stephen D. Mastrofski, *Community Policing: Rhetoric or Reality* (New York: Praeger 1988).

The War on Drugs

To target the crime problem, Reagan, like Nixon before him, realized that drug enforcement was his way into asserting federal presence in the war on crime. To this end, three pieces of legislation were key in establishing federal crime and drug policies: the Comprehensive Crime Control Act of 1984, the Anti-Drug Abuse Act of 1986 and the Anti-Drug Abuse Amendment Act of 1988. It was not just Reagan alone, though. Kraska and Kappeler argue that, “Politicians, the media and government officials joined in fueling drug war hysteria during the 1980s, leading Congress and two presidents to transform drug war discourse into tangible militarization.”¹⁸⁷

Crack, a cheap form of inhalable cocaine, first appeared in news accounts in 1984.¹⁸⁸ Because of its low cost, the drug appealed to users in poor, urban neighborhoods and in turn, dealers targeted these neighborhoods, many among which were poor, black areas of cities marked by geographic segregation and white flight. Politicians with a stake in the war on drugs argued that crack was more addictive, potent and cheap than cocaine and therefore a greater threat to public health and safety.¹⁸⁹ Violence and street crime were also linked to crack and drug distribution in poor, urban neighborhoods.¹⁹⁰ “Like no other drug before it,”

¹⁸⁷ Peter B. Kraska and Victor E. Kappeler, “Militarizing American Police: The Rise and Normalization of Paramilitary Units,” *Social Problems* 44, no. 1 (1997): 1.

¹⁸⁸ Shelden, *Controlling the Dangerous Classes : A History of Criminal Justice in America*, 50.

¹⁸⁹ Neil Websdale, *Policing the Poor : From Slave Plantation to Public Housing* (Boston: Northeastern University Press, 2001), 153.

¹⁹⁰ Ibid.

writes Shelden, “crack became a symbol for America’s fear of crime and public order during the 1980s.”¹⁹¹

In 1984, the Comprehensive Crime Control Act (H.J.Res 648)- also known as the Sentencing Reform Act of 1984- was passed by Congress.¹⁹² It was the most sweeping piece of legislation on crime since Johnson’s 1968 Omnibus Crime Control and Safe Streets Act and heralded Reagan’s “get tough” policy on drugs and violent crime. First, the act established a Sentencing Guidelines Commission that would “promote fairness and certainty in sentencing” and “eliminate unwarranted disparity in sentencing,” which it arguably did not.¹⁹³ It also set mandatory minimum sentences for drug offenses and violent crime, changed sentencing procedures, increased penalties for drug trafficking, and eliminated federal parole for defendants sentenced under the guidelines.¹⁹⁴

By the time the act was passed in Congress, the crack “epidemic” in urban cities was gripping the nation via their television sets and newspapers. Beckett argues that

Much of the drug-related news coverage during this period emphasized the spread of crack-related violence to white communities, the threat of random (drug induced) violence to which this “epidemic” gave rise, and the need for enhanced surveillance and policing in order to establish control over the burgeoning crack trade and the violence it spawned.¹⁹⁵

¹⁹¹ Shelden, *Controlling the Dangerous Classes : A History of Criminal Justice in America*, 49.

¹⁹² *Comprehensive Crime Control Act of 1984*, Public Law 98-473, 98th Congr. (October 12, 1984).

¹⁹³ For more on the disproportionate effect of sentencing guidelines on black males, see Marc Mauer, *Race to Incarcerate*, Rev. and updated, 2nd ed. (New York: New Press 2006).

¹⁹⁴ Beckett, *Making Crime Pay : Law and Order in Contemporary American Politics*; Parenti, *Lockdown America : Police and Prisons in the Age of Crisis*, 50; Shahid M. Shahidullah, *Crime Policy in America : Laws, Institutions, and Programs* (Lanham, MD: University Press of America, 2008); Shelden, *Controlling the Dangerous Classes : A History of Criminal Justice in America*.

¹⁹⁵ Beckett, *Making Crime Pay : Law and Order in Contemporary American Politics*, 57.

In 1986, when the Anti-Drug Abuse Act was passed, the nation was on edge over the drug crisis in America. The legislation reflected the moral panic over crack and introduced more draconian drug control measures: it made simple possession of a controlled substance a crime, differentiated crack from cocaine and isolated it for harsher sentencing guidelines, increased penalties for drug violations for juveniles, increased budgets for federal agencies with a hand in drug enforcement, allocated money through the FBI for state and local law enforcement, and most punishing of all, established the death penalty for violent and repeat drug offenders.¹⁹⁶

The third piece of legislation, the Anti-Drug Abuse Amendment Act of 1988, targeted not only the dealer but also the buyer of illegal drugs. “Through the Anti-Drug Abuse Act of 1988, the assumptions of morality and personal responsibility came to be more visible in policy-making.”¹⁹⁷ “User accountability” became a priority in the war on drugs with two provisions that were particularly punishing: the denial of federal benefits- grants, loans, licenses, housing and contracts- to drug offenders¹⁹⁸ and a mandatory minimum penalty for first time simple possession of crack- the only drug under the act to have a mandatory minimum. The Department of Defense received \$5.5 million in funds for federal, state and local collaboration: \$2 million to train law enforcement and \$3.5 million to equip departments with military technology and gear. One billion was dispersed to state and local law enforcement.¹⁹⁹ “Most insidious of all,” writes Parenti, “were the statutes grouped under

¹⁹⁶ Shahidullah, *Crime Policy in America : Laws, Institutions, and Programs*, 97.

¹⁹⁷ Ibid., 98.

¹⁹⁸ Ibid.

the rubric of ‘user accountability’ that furthered subordination of the state’s social service functions to its policing functions.”²⁰⁰ Instead of addressing structural poverty and inequality, the solution became to police the poorest- individuals on welfare, substance abuse users, individuals with mental illness, anyone vulnerable to drugs- as criminals.

Race, class and gender were enmeshed in the war on drugs and the moral panic surrounding the crack “epidemic.” With extensive media coverage escalating drug crime hysteria,²⁰¹ images of crack users fed into living rooms across the country were of young, poor, urban black men and women.²⁰² These images reflected the high arrest rates of young, black males for crack possession. The question to be asked is why? Who is policed and how? Part of the answer lies in the disparate sentencing for crack cocaine versus powder cocaine: each gram of crack was equivalent to 100 grams of powder cocaine under federal sentencing guidelines, thus crack users were arrested and incarcerated at significantly higher rates.²⁰³ Yet another reason is in the increased surveillance and policing of urban minority neighborhoods in an effort to win the war on drugs. In simple terms, arresting large numbers of people buying or selling drugs in highly policed, open-area drug markets is far easier than arresting someone in their suburban home- thus the numbers are increasingly higher for arrests among urban, poor substance abusers.

¹⁹⁹ Parenti, *Lockdown America : Police and Prisons in the Age of Crisis*, 61.

²⁰⁰ Ibid., 62.

²⁰¹ Beckett, *Making Crime Pay* gives several examples: CBS’s special, “48 Hours on Crack Street,” Newsweek’s declaration of crack to be the biggest story since Vietnam and Watergate, and Time Magazine’s choice of crack as “the issue of the year” (56).

²⁰² Angela Gilliam, “Toward a New Direction in the Media ‘War’ Against Drugs,” *Transforming Anthropology* 3, no. 1 (1992).

²⁰³ Mauer, *Race to Incarcerate*; Peter Moskos, *Cop in the Hood: My Year Policing Baltimore's Eastern District* (Princeton: Princeton University Press, 2008).

With the election of George H.W. Bush in 1988, the crime and drug policies established by the Reagan administration continued, as well as the focus on individual responsibility and morality in the fight against crime.²⁰⁴ In an address on his administration's goals before Congress, Bush pledged

..to get tough on the drug criminals... I [also] want to make sure that when a drug dealer is convicted there's a cell waiting for him. And he should not go free because prisons are too full. And so, let the word go out: If you're caught and convicted, you will do time.²⁰⁵

The relationship between drug use and family values was also pervasive in Bush's rhetoric. Before an audience of high-school students in Lancaster, PA, Bush remarked,

And you know what matters: family and faith and being a good neighbor and a member of the community. The rising problem here simply shows how vulnerable every American city and town is to the menace of drug abuse.²⁰⁶

Although Bush was to be only nominally active in the federal fight against crime,²⁰⁷ the amount of federal funds given to the fight against drugs was greater than the amount allocated by every president since Nixon combined and 3.5 million drug arrests were made.²⁰⁸ Because of the Gulf War, legislation took a backseat to money allocation.

By the time Bush took office in 1988, the broken windows theory had spread throughout police departments across the United States. "Community policing," "order-maintenance policing," and "problem-solving policing" – all variations on the community

²⁰⁴ Marion, *A History of Federal Crime Control Initiatives, 1960-1993*, 188.

²⁰⁵ The American Presidency Project, "George H.W. Bush, 'Address on Administration Goals before a Joint Session of Congress,' February 9, 1989," <http://www.presidency.ucsb.edu/ws/index.php?pid=16660&st=&st1=> (accessed Jun 10, 2010).

²⁰⁶ Ibid.

²⁰⁷ Beckett, *Making Crime Pay: Law and Order in Contemporary American Politics*, 59.

²⁰⁸ Ibid., 58.

turn in policing of the 1980s – were steeped in broken windows ideology: a morals-based understanding of order that rested upon a partnership between communities and police departments.²⁰⁹ However, this language can also be seen as smoke and mirrors to cover what was being practiced: the exclusion of undesirable people through police power. George Kelling, in a piece authored for the U.S. Department of Justice, argued that, “The new strategy is that police are to stimulate and buttress a community’s ability to produce attractive neighborhoods and protect them against predators.”²¹⁰ However, Kelling places the onus of responsibility for a neighborhood upon the community, reflecting the prevailing conservative belief in the devolvement of responsibility for services by the federal government to state and localities. The logic also closely mirrored the themes of morality, family values and personal responsibility found in the 1980s “get tough” rhetoric of Reagan and Bush.

Questions of how order, community and partnership were defined in neighborhoods and cities immediately rose and produced a substantive and highly contested debate around community policing.²¹¹ In the anthology, *Community Policing: Rhetoric or Reality*, a critical and theoretical examination of community policing was undertaken by a number of prolific social science scholars. Manning outlined several assumptions that community policing rested upon, including: first, that the public desired order; second, that a consensus existed

²⁰⁹ Greene, “Community Policing in America: Changing Nature, Structure, and Function of the Police.”; Greene and Mastrofski, *Community Policing: Rhetoric or Reality*; George L. Kelling, “Police and Communities: The Quiet Revolution,” *Perspectives on Policing* 1(1988); Gary W. Sykes, “Street Justice: A Moral Defense of Order Maintenance Policing,” *Justice Quarterly* 3, no. 4 (1986).

²¹⁰ Kelling, “Police and Communities: The Quiet Revolution,” 2-3.

²¹¹ Bernard E. Harcourt, *Illusion of Order: The False Promise of Broken Windows Policing* (Cambridge, MA: Harvard University Press, 2001); Steve Herbert, “Tangled up in Blue: Conflicting Paths to Police Legitimacy,” *Theoretical Criminology* 10, no. 4 (2006); Klockars, “The Rhetoric of Community Policing.”; William Lyons, *The Politics of Community Policing: Rearranging the Power to Punish* (Ann Arbor: University of Michigan Press, 1999).

on what is “desirable and good in society;” and finally, that the concepts of order and disorder were shared across communities.²¹² Mastrofski also looked at a set of assumptions, particularly around the concept of community. He argued that using community to describe a neighborhood assumed that there was a “sense of group identity or attachment,” as well as equal representation, political capital and agreement by the community.²¹³ Mastrofski questioned the assumed concern in communities over the quality of urban life and doubted that how people in a neighborhood defined and experienced order was homogenous. Klockars concluded that, “Thus, the idea of police-community reciprocity becomes a rhetorical device for high-command-rank officers to speak to organizations or groups in areas that are at once, geographically, too large to be policed and politically, too large to be ignored.”²¹⁴ Community policing was a device that allowed police departments to show a commitment to crime prevention in communities without fundamentally changing. The critiques in the volume reflected a growing discomfort with morality-oriented policing in the name of the community; as Mastrofski argued:

Yet many forms of disorder derive from the sorts of racial, cultural and economic tensions that arise among those who legitimately live, work and recreate in a given area...What makes strengthening the will to coerce particularly troubling is that most public disorders arise from complex circumstances where the assignment of right and wrong is no easy matter.²¹⁵

²¹² Peter K. Manning, “Community Policing as a Drama of Control,” in *Community Policing: Rhetoric or Reality*, ed. Jack R. Greene and Stephen D. Mastrofski (New York: Praeger, 1988).

²¹³ Stephen D. Mastrofski, “Community Policing as Reform: A Cautionary Tale,” in *Community Policing: Rhetoric or Reality*, ed. Jack R. Greene and Stephen D. Mastrofski (New York: Praeger, 1988), 49.

²¹⁴ Klockars, “The Rhetoric of Community Policing,” 249.

²¹⁵ Mastrofski, “Community Policing as Reform: A Cautionary Tale,” 54-55.

Tilton has more recently explored the racial dimensions of community policing. In Oakland, CA community policing initiatives had their beginnings in efforts by the police department to control tensions between black residents and the police. In the early 1960s a community affairs department was created and Tilton argues that

While the department described these efforts as generically about improving “community-police relations,” they had their origins in the escalating tensions between the police and black communities at the height of black political protest in the city.²¹⁶

By the early 1990s, community policing was to take a more aggressive approach to enforcement, with zero-tolerance policing generally used to target quality-of-life crimes. I will return to a brief discussion of this turn in the next section.

Clinton: Institutionalizing Community-Oriented Policing

In the election of 1992, Bill Clinton navigated the crime issue by calling for a greater number of law enforcement on the streets, as well as acknowledging a link between crime and social conditions.²¹⁷ However, with media attention still focused on crime and an election cycle strongly favoring Republicans, Clinton and the Democratic Party realized that they, too, had to get tough on crime. In 1994, the Violent Crime and Law Enforcement Act was enacted – the most expansive crime bill since the Omnibus Crime Control and Safe

²¹⁶ Jennifer Tilton, *Dangerous or Endangered? Race and the Politics of Youth in Urban America* (New York: New York University Press, 2010), 56.

²¹⁷ Beckett, *Making Crime Pay: Law and Order in Contemporary American Politics*, 60.

Streets Act of 1968.²¹⁸ The act gave \$8.8 billion in grants to be dispersed to state and local law enforcement departments to hire additional officers, as well as for training and activities to support “community-oriented policing.” P.L. 103-322 also allocated \$7.9 billion for state prison grants, extended the death penalty to twenty additional federal crimes, extended life sentences for specific felonies, and enhanced penalties for drug distribution in drug-free zones²¹⁹ through the Sentencing Commission.²²⁰ Just as the Anti-Drug Abuse Act of 1988 had increased the role and funding of law enforcement in drug control rather than social support services for drug abuse, the 1994 legislation once again privileged law enforcement strategies in crime control over social service provision that might counter the root causes of crime. Klinenberg argues, “As he prepared the gallows for food stamps, Aid to Families with Dependent Children (AFDC) and a range of social programs, Clinton established that governments and communities in search of resources would find them through the police.”²²¹

The Office of Community Oriented Policing Services (COPS) was also created within the U.S. Department of Justice to implement the law. Thus community policing as a policy and practice was legitimated and institutionalized by the federal government with the Violent Crime and Law Enforcement Act. However, by requiring state and local departments to use the money they received from the act on the implementation or

²¹⁸ *Violent Crime and Law Enforcement Act*, Public Law 103-322, 103rd Congr., September 13, 1994.

²¹⁹ Drug-free zones are created by state laws that restrict the use, sale and purchase of drugs around schools, public housing and other areas that are identified by high levels of drug crime. Drug-free zone laws are vary by state in policy and practice, from Judith Greene, Kevin Pranis, and Jason Zeidenberg, “Disparity by Design: How Drug-Free Zone Laws Impact Racial Disparity and Fail to Protect Youth,” (Washington, DC: Justice Policy Institute, 2006).

²²⁰ Beckett, *Making Crime Pay : Law and Order in Contemporary American Politics*, 60; Shahidullah, *Crime Policy in America : Laws, Institutions, and Programs*, 100.

²²¹ Eric Klinenberg, “Bowling Alone, Policing Together,” *Social Justice* 28, no. 3 (2001): 79.

expansion of community policing, community policing was forced on law enforcement agencies across the United States by the U.S. Department of Justice.²²² Lacking, though, was an agreed upon definition, formula or strategy for what community policing actually was. Maguire and Mastrofsky note that commentary on the difficulty of defining community policing was and continues to be so common as to be cliché.²²³ In the early 1990s, then, community policing became a catch-all phrase used to promote and support a wide-ranging spectrum of practices- from drug sweeps to aggressive quality-of-life crime enforcement and beyond.²²⁴ One of the most publicized and well-known examples of the implementation of community policing in the United States was New York Police Department Commissioner William Bratton's aggressive zero-tolerance policing campaign launched in 1994.²²⁵ Under the auspices of community policing, a zero-tolerance approach to quality-of-life crimes and minor misdemeanors was implemented by the NYPD. Bratton cited Wilson and Kelling's broken windows theory as the main source of his inspiration for this strategy,²²⁶ and with then-Mayor Rudolph Giuliani authored Police Strategy No. 5- the blueprint for broken windows theory put into practice on the streets of New York City. Smith argues

“A decent society is a society of civility,” it [Bratton and Guiliani's report] begins and then lists of litany of people and behaviors that have stolen the city from its rightful citizens, creating “visible signs of a city out of control:” street peddling, panhandling,

²²² Edward R. Maguire and Stephen D. Mastrofski, “Patterns of Community Policing in the United States,” *Police Quarterly* 3, no. 1 (2000): 10.

²²³ *Ibid.*, 6.

²²⁴ Greene, “Community Policing in America: Changing Nature, Structure, and Function of the Police.”; Klinenberg, “Bowling Alone, Policing Together.”

²²⁵ Bratton was also Chief of Police of the NYC Metro Transit Authority from 1990-92. During this time, he initiated “zero-tolerance” policing in the city's subway stations.

²²⁶ Cited in Harcourt, *Illusion of Order: The False Promise of Broken Windows Policing*, 48.

prostitution, squeegee cleaners, boom boxes, graffiti, public drinking, loud clubs, speeding cars, litter louts, public urination, street artists, and “dangerously mentally ill homeless people.”²²⁷

Smith points out that race and class norms were pervasive in Police Strategy No. 5 and reflected “middle-class, white, often-suburban interests, ambitions and identities.”²²⁸

Targeting disorder using zero-tolerance policing complemented urban “revitalization” projects that were being implemented in cities beginning in the late 1980s and early 1990s. By aggressively policing and removing undesirable people and their behaviors, cities created cleansed public spaces conducive to investment and development.²²⁹ In Chapter Five, I will further discuss this topic as it relates to policing, the homeless and urban development projects in Washington, D.C.

As community policing became the standard for police administration in the 1990s, a backstage rise in the militarization of law enforcement was also occurring.²³⁰ Since the first transfer of military technology and hardware to state and local law enforcement through the LEAA in the 1960s, police departments had continued to amass increasingly more sophisticated weapons, vehicles, and tactical gear and to train and deploy specialized police paramilitary units (PPUs).²³¹ Zero-tolerance policing, and its bedfellows, quality-of-life

²²⁷ Neil Smith, “Global Social Cleansing: Postliberal Revanchism and the Export of Zero Tolerance,” *Social Justice* 28, no. 3 (2001): 69.

²²⁸ Ibid., 70.

²²⁹ Benjamin Chesluk, ““Visible Signs of a City out of Control”: Community Policing in New York City,” *Cultural Anthropology* 19, no. 2 (2004); Parenti, *Lockdown America: Police and Prisons in the Age of Crisis*; Smith, “Global Social Cleansing: Postliberal Revanchism and the Export of Zero Tolerance.”

²³⁰ Kraska and Kappeler, “Militarizing American Police: The Rise and Normalization of Paramilitary Units,” 4.

²³¹ Ibid.: 3.

policing and order-maintenance policing, also further entrenched a military-style approach to crime control- police officers made mass arrests in sweeps on loitering, panhandling, public drinking and other minor infractions.²³² It was not by coincidence that arrests in poor, inner-city and minority neighborhoods were easy to make, where the broken windows of panhandlers, sex workers, homeless, mentally ill, low-level drug dealers and other impoverished potential targets lived and worked. Wacquant argues that NYPD- like other departments practicing zero-tolerance- thus “became a wildly hyperactive machine for mass arrests out of all proportion with public need,” and by 1997, police brutality complaints jumped 50% in New York City.²³³

Paramilitary policing units, such as Special Weapons and Tactics (SWAT) teams and Emergency Response Teams (ERTs) were also being funded and equipped by police departments at an increasing rate from the late 1980s to the 1990s. Kraska and Kappeler in their research on PPU found that from 1980-1995 the rise in paramilitary policing activity across police departments in the United States increased 538% (this is not a typo).²³⁴ Further, they found that for many departments, paramilitary policing “play[ed] an important role in community policing strategies,” conflating PPUs with community policing.²³⁵ Kraska and Kappeler conclude that “the cynical view that the most expedient route to solving social

²³² Aziz Z. Huq and Christopher Muller, “The War on Crime as Precursor to the War on Terror,” *International Journal of Law, Crime and Justice* 36(2008); Parenti, *Lockdown America : Police and Prisons in the Age of Crisis*; Loïc Wacquant, *Punishing the Poor : The Neoliberal Government of Social Insecurity*, English language ed. (Durham, NC: Duke University Press, 2009).

²³³ Wacquant, *Punishing the Poor : The Neoliberal Government of Social Insecurity*, 263.

²³⁴ Kraska and Kappeler, “Militarizing American Police: The Rise and Normalization of Paramilitary Units.”

²³⁵ Ibid.: 13.

problems is through military-style force, weaponry, and technology” and the targeting of poor neighborhoods, often areas identified as high crime or disorderly.²³⁶

Policing the War on Terror: 2000-Present

After the terrorist attacks on the World Trade Centers and the Pentagon in 2001, the Bush administration rhetorically recruited police departments in the United States to assist in the war on terror. Some scholars have argued that we have entered an era of homeland security,²³⁷ though how this might affect local police departments in policy and practice is still undefined.²³⁸ Local police departments’ responsibility as first responders is the most evident role of local law enforcement in the “era of homeland security,” which has caused many departments to undertake emergency preparedness training.²³⁹ Information sharing with other federal and state agencies through the National Incident Management System has influenced local departments creating emergency preparedness plans, though again, how this has translated into everyday practice is still vague.²⁴⁰ Some literature has focused on the complementary nature of community policing to homeland security, suggesting that

²³⁶ Ibid., 12.

²³⁷ Vincent E. Henry, “The Need for a Coordinated and Strategic Local Police Approach to Terrorism: A Practitioner's Perspective,” *Police Practice & Research* 3, no. 4 (2002); Willard M. Oliver, “Policing for Homeland Security,” *Criminal Justice Policy Review* 20, no. 3 (2009).

²³⁸ Oliver, “Policing for Homeland Security.”; William V. Pelfrey, “An Exploratory Study of Local Homeland Security Preparedness,” *Criminal Justice Policy Review* 20, no. 3 (2009).

²³⁹ Oliver, “Policing for Homeland Security.”

²⁴⁰ Ibid.

community partnerships allow for better intelligence gathering to prevent terrorism.²⁴¹

However, Stewart and Morris found that although police chiefs in Texas identified homeland security policing as the major model for local law enforcement, departments had done little to restructure, reorganize or change beyond the community policing model.²⁴²

Arguably, scholars are not focusing heavily on homeland security because the war on drugs, community policing and order-maintenance continue to dominate policy and practice for local departments. For example, the war on drugs continues to contribute to the incarceration of black and Latino men, and increasingly, black and Latina women.²⁴³ In the 21st century, using increased police surveillance and presence, paramilitary or specialized policing units and aggressive quality-of-life crime enforcement, poor, minority neighborhoods continue to be targeted for drug and crime control strategies. Broken windows theory still informs how community policing is practiced. Order-maintenance policing and quality-of-life crime enforcement, under the auspices of community policing, continue to serve the interests of businesses and vocal- and often politically-connected- community residents, especially as downtowns and neighborhoods continue to gentrify. And individuals who are often swept up in quality-of-life enforcement- the poor, homeless, people with mental illnesses and others on the margins- continue to be funneled into the criminal justice system. These issues will be the focus of Chapter Five.

²⁴¹ Allison T. Chappell and Sarah A. Gibson, "Community Policing and Homeland Security Policing: Friend or Foe?," *Criminal Justice Policy Review* 20, no. 3 (2009); John Murray, "Policing Terrorism: A Threat to Community Policing or Just a Shift in Priorities?," *Police Practice & Research* 6, no. 4 (2005).

²⁴² Daniel M. Stewart and Robert G. Morris, "A New Era of Policing? An Examination of Texas Police Chiefs' Perceptions of Homeland Security," *Criminal Justice Policy Review* 20, no. 3 (2009).

²⁴³ Natalie J. Sokoloff, "Women Prisoners at the Dawn of the 21st Century," *Women & Criminal Justice* 16, no. 1 (2005).

I now turn to the second half of this chapter which will focus on the historical development of the mental health care system in the United States.

Hopper wrote in 1988, “With the exception of fitful efforts at community based care in the 19th century and small-scale experiments with family care in the 1930s, the subsequent history of public mental health care is largely, until recently, a history of hospitals.”²⁴⁴ That being true and for the purposes of this dissertation, my reflection on mental health care prior to World War II will be brief. It will be followed by a more substantive discussion of mental health care from the 1950s to the present that focuses on the intersections of mental health care with poverty, homelessness and federal policies. As with the previous historical account of policing in the United States, I use standard historical sources, specifically those of Gerald Grob, who has written extensively on the history of mental health care in the United States, as well as critical and analytical works that capture the historical complexity of public mental health care.

Early 19th Century to World War II: Advent of the “Novel Institution”

In 1843, Dorothea Dix delivered an impassioned speech to the Massachusetts state legislature as “the advocate of helpless, forgotten, insane and idiotic men and women; of beings, sunk to a condition from which the most unconcerned would start with real horror.”²⁴⁵ This was only one of many speeches that she would deliver to state legislatures in the eastern

²⁴⁴ Hopper, “More Than Passing Strange: Homelessness and Mental Illness in New York City,” 155.

²⁴⁵ Cited in Gerald N. Grob and Howard H. Goldman, *The Dilemma of Federal Mental Health Policy: Radical Reform or Incremental Change?* (New Brunswick, N.J.: Rutgers University Press, 2006).

United States in her plea for the creation of “novel institutions” for the insane- an asylum, retreat or mental hospital, that would provide “moral treatment” for “insane and idiotic” men and women.²⁴⁶ In the mid-1840s, the philosophy of moral treatment was changing how mental illness was medically treated. According to Mechanic, the philosophy was

Based on the assumption that psychiatric illness could be alleviated if the patient was treated in a considerate and friendly fashion, if he had the opportunity to discuss his troubles, if his interest was stimulated, and if he was kept actively involved in his life.²⁴⁷

The mental hospital would remove individuals from flawed environments believed to cause their mental illness and provide individualized care, a variety of experimental psychotherapies and reflective solitude.²⁴⁸ These “novel institutions” were envisioned to be a temporary respite for individuals who, once alleviated of their illness, would return to their communities. Increasingly, as costs rose, mental hospitals served only the affluent, and the number of long term and chronic care patients between 1830 and 1870 was kept low by a funding system that operated in local municipalities’ best interests. As states paid for the construction of hospitals and local municipalities for care, it was in the interest of municipalities to keep care restricted to temporary cases for the wealthy. For most poor and chronically ill individuals, the options were limited to family care or the locally funded almshouse.²⁴⁹

By the 1880s, states began to fully fund mental hospitals, leading to a mass transfer of people from local almshouses to these state-funded hospitals. According to Grob and

²⁴⁶ Ibid.

²⁴⁷ David Mechanic, *Mental Health and Social Policy* (Engelwood Cliffs, N.J.: Prentice-Hall, 1969), 51.

²⁴⁸ Grob and Goldman, *The Dilemma of Federal Mental Health Policy: Radical Reform or Incremental Change?*

²⁴⁹ Almshouses generally housed poor senile and aged persons without access to family or community care, in Gerald N. Grob, “Mental Health Policy in America: Myths and Realities,” *Health Affairs* 11, no. 3 (1992).

Goldman, this was a “lateral transfer of individuals between institutions” and the beginning of mass warehousing of individuals with mental illness in state mental hospitals.²⁵⁰ The transfer of populations at this time created a wholly new institutional purpose: to care for long-term and chronic patients with mental illness, including senility.²⁵¹ By the 1940s, this new demographic – combined with the economic insecurity of the Great Depression and loss of medical practitioners to the war effort – led to the steady decline of both care and facilities.²⁵² World War II, however, was to significantly change the practice of mental health care and initiate a belief in the possibility of outpatient mental health care in the community.

1940s-1965: After the War

Grob and Goldman identify five key developments that were to revolutionize mental health care and the field of psychiatry.²⁵³ First, military psychiatrists’ success treating soldiers with psychiatric symptoms in the field during WW II led psychiatrists to believe in the possibility of community and outpatient treatment. Second, psychiatry as a profession began to change as psychodynamic and psychoanalytical therapies that emphasized life experiences and socioenvironmental factors became best practice. Third, a belief developed that hospitalization for mental illness could be prevented by intervening at the community

²⁵⁰ Grob and Goldman, *The Dilemma of Federal Mental Health Policy: Radical Reform or Incremental Change?*, 8.

²⁵¹ Grob, “Mental Health Policy in America: Myths and Realities.”

²⁵² Grob and Goldman, *The Dilemma of Federal Mental Health Policy: Radical Reform or Incremental Change?*

²⁵³ Ibid.

level. Fourth, psychotropic medications, such as chlorpromazine (Thorazine), were developed and effectively decreased severe psychotic symptoms. Finally, the federal government expanded its social welfare role, enabling individuals disabled by mental illness to receive care and benefits. As these changes were dramatically altering mental health care, state-funded mental hospitals were increasingly deteriorating- both physically and in the provision of care- and investigative journalists began to publish accounts detailing the inhuman care, physical suffering and injustice at the hospitals.²⁵⁴

In 1946, the National Mental Health Act created the National Institute of Mental Health (NIMH), which was to significantly inform the federal policies and practices on mental health care. From its inception, the NIMH was to conduct and disseminate research and distribute grants to states to fund and support new or existing community outpatient clinics.²⁵⁵ The prospect of achieving community-based mental health care guided the NIMH's agenda, activities and policy and facilitated both the growing belief in community care and support for a diminished role for mental hospitals in mental health care.²⁵⁶

By the mid-1950s, the number of people in mental hospitals in the United States reached approximately 500,000 and years were the standard measure of time for treatment.²⁵⁷ According to Mechanic, the ideology of community care

²⁵⁴ Grob and Goldman include *The Shame of States* by Deutsch, Maisel and Gorman; "Bedlam 1946" by Maisel, *The Snake Pit* starring Olivia de Havilland.

²⁵⁵ Grob and Goldman, *The Dilemma of Federal Mental Health Policy: Radical Reform or Incremental Change?*

²⁵⁶ Ibid.

²⁵⁷ S.S. Sharfstein, "Whatever Happened to Community Mental Health?," *Psychiatric Services* 51, no. 5 (2000).

Developed from the growing realization that the mental hospital as it existed did much to isolate the patient from his community, to undermine his motivation to return, to retard his skills, and in general, to induce a level of disability above and beyond that resulting from the patient's condition.²⁵⁸

However, the rhetoric around community – just as in policing- and community care -rested upon many assumptions. Grob and Grob and Goldman identify several assumptions that were built into the idea of community mental health care: first, that the individual with a mental illness had a home or housing; second, that he or she had family or friends who would assist in their care; third, that the living environment would be conducive to care; and finally, that the individual would not unduly burden family or friends beyond their ability to give care.²⁵⁹ Community as an entity available to individuals with mental illness was also assumed. The notion was devoid of any awareness of the way stigma might contribute to the exclusion or marginalization of individuals with mental illness from family, friends, and neighborhoods that made up their community.

But enthusiasm for mental health treatment outside of deteriorating mental hospitals overwhelmed any critical assessment of community mental health care, and in 1963, President Kennedy signed into law the Community Mental Health Act of 1963.²⁶⁰ The legislation supported the construction of community mental health centers (CMHCs) through grants distributed to states by the National Institute of Mental Health, weakening

²⁵⁸ Mechanic, *Mental Health and Social Policy*, 63.

²⁵⁹ Grob, "Mental Health Policy in America: Myths and Realities."; Grob and Goldman, *The Dilemma of Federal Mental Health Policy: Radical Reform or Incremental Change?*

²⁶⁰ *Community Mental Health Centers Construction Act, Mental Retardation Facilities and Construction Act*, Public Law 88-164, 88th Congr., October 31, 1963.

the role of state mental hospitals.²⁶¹ The act required CMHCs to provide an array of inpatient, outpatient, emergency and partial hospitalization services and placed the responsibility of the mental health of the community on the centers.²⁶² It also set a target of a 50% reduction in mental hospital populations in 10-20 years and envisioned the creation of 500 CMHCs by 1970 and 2,000 by 1980.²⁶³

The social change of the 1960s was evident in the legislation, and research and advocacy around mental health and illness proliferated. Barton argued that the community mental health movement meant understanding mental health as it intersected with race, class and gender, and research in the late 1950s through the 1960s reflected this belief, although in ways not necessarily just or equal.²⁶⁴ In 1958, Hollingshead and Redlich published their famous work, *Social Class and Mental Illness: A Community Study*, arguing that social class determined not only who was treated for what mental illnesses, but what treatment was given and where it was given.²⁶⁵ Significantly, social class was a determinant for exclusion of “lower-class persons” from comprehensive community psychiatric services afforded to middle-class persons. The treatment of mental illness, then, revolved around an axis of class-based inequalities. They concluded that, “Thus, although the state hospital is a minimum-

²⁶¹ Grob and Goldman, *The Dilemma of Federal Mental Health Policy: Radical Reform or Incremental Change?*, 38.

²⁶² David Mechanic and David A. Rochefort, “Deinstitutionalization: An Appraisal of Reform,” *Annual Review of Sociology* 16(1990); Grob and Goldman, *The Dilemma of Federal Mental Health Policy: Radical Reform or Incremental Change?*

²⁶³ Ibid.

²⁶⁴ Walter E. Barton, “Trends in Community Mental Health Programs,” *Hospital and Community Psychiatry* 17, no. 9 (1966).

²⁶⁵ August B. Hollingshead and Fredrick C. Redlich, *Social Class and Mental Illness: A Community Study* (Malden, MA: John Wiley & Sons Inc, 1958), 331.

cost institution on a per-diem basis, it is a maximum-cost institution; in the long run because it functions in a large part as the “dumping ground” for psychotic individuals in the lower two classes.” Gursslin, Hunt and Roach- following Hollingshead and Redlich- also explored class and its relation to psychiatric care in social service agencies.²⁶⁶ Using data gathered from urban child-guidance centers, they argued that knowledge of, access to and treatment in the centers was channeled to middle-class families by media targeted to middle-class consumers, such as women’s magazines and “middle-brow” fiction, as well as through the close relationships with referral sources (i.e. physicians, school administrators and counselors). It followed that primarily middle-class families received services from child-guidance centers. Their resulting recommendation, however, was that mental health practitioners use their position to influence social policy to eradicate poverty- one of the strongest correlates with negative mental health- as opposed to marketing mental health care to low-income families.

Race, gender and the family also occupied a place in the literature of mental health that was developing. Leventman connected race and social mobility to understand mental illness among blacks in the United States.²⁶⁷ He argued that mental illness in “Negros” was due to “low aspirations (or downward mobility) and exclusion from society” resulting from slavery and “separate but equal” policies.²⁶⁸ Leventman concluded, however, that new forms of mental illness would result “due to a discrepancy between high aspirations...and still limited means for realizing newly acquired ideals,” but that these would

²⁶⁶ O. Gursslin, R.G. Hunt, and J.L. Roach, “Social Class, Mental Hygiene, and Psychiatric Practice,” *The Social Service Review* 33, no. 3 (1959).

²⁶⁷ Seymour Leventman, “Race and Mental Illness in Mass Society,” *Social Problems* 16, no. 1 (1968).

²⁶⁸ *Ibid.*, 77.

Dissipate to be replaced by the more “normal” anxieties of war and peace, loss of community and alienation, powerlessness and bureaucratization, and status seeking in a society of increasingly organized around positions and functions rather than persons and actions.²⁶⁹

Although Leventman’s assessment was meant to be read as progressive, his conclusions were based upon the belief that social mobility into the middle-classes would alleviate a culture of “psychological” poverty.

The family was also examined for its correlate with mental illness. In *Pathways to Madness*, Jules Henry extensively documented five families- four with children institutionalized in mental hospitals- in order to understand the “intellectual structures underlying evaluations of normal and abnormal.”²⁷⁰ Rather than pathologizing the families as abnormal, Henry contextualized the complexity of their family processes, dynamics and histories and analyzed how these effected emotional disturbances with at least one family member. Sampson, Messinger and Towne also explored family processes and mental illness, but focused on the tolerance and accommodation of women’s “deviant” behavior within a family.²⁷¹ The researchers argued broadly that the eventual termination of tolerance and accommodation of deviant behavior within families would result in hospitalization of the disturbed family member; however, the case studies they presented revolved around a “disturbed” or “psychotic” wife or mother. This gendered argument fit nicely in an increasing body of literature that implicated schizophrenogenic housewives in the

²⁶⁹ Ibid., 78.

²⁷⁰ Jules Henry, *Pathways to Madness* (New York: Vintage Books, 1973), xvii.

²⁷¹ H. Sampson, S.L. Messinger, and R.D. Towne, “Family Processes and Becoming a Mental Patient,” *The American Journal of Sociology* 68, no. 1 (1962).

development of schizophrenia and/or homosexuality in their children.²⁷² Conclusions about the causes of mental illness too often rested upon the behaviors of women, suggesting as I mentioned earlier, that social change in psychological research was not to be necessarily equated with justness or equality.

Academic work on labeling theory also had a tremendous influence in the 1960s, specifically within the movement to transition mental hospital patients into the community. Labeling theory was based on the idea that people who are labeled and treated as deviant in turn become deviant. Scholars such as Lemert and Scheff theorized that such labeling by family, doctors, and psychiatric staff, among others, would produce differential treatment of the individual based on their illness, and ultimately, create a chronic mental patient.²⁷³ Goffman- in one of the most well-known works based on labeling theory- wrote of the debilitating effects of hospitals on individuals in his work, *Asylums*.²⁷⁴ Based on fieldwork conducted at St. Elizabeths Hospital in Washington, D.C. while he was a visiting researcher at the NIMH, Goffman conceptualized mental hospitals as “total institutions,” defining them as closed worlds of “like-situated individuals” who “lead an enclosed, formally administered round of life.”²⁷⁵ In studying the mental hospital as a total institution he linked the career of the mental patient to the institutional system that increasingly comes to constitute the patient’s sense of self through the exertion of social control. He concluded

²⁷² See Gregory Bateson et al., “Toward a Theory of Schizophrenia,” *Behavioral Science* 1, no. 4 (1956).

²⁷³ Edwin M. Lemert, *Social Pathology: A Systematic Approach to the Theory of Sociopathic Behavior*, vol. 76 (New York: McGraw-Hill, 1951); Thomas J. Scheff, *Being Mentally Ill: A Sociological Theory*, 3rd ed. (Piscataway, N.J.: Aldine, 1999 (1966)).

²⁷⁴ Erving Goffman, *Asylums : Essays on the Social Situation of Mental Patients and Other Inmates* (New York: Doubleday, 1990).

²⁷⁵ *Ibid.*, xiii.

that it was the institution, not the mental illness, that formed the mental hospital patient, rewarding or punishing behavior as it conformed (or did not) to the medical model of mental illness. “Mental patients can find themselves in a special bind,” Goffman wrote,

To get out of the hospital, or to ease their life within it, they must show acceptance of the place accorded them, and the place accorded them is to support the occupational role of those who appear to force the bargain.²⁷⁶

A large body of research from the late 1950s into the 1960s, as these selected works exemplify, began to redefine and rethink the causes of mental illness, specifically focusing on the role of socio-environmental factors. The theoretical underpinnings of such research supported the belief that comprehensive community care was possible if it was recognized that mental health was shaped by a confluence of factors within one’s social world, particularly, poverty, race and family dynamics.

1965-1980: Deinstitutionalization

Because of the landmark 1963 Community Mental Health Act and strong support of community mental health care by advocates and researchers, after 1965 a depopulation of state mental hospitals began to rapidly occur as former hospital patients were transferred into community-based care. However, Mechanic pointed out in 1969

Ideologies develop more rapidly than patterns of care, and while it was not terribly difficult, speaking relatively, to change hospital policies concerning admission and retention, there are additional obstacles...this, while the ideology is coherent, the services provided to patients in the community are sporadic and fragmentary and frequently the burden that had been the hospitals has been shifted to the family.²⁷⁷

²⁷⁶ Ibid., 386.

²⁷⁷ Mechanic, *Mental Health and Social Policy*, 63.

Deinstitutionalization, as it is best known, became the most complex and contentious policy in mental health care; its reverberations were felt in numerous other areas of policy (including the criminal justice system), service provision and ultimately, the fabric of our cities. Retrospectively, researchers, practitioners and scholars have extensively detailed the complexities, challenges and resulting failures that accompanied the transition from state-funded hospital care to federally-supported community-based mental health care.²⁷⁸

From 1965 to 1980, a succession of policies and convergent interests between fiscal conservatives, civil rights lawyers and advocates of mental health reform occurred, rapidly changing the face of mental health care in the United States.

First, seed-money from the federal government was the cornerstone of community mental health care.²⁷⁹ Local communities would apply for and receive federal funding to open community mental health centers. What this meant, however, was that states had strong economic incentives to move patients from state-funded mental hospital into community care. Some scholars have argued that ultimately, deinstitutionalization was more about fiscal policy and the strain of public institutional care than patient welfare.²⁸⁰

Second, a growth of federal welfare programs enabled large numbers of former hospital patients to receive benefits that would support community living. In 1956, an

²⁷⁸ Estroff, *Making It Crazy: An Ethnography of Psychiatric Clients in an American Community*; B. Denner, "The Insanity of Community Mental Health: The Myth of the Machine," *International Journal of Mental Health* 3, no. 2-3 (1974); H.R. Lamb, "The New Asylums in the Community," *Archives of General Psychiatry* 36, no. 2 (1979); H. Richard Lamb and Victor Goertzel, "Discharged Mental Patients-- Are They Really in the Community?," *Archives of General Psychiatry* 24, no. 1 (1971); Grob, "Mental Health Policy in America: Myths and Realities."; Mechanic and Rochefort, "Deinstitutionalization: An Appraisal of Reform."

²⁷⁹ Sharfstein, "Whatever Happened to Community Mental Health?."

²⁸⁰ Mechanic and Rochefort, "Deinstitutionalization: An Appraisal of Reform."; L.B. Rubin, "Sand Castles and Snake Pits Homelessness, Public Policy, and the Law of Unintended Consequences," *Dissent* (2007).

amendment to the Social Security Act of 1939 created Social Security Disability Income (SSDI) that gave benefits to individuals 50 and older who could not work because of a physical or mental disability. In 1961, the age limit was dropped, enabling anyone who could document a mental disability that prevented them from working to receive a small income.²⁸¹ In 1966, Medicaid and Medicare began to include psychiatric benefits, expanding the federal government's role in mental health care.²⁸² As Medicaid provided federal funds for care of both the elderly and low-income individuals of any age with a mental illness in chronic care nursing facilities, states had an incentive to shift patients, especially the elderly, into chronic care nursing facilities. By 1977, the General Accounting Office noted that Medicaid was, "one of the largest single purchasers of mental health care and the principal federal program funding the long-term care of the mentally disabled."²⁸³ In 1972, the Social Security Act was further amended to include Supplemental Security Income for the Aged, the Disabled and the Blind (SSI). SSI provided a small income for individuals who were unable to work because of their age or disability. In all, the transfer of people from hospitals to community care increased through the provision of Medicaid, Medicare, SSDI, and SSI; however, accessing these programs relied upon individuals securing community mental health case management services that would help them navigate the complex bureaucratic processes for benefit programs.

²⁸¹ A rapid increase in SSDI enrollments in the 1970s led to severely restricted enrollment in the 1980s.

²⁸² Estroff (1985) provides a discussion of the role of SSI and SSDI in perpetuating disincentives to work. She argues that, "Once the disabled-nonworking status is achieved, by whatever means, it is not easily shed" (166). This is a long-standing controversy that continues to this day.

²⁸³ Cited in Grob and Goldman, *The Dilemma of Federal Mental Health Policy: Radical Reform or Incremental Change?*, 49.

Finally, building on the momentum of the civil rights movement, lawyers and advocates began to push for patients' rights. According to Grob and Goldman, challenges in the federal and state courts were made regarding the commitment, hospitalization and treatment of people with mental illnesses. Specifically,

Advocates for persons with mental illnesses argued that commitment statutes were vague and arbitrary; that courts and legislatures should be required to follow a "least restrictive" alternative approach to civil commitment; that all persons involuntarily committed should be provided with due process procedures to ensure that they would not be deprived of their liberties; and that hospitalized patients ought to retain certain basic rights, including a right to treatment and a right to refuse treatment with medication.²⁸⁴

In several states, including the District of Columbia,²⁸⁵ court cases solidified that care be given to individuals with mental illness in the least restrictive setting. The implications for law enforcement specifically centered on tightened involuntary commitment procedures and the right of patients to refuse treatment. According to Wexler, "Broad, "paternalistic" bases for commitment were rapidly replaced with bases grounded in the "police power" concept of dangerousness."²⁸⁶ Further, Hiday and Suval argue that

By focusing on the deprivation of liberty in involuntary hospitalization and the abuses that occurred under the paternalistic model...advocates successfully directed attention to the police power basis of civil commitment and the necessity to restrain the power of the state over individuals.²⁸⁷

²⁸⁴ Ibid., 55.

²⁸⁵ I will further elaborate on *Robinson v. Weinberger* (now *Dixon v. Gray*), filed in 1974, in Chapter Three.

²⁸⁶ David B. Wexler, "Incompetency, Insanity and Involuntary Civil Commitment," in *Mental Health and Criminal Justice*, ed. Linda A. Teplin (Beverly Hills: SAGE Publications, 1984), 139.

²⁸⁷ Virginia Aldige Hiday and Elizabeth M. Suval, "Dangerousness of the Mentally Ill and Inebriates in Civil Commitment," in *Mental Health and Criminal Justice*, ed. Linda A. Teplin (Beverly Hills: SAGE Publications, 1984), 227.

Community based care was, thus, built upon many promises- fiscal reform, the least restrictive form of care for individuals with mental illness, and fuller lives led in a community setting- but the outcomes, ultimately, were far less fulfilling, particularly for those with the most persistent and severe mental illnesses.

A large body of scholarship has directly or indirectly documented the extensive crises that followed as former patients were returned to communities, some after years spent dependent on institutional care.²⁸⁸ Between 1965 and 1975, there was an average decrease of 8.6% in hospital populations, with the most occurring between 1970 and 1975.²⁸⁹ What most patients returned to was a system lacking any cohesiveness and coordination of care between state hospitals and community mental health centers.²⁹⁰ Community mental health centers were operating parallel, rather than interacting with state hospitals, creating a discontinuity between systems of federal and state care.

Also, community mental health centers, because of their mission to provide mental health care to the whole community, served a broad population. According to Grob, “Consequently, the social and human needs of the most severely, and especially chronically mentally ill- particularly assistance in dealing with the subsistence tasks of daily life- were

²⁸⁸ Estroff, *Making It Crazy: An Ethnography of Psychiatric Clients in an American Community*; F.D. Chu, S. Trotter, and R. Nader, *The Madness Establishment* (New York: Grossman Publishers, 1974); Richard G. Frank and Sherry Glied, *Better but Not Well: Mental Health Policy in the United States since 1950* (Baltimore: Johns Hopkins University Press, 2006); Mechanic and Rochefort, “Deinstitutionalization: An Appraisal of Reform.”; Lamb and Goertzel, “Discharged Mental Patients-- Are They Really in the Community?”

²⁸⁹ Mechanic and Rochefort, “Deinstitutionalization: An Appraisal of Reform.”

²⁹⁰ David Mechanic, “Correcting Misconceptions in Mental Health Policy: Strategies for Improved Care of the Seriously Mentally Ill,” *The Milbank Quarterly* 65, no. 2 (1987); Clarence J. Sundram, “Mental Illness and Health Care Policy,” *Journal of Public Health Policy* 7, no. 2 (1986).

often ignored and overlooked.”²⁹¹ There were also too few CMHCs to effectively serve everyone who needed mental health services. By 1980, there were approximately 700 CMHCs, roughly 1,300 less than the goal of 2,000 in the Community Mental Health Centers Act of 1963.²⁹²

It became clear that two things were happening simultaneously that were in opposition: first, individuals with severe mental illnesses still needed a wide spectrum of services and supports, including, “medical and psychiatric care, housing, psychosocial and educational services, a program of activities, assistance in attaining welfare benefits, and supervision of their medication and daily routines.”²⁹³ At the same time, as Grob and Goldman point out

By the 1970s, the system included a bewildering array of institutions: state and federal institutions providing both short- and long-term care and treatment; private psychiatric hospitals; nursing homes; residential care facilities; CMHCs; outpatient and inpatient psychiatric units in general hospitals; community care programs; community residential institutions for persons with mental disorders with different designations in different states; and client-run and self-help services.²⁹⁴

Where individuals most disabled by their mental illness were to go to coordinate all the services they needed was- and continues to be- an acute obstacle to care.

²⁹¹ Grob, “Mental Health Policy in America: Myths and Realities,” 19.

²⁹² Mechanic and Rochefort, “Deinstitutionalization: An Appraisal of Reform.”

²⁹³ Ibid., 314.

²⁹⁴ Grob and Goldman, *The Dilemma of Federal Mental Health Policy: Radical Reform or Incremental Change?*,

1980s: Reagan and the Collapse of Care

Before looking at mental health care policy under Ronald Reagan, it is necessary to understand the political and economic landscape that had developed in the 1980s. Because individuals most in need of public mental health care live in poverty, it is important to look specifically in terms of how this landscape affected the poor.

After the high inflation and economic recession of the 1970s, the Reagan administration began to pursue policies that limited the welfare role of the federal government, particularly tax reductions, the devolvement of welfare responsibilities to states and municipalities, fewer governmental regulations and privatization of social services.²⁹⁵ With Reagan, neoliberalism became entrenched in the fabric of American life, particularly as the economic restructuring of neoliberal policies was supported by conservative politics. Midgley argues that there were three key elements to the Reagan administration's policies and appeal.²⁹⁶ First, economic individualism was achieved through reduced taxes for the wealthy, budgetary reductions in support programs, deregulation of federal and state relations and privatization.²⁹⁷ The devolvement of federal responsibility for social services- Reagan's new federalism- was also a strategy that furthered economic individualism. Second, cultural traditionalism promised a revitalization of traditional values. And third, an authoritarian populism that blamed welfare dependency and high taxes for the country's

²⁹⁵ Mimi Abramovitz, "The Reagan Legacy: Undoing Class, Race and Gender Accords," *Journal of Sociology and Social Welfare* 19(1992).

²⁹⁶ James Midgley, "Society, Social Policy and the Ideology of Reaganism," *Journal of Sociology and Social Welfare* 19(1992).

²⁹⁷ Ibid; S. Pandey and S. Collier-Tenison, "Welfare Reform: An Exploration of Devolution," *Social Justice* 28, no. 1 (2001).

economic problems.²⁹⁸ These elements, combined with a focus on law and order as previously detailed, transformed “a welfare state to a law and order state.”²⁹⁹

The logic of law and order was to blame the “work-shy, freeloading welfare recipient” for the country’s economic failings;³⁰⁰ it followed, then, that to stop the economic drain, as well as advance neoliberal policy, welfare benefits and services offered by the federal government had to be drastically reduced or privatized. With this goal, the Omnibus Budget Reconciliation Act of 1981 was passed, ending the federal community mental health center program.³⁰¹ Instead, federal assistance was consolidated into block grants for mental health and substance abuse services and distributed to states to determine how the money would be used.³⁰² According to Conlan, these block grants, part of Reagan’s new federalism, provided only 75% of the funding that the programs they replaced received.³⁰³ Other benefits and services were cut as well in the 1981 Omnibus Budget Reconciliation Act: the food stamp program was amended to tighten eligibility; funding for Medicaid to states was reduced; and federal assistance for social services, including child care, home management and maintenance, rehabilitation and counseling, were also consolidated into block grants to be distributed to states. The act, just one year

²⁹⁸ Midgley, “Society, Social Policy and the Ideology of Reaganism,” 23.

²⁹⁹ Goode and Maskovsky, “Introduction,” 6.

³⁰⁰ Midgley, “Society, Social Policy and the Ideology of Reaganism,” 24.

³⁰¹ *Omnibus Budget Reconciliation Act of 1981*, Public Law 97-35, 97th Congr., August 13, 1981.

³⁰² Grob and Goldman, *The Dilemma of Federal Mental Health Policy: Radical Reform or Incremental Change?*, 115. Four block grants, community mental health and substance abuse being one, were created to distribute to states for health and human services.

³⁰³ T.J. Conlan, *From New Federalism to Devolution: Twenty-Five Years of Intergovernmental Reform* (Washington, DC: Brookings Institute Press, 1998).

after Reagan's election, reflected the concern of the administration on health care financing as opposed to the health and well-being of Americans.³⁰⁴

With the Omnibus Reconciliation Act, direct federal involvement in mental health care delivery was effectively ended and the development of a service system and service provision of mental health care at the local level became the responsibility of states. The mental health block grants exacerbated the lack of coordination and continuity of care experienced by people with mental illnesses.³⁰⁵ While the federal government continued to have indirect influence on mental health care through Medicaid, Medicare, SSI, SSDI and other benefit programs, linkages with state mental health programs and service systems were not established.³⁰⁶

In another effort to cut spending on social welfare services, in 1981, the Social Security Administration began Continuing Disability Investigations into SSDI and SSI recipients not considered "permanently disabled." The CDI process "singled out younger beneficiaries who were disproportionately entitled to benefits on the basis of a mental impairment."³⁰⁷ According to Estroff, from January 1, 1981 to August 1982, 665,000 cases were reviewed and benefits terminated for over half. Within the mentally disabled category, 182,893 cases were reviewed and 86,438 were terminated.³⁰⁸ Only 1,400 appealed their

³⁰⁴ Terri Combs-Orme and Bernard Guyer, "America's Health Care System: The Reagan Legacy," *Journal of Sociology and Social Welfare* 19(1992): 64.

³⁰⁵ Grob and Goldman, *The Dilemma of Federal Mental Health Policy: Radical Reform or Incremental Change?*

³⁰⁶ Mechanic and Rochefort, "Deinstitutionalization: An Appraisal of Reform," 323.

³⁰⁷ Grob and Goldman, *The Dilemma of Federal Mental Health Policy: Radical Reform or Incremental Change?*, 123.

³⁰⁸ Estroff, *Making It Crazy: An Ethnography of Psychiatric Clients in an American Community*, 261.

termination but 91% who did were reinstated.³⁰⁹ CDIs were discontinued in 1983 by the Secretary of Health and Human Services but damage had already been done. Estroff, writing in the epilogue to *Making It Crazy*, states

I can only suggest that this represents the baldest of expressions of social and public resistance to and ambivalence about providing for dependent, disabled persons. If the SSA regulations are considered cultural codes defining legitimate material dependence based on disability, this policy underscores how undecided- upon the nature, meaning and consequence of mental illness remain at the cultural level. How far we seem willing to go to safeguard the status of legitimate dependency from suspected unwarranted claim bears further scrutiny than I can give here.³¹⁰

The witch hunt to identify undeserving welfare recipients, propelled by economic policy and public sentiment around welfare and the poor in general, swept individuals with mental illness, who depended on public mental health care and benefits to live even minimally in the community, into its fury.

Not only were people with mental illnesses affected by welfare policies that were not designed with accommodations for them, but also a backlash in the early 1980s began to build against the specter of the violent, mentally ill, who – like John Hinkley³¹¹ – threatened the safety of communities. The focus on crime during the years of law and order governing coupled with the public perception of people with mental illnesses as dangerous led to the increased incarceration of individuals with a mental illness.³¹² Also, as a result of the restriction of involuntary commitment laws, many individuals with mental illness who were not

³⁰⁹ Ibid.

³¹⁰ Estroff, *Making It Crazy: An Ethnography of Psychiatric Clients in an American Community*, 262.

³¹¹ John Hinkley, Jr. attempted to assassinate Ronald Reagan in 1981.

³¹² Hiday and Suval, “Dangerousness of the Mentally Ill and Inebriates in Civil Commitment.”; B.G. Link et al., “The Social Rejection of Former Mental Patients: Understanding Why Labels Matter,” *The American Journal of Sociology* 92, no. 6 (1987); Linda A. Teplin, “The Criminality of the Mentally Ill: A Dangerous Misconception,” *American Journal of Psychiatry* 142, no. 5 (1985).

dangerous enough to be civilly committed but who were annoyances in neighborhoods or business areas were arrested for minor, quality-of-life crimes- vagrancy, panhandling, public intoxication, open container laws and other misdemeanor crimes. Broken windows theory in policing was complementary to this sidestep of tightened civil commitment law, as broken windows specifically mentioned the “mentally disturbed,” and the funneling of people with mental illnesses into the criminal justice system increased,³¹³ especially as urban renewal and gentrification brought young professionals into cities.

By the end of the 1980s, homelessness had increasingly become an issue affecting individuals with mental illness and without mental health care. Homelessness among the general population had swelled after the 1981-2 recession, but with the lack of coordinated mental health care after deinstitutionalization and the demise of affordable housing options in gentrifying urban neighborhoods, the late 1980s saw a greater percentage of homeless individuals with mental illness.³¹⁴ The study of homelessness has been the focus of several disciplines- anthropology, psychiatry, psychology and sociology. In the late 1980s, these disciplines were converging on the intersections between deinstitutionalization, mental illness and homelessness. The increase of people with mental illnesses in shelters and on the streets as a result of deinstitutionalization and lack of coordinated care is documented to the point of being commonplace.³¹⁵ However, several scholars, most notably, Kim Hopper were

³¹³ Teplin, “Criminalizing Mental Disorder: The Comparative Arrest Rate of the Mentally Ill.”; Alexander R. Thomas, “Ronald Reagan and the Commitment of the Mentally Ill: Capital, Interest Groups, and the Eclipse of Social Policy,” *Electronic Journal of Sociology* 3, no. 4 (1998), www.sociology.org/content/vol003.004/thomas.html (accessed June 15, 2010).

³¹⁴ Elwell, “From Political Protest to Bureaucratic Service: The Transformation of Homeless Advocacy in the Nation's Capital and the Eclipse of Political Discourse”, 79.

exploring links between homelessness and access to affordable housing and employment.³¹⁶

Literature on the criminalization of homelessness paralleled literature on the criminalization of mental illness, reflecting the same concern over the aggressive policing of individuals who were increasingly out of place in cities being transformed by gentrification and urban renewal.³¹⁷ I will return to an in-depth discussion of homelessness, gentrification and policing in Chapter Five.

The Clinton Years: Personal Responsibility and Privatization

Susan Brin Hyatt argues

If the primary undertaking of the 1980s was to make the free market the basis for the logic that informed social policy, in the 1990s this philosophy was extended even further, undergirding the incremental dismantling of the structures of the welfare state.³¹⁸

In the early 1990s, the fragmentation of state-funded public mental health care from social services and benefit programs offered by federal, local and non-profit

³¹⁵ Grob and Goldman, *The Dilemma of Federal Mental Health Policy: Radical Reform or Incremental Change*, Mechanic and Rochefort, "Deinstitutionalization: An Appraisal of Reform."

³¹⁶ See Hopper, "More Than Passing Strange: Homelessness and Mental Illness in New York City."; P. Kasinitz, "Gentrification and Homelessness: The Single Room Occupant and the Inner City Revival," *Urban and Social Change Review* 17, no. 1 (1984); D.A. Snow et al., "The Myth of Pervasive Mental Illness among the Homeless," *Social Problems* 33, no. 5 (1986).

³¹⁷ H. Richard Lamb, "Deinstitutionalization and the Homeless Mentally Ill," *Hospital and Community Psychiatry* 35, no. 9 (1984); Gregg Barak and Robert M. Bohm, "The Crimes of the Homeless or the Crime of Homelessness? On the Dialectics of Criminalization, Decriminalization, and Victimization," *Crime, Law and Social Change* 13, no. 3 (1989); D.A. Snow, S.G. Baker, and L. Anderson, "Criminality and Homeless Men: An Empirical Assessment," *Social Problems* 36, no. 5 (1989).

³¹⁸ Susan Brin Hyatt, "From Citizen to Volunteer: Neoliberal Governance and the Erasure of Poverty," in *The New Poverty Studies: The Ethnography of Power, Politics, and Impoverished People in the United States*, ed. J. Goode and J. Maskovsky (New York: New York University Press, 2001), 203.

organizations was evident. Those with the most acute needs were moving between- if they were able- a bewildering array of offices and agencies to find mental health care, supportive or affordable housing, daily meals, vocational rehabilitation, day programs or other supports to live in the community.³¹⁹ Three major trends that reflected neoliberal interests were to further impact how mental health care and other social services and benefits were delivered: increased privatization of social services and public-private partnerships; managed care; and welfare reform.

Lynn-Callo argues that after Bill Clinton's first period in office, market-based strategies and individualistic reform dominated public policy.³²⁰ The idea of privatization was based upon the belief that social services could best be provided at the lowest cost by market competition³²¹ - or as Goode and Maskovsky argue, the "primacy of profit over service provision."³²² The most common form of privatization by state mental health authorities in the 1990s was the contracting of mental health services to third parties- non-profits, charitable organization and in a few cases, for-profits.³²³ Homeless services were also increasingly privatized, with the U.S. Department of Housing and Urban Development promoting a "continuum of care" in which communities would integrate all the services the

³¹⁹ Grob and Goldman, *The Dilemma of Federal Mental Health Policy: Radical Reform or Incremental Change?*, 148.

³²⁰ Lyon-Callo, *Inequality, Poverty, and Neoliberal Governance : Activist Ethnography in the Homeless Sheltering Industry*, 11.

³²¹ D.M. Van Slyke, "The Mythology of Privatization in Contracting for Social Services," *Public Administration Review* 63, no. 3 (2003); Norma C. Ware et al., "Clinician Experiences of Managed Mental Health Care: A Rereading of the Threat," *Medical Anthropology Quarterly* 14, no. 1 (2000).

³²² Goode and Maskovsky, "Introduction," 9.

³²³ H. Brinton Milward and Keith G. Provan, "Governing the Hollow State," *Journal of Public Administration Research and Theory* 10, no. 2 (2000).

homeless needed, including mental health, by facilitating the development of a service delivery system by private agencies.³²⁴ However, critiques soon developed about the actual effectiveness of privatization, particularly around the absence of adequate funding, accountability and oversight, selective service provision that excluded individuals with the most severe and persistent mental illnesses, and a conflict between patient care versus profits.³²⁵ Ellwell, in a historical account of homeless advocacy in Washington, D.C., questions the appropriate role of nonprofits in service delivery as privatization has increased. She concludes, “The privatization of essential services has impacted whole communities as strapped agencies measure who was worthy of investment of their resources.”³²⁶

Organizations providing managed care, strongly pushed by the Clinton administration, also entered the public mental health arena. According to Ware et al., “Managed care refers to a set of strategies aimed at controlling the costs of health services by regulating critical determinates, such as price and utilization.”³²⁷ These strategies can include cost-containment techniques that ration medical services, restrict patients’ choice in physicians, and offer financial incentives to doctors and hospitals to cut costs.³²⁸ In 1992, Massachusetts was the

³²⁴ Lyon-Callo, *Inequality, Poverty, and Neoliberal Governance : Activist Ethnography in the Homeless Sheltering Industry*, 12.

³²⁵ W.B. Schnapp et al., “Privatization and the Rise and Fall of the Public Mental Health Safety Net,” *Administration and Policy in Mental Health and Mental Health Services Research* 26, no. 3 (1999); Van Slyke, “The Mythology of Privatization in Contracting for Social Services.” For a more in-depth discussion of privatization and non-profit service delivery, see Steven Rathgeb Smith and Michaelq Lipsky, *Nonprofits for Hire: The Welfare State in the Age of Contracting* (Cambridge, MA: Harvard University Press, 1993).

³²⁶ Elwell, “From Political Protest to Bureaucratic Service: The Transformation of Homeless Advocacy in the Nation's Capital and the Eclipse of Political Discourse”, 7.

³²⁷ Ware et al., “Clinician Experiences of Managed Mental Health Care: A Rereading of the Threat,” 4.

³²⁸ B. Rylko Bauer and P. Farmer, “Managed Care or Managed Inequality? A Call for Critiques of Market Based Medicine,” *Medical Anthropology Quarterly* 16, no. 4 (2002): 478.

first state to contract with a managed care organization to administer Medicaid-funded mental health and substance abuse benefits, with almost every state following suit.

In Ware et al.'s study of Medicaid managed care in an urban public mental health clinic, they found that mental health practitioners feared what managed care meant for themselves as professionals and for quality mental health care. Managed care meant, among other things, that mental health care treatment was no longer determined by the clinician independently, but instead was reviewed and approved by managed care companies; that time was "parsed, packaged and above all limited" for patients and doctors; and that the language of mental health care became one of disease and illness, packing people into identifiable diagnoses and treatment standards.³²⁹ Ware et al concluded

Wayside clinicians dread managed care, then, because it threatens the vision of good mental health care to which they are committed. The positing of fractional publics in which corporate interests take precedence, a political economy of treatment that denies preferred modalities to the disadvantaged, an emphasis on saving money at the expense of human needs to improve psychological and social well-being are all at variance with high-quality service as these professionals conceive it.³³⁰

Finally, the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA) reflected the accumulation of social and political outrage around the "undeserving poor."³³¹ Michael Katz argues that by the late 1980s,

What bothered observers [affluent Americans] most was not their [poor urban minorities] suffering; rather, it was their sexuality, expressed in teenage pregnancy; family patterns, represented by female-headed households; alleged reluctance to work for low wages; welfare dependence, incorrectly believed to be a major drain on

³²⁹ Ware et al., "Clinician Experiences of Managed Mental Health Care: A Rereading of the Threat," 14.

³³⁰ Ibid.: 21.

³³¹ *Personal Responsibility and Work Opportunity Act of 1996*, Public Law 104-193, 104th Congr., August 22, 1996.

national resources; and propensity for drug use and violent crime, which had eroded the safety of the streets and the subways.³³²

PRWORA responded to this moral panic and fulfilled Bill Clinton's 1992 campaign promise to, "End welfare as we know it." The act was imbued with conservative rhetoric connecting marriage and two-parent (consisting of a man and woman) households to an appropriate American work ethic, while equating single-head households, specifically female-headed households, to welfare dependence. A focus on out-of-wedlock pregnancies, especially teenage pregnancy, in the act demonized women as reproducers of welfare dependence, and PRWORA aimed to sever this dependence. In the new law, Aid to Families with Dependent Children (AFDC) was replaced with Temporary Assistance to Needy Families (TANF), a block grant to be administered by states, and set several provisions to "encourage" a personal work ethic: first, it mandated that a TANF recipient work after two years of benefits; second, it established a 60 month (5 year) lifetime limit on benefits paid by the federal government; and third, it increased enforcement of child support laws.

For people with mental illness, especially women, PRWORA had several implications. Nicholson et al. argue that, "no requirements exist to specifically protect the interests of persons with mental illness" and further, the act did not recognize the disproportionate link between families in poverty and serious mental illness.³³³ Of particular concern were the time limits placed on benefits, especially for women on welfare who had

³³² Michael B. Katz, *The Undeserving Poor: From the War on Poverty to the War on Welfare* (New York: Pantheon Books, 1989), 185.

³³³ Joanne Nicholson et al., "Critical Issues for Parents with Mental Illness and Their Families," (Amherst: Center for Mental Health Services Research, Department of Psychiatry, University of Massachusetts Medical School, 2001).

an increased incidence of depression- an important barrier to employment. They concluded that individuals with mental illness were at a disadvantage under PRWORA.

Low paying work and the lack of job training programs for persons with mental illness are common obstacles to employment. Employers may be unwilling to hire persons with mental illness because of the stigma attached, often regardless of a person's ability to do the work required. Individuals with mental illness may need long-term support with all aspects of employment, including career planning, job negotiations, and learning new skills (Bond, Drake, Becker & Mueser, 1999). Finding and affording child care are major stressors for all mothers, and are additional stressors for women juggling the multiple demands of parenthood and living with mental illness.³³⁴

At the same time- and ironically incongruent with the moral panic around welfare- momentum was building to pass mental health parity legislation. In 1996, the Federal Mental Health Parity Act was passed, but it mandated parity for annual and lifetime limits only, as well as exempting businesses with 50 or fewer employees.³³⁵ Parity was not extended to Medicaid, still the largest provider of mental health care for the poor and disabled.

The end of the 1990s saw the publication of *Mental Health- A Report of the Surgeon General*.³³⁶ According to Grob and Goldman, the report had “no real news” but rather contained an authoritative review of the scientific literature on the biological basis of mental illness.³³⁷ Two years later, after officials at the Substance Abuse and Mental Health Services Administration (SAMHSA) raised concerns over the absence of attention in the report to

³³⁴ Ibid., 30.

³³⁵ *Mental Health Parity Act of 1996*, Public Law 104-204, 104th Congr., September 26, 1996.

³³⁶ US Department of Health and Human Services, “Mental Health: A Report of the Surgeon General,” (Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, National Institutes of Health, National Institute of Mental Health,, 1999).

³³⁷ Grob and Goldman, *The Dilemma of Federal Mental Health Policy: Radical Reform or Incremental Change?*, 170.

race, ethnicity and culture, a supplemental report was issued, *Culture, Race and Ethnicity* in 2001.³³⁸ The report addressed barriers to the mental health care of African Americans, Hispanic Americans, Asian Americans and Pacific Islanders and American Indians and Alaskan Natives with extensive documentation on cultural and historical contexts, mental health needs, and access and availability to care. The report also outlined the intersections of poverty, socio-economic status, racism and environment with mental health, concluding “that affordable, culturally appropriate care, combined with the dissemination of culturally appropriate information on mental health could address some of the disparity in minority mental health care.”³³⁹ In essence, *Culture, Race and Ethnicity* was a governmental synthesis of research that anthropologists and sociologists had undertaken in the past thirty years.³⁴⁰

2000 - Present: Movements

A rise in organized advocacy has characterized the past 10 years in mental health care. Two influential currents - the consumer movement and the recovery model- have

³³⁸ U.S. Department of Health and Human Services, “Mental Health: Culture, Race, and Ethnicity—a Supplement to Mental Health: A Report of the Surgeon General,” (Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services., 2001).

³³⁹ Ibid., 3.

³⁴⁰ For more on culture bound syndromes, see Lucy M. Cohen, *Culture, Disease, and Stress among Latino Immigrants* (Washington, DC: Research Institute on Immigration and Ethnic Studies, Smithsonian Institution, 1979).; For cross-cultural perspectives on mental illness, see Arthur Kleinman and Byron Good, *Culture and Depression : Studies in the Anthropology and Cross-Cultural Psychiatry of Affect and Disorder* (Berkeley, CA: University of California Press, 1985).; For more on the link between race and mental health, see David R. Williams and Michelle Harris-Reid, “Race and Mental Health: Emerging Patterns and Promising Approaches,” in *A Handbook for the Study of Mental Health: Social Contexts, Theories and Systems*, ed. Allan V. Horwitz and Teresa L. Scheid (New York: Cambridge University Press, 1999).; For more on the link between socio-economic status and mental health, see William W. Eaton and Carlos Muntaner, “Socioeconomic Stratification and Mental Disorder,” in *A Handbook for the Study of Mental Health: Social Contexts, Theories and Systems*, ed. Allan V. Horwitz and Teresa L. Scheid (New York: Cambridge University Press, 1999).

dominated the discourse- but not necessarily practice- around public mental health care.

Both are built upon the idea that those who access the public mental health system are empowered with choices for their care.

What it means to be a “consumer” and the history of the consumer movement is vague, demonstrated by varied versions of the meaning and history. However, several sources have attributed the origins to activism in the 1960s and 1970s among “ex-patients” and “psychiatric survivors.”³⁴¹ In 1978, Judy Chamberlin published the bible of the emerging consumer movement, *On Our Own*, arguing that the key to improved mental health care in the United States was the empowerment of individuals in deciding their care.³⁴² Chamberlin’s book articulated the principles of empowerment, self-determination and choice that defined the consumer movement, and by the 1980s, the movement was mainstreamed and centralized, with the National Institute of Mental Health sponsoring 13 consumer/survivor-run demonstration projects in 1988. Consumer-led organizations began to entrench the idea of consumerism into the discourse of mental health care, so that by the 1990s there was “noticeable consumer/survivor involvement at most levels of the mental health system.”³⁴³ In the last 10 years, the consumer movement has successfully pushed for further incorporation of peer-to-peer services and peer-run drop-in centers in public mental health

³⁴¹ N. Tones, “The Patient as a Policy Factor: A Historical Case Study of the Consumer/Survivor Movement in Mental Health,” *Health Affairs* 25, no. 3 (2006); Sally Zinman, Su Budd, and Gayle Bluebird, “The History of the Mental Health Consumer/Survivor Movement,” in *The History of the Mental Health Consumer/Survivor Movement* (Tele-conference: Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services, 2009), stopstigma.samhsa.gov/archtelpdf/history_consumer_movement.pdf (accessed on July 4, 2010).

³⁴² Judy Chamberlin, *On Our Own: Patient-Controlled Alternatives to the Mental Health System* (New York: McGraw-Hill, 1978).

³⁴³ Zinman, Budd, and Bluebird, “The History of the Mental Health Consumer/Survivor Movement.”

systems and continued to organize through groups such as the National Coalition for Mental Health Recovery, the National Empowerment Center, the National Alliance for the Mentally Ill (NAMI) and in D.C., the Consumer Action Network and Consumer Leadership Foundation. Consumer organizations have also become a presence in police trainings on mental health, with NAMI particularly playing an active role nationally.

Consumerism, however, has yet to be critiqued within the movement. As Maskovsky points out, in the post-welfare era, there has been “an increased effort to promote consumerism among publically funded health service recipients.”³⁴⁴ He argues

The idea that publically funded health care can be provided through market-based strategies opens up the possibility that patients can exercise their consumer choice as a means toward gaining access to quality health care.³⁴⁵

The onus of responsibility for care and recovery, then, is placed upon mental health consumers, “who must govern their own health care through their expertise as consumers of health services.”³⁴⁶

Recovery from mental illness has become a hallmark of the mental health consumer movement. Recovery is described throughout the literature in terms of a progression: a path, a journey, a healing process, a personal experience.³⁴⁷ Largely drawing from the recovery model in substance abuse treatment, recovery from mental illness largely draws from themes

³⁴⁴ J. Maskovsky, “Do People Fail Drugs, or Do Drugs Fail People?: The Discourse of Adherence,” *Transforming Anthropology* 13, no. 2 (2005): 137.

³⁴⁵ Ibid.

³⁴⁶ Ibid.

³⁴⁷ Lori Ashcraft and William A. Anthony, “How Recovery Happens,” *Behavioral Healthcare* September 2006; J. Turner-Crowson and J. Wallcraft, “The Recovery Vision for Mental Health Services and Research: A British Perspective,” *Psychiatric Rehabilitation Journal* 25, no. 3 (2002); Jan Wallcraft, “Recovery from Mental Breakdown,” in *Social Perspectives in Mental Health: Developing Social Models to Understand and Work with Mental Distress*, ed. Jerry Tew (Philadelphia: Jessica Kingsley Publishers, 2005).

of hope, reflection on the past, individual responsibility; moving beyond one's illness and empowerment.³⁴⁸ The Substance Abuse and Mental Health Services Administration (SAMHSA) has identified ten basic components to the recovery model: self-direction; individualized and person-centered; empowerment; holistic; non-linear; strengths-based; peer-support; respect; responsibility; and hope. It is now widely viewed as best practice in mental health service delivery; indeed, the recovery model appears to be an empowering model that puts the consumer first, however, the question that begs an answer is: how does a large public mental health care system implement the recovery model in serving thousands of "consumers?" The answer has been further privatization of mental health care by state agencies and the District of Columbia in the 2000s with the belief that community-based private providers can provide the best- and most cost-efficient- care.

* * *

With these brief and selected histories of law enforcement and mental health care in the United States, I have set the stage for understanding just how and why these histories have intersected in Washington, D.C. In the next chapter, I weave together the history of the Metropolitan Police Department and the Department of Mental Health (formerly, the Commission on Mental Health) to understand how policy on an agency scale has influenced practice in interactions between police officers and homeless individuals with mental illness in the District of Columbia.

³⁴⁸ Ashcraft and Anthony, "How Recovery Happens."; Wallcraft, "Recovery from Mental Breakdown."

CHAPTER 3
MENTAL HEALTH AND LAW ENFORCEMENT
IN WASHINGTON, D.C.: HISTORIES
AND INTERSECTIONS

On August 4th, 1986, Miriam Lieb, a 67 year-old patient at St. Elizabeths Hospital in Southeast Washington, D.C., jumped into the cold waters of the Anacostia River from the 11th Street Bridge at 2:20 p.m. She had been scheduled to leave St. Elizabeths Hospital after an 18-month stay and an employee of the hospital later recalled, “She was most unhappy about it. She said, ‘I’m not going to make it out there.’”³⁴⁹

Arriving to the scene only minutes later, 34 year-old Officer Kevin Welsh of the Metropolitan Police Department’s Emergency Response Team took off his shoes, vest and utility belt and dove into the murky water to bring her to shore. Welsh had seven-years with the police department and was later described as an officer with “the uncanny ability to be as hard as a rock when he needed to be” but also with “the passion of a missionary.”³⁵⁰

Miriam Lieb was pulled from the river in critical condition at 2:30 p.m., although it was not by Officer Welsh. In the police statement issued later that night, it indicated that “At one point during the rescue, he [Welsh] experienced difficulty...,” and slipped beneath the

³⁴⁹ Lisa Leff, “River Ordeal Tied to Fears of Patient Woman, 64, Faced Release From St. E’s,” *The Washington Post*, August 9, 1986.

³⁵⁰ John Ward Anderson, “Colleagues Mourn Drowned Officer; Welsh Called ‘100% Policeman,’” *The Washington Post*, August 6, 1986.

water 60 yards from the shore.³⁵¹ And so it was approximately four and a half hours later, at 6:50 p.m., that Officer Welsh's body was found in the silent waters of the Anacostia.

* * *

The tragedy that occurred on that day in 1986, and similar such events since then, provide an important historical lens through which the relationship between the mental health care system and law enforcement in Washington, D.C. can be viewed. However, in the daily cacophony of city life, minor interactions between police officers and homeless individuals with mental illnesses have been and are the norm, yet garner much less attention. How these interactions are structured and what larger processes are at work is the focus of this chapter. Building on the previous chapter, I locate the historical specifics of Washington, D.C. in the larger context of mental health care and law enforcement in the United States, using archival research and ethnographic fieldwork. Also, I continue to problematize the notion of community as it is used by both the public mental health system and police department in D.C., underscoring the very contradictory definitions of community that have shaped the policy and practice around policing and mental health care in the city.

³⁵¹ Ibid.

Deinstitutionalization, Downtown and the Police
as Do-Gooders: The 1980s Come to
Washington, D.C.

St. Elizabeths and the Politics of
Deinstitutionalization:
The Early 1980s

St. Elizabeths,³⁵² the District's public mental hospital, is located in the southeast quadrant of Washington, D.C., split now by Martin Luther King, Jr. Avenue into two tracts—the east campus, owned by the city and the west campus, owned by the federal government. Established by Congress in 1852 with legislation written by Dorothea Dix, it was the first federal mental hospital, as well as the first public mental hospital in Washington, D.C.³⁵³ The relationship created by this dual role was to be a complex and often antagonistic one which I will return to throughout the chapter.

From one of the best views of Washington, D.C., the hospital overlooks both the Anacostia and Potomac Rivers. Its red brick buildings, built between 1852 and 1903, are of the Gothic Revival style. On the east campus, the Department of Mental Health still provides inpatient care to those unable to afford a private, long-term psychiatric facility (as well as care for those criminally committed); on the west campus, construction has started on the future site of the Department of Homeland Security. With all its history, this hospital is both a starting point and a reference point for Washington, D.C.'s public mental health system; its specter always present in any history, any conversation, any contestation of

³⁵² Originally name the Governmental Hospital for the Insane. Congress renamed the institution in 1916 to St. Elizabeths.

³⁵³ Jogues R. Prandoni and Surabala Kanhouwa, "St. Elizabeths Hospital," *Washington History* 17, no. 1 (2005).

mental health care in the city. For purposes of my argument, I start this history in the mid-1970s when St. Elizabeths became a target for deinstitutionalization efforts.

* * *

In 1974, as a critical mass of civil rights lawyers were filing lawsuits in courts around the country to allow for mental hospital patients to receive care in the least restrictive settings, a group of lawyers representing patients at the federally-operated St. Elizabeths Hospital in Southeast Washington, D.C. filed suit in the case of *Dixon v. Weinberger* seeking community-based treatment and care. As discussed in the previous chapter, the idea of community rested on many assumptions, particularly that individuals transferred from inpatient care at mental hospitals to outpatient care in public mental health systems would integrate into the neighborhoods where they received mental health services and lived, if they had housing at all. Also, community, as a concept used to signify communitarian pathos among localities or groups, was especially problematic in its assumed consensus, values and ideas of inclusion and exclusion.

The case, heard by U.S. District Judge Aubrey E. Robinson, was settled in December 1975 with a federal judicial decree ordering the federal government, in coordination with the D.C. city government, to offer mental health treatment in the least restrictive setting.³⁵⁴ By 1979, District and federal government officials had agreed to a \$29.5 million plan to provide community-based- or more accurately, outpatient- mental health services. The plan included \$15 million to be funded by the D.C. Department of Human Resources by 1982, \$7.3 million to be reprogrammed from St. Elizabeths' budget and \$7.2 million to be sought from

³⁵⁴ Name Redacted, "Dixon V. Weinberger: A Study of the Fight to Reconstruct the District of Columbia's Mental Health System," (Harvard University, 1999), www.clearinghouse.net/chDocs/.../STUDY_MH-DC-0001-Redacted.pdf (accessed on August 5, 2010).

federal sources such as Medicare and Medicaid.³⁵⁵ At the same time, mental health and homeless advocates began to sound the alarm at the rising rate of homeless individuals with mental illnesses on the streets, victims of an inadequate public mental health system that failed to facilitate their transition into the community.³⁵⁶ The next year, 1980, a consent decree was negotiated between the plaintiffs (St. Elizabeths patients) and defendants (federal government) that committed the federal and District governments to an implementation plan for a “community-based mental health care system” and established a monitoring committee to oversee the planning and implementation.³⁵⁷ However, by 1982, criticism was building around the stalled movement of patients to outpatient care.³⁵⁸ Administrators at St. Elizabeths blamed the lack of outpatient facilities and coordinated care by the D.C. mental health care system. According to an March 1982 article in the *Washington Post*, the District’s mental health system lacked a clinic that could dispense lithium, a highly prescribed psychotropic medication; had yet to establish a representative payee program for individuals who needed assistance with their finances; and significantly, had not created a coordinated care system to assist in the multiple medical needs of patients, including psychiatric care, medication management and basic primary medical care.³⁵⁹ A city mental health official

³⁵⁵ Joann Stevens, “U.S., D.C. Agree on Alternatives to Confinement at St. Elizabeths,” *The Washington Post*, February 13, 1979.

³⁵⁶ Samuel Allis, “Shelter Offers Squalor, Freedom; Controversial Activists Share Shelter And Squalor With 41 Homeless Women,” *The Washington Post*, October 29, 1979; Joann Stevens, “Experts Say Mental Patients Sent to Communities Without Enough Planning, Support and Services,” *The Washington Post*, June 21, 1979.

³⁵⁷ *Ibid.*, 20.

³⁵⁸ Kenneth Bredemeier, “St. Elizabeths; Hundreds Still Needlessly Kept in Institution; Patients Held Needlessly,” *The Washington Post*, March 28, 1982.

³⁵⁹ *Ibid.*

conceded that, “There is no way we can fully meet all the needs of all the people who are coming out of the hospital.”³⁶⁰ Yet, the city countered that administrators at St. Elizabeths were slow to release patients from the hospital. The D.C. Mental Health Services Administration had contracted with private mental health providers to assist if, and when, a mass exodus of patients occurred, but the direct service providers, like Green Door, had not received any significant number of former patients to assist. Blame was easy to spread around in such confusion and finger pointing occurred on both sides.

By August 1982, a study ordered by U.S. District Judge Aubrey Robinson and prepared by a panel of national mental health experts and local psychiatrists had concluded that, “District of Columbia community mental health centers are inadequate and not prepared to handle a massive shift of patients from St. Elizabeths Hospital...city centers are stretched to the limit and cannot absorb more clients.”³⁶¹ And on October 1st, the city officially defaulted on the court-ordered transfer of responsibility for 1,127 outpatients receiving care at St. Elizabeths, with only 255 receiving care from the District’s mental health system. Three hundred and seventy patients who had been identified as able to live outside the hospital were still being held at St. Elizabeths, as well.³⁶² An end to the transfers was issued by Judge Robinson that month, in fear that more harm was being done to former patients in the city’s mental health system than living in an institutional setting.

³⁶⁰ Ibid.

³⁶¹ Ed Bruske, “Scheduled D.C. Patient Shift Scored; Panel Charges District Unprepared to Care for St. Elizabeths Cases,” *The Washington Post*, August 14, 1982.

³⁶² Kenneth Bredemeier, “D.C. Defaults on Transfer of Mental Patients,” *The Washington Post*, October 1, 1982.

As part of its mandate, the Dixon monitoring committee, established under the 1980 decree order, regularly examined the transfer of St. Elizabeths patients into the city's mental health system. In April 1983, the committee submitted a report to Judge Aubrey Robinson detailing the inadequacies found in the District's outpatient mental health centers, including lack of treatment plans for patients, little or no case management and patients simply falling through the cracks.³⁶³ The report concluded that unless only minimal mental health treatment was required, the District's mental health care system "breaks down."³⁶⁴ Homeless individuals with mental illnesses in D.C. fared even worse, with advocates raising alarm that, "The streets of Washington, D.C. have become our mental wards."³⁶⁵

The Dixon monitoring committee also stressed the importance of a unified mental health care system, and in 1984, several proposals were suggested as to how this might be accomplished.³⁶⁶ The General Accounting Office (GAO) proposed that all responsibility for hospital and outpatient care be transferred to the District, saving over \$22 million in combined expenses for separate inpatient and outpatient systems.³⁶⁷ Subsequently, in October 1984, following the GAO's plan, Congress passed the St. Elizabeths Hospital and District of Columbia Mental Health Services Act, mandating the District government assume responsibility for St. Elizabeths Hospital in 1987 and by 1991, a comprehensive

³⁶³ Kenneth Bredemeier, "Report Says City's Mental Care Still Inadequate," *The Washington Post*, April 8, 1983.

³⁶⁴ Ibid.

³⁶⁵ Sandra Evans, "Experts Tell D.C. Panel the Homeless Need Aid; Streets 'Have Become Our Mental Wards,'" *The Washington Post*, November 21, 1984.

³⁶⁶ Name Redacted, "Dixon V. Weinberger: A Study of the Fight to Reconstruct the District of Columbia's Mental Health System," 26.

³⁶⁷ Ibid.

mental health system be in place that prioritizes care in the “community.”³⁶⁸ On November 9th, Reagan signed the bill, commenting that it “will be in keeping with the modern practice of comprehensive programs for mental health care.”³⁶⁹ However, the bill was exactly in keeping with the devolvement of responsibility for social service policy and provision from the federal to state level- and in the unique case of Washington, D.C., to the local level.

For those transferred out of St. Elizabeths in the early 1980s, life in the “community” was unevenly experienced. For those able to connect with the mental health care system, secure housing and job training or day programs, life outside of St. Elizabeths was stable; but for those whose care was not coordinated with the mental health system or who were without housing, life was lived on the edges.³⁷⁰ For some, like Maurice Hart, whose story appeared in *The Washington Post*, days were spent, “trying to make attempts to get out of just being somebody who’s got nowhere to be going” and nights at a homeless shelter.³⁷¹ Others were directly transferred from St. Elizabeths to one of the city’s homeless shelters.³⁷² For some, like William Dixon, the lead plaintiff in *Dixon v. Weinberger*, leaving St. Elizabeths meant a lateral transfer to a nursing facility.³⁷³ What the transfer out of St. Elizabeths meant to the very people experiencing it did not make the headlines like the politics surrounding deinstitutionalization in

³⁶⁸ Sandra Evans, “Congress Approves St. E’s Bill; Turnover to D.C. Expected in ’87,” *The Washington Post*, October 10, 1984.

³⁶⁹ Sandra Evans, “President Signs Bill Transferring St. Elizabeths,” *The Washington Post*, November 10, 1984.

³⁷⁰ Kenneth Bredemeier, “A New Life; Returning Mental Patients to the Community; Mixed Experiences,” *The Washington Post*, March 29, 1982.

³⁷¹ Ibid.

³⁷² Ibid.

³⁷³ Ibid.

D.C., but for those without housing and continued mental health care needs, their lives were lived in the open, for all to view. Although the road to deinstitutionalization- across the United States and in Washington, D.C., was paved with good intentions for the rights of people with mental illness, the unintended consequences exposed the fragility of assumptions, lack of practical perspective and limited insight that such a solution was built upon. To imagine that long-term institutionalized patients could transfer seamlessly into a system of public mental health care was naïve at best.

Fighting Crime with the Metropolitan Police Department: The Early 1980s

In Washington, D.C., the war on crime has been waged for at least thirty years, heightening in the early 1980s as Ronald Reagan brought “law and order” into town. I start my historical analysis at that moment, as the Metropolitan Police Department (MPD) began to visibly reflect the prevailing law enforcement discourses and strategies around the law and order paradigm and broken windows theory. In a telling series published by *The Washington Post* in 1982, the writers were given unprecedented access to officers in the Third District of D.C., a 200-block geographic area that at the time was bordered by Harvard Street NW on the north, Connecticut Avenue on the west, L Street NW on the south and Fourth Street on the east.³⁷⁴ After six months spent with officers in the district and over 180 interviews

³⁷⁴District boundaries have changed since 1982, though still follow the general outlines. For more detailed maps of each police district, see:
http://www.mpD.C..D.C..gov/mpD.C./cwp/view,a,1239,Q,543336,mpD.C.Nav_GID,1523,asp.

conducted with personnel ranging from patrol officers to commanders, a snapshot of the general milieu in MPD was captured.

In the first article of the series, highlighted on the front page of the Washington Post, the “Sasquatch Team” was profiled as enforcing “Its Own Code of Justice.”³⁷⁵ Third District officers, dealing with crime, drugs and prostitution, detailed their own “street cop justice.” Using “roundups, the mock courtroom at the cellblock, the informal plea bargain resulting in a permanent arrest record,” the officers enforced their “own code of justice.” “It’s harassment. I’ll even admit that,” says [Officer] Green. “The junkies are harassing the good citizens. The only thing we can do is harass them right back....The government took all our tools away.”³⁷⁶ The same officer later in the series boasts, “There’s federal law, there’s District law, and then there’s my law. I’m about the formalities later.” Another officer felt this aggressive policing to be a service to the neighborhoods he policed: “The officers are trying to take it on themselves to help out the community, so the kids can walk the street, so the ladies can get on the bus unmolested.” One tactic deployed by the officers in the article, the use of incommoding laws – a law prohibiting people from blocking a sidewalk – to move people from an area was an early precursor to the controversial move-alongs used by police officers today. Although, “Police regulations state: The incommoding laws were not intended...to keep...undesirables moving or to keep groups of people from gathering,” their use by MPD officers in this way was pointed out by the journalists to be “questionable.”

³⁷⁵ Benjamin L. Weiser and Athelia Knight, “In 3rd District, ‘Sasquatch Team’ Enforces Its Own Code of Justice,” *The Washington Post*, July 11, 1982.

³⁷⁶ Ibid.

In another article in the series, “The Code of Silence: a Harsh Reality,” readers were allowed a glimpse into how a “code of justice” developed and was reinforced and perpetuated by a “code of silence.”³⁷⁷ “When you raise your right hand the first day on the job it means: ‘I will tell no evil, see no evil and hear no evil.’ The bond is there because of the nature of the job,” one detective confessed.³⁷⁸ “Day after day in crime-ridden areas such as 3-D, where it is not uncommon for officers to find themselves alone in an unfriendly crowd or dangerous alley they must be confident with the knowledge that their colleagues always will back them up,” the authors elaborate.³⁷⁹ As the “thin line, more or less, between lawfulness and lawlessness, survival and nonsurvival” officers learned to lie: “If there is one thing this job teaches you, it’s how to lie. If you don’t they’ll [the police department, general public and officials] burn you. So if I see an officer get out and smack somebody, my statement is, ‘I was too busy to see what was going on.’”³⁸⁰ The fear of being burned continues to inform how officers perform their job, leading to the continuously reinforced advice to recruits to “cover your ass” (CYA). I will return to a discussion of this admonition in Chapter Four.

At the same time, across the river from St. Elizabeths and situated in the northwest quadrant, downtown in the 1980s saw a rise in the “urban gentry”- those, according to Wolf Van Eckardt of *The Washington Post*, who are “predominately, but not exclusively white, predominately, but not exclusively professional, predominately, but not exclusively 30-ish”

³⁷⁷ Benjamin L. Weiser and Athelia Knight, “The Code of Silence: a Harsh Reality,” *The Washington Post*, July 13, 1982.

³⁷⁸ Ibid.

³⁷⁹ Ibid.

³⁸⁰ Ibid.

and who “like to live in the city, preferably in old houses which they often restore themselves.”³⁸¹ “Gentrification is taking place,” Van Eckardt wrote, and “with all its potential for good, has created a severe housing crisis in this city.”³⁸² Mental health and homeless advocates concerned about the housing crisis in Washington, D.C. feared what a lack of affordable housing options would mean for patients transferred out of St. Elizabeths. Ultimately, those vying for the same space downtown would be the “rich and poor in this city.”³⁸³ Yet, in the early 1980s, as city planners and developers envisioned a new downtown, residential housing was ignored in favor of commercial real estate development, with Mayor Marion Barry supporting aggressive downtown development as the means for Washington, D.C.’s urban development project.³⁸⁴

The Metropolitan Police Department planned on becoming part of the new economic order of gentrification and urban development. In 1985, Assistant Chief Isaac Fulwood - to become Chief of Police in 1989 – asserted

Law enforcement for a long time hadn’t thought about how it relates to economic development... The businesses are relying on us to make it safe...For that matter, if successful, the project offers the startling prospect of the police’s being able to pick and choose neighborhoods that they can subject to a real-estate boom.³⁸⁵

³⁸¹ Wolf Van Eckardt, “Going Gentry; Urban Gentry and the District Housing Crisis; D.C. Attracts a New Middle Class,” *The Washington Post*, September 6, 1980.

³⁸² Ibid.

³⁸³ Ibid.

³⁸⁴ Stephen J. McGovern, *The Politics of Downtown Development: Dynamic Political Cultures in San Francisco and Washington* (Lexington, KY: University Press of Kentucky, 1998), 197.

³⁸⁵ Linda Wheeler, “From Drug Mart to Great Neighborhood? The Police Plan to Use Free-Market Capitalism to Start Hanover Place Boom,” *The Washington Post*, December 22, 1985.

Between street justice, a code of silence and dabbling in the gentrification process, what this meant for homeless individuals with mental illnesses on the streets would be realized in the late 1980s and early 1990s.

Transferring St. Elizabeths

In 1985, psychiatrist E. Fuller Torrey and physicians Sidney Wolfe and Eve Bargmann published the report, “Washington’s Grate Society: Schizophrenics in the Shelter and on the Street,” arguing that over 40% of the city’s homeless were schizophrenic and offered little to no care by the city’s mental health and shelter systems.³⁸⁶ The picture that continued to be painted of D.C.’s mental health system was one that predicted failure for the imminent transfer of St. Elizabeths from the federal government to the city. One psychiatrist at St. Elizabeths warned, “Transferring the hospital to the District would be like dumping a load on a man who already has his hands tied behind his back.”³⁸⁷

By 1986, the planning and implementation process was mired in contention. Under D.C.’s draft plan, once St. Elizabeths was transferred to the city, the number of inpatients at the hospital would be decreased from 1,600 to 1,091 in 1988 and 800 in 1991.³⁸⁸ Three hundred patients would then be placed in residential facilities throughout the city: group homes, nursing homes and other supervised living arrangements and another 368 shifted to

³⁸⁶ EF Torrey, E. Bargmann, and SM Wolfe, “Washington's Grate Society: Schizophrenics in the Shelters and on the Street,” (Washington, DC: Public Citizen, 1985).

³⁸⁷ Karlyn Barker, “D.C. Confronts Challenge of St. Elizabeths Transfer,” *The Washington Post*, September 28, 1987.

³⁸⁸ Sandra Evans, “Plan Would Cut Size of St. Elizabeths; Hundreds of Patients Would Be Shifted to Community Homes,” *The Washington Post*, October 2, 1986.

transitional housing on the St. Elizabeths grounds.³⁸⁹ However, neighborhood resistance was anticipated. In a daylong hearing held on the District's takeover plan, community residents were vocal in their opposition. One resident in Ward 4 angrily testified that, "Our community is being threatened by a group home."³⁹⁰ And, after a \$2.9 million mansion- the former Hurt Home for the Blind- was purchased in Georgetown to be used as a group home facility, residents of the affluent area immediately filed suit against the city.³⁹¹

The criticism, anger, fear and confusion continued to grow as the transfer of the hospital in October 1987 neared. Concerns that had been held since the late 1970s continued to be voiced: the city's mental health system would be unable to provide the programs and services for the 800 patients to be released by 1991 and as affordable housing and supported living facilities were limited, patients would be discharged to shelters and eventually join the thousands of homeless living in Washington, D.C.³⁹² The District's mental health plan had little support across the board. Shelter operators were serving discharged patients who came in with the clothing on their back and a prescription to be filled; St. Elizabeths employees were decrying the speed at which patients were being moved out of the hospital and fears that the population of homeless individuals with mental illnesses would increase exponentially were inflamed.³⁹³ Advocates warned that for those released from St.

³⁸⁹ Ibid.

³⁹⁰ Margaret Engel, "St. E's Takeover Plan Assailed; District's Mental Health Record is Shaky, Lawyer Says at Hearing," *The Washington Post*, November 23, 1985.

³⁹¹ Douglas Stevenson, "Group Home Purchase by D.C. Assailed; Neighbors Say They Were Not Informed," *The Washington Post*, September 10, 1987.

³⁹² Sandra G. Boodman, "Change Casts a Pall Over Mental Hospital," *The Washington Post*, October 12, 1986.

³⁹³ Ibid.

Elizabeths, not only would they face an uncoordinated continuum of care in the District's mental health system, but with a shortage of housing and shelter space, subsequent long waits for housing.³⁹⁴ Other failings in the city's mental health system included a shortage of mental health professionals to provide outpatient treatment and services; a shortage of crisis beds; "erratic...delivery of essential services" by community mental health centers and residential facilities- the primary service providers for patients transitioned to outpatient care.³⁹⁵ In essence, critics argued that, "the plan is vague about how they will be cared for once they leave."³⁹⁶

It [the plan] underestimates the number who need services, fails to spell out where discharged patients will live or how they will be supported, relies heavily on transitional facilities that have no expiration date and could become permanent, and provides inadequate incentives for new community programs.³⁹⁷

Focus was also centered on the patients themselves. In May of 1987, 342 patients at St. Elizabeths were granted hearings to determine if they were held at the hospital illegally prior to 1973, when a change in federal law increased the burden of proof necessary to commit a person.³⁹⁸ Prior to the 1973 ruling, individuals could be civilly committed to mental hospitals without a hearing and often for dubious reasons at best, including simply being

³⁹⁴Sandra R. Gregg, "Mentally Ill in Area Face Shortage of Shelter; Community Opposition, Little Public Funding Contribute to Lengthy Waiting Lists," *The Washington Post*, March 4, 1987.

³⁹⁵ Karlyn Barker, "D.C. Confronts Challenge of St. Elizabeths Transfer," *The Washington Post*, September 28, 1987.

³⁹⁶ Sandra G. Boodman, "Life Outside the Hospital; Support is Scant for Former Patients," *The Washington Post*, October 13, 1986.

³⁹⁷ Ibid.

³⁹⁸ Sandra R. Gregg, "342 Mental Patients Entitled to Hearings; Rule Affects Those Committed Before '73," *The Washington Post*, May 23, 1987.

unwanted.³⁹⁹ Subsequently, a complex debate around patients' ability to care for themselves after years spent in a "total institution"⁴⁰⁰ ensued: would an elderly individual who had been supported by the hospital be able to successfully transition to independent living; was "safety more important than freedom?"⁴⁰¹

At the same time, mental health training for police officers was garnering support nationally. In a *Washington Post* editorial, a report on mental health police training, published by the Police Executive Research Forum, was hailed as providing, "practical guidance in dealing with a problem of growing importance to peace officers."⁴⁰² Linking deinstitutionalization, stricter involuntary commitment laws and homelessness, the brief editorial fueled the building panic around deinstitutionalization and homelessness, while also recognizing the growing concern around the criminalization of mental illness.

The Transfer Happens

October 1, 1987 was a cloudless day, as pictures now show. In one picture, as the District's flag is raised above St. Elizabeths, Marion Barry looks to the sky, in "one of the happiest moments of [his] life,"⁴⁰³ a smile on his face while balloons wave in the air. "For the first time," Barry boasted, "the District government now provides complete mental

³⁹⁹Ibid.

⁴⁰⁰ Goffman, *Asylums : Essays on the Social Situation of Mental Patients and Other Inmates*.

⁴⁰¹ Benjamin Weiser, "Survival Versus Freedom: Patient Struggles in Dilemma," *The Washington Post*, September 28, 1987.

⁴⁰²Editorial, "A New Kind of Police Work," *The Washington Post*, May 3, 1986.

⁴⁰³ Karlyn Barker, "St. E's Patients Share the Dream; 132-Year-Old Hospital Transferred to District," *The Washington Post*, October 2, 1987.

health services to all resident.”⁴⁰⁴ The ceremony was “a two-hour, upbeat ceremony” and Barry told those gathered

If it weren’t for the grace of God, we ourselves would be mentally ill, we ourselves would need St. Elizabeths. We must get our neighbors and friends to love the mentally ill as though they were ourselves.⁴⁰⁵

With the transfer of St. Elizabeths, the new mental health system would be run by a new agency, the Commission for Mental Health Services, and headed by Robert A. Washington, who had previously run a community mental health center in Chicago. The mental health system would join the inpatient and long-term services of St. Elizabeths Hospital with four community mental health centers (CMHCs), each serving residents of two wards. However, by September 1987, only three of the four were open: the South CMHC on the grounds of D.C. General Hospital serving Wards 6 and 7; the North CMHC on Spring Road serving Wards 1, 5, 3 and 4 (a center in the upper Northwest was scheduled to serve Wards 3 and 4); and Area D CMHC on St. Elizabeths west campus, serving Wards 2 and 8.⁴⁰⁶ Complex calculations were not needed to see that even with private agencies providing direct services in addition to the city’s three community mental health centers, it would be a crunch to provide quality, coordinated care to those already using the public mental health system, as well as those being transferred from St. Elizabeths.

It did not take long for the system to begin to crack. Although under a court order to transfer patients out of St. Elizabeths and provide care in the least restrictive setting, a court ruling in November 1987 expanded the District’s involuntary commitment law. Under the new

⁴⁰⁴ Ibid.

⁴⁰⁵ Ibid.

⁴⁰⁶ “Four Centers to Aid Wards,” *The Washington Post*, September 28, 1987.

provisions, police officers and mental health professionals could involuntarily commit someone to St. Elizabeths if they were a danger to themselves due to a lack of shelter, clothing or food; previously, the standard required an individual to pose a physical threat to themselves or others.⁴⁰⁷ That homeless individuals with mental illnesses were the target of the newly expanded provision was clear. Robert Washington remarked at the time, “This gives us the authority to do something that is in the best interest of clients and clearly something that the public wants. But I don’t think it will make enough difference to reduce the clamor about the mentally ill homeless.”⁴⁰⁸ The provision was also to directly recruit police officers to aid in the removal of homeless individuals with mental illness from the streets of Washington, D.C. from the late 1980s forward.

By early 1988, federal Medicare health inspectors warned the Commission on Mental Health Services that St. Elizabeths “was out of compliance with a range of federal regulations designed to ensure quality of care” – especially in regards to staff shortages – which jeopardized a quarter of the hospital’s budget funded by Medicare and Medicaid.⁴⁰⁹ This was not surprising, though, as filling key mental health positions at St. Elizabeths had been a casualty in cuts made to shore up a \$55 million Human Services deficit by the Barry administration.⁴¹⁰ But in July,

⁴⁰⁷ Marcia Slacum Greene, “D.C. to Commit More Homeless People; Court Lets Those Who Cannot Care for Themselves Be Sent to St. E’s,” *The Washington Post*, November 19, 1987.

⁴⁰⁸ Ibid.

⁴⁰⁹ Michael Abramowitz, “Federal Inspectors Advise St. Elizabeths to Shape Up,” *The Washington Post*, April 2, 1988.

⁴¹⁰ Ibid

the hospital passed a second inspection after 350 beds were excluded from the Medicare approval process, allowing for a smaller inspection to take place.⁴¹¹

In October 1988, a year after the transfer of St. Elizabeths and a purported expansion of outpatient mental health services, it was clear the city's mental health system was- and would continue to be- in disarray. According to the Dixon Implementation and Monitoring Committee, the District's public mental health system was "seriously out of compliance" with the obligations set forth by the 1975 decree.⁴¹²

Bad Apples: the 1989-90 Hiring Binge

By the late 1980s, turmoil consumed the Metropolitan Police Department. As drug-related crime and homicide rates steadily increased in the city, the department was struggling to win the war on drugs. "Operation Clean Sweep," conducted from 1986-1988, was the department's largest crackdown on drug markets in the city. Yielding 43,000 arrests, 60% drug related, it appeared to be a success if measured by arrest numbers, but Chief Maurice Turner deemed it a failure as drug use and sale statistics continued to increase.⁴¹³ In addition, growing tension between Mayor Marion Barry and Turner was publically brewing, stemming from a disagreement between Barry and Turner over the amount of influence the mayor could exert

⁴¹¹ Michael Abramowitz, "St. Elizabeths Passes Crucial U.S. Inspection; Stamp of Approval Continues \$26 Million in Funding," *Washington Post*, July 23, 1988, B1.

⁴¹² Name Redacted, "Dixon V. Weinberger: A Study of the Fight to Reconstruct the District of Columbia's Mental Health System," 32.

⁴¹³ Ruben Castaneda, "Putting Their Best Feet Forward; Community Patrols Send More Police Onto D.C. Streets," *The Washington Post*, September 17, 1993.

over the operations of the police department.⁴¹⁴ Barry and Turner had also openly disagreed over the need to hire additional officers for the department; in open defiance of Barry, Turner publically called for additional officers after Barry had threatened to fire “any D.C. official who publically called for an expansion of the city’s 3,990 member force.”⁴¹⁵ Turner eventually retired in July 1989, noting upon his departure that as one of the best departments in the country, “We arrest more people per 1,000 residents than any police department in the country. We have more people incarcerated in this city than any other city or country in the Free World. So I think we’re capable of performing our duties.”⁴¹⁶ Arrests as a measure of success are highly problematic as noted in the literature,⁴¹⁷ but even more so when contextualized in the historical moment: as the numbers of homeless individuals with mental illnesses increased in the District, the percentage of their arrest rate, often for minor misdemeanors, also increased. The criminal justice system became just one more stop in an institutional circuit.

Turner was replaced by Isaac Fulwood, a “career cop” and key architect of the department’s drug war strategy.⁴¹⁸ By 1989, the police department, as well as the Commission on Mental Health, was feeling the swelling concern over mounting deficits in the city’s

⁴¹⁴ Sari Horowitz, “Barry Reportedly Wants Turner Out; Mayor’s Advisers Say Police Chief’s Credibility Is Major Asset,” *The Washington Post*, March 23, 1989.

⁴¹⁵ Sari Horowitz and Tom Sherwood, “Barry Said to Warn Police Brass Not to Call For More Officers,” *The Washington Post*, February 22, 1989.

⁴¹⁶ “Turner Calls It Quits,” *Law Enforcement News*, May 31, 1989.

⁴¹⁷ See P.W. Greenwood, “An Analysis of the Apprehension Activities of the New York City Police Department,” (New York: RAND Corporation, 1970); Joan Petersilia, “The Investigative Function,” in *The Criminal Investigation Process*, ed. P.W. Greenwood, J.M. Chaiken, and J. Petersilia (Lexington, MA: D.C. Heath, 1977).

⁴¹⁸ Sari Horowitz, “Barry Nominates Fulwood As Next D.C. Police Chief,” *The Washington Post*, June 13, 1989.

budget, especially as the transfer of St. Elizabeths and increasing crime from drug violence necessitated increased funding.⁴¹⁹

It was in the midst of this chaos that in late September 1989, Congress ordered the city to hire approximately 1,500 new officers. Congress had voted to withhold the \$430 million dollar federal payment to the city for the 1989 and 1990 budget cycles until the officers were hired.⁴²⁰ The measure was approved in a \$31 million dollar funding package approved by the D.C. City Council and Congress. Earlier in the same year, MPD had begun to recruit applicants in expectation of the hiring mandate, as well as in anticipation of a critical mass of officers who would be retiring in the early 1990s. The department subsequently shortened the standard application process- which had required approval of a candidate's application before they were able to sit for the police exam to open testing without review or approval. However, it was not long before the Fraternal Order of Police (FOP) in Washington, D.C. began to raise alarm bells over these relaxed hiring and testing standards, as well as the quality and quantity of training being given to recruits in MPD's police academy. As a result of the FOP's allegations, in June 1989, the General Accounting Office (GAO) opened an investigation into MPD's testing and training practices, and in May 1990, the GAO issued its report, finding that although substantive changes had been made to the training curriculum, there was an absence of documentation to account for and

⁴¹⁹ Michael Abramovitz, "Drug War Puts Unanticipated Squeeze on D.C. Budget," *The Washington Post*, January 9, 1989.

⁴²⁰ Keith A. Harriston and Mary Pat Flaherty, "D.C. Police Paying for Hiring Binge," *The Washington Post*, August 28, 1994.

explain the changes in instruction.⁴²¹ The hiring mandate by Congress and the subsequent practices that MPD employed to hire and train 1,000 new officers were to reverberate over the next 10 years. I will return to a discussion of these repercussions later in the chapter.

In late 1990, the Metropolitan Police Department was again under fire, this time from the Commission on Budget and Financial Priorities, informally known as the Rivlin Commission and convened by Marion Barry to address the financial crisis engulfing the city. In absolute contradiction to the hiring mandate issued by Congress, the Rivlin Commission report recommended that 27% of the force- approximately 1,605 uniformed and civilian positions- be cut.⁴²² In the report, the commission charged that MPD was “inefficient,” “grossly overstaffed,” “technologically obsolete and professionally inexperienced,” and had a disproportionate number of officers performing administrative duties as opposed to patrol and enforcement.⁴²³ In essence, it was a department,

Slow to modernize equipment...one burdened by too many people working at desks; one with too many officers doing jobs civilians ought to do; and one that doesn't have a good idea of how well its various parts are working because it doesn't study them.⁴²⁴

⁴²¹ United States General Accountability Office, “D.C. Government: Information on the Police Recruit Training Program,” (Washington, D.C.: United States General Accountability Office, 1990).

⁴²² Steve Twomey, “Panel Urges A Leaner Police Force; Department Too Big, Poorly Organized,” *The Washington Post*, November 20, 1990.

⁴²³ James Fyfe and Patrick Murphy, “D.C. Police: Trim the Fat,” *The Washington Post*, November 27, 1990.

⁴²⁴ Steve Twomey, “Panel Urges A Leaner Police Force; Department Too Big, Poorly Organized,” *The Washington Post*, November 20, 1990.

Community Empowered Policing

Following the example of major metropolitan police departments in the adoption of community policing, in late 1989 Fulwood announced the forthcoming implementation of a “community empowered policing” (CEP) plan for the Metropolitan Police Department.⁴²⁵ The plan required officers “to fill out monthly reports stating...how many households they contacted, how many community meetings they attended and the number of street lights replaced, abandoned cars towed and crack houses boarded.”⁴²⁶ It was a classic broken windows approach to community policing.

What community empowered policing meant for residents was soon to be seen. Motivated by complaints from businesses and residents regarding harassment by panhandlers,⁴²⁷ Fulwood launched a campaign to crack down on quality of life crimes- a primary strategy in the broken windows paradigm of community policing. In an interview, Fulwood argued “We’ve been focusing so much of our resources on murders and drugs that we get away from the kind of stuff that has to do with quality of life...This is about the quality of life. And we need the police to take reasonable action.”⁴²⁸ It was a strategy that resonated with residents eager to police their neighborhood as homelessness in the city increased. In a meeting organized by the Dupont Circle Advisory Neighborhood

⁴²⁵ Sari Horowitz, “Fulwood Seeks to Immerse D.C. Officers in Community,” *The Washington Post*, December 4, 1989.

⁴²⁶ Ibid.

⁴²⁷ Sari Horowitz, “Street Harassment Complaint Strikes a Nerve with Fulwood; Chief Sends a Message to D.C. Officers,” *The Washington Post*, April 11, 1990.

⁴²⁸ Ibid.

Commission in 1990, residents complained that panhandlers were “making them afraid to walk on even well-lighted streets in high traffic areas” and creating an atmosphere of fear in their neighborhood.⁴²⁹ One attendee even ventured to say, “There’s a great deal of resentment developing among homeowners in this neighborhood. An awful lot of people have guns. If we could somehow communicate that they are not safe in this neighborhood...That’s the solution and nobody will say it.”⁴³⁰ Fulwood responded in October 1990 by reviving an “all-but-abandoned” city ordinance that prohibited a person from “wandering abroad and begging, or who goes about from door to door or places himself in or on any highway, passage or other public place to beg or receive alms.”⁴³¹ The ordinance was so out of use the date of its passage was not even known. Simply, the intent of this response was to use the criminal justice system as a method of policing and excluding undesirable people from neighborhoods with enough organization, resources and power to communicate their opposition. Ironically, the tactics of community policing focused on exclusion, rather than inclusion, of people from neighborhoods and public spaces; essentially, they were policed out of the community. Also, for those most likely to panhandle, including individuals with mental illness and the homeless, it was the fallacy and failure of community outpatient care that had contributed to their exclusion in the community, as well.

⁴²⁹ Jenice Armstrong, “Dupont Circle Wants Relief From Beggars,” *The Washington Post*, June 14, 1990.

⁴³⁰ Ibid.

⁴³¹ Gabriel Escobar, “D.C. Police Declare Streets Off-Limits to Persistent Panhandlers,” *The Washington Post*, November 8, 1990.

Consent Decrees and a Special Master

By 1989, the city's public mental health system was crumbling as the city was engulfed in financial crisis. According to Elwell, "The system was in such a state of disarray that case managers in the community mental health centers were averaging caseloads of 80 individuals, while it was costing the District \$80,000 per person in the hospital."⁴³² That year, a new consent agreement was reached between the District and the plaintiffs in the *Dixon* case. The 1989 consent agreement set a two-year time limit to move 400 inpatients at St. Elizabeths into outpatient care, create 400 new housing units for individuals in outpatient care, and increase funding for outpatient services.⁴³³ Once again the city failed to fulfill the requirements of the consent decree, despite Mayor Barry's promise to "hold my staff's feet to the fire."⁴³⁴

The result was another consent agreement, the Service Delivery Plan (SDP), a five-year implementation plan. Reached in December 1991 and approved in January 1992, the SDP targeted the most seriously ill and in need of services: approximately 2,500 homeless residents living on the streets or in shelters and adults currently at St. Elizabeths who were at risk of readmission.⁴³⁵ The plan set specific timetables for the city's tasks, with the most immediate priorities including the creation of mobile outreach teams, community

⁴³² Elwell, "From Political Protest to Bureaucratic Service: The Transformation of Homeless Advocacy in the Nation's Capital and the Eclipse of Political Discourse", 231.

⁴³³ Name Redacted, "Dixon V. Weinberger: A Study of the Fight to Reconstruct the District of Columbia's Mental Health System," 35; Elwell, "From Political Protest to Bureaucratic Service: The Transformation of Homeless Advocacy in the Nation's Capital and the Eclipse of Political Discourse", 231.

⁴³⁴ Michael Abramowitz, "Barry Vows to Move 400 St. E's Patients by the End of 1991," *The Washington Post*, June 3, 1989.

⁴³⁵ Name Redacted, "Dixon V. Weinberger: A Study of the Fight to Reconstruct the District of Columbia's Mental Health System," 36.

stabilization beds and drop-in centers to deter readmission to St. Elizabeths, as well as the continued movement of patients into residential living facilities.⁴³⁶ The city also agreed to provide housing to 625 homeless adults with mental illnesses by 1997. However, Robert Washington, the commissioner on mental health, resigned soon after and was not replaced, “rendering the court agreements ineffective without sufficient leadership to implement them.”⁴³⁷

The plan was not without opposition. Council member H.R. Crawford (D-Ward 7), chairman of the Human Services Committee, was particularly vocal, arguing, “We need to return to using St. Elizabeths rather than go out here and disturb every neighborhood.”⁴³⁸ Crawford’s sentiment reflected the growing NIMBY (Not-In-My-Backyard) backlash against the homeless individuals and people with mental illnesses in Washington, D.C. In the early 1990s, homelessness continued to rise as the city’s financial crisis meant disastrous budget cuts: Mayor Barry cut the homeless services budget by \$19 million and Mayor Sharon Pratt-Kelly, elected in 1991, closed shelters while also cutting the number of shelter beds.⁴³⁹ And at the same time, gentrification continued to displace the city’s poorest black residents, some into tenuous housing situations.

Elwell illustrates the growing NIMBY backlash in the early 1990s with an example centered on the closing of a shelter in Foggy Bottom. The shelter, located in front of the

⁴³⁶ Ibid.

⁴³⁷ Elwell, “From Political Protest to Bureaucratic Service: The Transformation of Homeless Advocacy in the Nation's Capital and the Eclipse of Political Discourse”, 231.

⁴³⁸ James Ragland, “D.C. Maps Plan to Aid Mentally Ill, Community-Based Programs Target 2,500 Homeless,” *The Washington Post*, December 24, 1991.

⁴³⁹ Elwell, “From Political Protest to Bureaucratic Service: The Transformation of Homeless Advocacy in the Nation's Capital and the Eclipse of Political Discourse”, 234.

Watergate at 27th and I Streets, included eight trailers and served a “large number of individuals with mental illness who spent the majority of their time in the neighborhood.”⁴⁴⁰ Opposition to the renewal of the shelter’s service contract in the historic and expensive neighborhood came from the mayor’s office, Councilmember Jack Evans’ office, the local Advisory Neighborhood Commission and the Foggy Bottom/West End Citizen’s Association. Residents complained of increased crime, vandalism, verbal harassment and “plummeting property values,” and Evans argued that Ward 2 disproportionately shouldered the burden of homeless service programs.⁴⁴¹ Shelter residents and homeless advocates organized and launched a campaign of protests and street theater to keep the shelter opened; however, ultimately the shelter was closed by the D.C. Department of Human Services to accommodate planned federal freeway construction- which never occurred. The resulting expulsion and exclusion of homeless individuals with mental illnesses from the Foggy Bottom neighborhood was built from community will and power, including that of the mayor’s office and the Department of Human Services.

In 1993, the city and Dixon plaintiffs were once again in court. In May 1993, the city was found to be- once again- in violation of the 1992 Service Delivery Plan. Judge Aubrey Robinson wrote in his ruling, “Its [the District] efforts have not been lacking, but they have been insufficient, ineffective and untimely.”⁴⁴² His solution was to appoint a Special Master⁴⁴³

⁴⁴⁰ Ibid., 239.

⁴⁴¹ Elwell, “From Political Protest to Bureaucratic Service: The Transformation of Homeless Advocacy in the Nation's Capital and the Eclipse of Political Discourse”, 236.

⁴⁴² Amy Goldstein, “Court Takes Over D.C. Mental Services; Judge Gives Reins to Outside Specialist,” *The Washington Post*, May 18, 1993.

⁴⁴³ A special master is a legal authority appointed by a judge to oversee compliance with judicial orders.

to oversee the implementation of the consent decrees. Danna Mauch, a former commissioner of mental health for Rhode Island was appointed and given power to make binding recommendations to the city as to how and when services would be implemented to make it in compliance with the 1992 Service Delivery Plan.⁴⁴⁴ However, Mauch's efforts had little to no impact on the city's compliance. In July 1993, as a severe financial crisis engulfed the city, Mayor Pratt Kelly proposed a cost-cutting measure in emergency legislation that would absolve the city of its obligation to provide outpatient treatment for mental health care. Her proposal was countered as "fiscally unsound" by members of the Dixon Implementation Monitoring Committee who pointed out that \$0.70 cents of every dollar on mental health services went to St. Elizabeths and city administrative costs, although only 1,117 patients received services at the hospital.⁴⁴⁵ If a comprehensive outpatient system was to be built in the District, the inverse should have been true- more money for outpatient care as opposed to inpatient care at St. Elizabeths. Kelly later withdrew the proposed legislation but it was clear that the city had no handle on the implementation of the consent decree, let alone on how to create and run a comprehensive public mental health system.

Downward Spiral

Simultaneously, the Metropolitan Police Department was in the midst of a raging storm: the war on drugs was in full swing, homicides were mounting, brutality complaints

⁴⁴⁴ Ibid.

⁴⁴⁵ Serge F. Koaleski, "D.C. Mental health Plan Raises Ire; Mayor Proposes Cuts To Stem Budget Woes," *The Washington Post*, July 9, 1993.

were rising and tension between police officers and the city's growing Latino population was escalating. Basic operating supplies and equipment were unavailable, their purchase long delayed by Barry's continued cutting of the department's budget.⁴⁴⁶

Although homicides had been continuing to rise due to drug violence each year since the late 1980s, 1990 saw the largest number of killings in the District- 483, of which 200 were directly linked to drugs.⁴⁴⁷ In response to the escalating violence, the department had created the Rapid Deployment Unit (RDU), a paramilitary special police unit charged with fighting violent drug-related street crime at night. The RDU reflected the strategy and features common in the growing number of paramilitary special units across the country: aggressive- and sometimes physical- confrontation and interrogations, mass vehicle and street stops, and a unit staffed by young, male officers. Michael York, in a piece for *The Washington Post* described the unit as “mostly young black and Hispanic officers described by their commander as “super-aggressive” [who] have developed a strong, almost fraternal camaraderie. Many of them speak with scorn about what they think is the laziness of other police units. Some cultivate the macho swagger of the suspects they pursue.”⁴⁴⁸ Although the unit was heralded as a success based on the number of arrests and firearm confiscations, the consequences were high: the RDU's use of targeted stops, excessive force and aggressive interrogation, “often push[ed] right to the edge of department regulations and the law...”⁴⁴⁹

⁴⁴⁶ Keith A. Harrison, “Fulwood Passes On an Uneven Legacy; Chief's Successes Are Tempered by Low Morale, Equipment Woes,” *The Washington Post*, September 10, 1992.

⁴⁴⁷ Gabriel Escobar, “Washington Area's 703 Homicides in 1990 Set a Record; Police Say Disrespect for Life, Especially Among Youths, Is Fueling Violence,” *The Washington Post*, January 2, 1991.

⁴⁴⁸ Michael York, “Taking It to the Streets; D.C. Police Unit Fights Crime With Attitude,” *The Washington Post*, December 15, 1991.

⁴⁴⁹ Ibid.

One supervising officer made the observation that, “There’s widespread apprehension that this unit might be a little too tough, maybe even dangerously so.”⁴⁵⁰

The Rapid Deployment Unit was just one piece of a department increasingly under fire. First, in May 1991, after the arrest of an immigrant man from El Salvador in the Mount Pleasant neighborhood in the District resulted in a non-fatal shooting, three days of rioting rocked the neighborhood. For Latino residents and activists, the shooting was one more incident in a continued pattern of physical assaults, harassment and intimidation and police misconduct.⁴⁵¹ Police brutality complaints were also rising. In 1990, 361 brutality cases were filed with the Civilian Complaint Review Board, the District’s governmental body charged with investigating allegations of police misconduct and abuse.⁴⁵² However, the power differential- between an officer and the person alleging abuse, often a resident from high-crime neighborhoods with increased police presence- frequently worked in favor of the officer. As one attorney argued, “You end up with an unattractive plaintiff coming up against Clark Kent in a blue suit wrapping himself in a cloak of protecting the public from the wild. It’s difficult for some juries to get past that.”⁴⁵³ However, that the number of brutality complaints was growing- and indicating the possibility of widespread excessive force in MPD- could not be disputed. The head of the Fraternal Order of Police argued that poor training, stress from the war on drugs and relaxed standards during the 1989-90 hiring

⁴⁵⁰ Ibid.

⁴⁵¹ Washington Lawyers' Committee, “A Place at the Table: Latino Civil Rights Ten Years after the Mount Pleasant Disturbances, Conclusions and Recommendations of the Civil Rights Review Panel,” (Washington, D.C.: Washington Lawyers' Committee, 2004).

⁴⁵² Veronica T. Jennings, “The Difficult Task of Policing the Police; Of 559 Brutality Complaints Filed in Area Last Year, Few Proven,” *The Washington Post*, April 28, 1991.

⁴⁵³ Ibid.

spree- were finally catching up with department.⁴⁵⁴ Finally, adding yet another dimension to the picture was a developing concern about officers from the 1989-90 recruit classes. After three rookie officers were found to have juvenile criminal records, the department moved to reevaluate the background checks of 88 officers. Issues of race brewed beneath the surface and were hardly spoken of, as many of the recruits hired during the mass hiring drive were young, black and from the city.⁴⁵⁵

In late 1992, Isaac Fulwood retired as Chief of Police and Mayor Kelly appointed Fred Thomas, a veteran officer in MPD who had retired in 1985 to run the Boys and Girls Club of D.C. Thomas continued Fulwood's incremental steps towards community policing with several strategies. First, he gave more authority and decision-making power to district commanders, one element of the decentralization of operations that is a cornerstone of community policing. Second, Thomas assigned officers to specific beats, instituting foot and scooter patrols as a way for officers to begin to intimately know the neighborhood they patrolled. He also increased patrols overall, specifically in high crime areas. Although the literature on community policing has debated the effectiveness of increased police patrols on incidents of crime, Thomas' efforts strengthened perceptions of safety among some residents- a sleight of hand in the toolbox of community policing. But crime and violence did not decrease in the District. It was not for lack of trying by the criminal justice system: federal-local law enforcement task forces were created, increased patrols were instituted, and

⁴⁵⁴ Patrice Gaines-Carter, "D.C. Police Union Links Poor Training to Brutality; Stress, Relaxed Standards Also Are Cited," *The Washington Post*, March 25, 1991.

⁴⁵⁵ Gabriel Escobar, "D.C. Police Reevaluating 88 Background Checks; Criminal Records of 3 Rookies Prompt Action," *The Washington Post*, May 17, 1991.

penalties were stiffened for violent crimes committed by juveniles.⁴⁵⁶ Yet, the unavailability of affordable housing and employment in D.C., severe poverty, and a social service system in shatters- including public mental health care- were still present and real. As in many cities and states, the police department and court system became the primary method of dealing with the effects of structural violence.

By 1993, panhandling in the District had become an emergency that MPD was expected to control. On June 1, the D.C. City Council approved by a 10-1 vote the D.C. Panhandling Control Emergency Act of 1993.⁴⁵⁷ The law defined aggressive panhandling as “approaching, speaking to or following a person in a manner as would cause a reasonable person to fear bodily harm” and required an officer to first witness the act before making an arrest, as opposed to taking action based on citizen complaints. According to one of the co-sponsors of the act, Jim Nathanson (D-Ward 3), “The purpose of the law is to give police the authority to tell the panhandlers to move on. The fine or jail is a threat the police can use.”⁴⁵⁸ In essence, the solution to the panhandling “emergency” was to use police powers to move individuals along, particularly those most undesirable to wealthy residents in the city. Interestingly, patrol officers expressed a reluctance to prioritize and enforce the new law.⁴⁵⁹ In Chapter Five, I will further discuss the complex contradictions that arise around the use

⁴⁵⁶ Ruben Castaneda, “Year Ranks With D.C.’s Deadliest; Drugs, Guns, Poverty Blamed as Homicides Keep Pace With ’91,” *The Washington Post*, August 12, 1993.

⁴⁵⁷ Panhandling Control *Second Congressional Recess* Emergency Act of 1993, D.C. Code 22-3306, Oct. 5, 1993.

⁴⁵⁸ Linda Wheeler, “D.C. Officers Skeptical of Panhandling Limits; Some Say Enforcement Would Be Low Priority,” *The Washington Post*, June 3, 1993.

⁴⁵⁹ Ibid.

of the “move along” tactic by police officers, specifically as it affects homeless individuals with mental illnesses.

Bad Apples

On August 28, 1994 the first of a seven-part expose in *The Washington Post*. “D.C. Police Paying for Hiring Binge,” declared. The series laid out a particularly damaging picture of the Metropolitan Police Department; the bad press that MPD had garnered before was nothing compared to the firestorm that engulfed the department.

The research in the series, “Law and Disorder,” was based on interviews with officers, prosecutors, judges and defense lawyers, as well as the review of court documents and internal departmental records.⁴⁶⁰ They found that graduates of the 1989 and 1990 classes, approximately one-third of the force in 1994, accounted for:

- More than half of the 201 D.C. police officers arrested since 1989 on charges ranging from shoplifting and forgery to rape and murder.
- More than half of those involved in department disciplinary proceedings for breaches such as neglecting duty, making false statements and failing to obey orders, which have [had] doubled since 1989.
- Half of those on a list of 185 D.C. officers so tainted by their own criminal problems that prosecutors won’t [wouldn’t] put them on a witness stand as officers of the law.⁴⁶¹

⁴⁶⁰ Keith A. Harriston and Mary Pat Flaherty, “D.C. Police Paying for Hiring Binge,” *The Washington Post*, August 28, 1994.

⁴⁶¹ Ibid.

The investigation exposed a system of recruitment, training and policing that failed to select and train officers who, ultimately, would make decisions and take actions that affected peoples' lives.

In 20 months, from 1989 to 1990, MPD hired 1,471 officers, many residents of the District. The series revealed several key issues that allowed for corruption, abuse and misconduct to occur. First, background checks were shortened and too often, incomplete, with investigators forgoing neighborhood and employer visits. Psychological testing was also lax, with one in 20 applicants being rejected, compared with one in five in previous years. Physical examinations were so deficient that even some recruits who failed were still hired. Finally, recruits were rushed through the academy with insufficient training, outdated materials and poor guidance. One piece after the next and example after example chronicled a police department so negligent that it had become a safety hazard to the public. At the academy, the hours of training between 1989 and 1990 ranged from 322 hours to 652 for recruits, a difference of 3 months for some.⁴⁶² The academy also operated on two training shifts, from 6:30 a.m. to 12:00, without bringing in additional instructors. Recruits were undertrained by overworked staff and sent into the streets, expected to exercise their power and authority judiciously and fairly.

The documentation of training deficiencies was the most important and damaging piece of the series, especially as the General Accounting Office had released its investigative report on the department's incomplete training records just four years earlier. Yet, lack of sufficient training continues to plague the department, with many officers I worked with

⁴⁶² According to the Bureau of Justice Statistics, the average number of training hours for recruits is 761 (19 weeks).

repeatedly echoing the belief that, “It [misconduct] all goes back to training and recruitment.” In the next chapter, I will discuss this further, specifically as it relates to mental health training. But it is hardly a surprise that in the absence of the most basic training, the importance of mental health and homelessness to policing were not recognized.

By the end of 1994, the Civilian Complaint Review Board, an independent city government agency created in 1980 and charged with receiving and investigating police misconduct and abuse complaints, was so understaffed and underfunded that a backlog of over 800 cases had accumulated. The office was abolished the next year and the cases forwarded to the city’s seven police districts. If they were ever investigated is unknown.

Mental Health Receivership

In her 1995 report to the court, special master Dana Mauch presented this analysis of the District’s effectiveness at addressing the 1992 SDP:

The District has displayed a persistent pattern of non-compliance. This is a direct result of problems in commitment and capacity....Given...the poor history of federal government sponsorship of the mental health system, the special master is persuaded the compliance will not be timely achieved without further intervention by the court to direct the reform of the mental health system including: the creation of a comprehensive and integrated service delivery system, the re-balancing of the allocation of resources to support the system, and the establishment of capable leadership and a functional governance structure to sustain a clinically and cost-effective mental health system on behalf of Dixon class members.⁴⁶³

In the spring of 1995, the plaintiffs in the Dixon case sought to have the special master’s role expanded into that of a court-appointed receiver who would operate the

⁴⁶³ Cited in Name Redacted, “Dixon V. Weinberger: A Study of the Fight to Reconstruct the District of Columbia’s Mental Health System,” 55.

District's mental health system. The appointment of receivers to run city agencies was not unfamiliar; in 1995, both the city's public housing and child welfare services departments were in receivership. Barry stalled the appointment of a receiver by negotiating a 120-day "Phase I" agreement. In the Phase I agreement, the city agreed to comply with mandates in the 1993, 1994 and 1995 service delivery plans, as well as increase the budget for outpatient mental health services by \$12 million.⁴⁶⁴ The District succeeded in meeting the goals of the Phase I agreement and entered into a Phase II agreement which specified targets for further implementation of the 1992 Service Delivery Plan. The city failed to comply.

At St. Elizabeths, infrastructural and service delivery problems continued to plague the hospital. In a letter written by Robert Keisling to *The Washington Post*, the former director of emergency psychiatric services for the District and former medical director of St. Elizabeths from 1980-85 cited "heating and hot water problems along with floods, sewer backups, power failures, fires and elevator breakdowns" as infrastructural problems that would be too costly to solve on the hospital's budget.⁴⁶⁵ A patient's death in September 1996 also called attention to management and oversight at St. Elizabeths. Joanne Hicks, a 51-year-old District resident, was found dead at the bottom of a laundry chute after staff lost track of her the day after she checked-in to the acute-care ward.⁴⁶⁶ Despite the \$120 million funneled from the mental health budget into St. Elizabeths, the hospital was in crisis.

⁴⁶⁴ Ibid., 40.

⁴⁶⁵ Robert Keisling, "This Hospital Can't Be Resuscitated," *The Washington Post*, February 25, 1996, C12.

⁴⁶⁶ Brett Anderson, "Down the Chute: Patient's Death Leaves Disturbing Questions About Supervision and Oversight at St. Es," *Washington City Paper*, October 25, 1996.

In December 1996, the plaintiffs in the Dixon case filed once again for the court to appoint a receiver to seize control and run the Commission on Mental Health Services, and on June 13, 1997, Judge Aubrey Robinson ordered the appointment of a receiver, writing in his opinion that, “The District has fallen woefully short of its obligations.”⁴⁶⁷ In his ruling, Robinson concluded

For twenty-two years, this court has witnessed the failure of the District of Columbia to provide its residents with an integrated community based mental health system. As a result, mentally ill residents of the District of Columbia are suffering. Lost, among the numerical details contained in the Court’s findings is the fact that the failure of the District of Columbia to properly treat its mentally ill citizens significantly decreases the quality of their lives and, in many cases, threatens their very existence.⁴⁶⁸

The receiver was charged to “oversee, supervise, and direct all financial, contractual, legal, administrative, and personnel functions” of the city’s mental health system.⁴⁶⁹ In September 1997, Robinson appointed Scott Nelson, who at the time was running the federal government’s Indian Health Service and had formerly been mental health commissioner in Pennsylvania and New Mexico. That Nelson had an enormous mandate before him was obvious.

In the late 1990s, mental health advocates also began to push for training on mental health for police officers, linking the absence of a comprehensive outpatient mental health system with increased incarceration of people with mental illness. In an interview with *The Washington Post*, Andrea Weisman, at the time director of mental health services at the D.C. Jail, estimated that, “80 to 160 inmates, or 5 percent to 10 percent of the jail’s population,

⁴⁶⁷ Vernon Loeb, “D.C. Mental Health Agency Ordered Into Receivership; City ‘Has Fallen Woefully Short,’ Judge Says,” *The Washington Post*, June 17, 1997.

⁴⁶⁸ *Dixon v. Barry*, 967 F.Supp 535, 551, cited in Name Redacted, “Dixon V. Weinberger: A Study of the Fight to Reconstruct the District of Columbia's Mental Health System.”

⁴⁶⁹ *Ibid.*

wouldn't be there at all if the city had a top-notch community mental health system.”⁴⁷⁰ She also argued that, “Police officers...have no incentive to help the mentally ill find service in the system, which can eat up an officer's entire day. Arresting the mentally ill, by contrast, takes much less time.”⁴⁷¹ Weisman and others began to organize around the diversion of people with mental illnesses from the criminal justice system, focusing on training on mental health for police officers as one piece of the solution. In Chapter Three, I will delve with more depth into the history of advocacy around police training on mental health in the District.

Soulsby and Zero Tolerance

After a tenure of only 2½ years as police chief, Fred Thomas resigned as police chief in July 1995, citing personal reasons, as well as frustration over the restrictions the department had faced as a result of the District's continued financial distress.⁴⁷² And problems continued to grow and fester, both publically and internally. In 1994, *Forces of Deviance: Understanding the Dark Side of Policing* was published, written by prominent criminal justice scholars, Victor E. Kappeler, Richard D. Sluder and Geoffrey P. Alpert.⁴⁷³ In the text, the Metropolitan Police Department was presented as a case study in corruption, misconduct

⁴⁷⁰ Vernon Loeb, “Immense Task Awaits Monitor of D.C. Agency; City's Mentally Ill Pay a Price In a System Broken for 22 Years,” *The Washington Post*, July 7, 1997.

⁴⁷¹ Ibid.

⁴⁷² Ruben Castaneda, “D.C. Police Chief to Resign in July; Thomas Cites Budget Crisis Among Reasons,” *The Washington Post*, June 13, 1995.

⁴⁷³ Victor E. Kappeler, Richard D. Sluder, and Geoffrey P. Alpert, *Forces of Deviance: Understanding the Dark Side of Policing* (Prospect Heights, IL: Waveland Press, 1998).

and mismanagement. And in yet another damaging article in *The Washington Post*, Carl Rowan, a former FBI official, charged that increased cronyism and misconduct, beginning with the appointment of Maurice Turner by Marion Barry in 1980, had led to the current state of the department. Rowan named senior officials within MPD who had been protected by the cronyism of Chiefs Turner, Fulwood and Thomas. He also blamed the city's financial crisis for poor performance from officers, a decrease in arrests and a serious deficiency in supplies and resources. Eric Holder, at the time U.S. attorney for the District of Columbia and currently the U.S. Attorney General, followed suit with a *Washington Post* op-ed in January 1996, reinforcing Rowan's arguments with those of his own. Specifically, Holder charged that a lack of financial resources, professionalism and internal turmoil had created a serious crisis within the department.⁴⁷⁴ Later that year, in an investigative report by the *Washington City Paper* found that domestic violence was a significant problem within MPD and that officers remained on the force with impunity. The author of the report concluded, "Cops are protected by an almost impenetrable edifice designed to safeguard their jobs and that also keeps a tight lid on information. The union, the department brass, and city officials close ranks around wayward cops who assault their intimates."⁴⁷⁵ That a uniform offered impunity from excessive force at home raised questions about the same violence perpetrated on the job.

It was clear that MPD had to do something. Marion Barry, back as mayor after Kelly's brief tenure, first appointed Larry Soulsby, another veteran of the department, to replace Thomas. Soulsby assumed the office of Chief of Police in July 1995 amid increasing calls for police reform, and with policing in the mid-1990s increasingly focused on zero-

⁴⁷⁴ Eric H. Holder, Jr., "911 for the D.C. Police (Part I)," *The Washington Post*, January 31, 1996.

⁴⁷⁵ Stephanie Mencimer, "Battered Blue," *Washington City Paper*, August 23, 1996.

tolerance strategies, for Soulsby, zero-tolerance policing became one piece of the reform. Soulsby, in an interview with a *Washington Post* staff writer for an article on zero-tolerance policing in New York under Rudolph Giuliani and William Bratton, stated, “I’m very interested in what they’re doing. If there’s anything we can adapt to our department, we’ll consider it.”⁴⁷⁶ Soulsby’s enthusiasm was tentative at first, and it remained to be seen if such a strategy would be adopted. The department and city government had to, however, come up with a plan of action quickly. In November 1996, the D.C. Financial Control Board⁴⁷⁷ and Barry moved forward with a comprehensive review of the department, hiring Booz-Allen & Hamilton in December 1996 to

Conduct a study of, and make recommendations concerning, the MPD’s organization and operations, including but not limited to, the MPD’s command structure, staffing levels and deployment, finances, personnel and procurement practices, and technology and communications, as well as enforcement strategies and tactics, training, evaluation and accountability, coordination with other government agencies, and comparative compensation in other jurisdictions.⁴⁷⁸

In the MOU signed between Barry, Soulsby, the D.C. City Council, the Chief Judge of the Superior Court of the District, the US Attorney for D.C., the Corporation Council⁴⁷⁹ and the Financial Control Board (together known as the “MOU Partners”), the action was necessary as “a state of crisis presently exists in law enforcement in the District of Columbia, which

⁴⁷⁶ Ruben Castaneda, “As D.C. Police Struggle On, Change Pays Off in New York,” *The Washington Post*, March 30, 1996.

⁴⁷⁷ The District of Columbia Financial Responsibility and Management Assistance Authority was established by Congress in 1995 to oversee the District’s finances. The five-member body had the authority to overrule the City Council and mayor in financial decisions.

⁴⁷⁸ District of Columbia Financial Responsibility and Management Assistance Authority, “Resolution, Order and Recommendation Concerning the Metropolitan Police Department,” (1996).

⁴⁷⁹ The Office of the Corporation Counsel is authorized under D.C. Code and is responsible for all law issues related to the District (<http://app.occ.D.C.gov/who/index.shtm>).

endangers the citizens of the District of Columbia and law enforcement officers who put their lives on the line every day...”⁴⁸⁰

In February 1997, another swift decision was made by the MOU Partners and Financial Control Board in an effort to reform the department. This time, Marion Barry was the target. After many rumors of meddling in the department’s affairs, especially during his third term in the late 1980s, the MOU Partners and Control Board stripped Barry of his power to manipulate department functions, including the appointment of the top approximately 150 police officers directly under the chief, and placed the ultimate authority over MPD with the Control Board.⁴⁸¹ Soulsby was empowered by the Control Board to run the police department without Barry’s interference and the MOU Partners went as far as to threaten to cut Barry’s last bit of power over MPD- the ability to appoint the next police chief.⁴⁸²

Soulsby went to work, promising that he was “serious about police reform.”⁴⁸³ His first step was to divide the city and its neighborhoods into 83 patrol service areas (PSAs) “staffed by permanent teams of officers who will target the sources of chronic crime: drugs, guns and gangs.”⁴⁸⁴ PSAs tied officers and their supervisors to neighborhoods, both allowing for the officers to intimately know their beat, as well to increase police presence and familiarity with residents. The department would also “address public-order problems, such

⁴⁸⁰ Ibid.

⁴⁸¹ Ken Cummins, “Soulsby Un-Iced,” *Washington City Paper*, March 7, 1997.

⁴⁸² Ibid.

⁴⁸³ Larry D. Soulsby, “Serious About Police Reform,” *The Washington Post*, June 25, 1997.

⁴⁸⁴ Ibid.

as public drinking, aggressive panhandling, illegal dumping and noise control violations.”⁴⁸⁵

Soulsby’s approach was zero-tolerance, historically informed by the broken windows theory. As discussed in the last chapter, zero-tolerance strategies often target or indirectly sweep up homeless individuals with mental illnesses, especially when arrests are made for loitering, disorderly conduct or aggressive panhandling. Soulsby’s zero-tolerance approach meant that the increasing number of homeless individuals and people with mental illnesses would be funneled straight into the criminal justice system in the District.

On March 7 1997, Soulsby unveiled his zero-tolerance strategy at the corner of Eighth and H Streets NE, one of the seven high-crime neighborhoods⁴⁸⁶ that would initially be targeted for increased surveillance and high-arrests for minor misdemeanors.⁴⁸⁷

Officers were threatened with the loss of their jobs if they did not make enough arrests. One officer told *The Washington Post*, “Most officers weren’t getting tied up with those minor offenses, but now [police officials] want to see numbers, so we’re arresting people and locking them up for almost anything. They’ve got this rating system now, and they’ve threatened to fire us if we don’t perform.”⁴⁸⁸ The problems with such an approach were many. But for MPD, with a history of poor training, one of the largest- and most

⁴⁸⁵ Ibid.

⁴⁸⁶ Allen Lengel, “Bluer Line Makes Its D.C. Debut,” *The Washington Post*, March 28, 1997. The targeted neighborhoods were: Fifth to Seventh streets NW and O Street to Rhode Island Avenue NW in the 1st Police District; the K Street NW corridor from 14th to 20th streets in the 2nd District; Seventh to Ninth streets and O to S streets NW in the 3rd District; 13th to 16th streets NW, Park Road to Taylor Street NW, 12th to Mount Pleasant streets NW and Harvard Street to Park Road NW in the 4th District; the H Street NE corridor in the 5th District; Benning Road to Alabama Avenue SE and G to F and 46th streets SE in the 6th District; and 16th Street to Naylor Road SE, Fairlawn to Minnesota avenues SE, Howard and Morris roads SE, and Bowen Road to Firth Sterling Avenue SE in the 7th District.

⁴⁸⁷ Cheryl W. Thompson, “D.C. Police Zero In on Petty Crime; Campaign Stirs Wave of Arrests, Complaints,” *The Washington Post*, May 5, 1997.

⁴⁸⁸ Ibid.

troubling- was that the policy came with little or no training for officers. With a mandate for zero-tolerance of quality-of-life crimes and no training on mental health or homelessness, homeless individuals and people with mental illnesses were undoubtedly swept into the city's criminal justice system. Yet, being funneled into the mental health system in the District could be just as problematic because both systems were in disrepair. Both, however, had the same result- people were back on the streets with no mental health care, no housing and the likelihood that they would be arrested once again.

In October 1997, copies of dozens of confidential consultants' reports and audits completed from 1987 to 1997 on the department were obtained by *The Washington Post*. The picture of the Metropolitan Police Department that was painted was one of willful neglect, mismanagement and political interference. The *WP* piece argued, "Barry, council leaders and the city's police chiefs, including the current one, Larry D. Soulsby, knew of the worst abuses years ago and did little to remedy the problems, interviews and a dozen audits and reports show."⁴⁸⁹ One of the most salient pieces of information to be gleaned from the reports, however, was the relationship between Marion Barry and the mismanagement of the police department. In 1985, the department stopped evaluating officers' performances. Combined with Barry's veto power on any appointment to positions above the rank of captain, the way to advancement was through a network of connections leading back to the mayor, guaranteeing the top officials in MPD reflected his values. The effect on the force was undeniable. Stephen Harlan, vice president of the Financial Control Board argued at the time, "The mayor let it be known who he wanted, and the effect was devastating. There was

⁴⁸⁹ Michael Powell, Sari Horwitz and Cheryl W. Thompson, "Problems in D.C. Police Department Festered for Decades," *The Washington Post*, October 12, 1997.

virtually no one let go because of a lack of performance. People were not rewarded by what they did. It was who you knew that counted.”⁴⁹⁰

Once again, the department was mired in trouble. It proceeded to get worse when in November 1997, the news of a FBI investigation into possible police corruption within MPD emerged. The probe centered on Lt. Jeffrey Stowe, commander of the special investigations division and long-time friend, confidant and roommate of Soulsby. Stowe was charged with extorting money from married men who frequented gay bars in the city, as well as obtaining a deeply-discounted apartment for Soulsby and himself under the false pretense that it would be used for police work. Soulsby resigned on November 25, 1997.

Creating the Department of Mental Health

Three years after the Commission on Mental Health Services was placed in receivership under Scott Nelson, a consent order was reached between the Dixon plaintiffs and the city, based on the progress the receiver had made towards the 1992 Service Delivery Plan. The consent order, which was enforced by the court, began the transition of returning the mental health system to the District. The order replaced Nelson with Dennis Jones- a soon-to-be key figure in the future of the city’s mental health system- as Transitional Receiver until early 2001, when the daily operations of the mental health system returned to the District government. The order further stated that after the city assumed responsibility

⁴⁹⁰ Ibid.

for the mental health system, Jones would stay on to monitor the city's compliance with the multiple court orders, service plans and decrees.⁴⁹¹

Mental health advocates continued to raise red flags about the mental health system, including 30 uninvestigated deaths of people under the care of the Commission on Mental Health in 1999.⁴⁹² Advocates pointed to the increased number of homeless individuals with mental illnesses on the streets, the substandard conditions at group homes and the continued difficulty for individuals to access the city's mental health system.⁴⁹³ Yet, in April 2001, the city council approved a bill creating the Department of Mental Health (DMH) and a Final Court-Ordered Plan was delivered to the court by Jones.⁴⁹⁴ The plan established the Department of Mental Health as a Cabinet-level agency with a mission to "develop, support and monitor an effective and integrated community-based system of services for persons with identifiable mental health needs."⁴⁹⁵ Further, a new mission would be created. Jones stated in the plan, "At the heart of the new mission for the District's public mental health system is the need to create dynamic systems of care built on consumer needs."⁴⁹⁶ The mental health system would be "person-centered," "community based" and it would place "the locus of services as well as accountability and defined decision-making responsibility" at

⁴⁹¹ Dennis R. Jones, "Final Court-Ordered Plan, Dixon, Et Al. V. Williams," in *C.A. No. 74-285* (2001).

⁴⁹² Carol D. Leonnig, "Review of Mental Health Deaths Urged; Advocates' Report Assails City's Treatment of 'Fragile' Clients, Demands Action," *The Washington Post*, May 4, 2000.

⁴⁹³ Sari Horwitz, "District Mental Services Worsening, Advocates Say," *The Washington Post*, October 28, 1999.

⁴⁹⁴ Jones, "Final Court-Ordered Plan, Dixon, Et Al. V. Williams."

⁴⁹⁵ *Ibid.*, 6.

⁴⁹⁶ *Ibid.*, 7.

the community level.⁴⁹⁷ And, “all efforts, resources and behaviors must reflect the view that “the consumer is in charge.”⁴⁹⁸ The mission and service philosophy reflected the neoliberal movement in governance in the early 2000s, with the city contracting services to the non-profit sector. The focus on consumers as decision-makers in the mental health care marketplace further entrenched the District’s public mental health system in the neoliberal devolvement of responsibility for social services via privatization.

A year later, another consent order was issued, terminating and vacating the Transitional Receivership established in the 2000 Consent Order. Jones was kept on, although transitioned into the role of Monitor, overseeing the city’s implementation of his Final Court-Ordered Plan, as well as DMH’s compliance with 19 Exit Criteria,⁴⁹⁹ that once met would end the court’s consent order. The Exit Criteria covered a broad range of service delivery mandates, from simply the “demonstrated provision of service” to adults, youth and children to the “demonstrated provision” of supported housing and employment for people within the mental health care system. Two key pieces of the Final Court-Ordered Plan impact this research. First, Jones’ clear intent was to separate the provider and administrative and oversight roles in the Department of Mental Health and privatize outpatient service delivery. In the plan, Jones wrote

While it is not unusual for state governments to continue to operate public inpatient “safety net” facilities to supplement private inpatient capacity, it is now highly unusual for the governmental entity to be a major provider of community services. We must develop a publicly funded system with the incentives and capability for

⁴⁹⁷ Jones, “Final Court-Ordered Plan, Dixon, Et Al. V. Williams,” 7.

⁴⁹⁸ Ibid.

⁴⁹⁹ See <http://www.dmh.D.C..gov/dmh/cwp/view,A,3,Q,639306.asp>. The Exit Criteria were officially approved by the court in a Consent Order filed in December 2003.

utilizing both public and private mental health services in the most appropriate and effective manner possible.⁵⁰⁰

Jones' concerns about the department's role as a service provider reflected the neoliberal movement towards privatization of social services, as discussed in the previous chapter. He set three "tests for assessing the propriety" of private sector service delivery- "whether the private sector is willing and able to provide a given service, whether these services can be provided more efficiently through the private sector, and whether there is adequate capacity in the community to provide the necessary volume of quality services via the private sector."⁵⁰¹ Jones determined that for the time-being, the Department of Mental Health would operate one service provider entity- the D.C. Core Service Agency (D.C. CSA). During the period I conducted fieldwork, the closing of the D.C. CSA and privatization of the mental health system was central to the concerns of individuals with mental illnesses, advocates and some service providers. This will be discussed later in the chapter.

Second, the plan called for "Improving Crisis Response and Access to the System." The plan called for a strengthening of DMH's ability to deal with a range of crisis and emergency situations by implementing a "hub" model for crisis service delivery. In the hub, the Department of Mental Health would maintain a "24-hour/7-day-a-week telephone hotline, information and referral, dispatch and triage center."⁵⁰² Crisis services, including mobile outreach teams, crisis stabilization beds and psychiatric emergency services, would be provided by DMH, as well as the private sector. In February 2007, the Crisis Emergency

⁵⁰⁰ Jones, "Final Court-Ordered Plan, Dixon, Et Al. V. Williams," 3.

⁵⁰¹ Ibid., 23.

⁵⁰² Ibid., 17.

Services Planning Workgroup was formed to review and evaluate the delivery of crisis services and develop a comprehensive plan for future crisis emergency services. Represented in the planning group were individuals currently receiving care in the District's mental health care system, their family members and representatives from local hospitals and emergency rooms, private providers, and other District agencies, including the Metropolitan Police Department. The planning group was one of the first meetings I attended as I went into the field, and I will further discuss the Crisis Emergency Services Planning Group and its significance in bringing together the Department of Mental Health and the Metropolitan Police Department in Chapter Four.

It was agreed that Jones would review and report to the court bi-annually on DMH's compliance with the court orders and Exit Criteria. In 2003, Dennis Jones submitted his first Court Monitor report, detailing the Department of Mental Health's implementation and compliance of the Exit Criteria. In subsequent reports to the present, Jones continued to monitor the department, detailing DMH's successes and failures in meeting the 19 Exit Criteria that would allow them to finally vacate the consent order.

It was clear, though, that the mental health system in the District had been and was still inadequately serving the city's residents with mental illnesses. In 2003, a D.C. auditor's report stated that the Department of Mental Health had, "lost more than \$153 million in Medicaid, Medicare and other federal payments over a seven-year period [1995-2001] because it couldn't provide adequate supporting documentation to justify its claims for reimbursement."⁵⁰³ The report also detailed widespread mismanagement of private

⁵⁰³ Karlyn Barker, "Millions Lost Managing Care of Mentally Ill; D.C. Audit Faults Contracting," *The Washington Post*, June 21, 2003.

contractors, including “\$9 million for services provided by vendors that didn’t have valid written contracts and \$16 million on other services also provided without contracts.”⁵⁰⁴ Two years later, in 2006, the U.S. Department of Justice (DOJ) demanded that the Department of Mental Health correct problems at St. Elizabeths Hospital, after a 2005 DOJ investigation found that the hospital, “fails to provide its patients with a reasonably safe living environment. The facility too often subjects its patients to harm or risk of harm.”⁵⁰⁵ The report further detailed patient and staff violence, use of excessive physical restraints, and substandard medical care.⁵⁰⁶ In 2007, an agreement was reached between the city and the DOJ that established deadlines and commitments for improvement in patient care.⁵⁰⁷ Yet in 2008, a report by University Legal Services (ULS), *Patients in Peril*, detailed the “significant deficiencies” in medical and nursing care that contributed to 11 patient deaths at St. Elizabeths Hospital in 2007.⁵⁰⁸ ULS, a non-profit organization and the federally mandated protection and advocacy program⁵⁰⁹ for individuals with disabilities in the city, reviewed the records of the patients’ deaths for the report and found, “neglectful, substandard medical and nursing care, with instances of medical mistakes and appalling oversights that

⁵⁰⁴ Ibid.

⁵⁰⁵ Cited in Eric M. Weiss, “In Harm’s Way at Hospital? Citing Deaths and Violence, the Justice Department Tells D.C. to Improve Care at St. Elizabeths Mental Facility,” *The Washington Post*, June 14, 2006.

⁵⁰⁶ Ibid.

⁵⁰⁷ Henri E. Cauvin, “U.S., D.C. Reach deal on St. E’s; City Promises Improvements at Mental Hospital,” *The Washington Post*, May 15, 2007.

⁵⁰⁸ University Legal Services, “Patients in Peril 2008: A Report on Patient Deaths in 2007 and the Dangerous Medical Conditions at St. Elizabeths Hospital,” (Washington, D.C.: University Legal Services, 2008).

⁵⁰⁹ Protection and Advocacy programs, such as those run at ULS, are federally mandated systems that advocate for the rights of individuals with disabilities, including mental illnesses.

contributed to the severity of the patients' illnesses, their pain and suffering, and, in some cases, perhaps even their deaths."⁵¹⁰ The ULS report made evident that substandard care at St. Elizabeths continued to be ongoing, although in the background, as the hospital and its patients became lost in the clamor and privileging of outpatient, residential treatment in the city's mental health system.

A New Chief in Town

After Soulsby's departure from MPD in 1997, the Memorandum of Understanding (MOU) Partners convened to begin the search for a new chief. In April 1998, Charles Ramsey, the Deputy Police Superintendent of Chicago, was selected to- once again- reform the department. Significantly, for the first time the District's police chief would not be an insider or veteran of the Metropolitan Police Department- a move that signaled the MOU Partner's decision to sever the long-running cronyism within the department. Ramsey, upon accepting the position, stated, "It appears to me that to a large extent the organization is pretty dysfunctional. When I say 'dysfunctional' I don't mean that the people in it are necessarily that way. The internal systems are dysfunctional."⁵¹¹ At his swearing in ceremony, Ramsey promised a "new beginning" for the department, telling the audience, "You can expect a police department rooted in and guided by...honesty, integrity, respect for one another and for the community, fairness, dedication, commitment and accountability."⁵¹² For Ramsey, this entailed

⁵¹⁰ Services, "Patients in Peril 2008: A Report on Patient Deaths in 2007 and the Dangerous Medical Conditions at St. Elizabeths Hospital," 1.

⁵¹¹ Cheryl W. Thompson, "No Quick Fixes," *The Washington Post*, April 3, 1998.

a reorganization of the department and a specific focus on community policing in the District. In September 1998, Ramsey rolled out his reorganization plan with plans to create more oversight functions within the department, specifically around contract monitoring; hire more civilians in administrative positions; and devote more money to training.⁵¹³

More bad press was to hit MPD in 1998. In March, it was reported that approximately half of the force had not been certified on their firearms, again highlighting the extreme neglect in training.⁵¹⁴ Then in June 1998, the human rights organization, Human Rights Watch released their report, *Shielded From Justice: Police Brutality and Accountability in the United States* in which the Metropolitan Police Department was included.⁵¹⁵ The report's contents revealed, once again, "gross mismanagement," "grossly inadequate" training and a culture of impunity in the department. Later that year, in October, the Special Committee on Police Misconduct and Personnel Management of the Council of the District of Columbia, convened in the fall of 1997 to investigate "allegations of misconduct, mismanagement, inadequate recordkeeping and other improprieties in the Metropolitan Police Department,"⁵¹⁶ released their report. Although the report focused on several dimensions of misconduct and mismanagement, for the purposes of this research, the findings on recruitment and training

⁵¹² Cheryl W. Thompson, "Ramsey Pledges a 'New Beginning,'" *The Washington Post*, April 22, 1998.

⁵¹³ Cheryl W. Thompson, "Ramsey Rolls Out Reorganization Plan," *The Washington Post*, September 9, 1998.

⁵¹⁴ Cheryl W. Thompson, "Half of Officers Lack Firearm Certification," *The Washington Post*, March 28, 1998.

⁵¹⁵ Human Rights Watch, "Shielded from Justice: Police Brutality and Accountability in the United States," (Human Rights Watch, 1998).

⁵¹⁶ Special Committee on Police Misconduct and Personnel Management, "Report of the Special Committee on Police Misconduct and Personnel Management of the Council of the District of Columbia," (Washington, D.C.: District of Columbia Government, 1998). Downloaded from <http://www.D.C.watch.com/police/981006.htm>.

are specifically relevant. The committee investigated the three levels of training within the department: recruit, in-service and specialized and found all, to varying degrees, poor. Recruit training was found to be adequate, though curriculum content was not included in the assessment. The committee found, however, that On-The-Job Training (OJT) had been conducted improperly for some cohorts, with “recruits walking beats alone, assisting in arrests, [and] participating in ‘jump-outs’...” although they were to be assigned to administrative duties only. In-service training was found to be “virtually non-existent,” and “prior Chiefs of Police were not engaged in the process of developing the training curriculum or establishing training as a priority.”⁵¹⁷ Specialized training was also found to be inadequate. That training had been and was insufficient, inadequate or non-existent was not surprising, based on the multitude of prior reports and audits detailing the same findings.

Finally, in November 1998, *The Washington Post* published *Deadly Force: Inside the Case Files of D.C. Police Shootings*, a five-part series on excessive use of force by the Metropolitan Police Department. The series stunningly reported that MPD had “shot and killed more people per resident in the 1990s than any other large American city police force.”⁵¹⁸ Further, the series reported that MPD officers fired their weapons at double the rate of police in New York City, Los Angeles, and Chicago and that settlements and judgments in shooting cases had resulted in millions of dollars paid by the department. Records on shooting cases were incomplete and the number of cases undercounted, and most were conducted and decided upon by department officials in secret. The individual cases that were documented in the

⁵¹⁷ Ibid., page unknown.

⁵¹⁸ Jeff Leen, Jo Craven, David Jackson and Sari Horwitz, “District Police Lead Nation in Shootings; Lack of Training, Supervision Implicated as Key Factors,” *The Washington Post*, November 15, 1998.

series were disturbing: an unarmed man was shot in Rock Creek Park by an off-duty officer after an argument; an officer killed an unarmed truck driver who had rammed several cars by firing into his cab 38 times; and a man with a knife was shot 12 times in the back by SWAT team members. These were just several among many. The systemic excessive use of force by officers in MPD was evident.

As a result of *The Washington Post* series,⁵¹⁹ on January 6, 1999, Ramsey voluntarily requested the assistance of the Department of Justice, Civil Rights Division in reviewing the department's "policies, practices and procedures concerning the use of force, in both lethal and non-lethal situations;" the "methods, tools and practices" for investigating use-of-force cases and recordkeeping involving the cases, and the disciplinary process for use-of-force cases.⁵²⁰ In June 2001, the Metropolitan Police Department signed a Memorandum of Agreement (MOA) with the Department of Justice with several specific provisions regarding the use-of-force, including reviews of the department's use-of-force policy, documentation methods, "patterns of conduct" system, misconduct allegation investigation procedures, training methods and public reporting. An independent monitor was also established to "review and report on MPD's implementation of, and assist with MPD's compliance with the MOA."⁵²¹

⁵¹⁹ Ramsey specifically cites *The Washington Post* series in his letter to then-Deputy Attorney General of the United States, Eric Holder.

⁵²⁰ Charles Ramsey, "Letter to Eric Holder," (1999). Downloaded <http://www.D.C.watch.com/police/990106.htm> (accessed September 12, 2010)

⁵²¹ "Summary of Memorandum of Agreement between the United States Department of Justice and the District of Columbia Metropolitan Police Department," ed. Department of Justice (Washington, D.C.2001), <http://www.justice.gov/crt/split/documents/D.C.summary.php> (accessed on September 12, 2010).

Through 2008, the Independent Monitor, Michael Bromwich reported on MPD's implementation of the MOA bi-annually and in 2008, the Independent Monitor moved to terminate the MOA. In his final report, Bromwich concluded that, "In the seven years since the parties executed the MOA, MPD has become a much more sophisticated police agency in terms of training its officers in the proper use of force, investigating and reviewing use of force incidents and allegations of misconduct, and reaching out to citizens and members of the public based on sound principles of community policing."⁵²² Mental health – and the possibility of excessive use-of-force, especially in crisis situations – was not part of the review of training, policies or procedures in the DOJ review. However, in a partnership with the Department of Mental Health in early 2001, coordinated by Linda Kaufman, a long-time homeless advocate and then-administrator at the DMH, recruits at the MPD academy were receiving mental health training. Yet, from approximately 2004 to 2008, mental health training for recruits was abandoned. The link between use-of-force and mental health crisis situations was clearly not a priority for MPD, despite repeated calls for training by mental health and homeless advocates throughout the time period of the MOA.

One of Ramsey's largest contributions to MPD before his departure in 2006 was the introduction of a community policing strategy. His initiative, Policing for Prevention, was built upon the tenets of community policing as established by the Office of Community Policing in the Department of Justice, and applied three approaches to crime and disorder: 1) focused law enforcement on "repeat criminal offenders" and "regulation violators", "repeat criminal offenses and communities in distress," 2) neighborhood

⁵²² Michael R. Bromwich, "Final Report of the Independent Monitor for the Metropolitan Police Department," (Washington, D.C.: Office of the Independent Monitor, 2008), 3.

partnerships with communities and governmental agencies focused on “physical and social conditions that lead to chronic crime and disorder” and “community building,” and 3) systemic prevention focused on “health, social, educational and economic conditions of individuals, families and communities.”⁵²³ The strategy demonstrated the effectiveness of rhetoric around community- the very idea of partnerships between police departments and communities is a powerful one. For MPD, a department historically engulfed in corruption, mismanagement and misconduct, it was a success on paper. Ramsey’s community policing strategy was built upon the foundation of broken windows theory and called for community participation by residents to combat crime and disorder- assuming agreement on what constitutes community, participation, crime and disorder.

D.C. CSA Closing and Privatization

As previously highlighted, the Final Court-Ordered Plan of 2001 mandated that the Department of Mental Health operate a core service agency (the D.C. CSA) for at least three years that would provide mental health services to adults, youth and children. However, the intent of the Court-Ordered Plan was for services to ultimately be contracted to private service providers, with DMH as the administrative, oversight and funding agency. In 2006, after the mandated three years of operation of the D.C. CSA, Court Monitor Dennis Jones began to agitate for a review and evaluation of the need for direct services by DMH because the Court-Ordered mandated privatization of the system

⁵²³ Metropolitan Police Department, “Policing for Prevention: Community Policing in D.C.,” ed. Metropolitan Police Department (Washington, D.C.).

after at least three years. Two years later, KPMG, LLP, a tax, audit and advisory firm, was contracted, “to conduct an analysis of options and alternatives for the governance and future operations of the District of Columbia Community Services Agency consistent with the Dixon Court-Ordered Plan and DMH’s 2001 enabling legislation.”⁵²⁴ Closing the D.C. CSA would be no small undertaking, though. The agency, as of 2008, provided services to 40% of individuals receiving public mental health care in the District, the majority of whom would need to be transferred to private service providers.

KPMG began its review in January 2008. Focus groups with “relevant stakeholders” and quantitative analyses were conducted to parse out the specifics, and in September 2008 published its *Report on Governance Options for the District of Columbia Community Services Agency*. In their cost and benefit analysis of service provision through the D.C. CSA and private service providers, KPMG found several points “relevant for consideration of future alternatives,” including similarities between the D.C. CSA and private service in the consumer population served, the mix of mental health services offered, timeliness of service provision, and geographic distribution of clients served across the city.⁵²⁵ However, more important to the project of privatization was KPMG’s “observation” of the negative effect of the D.C. CSA: on funding because of the fee-for-service structure of the D.C. CSA and on the additional service capacity of private providers due to “differences in salary ranges and fringe benefits” that impact the retention of clinicians.⁵²⁶ Ultimately, KPMG presented fiscal evidence for closing the D.C. CSA and transferring clients to

⁵²⁴ KPMG LLP, “Report on Governance Options for the District of Columbia Community Services Agency,” (Washington, DC2008), 1.

⁵²⁵ Ibid.

⁵²⁶ Ibid., 38.

private service providers. It was estimated that approximately \$11-14 million dollars could be saved by closing the D.C. CSA, and that, in fact, overall

The current D.C. CSA funding model has a negative impact on the functioning of the overall provider network. By operating on a non-level funding mechanism than the rest of the MHRS providers, the D.C. CSA is currently able to impact the professional labor pool available to private providers by retaining staff at a higher rate, paying staff higher salaries, and providing a larger benefit package. On a general level, the D.C. CSA funding model impacts the private provider community by decreasing the overall funds available for local reimbursements.⁵²⁷

Privatization was justified not because of better services, then- although the report did argue that this would be achieved- but because employees' salaries were too high. The solution, although not implicitly stated, was to transfer 2,500 people into private service providers who were able to keep their costs low through poor pay, high patient to practitioner ratios and potentially, substandard care.

The projected date of the closing was scheduled for September 30, 2009, and by November 2008, the D.C. CSA was no longer accepting new patients. Programs that would continue to be run by the D.C. CSA would be the Psycho-Educational Program and Therapeutic Nursery, the Multi-Cultural Services Program, the Deaf/Hearing Impaired Program, the Co-occurring Mental Health and Mental Retardation/Developmental Disabilities Program, and the Pharmacy Program. The closure plan called for the approximately 2,500 individuals- the majority of D.C. CSA clients- to be transitioned into private care providers between March and August 2009 and by March 31, 2010, the transition would be completed.

⁵²⁷ Ibid.

Intense opposition arose to the closure, specifically from individuals receiving mental health services and the labor unions representing D.C. CSA employees. Several issues were continually raised, many based on information counter to the KPMG report. Employees and labor representatives argued that the transition would disrupt the care of some of the most marginalized residents, as well as sending them to private providers unable to give appropriate care. Other concerns centered around the private providers generally: clinics could be understaffed and patients selectively screened to avoid serving individuals with the most severe mental illnesses. Labor practices, such as low pay and job instability in private providers, were also at issue. In a flyer distributed by the Coalition for Responsible Government, which included employees of the D.C. CSA and DMH, as well as clients of the D.C. CSA and others, the privatization of public mental health services was the focal point of dissent. The arguments outlined the flaws in privatization- and the KPMG report that supported it. The flyer stated:

- Privatization does not work: When city services are sold to private companies, the result is a destroyed D.C. Government infrastructure...that slashes the quality of services for D.C. residents;
- Rampant contracting out of vital government services is done at the expense of D.C. residents and benefits private companies that promise to save taxpayer dollars and perform services more efficiently;
- Community Crisis: The report that D.C. CSA services will be contracted out has resulted in community crises such as threats of violent injury to citizens, mental health regression, family strain, public distress, etc. The public is further injured when the government must make excessive expenditures to “patch” or rebuild the public system;
- Flawed analysis: The decision [to close the D.C. CSA] is based on data that alleges taxpayer dollars will be saved. The problem is that the data...and the resulting decision to contract out are wrong;
- A proper analysis of the data reveals that it is less costly to provide higher quality services using public employees rather than private companies.

However, what constituted “proper analysis” was not substantiated, and evidence to support claims about the privatization of mental health care, such as those on the flyer, was not readily available.

DMH employees of the D.C. CSA and labor unions fought the closure. Employees and labor representatives testified at D.C. City Council meetings, and a lawsuit was filed by several labor unions to stop the closing, but to no avail. Vanessa Dixon, a labor representative for the Doctors Council of the District of Columbia told the *Washington Post* in January 2009, “What they propose to do is take a public system that works extremely well and close it down and give it to private providers who admit they don’t have the capacity to serve clients.”⁵²⁸

Clients of the D.C. CSA also protested the closing. From interviews I conducted with individuals accessing services from mental health system, two issues were repeatedly voiced: first, that they [“consumers”] do not like change and second, that they [“consumers”] would not receive the care from private providers that they received from experienced case managers at the D.C. CSA. I heard several stories of confusion in the midst of such an enormous undertaking. Not only was the location of services geographically moved for individuals, but a lengthy intake process had to be navigated, involving at least three or four appointments before a case manager and psychiatrist were assigned. It was a hard process that did not guarantee improved services. One DMH employee explained to me in late September 2009,

I’ve seen lots of red flags so far in that people are falling through the cracks. They are tracking the people that they’ve transitioned out of D.C. CSA. There is a significant number that have been transitioned that have been linked [to a private service provider]. There is still a small percentage that hasn’t been linked. But the issue right now is the follow-up. So they make their first appointment, perhaps, but

⁵²⁸ Darryl Fears, “Mentally Ill Will Be Shifted to Private Clinics,” *The Washington Post*, January 23, 2009.

they're not making their second. So they're getting lost. They are also overwhelmed, so we're seeing a lot of folks who haven't seen a doctor, that aren't able to get case management support in a timely fashion or the intakes are taking two months. It's like a three stop process: you go in for the first part of the intake and the second part. Your third appointment will get a doctor, and on the fourth appointment you'll get a case manager. So for someone who's not really organized, you can understand how difficult that can be.

Also at issue was the capacity of private providers to assume 2,500 new patients. In May 2009, Steve Baron, the Executive Director of DMH, told a group gathered at the drop-in center, that, "Unfortunately, provider capacity is not what we want." Yet, provider capacity was exactly what should have been in place before the transition. In moving approximately 2,500 people from the D.C. CSA to small, private service providers, it was and is undeniable that some individuals would never make that transition and end up without medication and housing. In statistics gathered by the Comprehensive Psychiatric Emergency Program (CPEP), the mental health emergency room run by the Department of Mental Health, this is supported: in the third quarter of FY 08-09, 35.4% of individuals admitted had not been connected with a private provider; approximately a year later, the number decreased by only 3% to 32.7%.⁵²⁹ While not all individuals admitted to CPEP are known to the mental health system, the large majority are, giving this statistic weight.

Mental health practitioners and advocates in private provider agencies were, however, in support of the transition. In several interviews with practitioners and advocates, the closing of the D.C. CSA was regarded as a positive undertaking. One former Department of Mental Health employee, told me, as I sat in his office:

I'm in support of closing the D.C. CSA. The D.C. CSA has been a problem, because they're all city workers, all unionized and you have a lot of deadwood in that

⁵²⁹ Comprehensive Psychiatric Emergency Program (CPEP), Psychiatric ER and Mobile Crisis Services, "Summary Statistics Third Quarter FY 08-09."

organization. We got several transfers from their rolls of people who don't have Medicaid. So of course they are losing money; there's basic things that need to be put in place for these people that were not put in place. And people who were eligible for SSI and Medicaid weren't getting it because people weren't doing their jobs.

One homeless advocate put it quite simply, "The services were just lousy." However, both of these individuals repeatedly called for the Department of Mental Health to reconcile the provider capacity issue- what this would take was increased funding and reimbursement for services to providers.

Unfortunately, many people would lose in this transition in one way or another. Whether someone with a mental illness fell through the cracks, a city employee lost their job or private providers could not and would not accept new patients because they no longer had the capacity, in the end, the mental health system in the District of Columbia would fail them. What was rarely acknowledged, however, was that when the Department of Mental Health was created in 2001 and the D.C. CSA opened to provide direct services, the Final Court-Ordered Plan, written by Dennis Jones, never intended for DMH to continue in a provider capacity- privatization had been in place for the mental health system years before the D.C. CSA transition began.⁵³⁰

⁵³⁰ In a final D.C. CSA Transition News Brief published on the Department of Mental Health website in May 2010, DMH declared

As planned the D.C. CSA Transition was completed on March 31. DMH has set up a vigorous monitoring system to ensure that the nearly 3,100 consumers who are now enrolled with community providers continue to receive the level of services they want and need. We are conducting ongoing reviews of providers as well as a consumer satisfaction survey. To date 82% of the consumers report they are satisfied with the transition. (Accessed from http://www.dmh.D.C..gov/dmh/frames.asp?doc=/dmh/lib/dmh/pdf/D.C._CSA_Transition_New_s_BriefFinalMay_2010.pdf on July 25, 2010).

Cathy Lanier

With Adrian Fenty's election as mayor of the District in 2006, a change in the administration of the Metropolitan Police Department was underway. Fenty named Cathy Lanier, a 16 year veteran with the department, as chief of police in November 2006. Unlike the search conducted by the MOU Partners in 1998 for a chief of police, Fenty did not conduct an outside search or consult with the D.C. City Council, Charles Ramsey or the police union.⁵³¹ As Ramsey left, many both praised and criticized the changes that the city and department had undergone in his tenure. To Ramsey's credit, between 1998 and 2005, major crimes had decreased in the city by 29% and his community policing strategy had garnered enthusiasm from residents.⁵³² On the other hand, some residents felt police presence within their neighborhoods had not increased and sections of the city still felt the devastating effects of crime.⁵³³

As Lanier assumed the position of Chief of Police, her first priorities focused on community policing strategies in an effort to deal with "the perception and fear of crime and the way people feel on the streets."⁵³⁴ By January 2007, Lanier and Fenty had outlined a policing strategy that would focus on the particular needs of neighborhoods and residents

⁵³¹ David Nakamura and Allison Klein, "Ramsey Ally Named Chief; Lanier Would Be First Woman to Permanently Head D.C. Police," *The Washington Post*, November 21, 2006.

⁵³² Allison Klein and Cheryl W. Thompson, "On Way Out, D.C. Chief Gets Credit, Criticism," *The Washington Post*, December 28, 2006.

⁵³³ Ibid.

⁵³⁴ David Nakamura and Allison Klein, "Ramsey Ally Named Chief; Lanier Would Be First Woman to Permanently Head D.C. Police," *The Washington Post*, November 21, 2006.

across the city.⁵³⁵ Lanier and Fenty prioritized foot patrols as part of their community policing strategy, envisioning “a force that goes beyond reacting to crimes by building and sustaining safe neighborhoods.”⁵³⁶ Although research has concluded that foot patrols do little to reduce actual crime,⁵³⁷ establishing increased public presence through foot patrols does decrease the perception of crime- a goal Lanier often cited as she took control of MPD. Lanier also devolved large discretionary decision-making to district commanders, mandating that with resident- or community- input, each district make individualized plans to best address crime in their neighborhoods. Yet, “community” in community policing is a vague and undefined concept, privileging those most able to organize and access resources to communicate their demands. Ultimately, community policing can- and does- serve the desires of the majority.

Lanier’s tenure was not without contention. In 2008, after a series of shootings in the Trinidad neighborhood in Northeast D.C., police checkpoints were established to block individuals who did not live in the neighborhood from entering. The checkpoints were found to be unconstitutional, but it was an unprecedented and illegal expansion of police power within the city.

Two of Lanier’s initiatives, All Hands on Deck and the strategic redeployment of non-patrol officers, have been continually raised as points of severe conflict in her community policing strategy. During All Hands on Deck, all available sworn MPD personnel

⁵³⁵ Allison Klein, “D.C. Police to Target Each Area’s Safety Needs Individually; Mayor and Chief Emphasize Community Input, Foot Patrols,” *The Washington Post*, January 6, 2007.

⁵³⁶ Ibid.

⁵³⁷ Klockars, “The Rhetoric of Community Policing.”; G.L. Kelling et al., “The Newark Foot Patrol Experiment,” (Washington, DC: Police Foundation, 1981).

are put on patrol to emphasize community policing, focused law enforcement and community outreach. Redeployment, in a similar fashion, puts non-patrol officers on the streets for a week at a time to perform patrol functions. Yet, according to several officers, these community policing initiatives are simply a slight of hand. As one officer, a 10 year veteran of MPD, put it

The department is masquerading the truth of AHOD and redeployment. The sole purpose is to put more cops on the street, but you take people off investigative functions to arrest prostitutes and do jump outs. What they don't tell the public is that the more cops doing redeployment means more investigations being delayed.

In understanding the very strong emotions and opinions from officers that arose around AHOD, redeployment and community policing, I realized the questions that should be asked are this: what practices and policies, in the name of community, are enforced and institutionalized by the department? And whose interests do they serve?

These questions are significant as I move forward in my analysis of training and policing strategies around mental health and homelessness in the next two chapters.

* * *

MPD was once again to be caught in the midst of controversy and in the headlines, as it had been over the past 30 years. David Kerstetter was only 38 years old. Diagnosed with bipolar and ADHD, Kerstetter was known to police officers who had responded to calls at his home in Logan Circle over the past several years, two times for attempted suicides. On November 6, 2008, David Kerstetter called his mother, "convinced his neighbors were plotting against him."⁵³⁸ The next day, a neighbor and property management employee went

⁵³⁸Jason Cherkis, "A Troubled Man Needed Help. He Got Shot Instead," *Washington City Paper*, November 25, 2008.

to Kerstetter's townhome to check on him, deciding to call 911 after seeing the door screen ripped out of the front door and his lock dismantled. These details have been recorded and noted in the pages of reports and newspaper clippings.

When two officers arrived to the scene, Kerstetter adamantly refused their request to enter. The officers contacted Kerstetter's mother, getting the numbers for his therapist and psychiatrist, yet were unable to reach them. Finally, the officers went inside, saying, "We have to check – that's our job. Can't just leave him."⁵³⁹

According to the statement later taken from the officers, when they went inside they found Kerstetter holding a knife. He then lunged at them and a "struggle ensued."⁵⁴⁰ In self-defense, one officer fired his service weapon, shooting David Kerstetter multiple times. He was rushed to the hospital and pronounced dead upon arrival.

Jason Cherkis, in his aggressive reporting on the story, questioned what "kind of training or tools [the officer] had in handling someone with Kerstetter's history."⁵⁴¹ The answer could easily be answered- little to none. David Kerstetter's death was to be the catalyst for the Metropolitan Police Department to address mental health training for its officers, after almost 15 years of lobbying by mental health and homeless practitioners, advocates, administrators and lawyers.

The next chapter will outline this history and analyze in detail the mental health training that was developed by the Department of Mental Health and MPD as a result.

⁵³⁹ Ibid.

⁵⁴⁰ Ibid.

⁵⁴¹ Ibid.

CHAPTER 4

MENTAL HEALTH TRAINING AND ITS DISCONTENTS

The Maurice T. Turner, Jr. Institute for Police Science is hard to find. Located at the bottom tip of the southwest quadrant of Washington, D.C., it neighbors Bolling Airforce Base and D.C. Village, the controversial emergency shelter for families that now stands vacant. I have been allowed to attend the newly- implemented two-day, 16-hour training on mental health for recruits at the Metropolitan Police Department academy, and as I navigate the isolated, dark and industrial surroundings at 6:30 a.m., I am acutely aware of the access I am being allowed. I am at the starting point of a police officer's career- the training academy.

The two-day training is a collaborative effort between the Metropolitan Police Department (MPD) and the Department of Mental Health (DMH). A small group from both departments, including mental health practitioners, officers and representatives from the National Alliance of the Mentally Ill (NAMI) has spent countless hours developing the curriculum. The agenda states that an introduction will be given each morning from 7:00-7:15 by an official from the Academic Services Branch of the academy. Yet both mornings, the introduction does not materialize, the official a no-show. If the importance of this training was to be highlighted by the involvement of an official element of the department, what is the message delivered by their absence, not only to the recruits, but also to the officers and DMH employees who have created and advocated for this training?

Over the next two days, six modules are presented to the recruits, covering a range of mental health material, including the signs and symptoms of major mental illnesses; techniques for interacting with individuals in mental health crisis; and MPD regulations and policy. Yet, for me and the officers I studied with, two messages that are repeated throughout the 16-hour training by the MPD personnel teaching the course are the most important. First, recruits are asked continuously, “What do we want to do at the end of the day?” The answer, called out in unison, “Go home.” And second, “cover your ass.”

* * *

In this chapter, I highlight the significance of organizational culture in determining training priorities both historically and more recently. I begin with a discussion of literature around the organizational and occupational cultures of police to contextualize the social world of police officers and police departments, focusing specifically on organizational structure, training and police culture. I then describe the recent history of training on mental health in the Metropolitan Police Department using data from interviews conducted with mental health and homeless advocates, Department of Mental Health officials, Metropolitan Police Department officers and other key players. Next, I move into a discussion of the current Crisis Intervention Officer (CIO) training, highlighting critiques and limitations identified by officers. Finally, I conclude with an analysis of the role of organizational culture in the stalled development of mental health training in MPD, and a discussion of the relationship between community, politics and the organizational culture and priorities of the Metropolitan Police Department.

Following Batteau, the concept of organizational culture that I employ understands culture as, “a framework of meaning, a system of reference that can generate both shared

understandings and the working misunderstandings that allow social life to go on.”⁵⁴²

Organizational culture is “continually emergent, continually negotiated and continually in play, according to the strategic intent of the parties that contest it”⁵⁴³ and is best understood as a sum of its varied and contested parts. This understanding recognizes that multiple, divergent frameworks of meaning can exist across any one organization, especially along the lines of power and organizational hierarchy. Thinking in terms of American police departments, it is necessary to understand that the organizational culture of a department is comprised of many cultures- and within those cultures, a diversity of groups and individuals exist. In this research, to speak of organizational culture is to recognize that I cannot speak of just one culture, but of many. Yet, I also recognize that some shared meanings are more widely shared and transmitted across the police department as an organization. The implications that these shared meanings have in relation to mental health training and the police department’s relationship with the community is the subject of this chapter.

Police Departments as Organizations

The organizational form and structure of police departments in the United States varies significantly across jurisdictions, municipalities and cities, especially among large agencies. This variety makes generalizations about organizational form hard to make; however, a few features are consistent across agencies: first, police departments are hierarchal in

⁵⁴² A.W. Batteau, “Negations and Ambiguities in the Cultures of Organization,” *American Anthropologist* 102, no. 4 (2000): 726.

⁵⁴³ Ibid.

structure, with a chain of command that shapes how information and policy move internally within the organization. Scholars, including Bittner and Manning have described the hierarchal organizational form as “quasi-military” or “paramilitary.”⁵⁴⁴ In *The Functions of Police in Modern Society*, Bittner suggested that the organizational structure and form of police departments in the United States disrupted good police practice. Bittner states:

But since the established standards and rewards for good behavior relate almost entirely to matters connected with internal discipline, the judgments that are passed have virtually nothing to do with the work of the policeman in the community, with one significant exception. That is, the claims for recognition that have always been denied to the policeman are now respected, but recognition is given for doing well *in* the department, not *outside* where all the real duties are located.⁵⁴⁵

Like Bittner, Manning recognized the significant influence of a quasi/paramilitary organizational structure on police agencies. He argued that the paramilitary model of policing created within police departments, “a punishment-oriented bureaucracy” with several effects, including: 1) Rules are created by police management as a response to a perceived failure in job performance by its members and 2) Administrators are rewarded for enforcement of regulations and codes against subordinate members, whereas patrol officers are rewarded for avoiding negative sanctioning.⁵⁴⁶ Manning concluded that this “punishment-oriented bureaucracy” structured the nature and policy of police work, particularly in relation to how the patrol officer- the lowest member of the organization- carried out the daily policing functions of their position. “You always got to be thinking about how you’re gonna cover your

⁵⁴⁴ Egon Bittner, *The Functions of the Police in Modern Society* (Washington, DC: National Institute of Mental Health, 1970); Peter Manning, *Police Work: The Social Organization of Policing* (Cambridge, MA: MIT Press, 1977).

⁵⁴⁵ Bittner, *The Functions of the Police in Modern Society*, 54-55; Manning, *Police Work: The Social Organization of Policing*.

⁵⁴⁶ Manning, *Police Work: The Social Organization of Policing*, 194-96.

ass,” one officer told me. That was just one variation of many statements I heard describing the constant vigilance against sanctioning kept by most officers I worked with. Another officer described it this way: “You have the mentality that when you come to work, you come in to battle.” The repercussions of this sentiment and how it influenced mental health training for MPD officers will be discussed later in the chapter.

Second, police organizations have historically operated in a veil of secrecy, with little transparency and accountability. Manning and Herbert both identified the desire of police agencies to protect themselves from public interference, including that of researchers.⁵⁴⁷ Van Maanen has also recognized secrecy as an important organizational form for the police, especially as, “Like the military, the police regard the disclosure of information about their affairs as potentially a threat to their success, and even their survival.”⁵⁴⁸ The approval process that I entered with my research is a case in point. “They want to wait and stall you out. They won’t say no, they’ll just wait for you to give up,” one MPD administrator told me after six months of waiting for an approval that was not forthcoming. “They don’t want you to come in here and talk about officers’ feelings. They don’t want people to know what they’re doing, so they’ll just wait till you go away.” Freedom of Information Act (FOIA) requests from journalists, organizations and members of the public were also regularly met with resistance, prompting a lawsuit in 2008 by the Partnership for Justice, a human and civil rights organization in D.C.

⁵⁴⁷ Herbert, “Tangled up in Blue: Conflicting Paths to Police Legitimacy.”; Manning, *Police Work: The Social Organization of Policing*.

⁵⁴⁸ John Van Maanen, “On Watching the Watchers,” in *Policing: A View from the Street*, ed. Peter K. Manning and John Van Maanen (Santa Monica, CA: Goodyear Publishing Company, 1978), 319.

Third, larger departments that have adopted a community policing model tend to be decentralized, with several precincts or districts across the city. Each district or precinct is autonomous in the implementation of policy and the structure of activities and priorities undertaken by its members, and are, as one officer told me, “their own little police departments.” Thus, the police department is a sum of many moving, independent parts. This became very clear to me as I worked with officers from several different districts who had completed Crisis Intervention Officer training. The selection process for CIO training varied across districts. One officer had been told to “just show up” at the training; he had neither volunteered nor been aware of the training. In another district, a sign was posted for the training asking for volunteers. How officers came to the training, then, varied significantly. How CIO paperwork was completed- or not- also differed across districts. In one district, CIO officers were told not to complete CIO Tracking Forms until further notice, yet in another district, officers were filling them out from the onset of the CIO training. Variation in paperwork raises considerable questions about the accuracy of statistics, and underlines the necessity of qualitative fieldwork that engages more than numbers.

Finally, most larger agencies will include a number of specialized units, including paramilitary special weapons and tactical (SWAT) teams and units that serve the needs of select populations and crimes: victims of domestic violence; gay, lesbian, bisexual and transgender residents; Asian, Latino and other racial and ethnic minority populations, and in many large metropolitan cities, individuals with mental illness.

One of the ten largest local police agencies in the United States, the Metropolitan Police Department consists of the Executive Office of the Chief of Police and seven bureaus: Patrol Services and School Security, Homeland Security, Professional Development, Corporate

Support, Strategic Support, Investigative Services, and Internal Affairs. The department is decentralized into seven districts across the city and further demarcated into police service areas (PSAs) within each district. Each district is headed by a commander, with a chain of command that consists of captains, lieutenants, sergeants, master patrol officers and patrol officers, and each PSA is assigned a team of officials and officers. The department also maintains 32 specialized units, including an Asian Liason Unit, a Gay and Lesbian Liason Unit, and Domestic Violence Unit, to name a few. In May 2009, MPD also inaugurated the first class of Crisis Intervention Officers (CIO) trained to respond to mental health service calls. I will speak in greater length about this specialized training later in the chapter, although it should be noted that MPD does not consider the CIO program to be a specialized unit.

Training: The Academy

Police officers begin their career in the training academy, during which they receive, on average, in the United States, 19 weeks of classroom training in police theory and techniques.⁵⁴⁹ This is where they will also learn about the occupational and organizational environments they will be working in. After this phase of formal instruction, recruits enter into an average 11-week field-training period, during which they are partnered with a field-training officer (FTO) and experientially learn the practice of policing.⁵⁵⁰ Several works have focused on the importance of the training academy to the socialization and enculturation of

⁵⁴⁹ U.S. Department of Justice Bureau of Justice Statistics, "State and Local Law Enforcement Training Academies, 2006," (2009), <http://bjs.ojp.usdoj.gov/content/pub/pdf/slleta06.pdf> (accessed September 20, 2010).

⁵⁵⁰ Ibid.

recruits into the police organization. In Van Maanen's classic work, *Observations on the Making of Policemen*, he proposed that a police recruit's initiation into the police organization consisted of four stages: preentry into the department, admittance into the academy, change and encounter with the field and finally, the continuance of the organizational culture.⁵⁵¹ In the preentry stage, recruits apply to a police department based on a high degree of identification with the goals and values of the organization.⁵⁵² Upon admittance to the academy, the recruit is made starkly aware of his lowly position within the organization, informed that at any time within the probationary period he may be terminated without explanation or appeal.⁵⁵³ Although the formal content of instruction at the academy is concerned with the technical aspects of policing, Manning argues that the recruit also begins to learn the traditions and culture of the department. Most importantly, though

The initiate learns that the formal rules and regulations are applied inconsistently...to the recruits, academy rules become behavioral prescriptions which are to be coped with formally, but informally dismissed. The newcomer learns that when The Department notices his behavior, it is usually to administer a punishment, not a reward. The solution to this collective predicament is to stay low and avoid trouble.⁵⁵⁴

In the next stage, the recruit begins a period of "apprenticeshiplike socialization" outside the academy with a field-training officer (FTO). According to Manning, the FTO feature insures a continuity and stability of practice and behavior regardless of the content of the training academy. In the final stage, the recruit begins to understand and cope with

⁵⁵¹ John Van Maanen, "Observations on the Making of Policemen," *Human Organization* 32, no. 4 (1973).

⁵⁵² Ibid., 409.

⁵⁵³ Ibid., 410.

⁵⁵⁴ Ibid., 411.

the mundane reality of police work by adopting a “learned complacency.” The recruit “discovers that the most satisfying solution to the labyrinth of hierarchy, the red tape and paperwork, the plethora of rules and regulations...is to adopt the group norm stressing staying out of trouble.”⁵⁵⁵

Similarly, Fielding, in ethnographic fieldwork conducted with British police constables, argued that recruits enter into and engage with both formal and informal socialization processes during their training. According to Fielding, the “prime source” of formal socialization is the training academy, a time during which “the ‘official line’ is retailed with the greatest assurance to officers.”⁵⁵⁶ Informal socialization, on the other hand, is learned through the occupational culture of police officers, which is continually experienced, negotiated and contested as an officer navigates their occupational world, beginning with the training academy and then the field-training period.

In both Manning and Fielding’s studies, the formal classroom instruction of the academy was actively devalued by field training officers (FTOs) and veteran members. During the field-training period, the belief that occupational competence was earned through experience and practice was reinforced and in Manning’s work, recruits were admonished to, “forget everything you’ve learned in the academy ‘cause the street’s where you’ll learn to be a cop.”⁵⁵⁷ Recruits were most susceptible to the informal socialization process.⁵⁵⁸ Although both Manning and Fielding maintain that recruits play an active role in negotiating and

⁵⁵⁵ Ibid., 415.

⁵⁵⁶ N. Fielding, *Joining Forces: Police Training, Socialization, and Occupational Competence* (Routledge, 1988).

⁵⁵⁷ Manning, *Police Work: The Social Organization of Policing*, 415.

⁵⁵⁸ Fielding, *Joining Forces: Police Training, Socialization, and Occupational Competence*, 92.

experiencing informal socialization, they both underscore the significant role a FTO plays in structuring the recruit's practical knowledge of policing. Not only do FTOs instruct the recruit in a model of patrol work influenced by their own biography and experiences, but they also impart a "subversive knowledge" comprised of "the details of practices generated by the ranks for coping with the work, and their operating ideology justifying these practices, which may well diverge from approved procedure."⁵⁵⁹

When recruits enter the MPD training program, they receive 28 weeks of classroom instruction before moving into 4 months of field training, which is administered by the districts. Recruits are paired with multiple field-training officers as they rotate through shifts during this period and must be recommended for certification upon completion of the field-training period. As individual districts administer the FTO program, variation in how the program is conducted can be expected.

Throughout my research, when I asked officers about the mental health training they received, most did not recall ever receiving formal instruction in the academy. One officer remembered "something about homelessness and mental illness" in the academy, but he underscored the importance Manning and Fielding placed on the field-training portion of his training. "I pretty much forgot everything I learned in the academy...I learned how to be a police officer when I got out and worked with FTOs. And it just takes a lot of common sense," he told me as we sat talking. Several officers also questioned the competency of academy instructors. One officer stated, "The academy instructors aren't there because they are the best teachers or good in their jobs. They're there because they couldn't make it doing patrol [work]."

⁵⁵⁹ Ibid.

The ability to “forget” and devalue formal instruction- and by extension, the formal aspects of organizational policy, emphasizes the importance placed on practice and experience by police officers and raises questions about the effectiveness of training through formal instruction. It also indicates a challenge to training efforts and the consistent implementation of organizational policy by officers. It should also be noted that a resistance to training and formal instruction is not only found amongst patrol officers. In November 2010, an assistant chief in MPD was suspended for allegedly providing answers on an exam to command staff before administering the test.⁵⁶⁰

Police Culture

Going 70 mph down the streets of Washington, D.C. with lights and sirens is frightening and exhilarating, and the officers I was with knew it. After the first five ride-alongs I had done, my strategy for dealing with fear was finely honed. As the car began to accelerate, I simply looked out the passenger side window, closed my eyes for a few brief seconds, and felt the wind blowing hard against my face. When I opened my eyes, I was able to accept that my beating heart was merely my adrenaline pushed to the edge.

One officer described his job to me, saying, “We are paid to put our fears away.” I knew on every ride-along, to some degree, I was being evaluated on how well I put my fears away. This was the world of police culture – one of crime-fighting, morality and the thin blue line – that I entered during the course of my fieldwork.

⁵⁶⁰ Klein, Allison and Clarence Williams, “D.C. Police Official Accused Over Security Exam,” *The Washington Post*, November 22, 2010.

The occupational culture of police received significant attention in the ethnographic research undertaken on policing and police work from the 1960s to 1980s. Early work found an informal system of “recognizable and distinct rules, customs, perceptions, and interpretations of what they see, along with consequent moral judgments among police officers.”⁵⁶¹ Manning and Van Maanen argued along the same lines that

The occupational culture constructed by the police consists of long-standing rules of thumb, a somewhat special language and ideology that help edit a member’s everyday experiences, shared standards of relevance as to the critical aspects of the work, matter-of-fact prejudices, models for street-level etiquette and demeanor, certain customs and rituals suggestive of how members are to relate not only to each other but to outsiders, and a sort of residual category consisting of the assorted miscellany of some rather plain police horse sense.⁵⁶²

Reuss-Ianni and Reuss-Ianni and Manning have contributed a more nuanced picture of police culture by demarcating the occupational cultures by rank.⁵⁶³ Reuss-Ianni and Reuss-Ianni characterized the difference between ranks as that of “street cop” and “management cop” cultures and Manning took this further, arguing three segments of culture existed between lower participants (patrol and sergeants), middle managers (some sergeants to upper police administrators) and top command (commanders, superintendents, deputy and assistant chiefs, chiefs). According to Manning, the cultural segmentation by rank is based in

⁵⁶¹ J.H. Skolnick and J.J. Fyfe, *Above the Law: Police and the Excessive Use of Force* (New York: Free Press, 1994), 90.

⁵⁶² Peter K. Manning and John V. Maanen, eds., *Policing: A View from the Street* (Santa Monica, C.A.: Goodyear Publishing Co., 1978), 267.

⁵⁶³ Peter Manning, “Police Occupational Culture: Segmentation, Politics, and Sentiments (Unpublished Manuscript),” (East Lansing: Michigan State University, 1994), quoted in E.A. Paoline, “Taking Stock: Toward a Richer Understanding of Police Culture,” *Journal of Criminal Justice* 31, no. 3 (2003); E. Reuss-Ianni and F. Reuss-Ianni, “Street Cops and Management Cops: The Two Cultures of Policing,” in *Control in the Police Organization*, ed. M. Munch (Cambridge, MA: The MIT Press, 1983).

the spatial and social ordering of each groups' occupational world.⁵⁶⁴ It is "anchored in the interactions in distinctive social spaces (by rank) in the organizational hierarchy."⁵⁶⁵

More recently, however, Herbert theorized that police culture could best be understood by using the concept of "normative order," defined as "a set of rules and practices oriented around a central value."⁵⁶⁶ He argued that six normative orders were critical to policing and the creation of police culture. In thinking about my fieldwork experiences, I often reflected on Herbert's argument and found it best explained many of my observations around the occupational culture of police. It is, however, limited in its use for several reasons. First, normative orders are best used in understanding police culture at the individual, interpersonal level, not at the organizational level. While they can tell us about occupational culture, which influences organizational culture, they cannot be directly applied as attributes of the organization. Second, although Herbert, through ethnographic work, has identified these larger orders, they cannot reflect the variation that exists across departments, based on such factors as size, geographic area, and demographic makeup. Finally, as Herbert points out, they can be permeable, contestable and internally inconsistent; however, they were useful to me in understanding larger actions, meanings and values that I encountered.

According to Herbert, the first normative order, law, shapes officers' daily practices and regulates their behavior, to some extent. It also is a "fundamental value" for officers,

⁵⁶⁴ Manning, "Police Occupational Culture: Segmentation, Politics, and Sentiments (Unpublished Manuscript)."

⁵⁶⁵ Ibid., 2, quoted in E.A. Paoline, "Taking Stock: Toward a Richer Understanding of Police Culture," *Journal of Criminal Justice* 31, no. 3 (2003).

⁵⁶⁶ Steve Herbert, "Police Subculture Reconsidered," *Criminology* 36, no. 2 (1998): 343.

invoked in the actions they take to preserve social order.⁵⁶⁷ The second order-bureaucratic control- structures how the organization operates, defining “the social and spatial world of concern for officers,” as well as the tactics and techniques to be used in daily operations.⁵⁶⁸ Third, a normative order of adventure and machismo underscores a belief that the danger inherent in police work must be met with courage and strength. The fourth normative order of safety, and the preservation of officers’ lives, shapes how officers define, approach and respond to situations they are faced with. Fifth, an order of competence in job performance, both amongst peers and on the streets guides an officer’s actions. And finally, the sixth normative order, morality, infuses the sense of purpose in police work. For officers, “police work is not only defined...as an opportunity to uphold the law or to demonstrate bravery, but as part of a wider struggle between good and evil.”⁵⁶⁹

As I conducted my fieldwork, there became no doubt for me that distinct “normative orders” exist that structure the attitudes and behaviors among police officers, though officers individually engage with and contest some- or all- of them. I heard many narratives of adventure on the job, “war stories” that illustrated the idea of the thin blue line. On one ride-along, as we stood outside a public housing complex, one officer told me, “I’ve been shot at, kicked, bitten by a dog, hit by a car. It’s my city, though and I take it personally.” Not only was he illustrating the dangers of the job to me, but he was, very clearly, describing his role as the thin blue line between good and evil in “his” city. Another officer, when I asked about what makes a good officer, replied “It doesn’t matter if you’re

⁵⁶⁷ Ibid., 353.

⁵⁶⁸ Ibid., 354.

⁵⁶⁹ Ibid., 360.

male or female, if you're hard-charged and can hold your own, you're doing your job."

Interestingly, Officer S, in speaking about the makings of a "good" police officer, also reflected a gendered narrative- as long as a female police officer embodies the adventure and machismo of crime-fighting, she is a good police officer. Juxtaposed to this, however, was the assertion by a female officer: "War stories are a bunch of bullshit. The situation could have been avoided if they knew how to talk to someone."⁵⁷⁰ This officer's comments point to how these normative orders can be- and are- contested, as values and meanings in the social world of the police are not homogenous, nor monolithic.

Morality was the easiest normative order for me to observe- and also to understand. On one hot summer night, I responded with one sergeant to five domestic violence calls in four hours. As I entered into the homes of women with children and saw the very real markings of violence perpetrated by partners and boyfriends, I understood the moral narratives that officers told after repeated exposure to the situations that necessitated their presence. That night, after entering the home of a 19-year old woman with a young child who had been battered by her boyfriend, the sergeant told me, "This is why we're here." His comment reflected the strong sense of morality that can accompany the enforcement of social and moral orders. However, I also began to understand the jaded cynicism that

⁵⁷⁰ The number of female officers I worked with was small, reflecting that only 23% of the force is comprised of female officers, from command staff to patrol. For more literature on the gendered dynamics of policing, see Kimberly D. Hassell and Steven G. Brandl, "An Examination of the Workplace Experiences of Police Patrol Officers: The Role of Race, Sex, and Sexual Orientation," *Police Quarterly* 12, no. 4 (2009); Steve Herbert, "Hard Charger'or'station Queen? Policing and the Masculinist State," *Gender, Place & Culture* 8, no. 1 (2001); Bonnie McElhinny, "An Economy of Affect: Objectivity, Masculinity and the Gendering of Police Work," in *Dislocating Masculinity: Comparative Ethnographies*, ed. Andrea Cornwall and Nancy Lindisfarne (New York: Routledge, 1994).

accompanied this morality. Their presence would not end domestic violence and every day would bring another call for “a domestic.”

Competence on the job was a concern for many officers I worked with. Although several officers spoke of the division between patrol officers and command staff, more important was the division between those who did the job and everyone else. The adage that, “Ninety percent of the work is done by ten percent of the force” was told to me several times, and the variation I experienced on ride-alongs illustrated this to some extent. With one sergeant, during the four hours I spent in the car, the laptop computer that received dispatched calls for service was never opened. One young officer in his 30s explained the dynamic in this way: “There’s a battle between officers who do their work and those who try to do as little as possible on their shift. I’m young and strong-minded, so I do my job.” And he did. When calls for service were slow, we drove by a spot where day laborers stood waiting for work. They waved as we drove by, and he stopped to talk with several he knew, asking about work and if there was anything he “needed to know.” “When it’s slow, I try to be proactive,” he said as we drove away.

I came to believe that a sense of shared occupational culture for officers, situated in these normative orders, is necessary to perform the job. It provides a way to make sense of a social and occupational role that is “othered” and often reviled, but it can obscure larger questions of power and authority from officers’ perspectives. Organizationally, the occupational culture of policing also exerts influence on its members, and it is important to recognize the relationship that exists between occupational culture and organizational policy

and practice. Paoline argues, “the point that cannot be overlooked is that organizations that are embedded within an occupation also exert cultural influence on its members.”⁵⁷¹

My concern is at this larger, structural level of police departments as organizations, and so I ask, what shared priorities and values shape policy and practice? In the particular case of mental health training for MPD officers, what organizational structures and shared values enabled over 10 years of resistance to calls for training from advocates and mental health professionals?

In the next section, I outline the history of mental health training for Metropolitan Police Department officers and the efforts of advocates, Department of Mental Health officials and others to establish and maintain a consistent training program on mental health within MPD.

Mental Health Training for Police Officers in D.C.: A History

The history of how and when mental health training began for police officers in the District has never been recorded. It exists in the recollections of those who advocated for it, in the memories they share with one another and in their continued efforts to hold the police department accountable for the interactions officers have with homeless individuals and people with mental illnesses. In the year and a half I spent doing fieldwork, I conducted interviews with mental health and homeless advocates, mental health practitioners, Department of Mental Health (DMH) officials and other individuals involved in efforts to

⁵⁷¹ Paoline, “Taking Stock: Toward a Richer Understanding of Police Culture,” 204.

initiate mental health training within the Metropolitan Police Department (MPD). The history I reconstruct here, though, is imperfect, with exact dates forgotten or unknown and memories incomplete. Due to a lack of access to MPD officials involved over the years with the mental health training, it is also only a partial story, with limited historical insights from MPD members.

1990s to Early 2000s: Jail Diversion Task Force

“Any training that was done was generated out of the advocacy community,” KS, a long-time advocate told me. “We had a conversation here...had to be mid-1990s. And we started to talk about the need to train the police because we were having a problem with the police not understanding the behaviors [of mental illness] and our folks were ending up in the jail.” The beginning of efforts for mental health training agreed upon by those with the longest involvement starts with the Jail Diversion Task Force. Formed in the mid-1990s and originally chaired by a psychologist at the D.C. Jail, the group consisted of individuals from a wide range of agencies, including D.C. Public Defender Services (PDS), the U.S. Attorney General’s Office, the Commission on Mental Health Services,⁵⁷² St. Elizabeths, D.C. Department of Corrections, as well as mental health and homeless outreach providers. MPD was notably absent. According to one task force member, “They were just not interested at that point.”

Diversion of individuals with mental illness from the criminal justice system was the ultimate aim of the task force, and as KS explained, “We approached it [jail diversion] in a

⁵⁷² Prior to 2001, the Department of Mental Health existed as the Commission on Mental Health Services.

two-pronged fashion: one was post-booking diversion and the other was pre-booking. Pre-booking diversion was the training.” In approximately late 1998, the group contacted newly-appointed Chief of Police Charles Ramsey with the idea to implement Crisis Intervention Training (CIT), also known as the Memphis model, in the police department. Another task force member recalls, “Ramsey was just made chief and said, “The last thing we’re doing is using this model; in fact, we’re moving away from that.” KS also remembers, “They told us they had just gone into something called community policing and so they were trying to reduce the number of specialty officers and were not interested.”

The task force was not to be deterred, however. In 1999, they succeeded in their request to rewrite MPD’s General Order 308.4, “Processing of Persons Who May Suffer from Mental Illness,” which became effective on September 22, 2000.⁵⁷³ As general orders establish the policy and procedural guidelines of the police department, this was an accomplishment. Through their efforts, both the language of the policy and the practices it dictated reflected a “sensitivity to the needs and rights” of individuals with mental illness who came into contact with police officers. Consequently, GO 308.4 states

The policy of the Metropolitan Police Department is **to treat and process suspected mentally ill persons in a manner which reflects sensitivity to the needs and rights of the persons involved**, and to work cooperatively with all public and private institutions to provide citizens of the District of Columbia with a viable and effective mental services program. **Understanding that mental illness is a disease and not a crime, it is preferable to assist a person into treatment rather than jail, especially for quality of life crimes.**

⁵⁷³ Metropolitan Police Department, “General Order 308.04: Processing of Persons Who May Suffer From Mental Illness,” September 22, 2000. GO-OPS 308.04 may be viewed at https://go.mpdonline.com/index_GO.html.

Procedure regarding the use of restraints was specifically targeted in the group's revisions, and guidelines were adopted in the general order. According to KS, it was important that individuals being transported to the Comprehensive Psychiatric Emergency Program (CPEP), voluntarily or involuntarily, not feel criminalized. The final language that was agreed upon regarding the use of restraints states

- a. If the suspected mentally ill person is under arrest and/or violent, members shall use handcuffs or flexi cuffs, to prevent a prisoner from injuring anyone and escaping. **However, restraining the prisoner securely without causing injury is important to eliminate further pain and suffering.**
- b. If the suspected mentally ill person is not under arrest, **members shall use the minimal restraint necessary to avoid further aggravation or unnecessary injury of the person.** While the use of restraints can, with some individuals, aggravate [sic] their aggression, officers should take these and related security measures necessary to protect their safety and the safety of others with whom the suspected mentally ill person will come in contact.

Although revision of the general order was certainly a large step in rhetorically and procedurally establishing a rights-centered approach to interacting with individuals with mental illnesses, because of the large latitude in police discretion, how well an individual's "needs and rights" are considered cannot be known. Also, as I came to understand in my fieldwork, procedure is largely informed by practice, not written policy. Officers may not be able to state, using the language of GO 308.4, the procedural guidelines for the "treatment, processing and disposition of suspected mentally ill persons,"⁵⁷⁴ but they know, by a combination of experience and informal rule of thumb, how an individual is involuntarily committed and where the individual should be taken (CPEP). However, the decision to follow the provisions is at the discretion of the individual officer, providing the officer is even aware of them. An individual could be merely ignored, arrested if a crime, however minor, has been

⁵⁷⁴ Ibid.

committed or put into the care of a family member or friend. So, although the task force's efforts were a success in directing the formal policy of MPD, rewriting GO 308.4 has had an uneven impact on the actual practice of patrol officers. During a ride-along with one officer, I asked how well he knew GO 308.4. He replied that he was not aware of the general order, but that he "should go back and read the order so I can cover my ass." He then thanked me. Although it is his responsibility to be aware and follow the guidelines as posted in GO 308.4, it is reflective of the occupational priority given to experiential and field learning in the training process.

In 2001, Department of Mental Health officials, supported by the efforts of the Jail Diversion Task Force, created a four-hour mental health training module to be incorporated into MPD's yearly in-service, professional development training for officers and sergeants. The training, however, was not given every year, and it is hard to ascertain what years it was given. The training, though, garnered a mention in *The Washington Post*.⁵⁷⁵ According to a former DMH official who worked closely on the training

It was free training. Basically, eight hours of free training every week because we'd do... They always had two sessions going on, so we'd do one morning session and one afternoon session. And you know, it was free for them. So they loved it. They were paying a lot of money for verbal judo⁵⁷⁶ and all this other stuff and I'm coming in saying "We'll train you in mental health stuff and we'll do it for free." So, you know, we probably had ten people who were trained and they'd go over and do the training. And we had also, we had people who did psychodramas, so we had trained people doing the role of the person who is mentally ill. So it was really good. It was free for them.

⁵⁷⁵ Fisher, Marc, "For D.C. Police, A Preview of Life's Psychodrama," *The Washington Post*, June 23, 2001, B1.

⁵⁷⁶ Verbal judo is a set of communication skills emphasizing the use of actions and voice to gain cooperation and voluntary compliance in stressful situations. See G.J. Thompson and J.B. Jenkins, *Verbal Judo: The Gentle Art of Persuasion* (New York: Harper Paperbacks, 2004).

The training consisted of several training exercises focused on building rapport with an individual experiencing symptoms of mental illness, as well as on active listening. Recruits were instructed to, “Establish rapport, use active listening, strategize toward resolution and come to resolution” in their interactions. Time was spent providing a family and “consumer” perspective, and facts were provided on homelessness, acknowledging the significant number of homeless individuals with mental illnesses in the District. Finally, procedures for writing a FD-12, the District’s legal document requesting involuntary emergency hospitalization and information on the Comprehensive Emergency Psychiatric Program (CPEP) were provided.

OPC, CIT and MPD Redirection

In 2005, the last training was conducted. With the resignation of the lead DMH staff member on mental health training, the training was discontinued and not picked up by either side. The conclusion one former DMH employee reached was, “It just wasn’t seen as important.”

In April 2006, Steve Baron, then newly-appointed as Director of the Department of Mental Health, along with members of the Jail Diversion Task Force and the Substance Abuse and Mental Health Workgroup of the District’s Criminal Justice Coordinating Council⁵⁷⁷ arranged for Major Sam Cochran, the co-founder of the Memphis Police Department’s CIT training, to provide then-Chief of Police Ramsey and his command staff with a formal presentation on crisis intervention team training. The presentation was held in

⁵⁷⁷ The Criminal Justice Coordinating Council is an independent D.C. agency that works to improve the administration of justice in the city (www.cjcc.D.C.gov).

June 2006 and according to several attendees, Ramsey indicated receptiveness to the training. However, every attendee that I subsequently interviewed for my fieldwork pointed to one assistant chief whose views reflected a blatant disregard and distaste for the CIT model. Several people independently recalled specific mannerisms and gestures used by the assistant chief as “disrespectful.” How this individual’s power and authority allowed his perspectives on mental health and training to strongly influence the course of mental health training will be discussed later in the chapter.

In 2006, a new player in the call for mental health training also emerged on the scene: the District of Columbia’s Office of Police Complaints (OPC). The Office of Police Complaints was created by statute in 1999 to provide independent review of complaints filed by the public against MPD officers. The office opened to the public two years later, in 2001. The Office of Police Complaints periodically publishes issue-specific reports and recommendations based on the complaints that have been filed with the agency, and in September 2006, the agency published the report, “Enhancing Police Response to People with Mental Illness in the District of Columbia: Incorporating the Crisis Intervention Team (CIT) Community Policing Model.” According to the report, since its opening OPC had regularly received misconduct complaints from individuals with mental illness.

In some cases, individuals have been arrested and subjected to police use of force for engaging in behavior that is symptomatic, or otherwise the product, of mental illness or mental health problems. In other cases, officers allegedly have refused to assist or have treated disrespectfully members of the public suspected of being mentally ill.⁵⁷⁸

⁵⁷⁸ Police Complaints Board, “Enhancing Police Response to People with Mental Illness in the District of Columbia: Incorporating the Crisis Intervention Team (Cit) Community Policing Model,” (Washington, DC: Office of Police Complaints, 2006), 1.

In its analysis of the issue, OPC argued that complaints it had received revolved around two concerns:

- (1) Officers who escalate an encounter into an altercation that leads to use of force or arrest either because they do not recognize symptoms of mental illness or lack the skills to de-escalate the situation without confrontation or arrest; or
- (2) Officers who recognize or suspect that a person is suffering from a mental illness but do not assist the individual.⁵⁷⁹

Based on these concerns, as well as the inconsistent picture of training on mental health, OPC recommended that the Crisis Intervention Team model be adopted by MPD. Fourteen recommendations were issued that included tasks to be undertaken by both MPD and DMH to plan for, create and support the implementation of CIT. OPC also identified several “essential components” of the CIT model that were in place, including a decentralized police department “organized for community policing,” “officers who possess the interest, sensibilities, and “knack” for interacting positively with mentally ill people,” and a 24-hour psychiatric emergency facility (CPEP).⁵⁸⁰ Retrospectively, in one of the most haunting arguments of the report, OPC recommended that the District of Columbia implement CIT because, “It would be better for the District to proactively adopt CIT now rather than reactively adopt it later in response to public outcry over an avoidable tragedy, such as the shooting of an unarmed, mentally ill person.”⁵⁸¹

MPD’s response to the report was one of deflection and redirection. The department argued that it had already implemented many of the 14 recommendations with the key exception being the implementation of the Crisis Intervention Team model. Further, they

⁵⁷⁹ Ibid.

⁵⁸⁰ Ibid., 19-20.

⁵⁸¹ Ibid., 3.

maintained that OPC had focused too narrowly on CIT as the model of choice for the District. According to one document, MPD maintained

While many of the issues outlined in your report are consistent with the goals of the MPD, it is believed that D.C. should not simply replicate in total what any one agency has used. Instead, the goal will be to create a District of Columbia Model that encompasses the entire scope of D.C.'s response to homeless individuals, alcohol and substance abuse individuals, as well as individuals who are mentally ill. It is this comprehensive approach that requires a deeper examination than simply implementing the Memphis CIT model.⁵⁸²

In this same document, the department maintained that its participation in a co-chaired subgroup task force of the Criminal Justice Coordinating Council's Substance Abuse and Mental Health Workgroup focused on mental health crisis response options was evidence of its desire to find the most appropriate model for the District. "This [participation in the task force] is more indicative of an examination process, as opposed to determining the outcome before the examination."

However, over the next few months, some advocates began to question MPD's "examination process," wondering if MPD hoped to fit its current practices and training into a model. The assistant chief placed in charge of MPD's efforts was also aggressively in opposition to any expanded police roles and services regarding mental health. Several advocates and others I worked with recalled the AC's heated opposition to jail diversion efforts. According to KS, his position was that, "The police don't divert. We arrest." In a meeting attended by LM, an employee in a D.C. government agency, the assistant chief was recorded as stating, "The police are not in the business of putting those who are involved in "crime" into diversion programs." And in another meeting, one interviewee recollected the

⁵⁸² Internal document provided by confidential source.

assistant chief adamantly maintaining that mental health was not a police job. LM shook her head as she told me, “He actually said, “It’s not our job to pick up the trash and we’re called for that. We’re not social workers.”

For KS, a homeless outreach worker, his position on mental health diversion missed the nuanced understanding of how individuals with mental illness, specifically those who are homeless, are often arrested for quality of life crimes, including public intoxication, public urination, and trespassing or because a situation has escalated into an assault or disorderly behavior. According to KS, “Our folks who are marginalized are so often forced to engage with the police in ways that those of us who are housed are not.” The argument is simply that these individuals do not need the criminal justice system but a diversion into the mental health system where appropriate services could be provided.

In October 2006, a document titled, “Metropolitan Police Department Mental Health Training Accomplishments” was released and signed by the previously mentioned assistant chief. The document included a flow chart comparing MPD’s curriculum on mental health with the curriculum of departments who had implemented the CIT training, including Albuquerque PD, Montgomery County (MD) PD, and Portland (OR) Police Bureau. In the executive summary it was stated that,

Of the total 40 hour training program that CIT officers are trained in, there are only seven modules that MPD has not been trained in as an agency...Therefore, it is reasonable to conclude that MPD, as an agency, is currently trained at the same standard as those agencies evaluated and currently operating as a CIT model by comparison.⁵⁸³

In the document a chart was also included that showed the years in which “training topics” covering mental health were included. My re-creation follows. Although I cannot

⁵⁸³ Brian K. Jordan, “Metropolitan Police Department Mental Health Training Accomplishments,” October 2006 (internal document provided by confidential source).

accurately say how long each training was, annual in-service training modules conducted at the academy are, on average, four hours in length. From interviews conducted with advocates who worked on the mental health training for recruits, the training module was four hours long.

Topic	Program	Year(s)
Responding to A Mental Crisis on the Street	<ul style="list-style-type: none"> • Annual in-service training • Recruit training 	2004, 2005
Verbal Judo	Annual in-service training	Presented every other year
Altered Mental States: Simulations for Police Interventions	Annual in-service training	2001, 2002
Promoting Awareness, Communications and Safety with the Disabled Community	Annual in-service training	2001
Mental Health and the Homeless	Annual in-service training	2001
Deaf Awareness/Disability Training	Annual in-service training	2000
Mental Illness Awareness	Annual in-service training	1999
Handling Persons with Mental Illness	<ul style="list-style-type: none"> • Level 6/Investigative Patrol • Recruit Training 	Continuous
General Orders <ul style="list-style-type: none"> • Processing of persons who may suffer from Mental Illness (2000) • Provisions for Homeless Persons During Periods of Cold Weather (2002) • Handling Intoxicated Persons (2003) • Juvenile Mental Health Services (2003) 	All police officers receive the information and are responsible for their contents within 24 hours of receiving the information	

The assistant chief's contention that "as an agency" the department was trained equivalently with departments using a CIT model signified both a misunderstanding of Crisis Intervention Team training and a misrepresentation of MPD's training practices. This assistant chief's assertion was simply unsupported by his own evidence. First, CIT is a weeklong, 40-hour course conducted over a week for officers who have volunteered to undergo the training. It is intensive, specialized, and comprehensive. Trainings are

continually held to ensure that approximately 20% of a force is certified in CIT. The MPD training schedule presented in the document is not equivalent, particularly in that trainings were- by his admission- not held yearly, or even consistently. Additionally, a four-hour in-service training module is not comparable to a 40-hour training. As a department that had been historically negligent in training- and as I detailed in Chapter Three- and repeatedly censured for its lack of accountability- these assertions by the AC reflected an organizational disregard for accuracy and accountability. One criminal justice official put it simply: “Institutional memory [at MPD] is very short.”

In March 2007, a “Strategic Plan for Implementation of the Comprehensive Advanced Response Model to Assist the Mental Health Community,” was prepared and distributed by the same assistant chief. According to the Strategic Plan,

The Metropolitan Police Departments [sp] police based response model is The Comprehensive Advanced Response Model (CAR Model). This **model is described by the Council of State Government’s [sp] as “a traditional response model, modified by mandating advanced 40-hour training for all officers within the department.”** The MPD approach is to address police based responses to people with mental illness as part of their overall training and responses to special populations. Individuals with mental illness have special needs and police based response should take into consideration the special needs of this population. In order to effectively address the needs of this special population, police based response must focus on collaboration with the mental health community and implementation of best practices used by police agencies to in [sp] conjunction with the mental health community. The training must concentrate on police use of force, recognizing mental illness and collaboration with the mental health experts in providing appropriate assistance to individuals with mental illness.⁵⁸⁴

The Strategic Plan listed eight goals that would be focused on to “carry out its mission.” These were

⁵⁸⁴ Brian K. Jordan, “Strategic Plan for Implementation of the Comprehensive Advanced Response Model to Assist the Mental Health Community,” March 2001 (internal document provided by confidential source).

Goal 1: Fully implement the Comprehensive Advanced Response Model for police based response to individuals with mental illness.

Goal 2: Collaborate with the Department of Mental Health to improve the training curriculum at the Maurice T. Turner Institute of Police Science.

Goal 3: Improve data sharing between MPD and DMH regarding individuals with mental illness.

Goal 4: Create an effective evaluation component to evaluate the effectiveness of our response to individuals with mental illness.

Goal 5: Protecting the health and safety of individuals with mental illness through Emergency Preparedness.

Goal 6: Improve Police response to calls for Police Service.

Goal 7: Improve on scene assessment by officers in evaluating whether an individual is suffering from mental illness.

Goal 8: Improve overall police response when handling calls for individuals with mental illness.

The strategic plan also listed specific mechanisms that would be put in place to reach these goals. For training, seven items were listed that would contribute to the accomplishment of the first and second goals. These were:

1. Reevaluate current training curriculum module for Crisis Intervention in conjunction with the Department of Mental Health to ensure compliance with best practices in Crisis Intervention Training
2. Create compliance monitoring team to ensure training module is consistent with best practices
3. Monitor the percentage of officers trained in 32-hour module of Crisis Intervention Training yearly
4. Examine the training curriculum of other law enforcement agencies within the area to ensure that best practices are taught in police based Crisis Intervention response training
5. Create Memorandum of Agreement to ensure ongoing collaboration between agencies for crisis intervention training
6. Ensure that the recommendations of the Council of State Governments Consensus Report is implemented in training
7. Continue Collaboration on the creation and implementation of Inter-Agency-Mobile Crisis Response Initiative

Several things stand out in an analysis of this document. First, the strategic plan references the Council of State Government's Criminal Justice/Mental Health Consensus Report⁵⁸⁵ throughout, with the goal of implementing its best practice recommendations. The strategic plan suggests that the CAR Model is endorsed by the report, although a thorough reading of the report and its recommendations does not support this. In fact, the report's policy statement regarding training recommends in-service, annual and an advanced, specialized response component, such as Crisis Intervention Team training, which MPD was adamantly against implementing. The plan also suggests that MPD was at the time- would be, although the distinction is not clear- using the CAR Model as its mental health training framework, yet as previously discussed, it was certain that MPD was not providing 40 hours of training for all officers in the department on mental health training. Finally, the strategic plan references Crisis Intervention Training throughout, specifically in goals one, three and four, yet again, MPD was against implementing CIT. Essentially, it appeared to be saying without doing- by referencing CIT training, the report attempted to obscure its actual policy and practice. It remains unclear to me by whom this document was to be reviewed or to whom it was to be held accountable to.

Also in 2007, with momentum building within the Department of Mental Health and advocates working on the training, several initiatives were undertaken. In February, the Crisis Emergency Services Planning Group was convened by the DMH and "charged with responsibility for reviewing the current system for delivering crisis emergency services and

⁵⁸⁵ The Criminal Justice/Mental Health Consensus Project report was published in 2002 and gave 47 policy recommendations for how "agents of change" could address individuals with mental illness across the criminal justice continuum. The report can be found at http://consensusproject.org/the_report.

developing a comprehensive plan for delivery of such services.”⁵⁸⁶ The report acknowledged that, “there are significant numbers of persons with mental illness involved in the criminal justice system, in part because the first responders are the Metropolitan Police Department and also due to the lack of mental health crisis services.”⁵⁸⁷ Representatives from MPD, Fire and Emergency Services, and the Office of Unified Command (911) were included, as well as crisis bed providers, outpatient mental health providers, consumers and advocates. The group met 11 times before issuing its final report.⁵⁸⁸ In a June 2007 meeting of the group, discussion focused on the role of police in diverting individuals with mental illnesses from the criminal justice system, specifically when arrests were made for quality-of-life misdemeanors. The assistant chief representing MPD in the group stated that regardless of whether the individual had a mental illness, they had still committed the crime. It was an argument he had previously made, but he went on to say further elaborate that MPD “doesn’t want all these calls.” The underlying message was that it just wasn’t the police department’s problem.

Several recommendations were made by the group in the final report, but one- the creation of mobile crisis teams run by the Comprehensive Psychiatric Emergency Program- was expected to most directly address the problems associated with police as first responders.

⁵⁸⁶ Crisis Emergency Services Planning Workgroup, “Final Report,” (Washington, D.C.: Department of Mental Health, 2007), 1.

⁵⁸⁷ Ibid.

⁵⁸⁸ The group continues to meet to this day, however. In meetings I attended throughout 2008 and 2009, the group focused on the further implementation and improvement of its final report recommendations, including the creation of mobile crisis teams, mental health training for MPD, the expansion of crisis beds, and other DMH-led initiatives.

Mobile crisis teams were hoped to be available 24/7 to respond to mental health crisis calls and assist MPD, as well as FEMS, at their request on non-violent mental health service calls.

In an effort to achieve this recommendation, a pilot project between MPD and DMH's Homeless Outreach Program (HOP) in Police Service Area (PSA) 101⁵⁸⁹ was also conducted from June to September 2007. The purpose of the project, according to DMH, was to "foster [an] increased relationship between MPD and DMH and to inform the planning process for developing mobile crisis services within the District of Columbia."⁵⁹⁰

For MPD, the purpose, stated in a June memo from the previously mentioned assistant chief to First District personnel, was to

Evaluate the capacity of our current services, and to evaluate future needs to support the most effective and collaborative response to individuals who suffer from mental illness. Additionally, the pilot focuses on providing a tool for officers to use when addressing the mental health consumer in situations that do not involve a risk to the individual or the community. This provides officers with a necessary tool that will reduce the likelihood that a person suffering from mental illness will become the subject of arrest or unnecessary emergency hospitalization for mental observation.⁵⁹¹

The memo further outlined the protocol and directives for patrol officers who encountered individuals with mental illnesses and to this assistant chief's credit, established a working policy for the project. In the Memorandum of Agreement that was signed between DMH and MPD (as well as FEMS and the Office of Unified Communications), DMH's Homeless Outreach Program agreed to, among other things, respond to a scene or advise via phone when contacted by MPD via the Office of Unified Communications (Dispatch)

⁵⁸⁹ PSA 101 is bounded on the west by 17th Street NW, the east by New Jersey Ave, the south by Constitution Ave, and the north by New York Ave.

⁵⁹⁰ District of Columbia Department of Mental Health Homeless Outreach Program, "PSA 101 Protocol," 2007 (internal document provided by confidential source).

⁵⁹¹ Brian K. Jordan, "ROC-C Memorandum #07," June 12, 2007 (internal document provided by confidential source).

regarding someone who “appears to be suffering from a mental illness and is in need of service” and did not meet the requirement for involuntary hospitalization (a danger to themselves or others). MPD agreed, in addition to the protocol for contacting HOP, that officers in PSA 101 participating in the project would be trained in the CAR Model and provided updated training on handling and responding to individuals with mental illness.

Yet, according to one officer, “PSA 101 was a joke.” This officer was not told about the three-month-long project until three weeks before it ended and felt that, “They really screwed the pooch. We were told to start filling out the forms three weeks before it ended. Basically they said, “This ends in three weeks, so try to do a couple of the forms.’ Whoever was in charge of implementing it didn’t do it.” The officer was not given the 40 hour CAR model training, nor was there any updated training on handling and responding to individuals with mental illness. Later in 2008 when I spoke with MPD personnel regarding the pilot, there was an understandable absence of information on the pilot project. One person put it this way, “We could have done a better job of tracking it. But we didn’t hear any complaints.”

Shake-Up

In late 2007 and throughout 2008, after more than ten years of concerted efforts by advocates, DMH officials and employees, and others involved in the fight for mental health training, several events were to occur that changed the course of action taken by MPD.

The first significant event occurred in September 2007. As newly-appointed Chief of Police Lanier reorganized her upper-level management, the assistant chief who had represented MPD in training negotiations was demoted to commander. Although he

remained the point-person for MPD in collaborative efforts with DMH on mental health training after this demotion, this was to change by late 2008. However, confusion over his role continued despite his removal from the mental health training collaboration with DMH. I will continue to expand on this throughout the rest of the chapter.

Then, in April 2008, another player emerged in the mental health training battle: Jason Cherkis, a reporter for the *Washington City Paper*. That month, Cherkis published a piece in the weekly that exposed the fight being waged over mental health training for police officers. Philip Eure, Executive Director of the Office of Police Complaints was a significant source of Cherkis' information, and the article highlighted OPC's 2006 report, as well as the office's call for CIT training. The former AC, still MPD's point person for mental health efforts at the time, was quoted in the article, refuting the need for CIT in D.C. Cherkis wrote

Commander Brian Jordan, the department's point person on the issues, says he's seen no significant use-of-force problems. Of the other misconduct complaints [filed with OPC by individuals with mental illness], he says, "These are the types of things you will always have...You are always going to have indifference among officers."⁵⁹²

The commander's statement reflected both a comfort with and expectation of indifference among officers. Yet, it was also a reflection of the organizational lack of accountability that allowed him to blatantly dismiss misconduct allegations as "indifference."

I will return to this discussion later in the chapter.

By the summer of 2008, planning for a new mental health training module for recruits was underway. Heading MPD's collaboration with DMH on the module was Sergeant Brett Parson, a well-known figure in MPD's Gay and Lesbian Liaison Unit and then Assistant to the Chief of Police and supervisor of MPD's Special Liaison Units. Parson,

⁵⁹² Jason Cherkis, "Dropping Out: When It Comes to the Mentally Ill, the Police Need Schooling," *The Washington City Paper*, April 4, 2008.

as well as another MPD officer, DMH staff and representatives from the National Alliance for the Mentally Ill chapter in the District (NAMI-D.C.)⁵⁹³ worked throughout the summer on an eight-hour basic mental health module, and two trainings were held in the fall of 2008 at MPD's academy. Reestablishing recruit training was a major success, yet it was only one piece of comprehensive mental health efforts for MPD.

Finally, by fall of 2008, DMH's Mobile Crisis Teams were in tentative operation. DMH had hired Luiz Vasquez in early 2008 as Director of Mobile Crisis Services (MCS) and in September, the first mental health specialist began work. On September 16, 2008, the Mobile Crisis Team responded to its first call and continued to fill positions throughout October. Although the Mobile Crisis Services and its teams were to work in coordination with MPD, a Memorandum of Understanding was not in place until November 21, 2008. The MOU laid out the responsibilities of each agency and the basic procedure for officers and Mobile Crisis Services. If an MPD officer encountered an adult individual with "an apparent mental health crisis and a mental health intervention is the most appropriate response," the officer would contact MCS for assistance.⁵⁹⁴ Mobile Crisis Services was to be "an enhanced tool" of assistance for patrol officers, and it was the best intervention in crisis situations involving police officers and individuals with mental illness in the absence of a substantive mental health training effort by MPD.

⁵⁹³ NAMI-D.C. was founded in 1981 as D.C. Threshold. According to their website, "NAMI D.C. has been serving the families of persons with mental illness in the nation's capital for over a quarter century."

⁵⁹⁴ "Memorandum of Understanding Between the Department of Mental Health and Metropolitan Police Department for the Delivery of Mobile Crisis Services," November 2008, <http://www.washingtoncitypaper.com/blogs/citydesk/2008/12/04/dc-police-sign-mou-with-department-of-mental-health/> (accessed on December 4, 2008).

Game Over

As mentioned at the end of the last chapter, on November 6, 2008, David Kerstetter was shot in his home. It was reported in *The Washington Post* the next day, but I learned of it through a text I received from an officer. It read, “Mentally ill man shot I think. 2D. Should find out more.”

Several papers carried the story, *The Washington Post*, the *Washington City Paper* and the *Washington Blade*. The reported story was this: two police officers, one a 21-year veteran of MPD and an officer who had recently graduated from the police academy responded to 911 call at 10:15 a.m. on November 6, 2008. The officers entered David Kerstetter’s home, where he was found holding a knife. A struggle ensued and the veteran officer shot and killed Kerstetter in self-defense. The *Washington Post* article quoted police chief Lanier as saying “I feel real comfortable . . . that these officers did act in defense of their life.”⁵⁹⁵

It was reporting by Jason Cherkis of the *Washington City Paper*, though, that was to publically force the issue of mental health training within MPD. Several advocates were to later attribute subsequent actions taken by MPD to Cherkis’ critical and persistent coverage of the shooting. In a November 7th posting to the Washington City Paper online, Cherkis argued, “The incident may eventually be ruled as justified. But it calls into serious question the D.C. Police Department’s continued refusal to adequately deal with mentally-distressed

⁵⁹⁵ Labbe-DeBose, Theola. “Veteran of D.C. Police Force Shoots Knife-Yielding Man,” *The Washington Post*, November 7, 2008.

residents.”⁵⁹⁶ Cherkis also called into question the absence of DMH’s Mobile Crisis Services. Although the incident could have been one in which MCS responded, the MOU between MPD and DMH was not signed until November 21st, delayed not by MPD, but by DMH. While it can only be conjecture as to whether the officers would have been aware of MCS, as well as whether MCS would have responded before the shooting happened, the “enhanced tool of requesting assistance” was not available.

Cherkis continued to follow the incident throughout November, publishing a cover story on November 25th, followed by several postings to the *Washington City Paper* online in December. In one posting, Cherkis noted an odd inconsistency: The former assistant chief was still being held as MPD’s point person on mental health training, although he had been transferred to another division entirely earlier in the fall. Cherkis wrote on December 1st, 2008:

Jordan still insists that much of the responsibility in responding to residents in crisis rests with cops, but he is unclear on what kind of training they get...Jordan goes on to mention that DMH may be in the process of implementing more training at the police academy. But who that’s for, what that consists of, and when it’s going to be put in place, Jordan wasn’t sure. Again, he’s no longer in charge of such things.⁵⁹⁷

Cherkis also focused his reporting on the failure of MPD and DMH to sign the MOU for Mobile Crisis Services, although they were in full operation by November 1st. Again, Cherkis quotes Jordan, “It wasn’t our expectation that it would be a joint project until we agreed to [the MOU].”⁵⁹⁸

David Kerstetter’s shooting raised many questions. Who was actually coordinating MPD’s mental health training and policy? Would having an MOU in place for Mobile Crisis

⁵⁹⁶ Jason Cherkis, “David Kerstetter Shooting: DMH Responds,” *The Washington City Paper*, November 7, 2008, <http://www.washingtoncitypaper.com/blogs/citydesk/2008/11/07/dmh-responds-to-police-shooting/> (accessed on November 7, 2008).

⁵⁹⁷ Ibid.

⁵⁹⁸ Ibid.

Services change the outcome of Kerstetter's interaction with the police who responded to the 911 call? To begin to answer these questions requires a deeper understanding of MPD's organizational structure and culture, which I will return to later in the chapter.

It was not to be long, however, before MPD was once again to confront a shooting of another city resident with a mental illness. On January 26th, 2009, Osman Abdullahi was shot and killed in the mental health group home where he had been living. Officers were called to the group home after Abdullahi assaulted another resident. According to the press statement released by MPD, Abdullahi confronted the officers with a metal pole and broken freezer handle. As with the Kerstetter incident, the officers shot and killed Abdullahi and their actions were found justified self-defense.

Cherkis once again covered the story for the *Washington City Paper*, asking in a February 5, 2009 online post,

How to respond to the mentally ill has been an issue that the D.C. Police department has refused to address. For years, they have fielded complaints from residents, from the Office of Police Complaints, and done close to nothing. I wonder how many more times is the department going to put the lives of its officers at risk? How many more residents in crisis are going to have to die before the department starts to seriously look at its policies?⁵⁹⁹

A month later, in approximately late February, Chief Lanier contacted Steve Baron, Director of DMH, requesting their assistance in the adoption and implementation of CIT. Although word spread quickly within DMH and among advocates, it did not circulate within MPD quite as quickly. After being notified of Lanier's request by an advocate in an ecstatic

⁵⁹⁹ Jason Cherkis, "Two Shootings. Two Deaths. Two Cops. Two Mentally Ill Residents," *The Washington City Paper*, February 5, 2009, <http://www.washingtoncitypaper.com/blogs/citydesk/2009/02/05/two-shootings-two-deaths-two-cops-two-mentally-ill-residents/> (accessed on February 5, 2009).

email to me titled, “CIT At Last,” I spoke with a MPD employee connected with the department’s mental health training efforts. I enthusiastically asked for the details. His reply was simple. “I know nothing about a CIT program but will ask.”

Unfortunately, the Office of Police Complaints had it right. Although their 2006 report had cautioned, “It would be better for the District to proactively adopt CIT now rather than reactively adopt it later in response to public outcry over an avoidable tragedy, such as the shooting of an unarmed, mentally ill person,”⁶⁰⁰ it took exactly that- and persistent media attention by a journalist- to force MPD’s hand.

In the next section, I describe the planning of MPD’s comprehensive mental health training program, including recruit, in-service and Crisis Intervention Officer (CIO), MPD’s CIT-based training program. Also, using ethnographic data from interviews with police officers and participation in planning meetings, I critically explore the implementation of both the trainings and the CIO program within the department.

Current Training

As liability loomed large over MPD with the shootings of David Kerstetter and Osman Abdullahi, the planning and implementation of a three-tiered training program went into full swing. First, the recruit training, which was already being conducted at the academy, would continue in a two-day, eight hour training format. Second, a four-hour mental health module would be included in the annual in-service training for officers in 2009. And finally,

⁶⁰⁰ Board, “Enhancing Police Response to People with Mental Illness in the District of Columbia: Incorporating the Crisis Intervention Team (Cit) Community Policing Model,” 3.

a 40-hour, advanced Crisis Intervention Officer (CIO) training class would be given five times a year starting in 2009. By the end of 2009, MPD, in partnership with DMH, had put into place the complete training program, but not without serious implementation issues.

Recruit Training

“You are filling out a form that denies someone’s freedom; fill it out with due diligence.” A psychiatrist from the Department of Mental Health’s Comprehensive Psychiatric Evaluation Program (CPEP) has instructed recruits on how to fill out Superior Court Form FD(12): Application for Emergency Hospitalization, the one piece of paperwork required for the involuntary hospitalization of an individual with mental illness. For the first time, I understand the reality of involuntary hospitalization; it is the complete and total loss of freedom, taken away not because a crime was committed but because a person is sick. It is no small thing to “FD(12)” someone, but every single one of these recruits will do it at some point in their careers.

In January 2009, along with 26 recruits, I participated in the training at the MPD academy. In a brightly lit classroom a MPD officer who worked on the curriculum set the stage for recruits. “If you are successful [in applying this training], then you save people’s lives- them, you, family members. It’s also about your conscience and whether you can go to sleep at night,” he told the class. The two day, 16-hour training incorporated six modules. The first four modules presented on the first day provided recruits with an overview of mental illness, patrol techniques used in mental health crisis situations, including “building rapport and gaining trust,” MPD forms and procedures, and special mental health concerns

for children and families. On the second day, recruits were trained in de-escalation and communication techniques to be used when interacting with an individual in crisis, provided an overview of the Comprehensive Psychiatric Emergency Program, instructed on the completion of FD-12 forms and given a family and consumer perspective by NAMI-D.C. members. The modules were taught by both MPD officers and DMH employees, and were split between mental health content taught by DMH psychiatrists and social workers and patrol skills, techniques and paperwork instructed by MPD officers and academy staff.

It is not within my purview to analyze or critique the training curriculum. However, over the two-day training, I began to understand the array of considerations and realities that police officers must negotiate in a mental health crisis situation. These considerations and realities are reflective of both the occupational culture as understood through Herbert's normative orders, as well as larger organizational values and priorities.

In the training, several unique "law enforcement officer parameters" were outlined for recruits that reflect these considerations and realities. First, safety as the number one priority in a crisis situation was repeatedly stressed to the recruits. "Your job is to maintain calmness in a situation that may be out of order," an instructor told the class on the first day of training. To interact successfully with individuals in a mental health crisis, two MPD officers outlined "principles of therapeutic communication" for recruits that focused on empathetic understanding, genuineness in interactions, acceptance of the individual, and facilitated listening that focuses on the individual. In de-escalation, similar principles were outlined, with the intent that the officer calmly but firmly control the situation, maintain a non-threatening environment and respect the individual. Second, public scrutiny and "public perception" of officers were ever-present considerations to be taken into account.

“You are under a microscope. Your actions will be monitored,” one instructor told the recruits. Third, the political ramifications of a mental health situation in which force was to be considered. “After the October shooting [of David Kerstetter], the smoke started billowing. Do we need to get them more training? Do we need to get them tasers?” The focus on public scrutiny and political ramifications subtly communicated the role of liability in informing policy and practice, ensuring that recruits knew the consequences of failing to “cover your ass.” Finally, the restrictions on use-of-force were firmly expressed. The same instructor presented it this way: “Even if you think someone needs a good thumping, this is not justified use-of-force because I know I’m under a microscope and because there will be political ramifications, I can’t do that.” Although presented as distinct parameters, each underscored and reflected an organizational culture focused on liability and accountability that both encourages and necessitates a “cover your ass” mentality. The instructor later succinctly put it, “Don’t be the one to drop the ball.”

The “unique law enforcement parameters” illustrate the normative orders of safety and bureaucratic control that structure an officer’s occupational and organizational world as well as underscore how the CYA phenomenon informs practice at the organizational level.

In-service Training

A four-hour training on mental health was also incorporated into MPD’s 2009 annual in-service training for all sworn police officers. In 2008, in-service training had consisted of three eight-hour days at the academy and approximately 20 online courses. However, in 2009, in-service training was decreased to online courses and one eight-hour

day at the academy with two training modules focused on issues relevant to the year. In 2009, these were mental health and aggressive dogs. The mental health training consisted of an abbreviated version of the recruit and CIO training, and although in-service training started for officers in spring of 2009, it was not until later in the year that the mental health curriculum was completed. One officer, speaking of the training told me, “The only thing I got from it was that we were supposed to call them consumers.” Many officers saw in-service training in general as “a joke.” “It’s inconsequential and pointless; you sit in a classroom and watch a PowerPoint. What is that teaching you?” one officer told me as he recalled his in-service training for 2009. Online courses garnered even more criticism. “It’s the biggest crock of crap. In 95% of the cases, one person does the training and gives the answers to everyone else. Sergeants know this is going on but they don’t care as long as the trainings get done,” another officer told me. “But we aren’t given anytime at work to do the trainings, so it happens.” In-service training was dismissed by every officer I worked with, illustrating a dissatisfaction with the training that must be taken seriously.

CIO Training

On March 4, 2009, Jason Cherkis broke the news that MPD had requested help from DMH to implement CIT [CIO as MPD named it] training. Assistant Chief Peter Newsham, head of the Internal Affairs department was quoted as saying, “Obviously it’s a good idea. There’s been some concern recently about how we deal with people [who have] mental

illness...The recent shootings have definitely drawn attention to the issue.”⁶⁰¹ Although Newsham acknowledged that concern existed, absent was the deep history that surrounded the issue. For advocates, officers and others who had been involved in the issue, the subtext was clear: liability and accountability were at the core, spurred by Cherkis’ public media campaign. According to one sergeant, “Fear of liability is what it took.”

My involvement in the CIO training came out of my volunteer work with the drop-in center and took two forms. First, as the drop-in center and its executive director are active parts of the peer recovery network of advocates and resources in D.C., the center was invited to participate in a consumer advisory group for the CIO training, headed by DMH. I was asked by the executive director to attend on behalf of the center and was present at two meetings in April 2009 before the first CIO training took place and one in June 2009 after the first training. Second, in June 2009, the CIO class began visiting the drop-in center as part of its experiential component of the training. The class was allotted one hour to spend interacting with staff and visitors, as well as learning about services and resources offered by the center. I was present at three of the site visits and spoke with several officers during these visits.

In this section, based on ethnographic fieldwork and interviews, I will describe the training, as well as discuss how the training was implemented, experienced by officers and critiqued by both officers and advocates.

⁶⁰¹ Jason Cherkis, “D.C. Police to Change Handling of Mental Illness Cases,” *The Washington City Paper*, March 4, 2009, <http://www.washingtoncitypaper.com/blogs/citydesk/2009/03/04/dc-police-department-to-overhaul-how-it-handles-mentally-ill-residents-in-crisis/> (accessed on March 4, 2009).

Overview of the CIO Training

Best practice in the CIT model is to have approximately 20-25% of a police force trained in crisis intervention. In April 2009, MPD held its first CIO training, followed by four additional trainings that year in June, August, October and December. After 2009, it was planned that training would be held quarterly each year. Twenty-one officers attended each training in 2009, three from each of the seven MPD districts. In total, approximately 105 officers were trained in the CIO program, although due to attrition or transfers to units outside patrol, that number is not representative of how many officers actually became and remained CIO officers in their districts. The target goal is to graduate 100 officers every year; in order to reach 20% of the force trained in CIT, it will take MPD, a force of 3,800, approximately eight years, not accounting for attrition and transfers. Thus, the reality of implementing a CIT program is that training must be continuous and indefinite. As one advocate put it, “It’s not eight years. It’s forever.”

The participants in the first class were selected by district commanders, contrary to the suggested guideline that officers self-select themselves into the training as a means to ensure that officers who participate have the willingness and desire to gain specialized training and expertise in mental health. In 2009, it was reported that for the remaining training classes an open call for volunteers had been posted in each district, although some officers I interviewed reported never seeing or hearing of a call for volunteers for the CIO training for several months after the CIO program had begun. In November 2009, a sergeant indicated that selection for the CIO training had been and was “arbitrary.” “They’re [officers] told a week or two before that they’re going to this training. Most of them see it as a free week

of no duties,” he told me. One DMH official also observed, “Our first class probably had the greatest number of people who didn’t want to be there. Our second had less and the third class had even less still. We have less and less people who don’t want to be there.”

The five day, 40-hour course curriculum developed in 2009 for the CIO training was a collaborative effort between DMH, MPD and NAMI-D.C., as the recruit training had been. Twenty modules were presented that covered mental disorders and mental health, de-escalation and verbal techniques, mental health law, MPD codes and procedures, and mental health resources in D.C. Site visits were also incorporated into the training, with officers visiting a community residential facility (CRF), the drop-in center, two non-profit direct service agencies, and the Comprehensive Psychiatric Emergency Program (CPEP).

The “consumer and family perspective” was also included in the training, with NAMI-D.C. family members and consumers detailing their experiences in mental health crisis situations. The purpose of the CIT/CIO Consumer Advisory Group that I attended on behalf of the center was to collectively collate the experiences and interests of consumers in the District as a means to provide content for the curriculum. The group was comprised of members of consumer groups in the city and represented both complimentary and conflicting interests from that of NAMI-D.C., the partner on the CIO training chosen by DMH. The selection of NAMI-D.C. as the lead consulting “consumer” group in the CIO training raised concerns among some advocates and consumer groups. KS expressed her concerns in this way, “NAMI’s not consumers, though, they’re family members and that’s very different.” It was my own sense, as well, that the consulting status given NAMI-D.C. did present problems, specifically that it both privileged the perspective of family members in mental health crisis situations, as well as reflected the interests and concerns of the small

circle of NAMI-D.C. This was clear when, at a meeting I attended, a NAMI-D.C. family member argued that it must be made clear to officers that, “Family members want to be protected from their family member and served by having their family member receive care.”

NAMI-D.C. consumer members were also included in a training module on “Consumer and Family Perspectives,” but this also raised issues for KS, who argued, “See, and I would think- this is my own observation- that the people who are strong enough to be NAMI members are probably not the ones getting arrested.” For advocates and consumers not part of NAMI-D.C., it was problematic that the stories and perspective of individuals with mental illness who were members of the small circle of NAMI-D.C. were the only ones being heard.

The advisory group, however, did collectively address and think through the presentation of consumer and family perspectives on mental health crisis situations, and the meetings presented a forum in which consumers and advocates could provide ideas and feedback. The effectiveness and the extent to which ideas that came out of the group were incorporated into the module are beyond my scope of knowledge, but it was my observation that the staff from MPD and DMH who facilitated the meetings actively supported and were committed to the inclusion of “consumer” and family voices.

Overall, the training is extensive and thorough and has been touted as a success. After the first training in April 2009, officers completed evaluations and 40% responded that they were “satisfied with the course that I just completed” (CIO Training Evaluations 050109). Fifty percent agreed that their “expectations were met” in the training and one officer opined that this was the best training they had ever received. DMH and MPD officials eager to prove the merits of the training continually repeated this anecdote. Of the

officers I worked with who had attended the CIO training, all were satisfied with the content of their training, but all had reservations around the implementation.

These officers had cause to be concerned, as little planning had actually been done on how the CIO program would be implemented beyond training in the districts. As one MPD official put it in June 2009, “We jumped in with no policy and now we are drafting a formal policy.” Three major concerns were continually voiced by police officers I worked with. First, how CIO-trained officers would be identified and dispatched to mental health calls was unclear, at best. In the existing system, police-related 911 calls for service are dispatched through the Office of Unified Communications (OUC) to districts. Calls are taken by an OUC call-taker, and then routed to a police dispatcher within OUC, who assigns the call to an officer in the district from which the call originated. Officers, advocates and others involved in the CIO program were concerned that a procedure for identifying CIO officers to dispatchers had not been put into place, so that mental health service calls would not be assigned to CIO officers. One officer, visiting the drop-in center during a CIO training site visit, articulated it this way, “I don’t know if it’ll work. They’re supposed to work with our information, put it into the system, but I don’t know.” Other officers reflected this sentiment, questioning whether communication and organization between multiple moving parts, including OUC, dispatchers, staff working on the CIO training, district command staff and CIO officers, would actually occur.

Second, several officers raised concern over the uneven implementation of the CIO program. “There’s a massive miscommunication from what’s being taught to the districts to [Chief of Police] Lanier,” one officer told me. “For example, we were told not to fill out the record-keeping forms we were shown in the CIO class because they were not

approved, but then last week, a captain wondered why the forms were not being done and told us to start doing them.” Another officer, in a different district, was told several times by supervisors not to respond to mental health-related calls for service, although he identified himself as a CIO officer and volunteered to be on scene. And in yet another district, a sergeant told me, “CIO officers aren’t selectively dispatched in my district. Nor is anything really being done with them.”

Finally, up until the end of my fieldwork period, non-CIO patrol officers across districts had not heard of the CIO training nor could identify a CIO officer on their shift. In June 2009, when riding along with an officer I asked if he had heard of the CIO training. He replied no and said he would ask around if anyone else had. A few days later, in a message left on my voicemail, he relayed, “Asked around, asked two lieutenants, two sergeants, other officers and no one has any idea what I’m talking about.” Six months later, in November 2009, I followed up with the same officer, who once again promised to ask around. He asked “a few sergeants and other officers” and reported, “No one knows about [CIO] training on day work.” Similar observations and reports were given to me from officers that I worked with throughout the city, and in June 2010, I asked one last officer if he knew about the CIO training or had interacted with a CIO officer. “Never heard of them,” was his response.

What the lack of coordination, information sharing and implementation looked like was brought home one day as I rode-along with a CIO officer on a cold, winter morning. As we drove along the streets of downtown D.C., a call for service involving a “MO” [mental observation] appeared on the dispatch screen of the cruiser’s laptop. The call was assigned to a non-CIO-trained officer, but this officer, in a move to illustrate his skepticism over the dispatch system, radioed in, identifying himself as a CIO officer and volunteering to respond

to the call. Five minutes later, as we drove towards to the location of the call, the dispatcher's voice crackled across the radio, directing him to divert from the call. "There you go," he tells me, as we return to driving the streets of Washington, D.C.

Organizational Structure and Culture Analysis

The questions that were ultimately raised in my mind as I began to piece together over 10 years of negotiations, obfuscations, and half-starts were this: What in the organizational culture allowed these things to happen? And what does this mean for MPD's relationship with the community? In this final section, I analyze the role of the organizational culture of MPD in structuring its policies and practices around mental health training.

In the beginning of this chapter, I argued that some shared meanings are prioritized and transmitted across the police department as an organization. Six basic questions emerged as I began to analyze my data that identified several larger, shared themes within the organizational culture of MPD, namely: the role of liability in driving policy, the ambiguous nature of accountability, and the decentralized organizational structure of the department.

First, why was mental health training resisted? It is my contention that the answer lies in the ambiguity of the police roles of law enforcement, order maintenance and service. Paoline argues patrol officers work within an organizational and occupational environment that creates an ambiguity of the police role and states

Traditionally, police training, the creation of specialized units, the focus on crime statistics, and most importantly, performance evaluation and promotion, all reinforce the law enforcement orientation (Bittner, 1974, pp. 21-22; Walker, 1999). Thus, the

police handle situations on the street that encompass all three roles, yet only one role (law enforcement) gets reinforced and rewarded within the organization.⁶⁰²

Responding to mental health crisis requires officers to assume a service role, separate from policing focused on law enforcement and order maintenance, which is privileged within both the occupational and organizational cultures. It requires a police response that is outside of criminal law enforcement and is in direct opposition to the activities involved in “crime-fighting.” If not articulated and weighted as a bureaucratic concern, it is not a priority that is conveyed to officers through the chain of command. As Bittner argued in one of the earliest works on police response to individuals with mental illness

Although policemen readily acknowledge that dealing with mentally ill persons is an integral part of their work, they hold that it is not a proper task for them. Not only do they lack training and competence in this area but such dealings are stylistically incompatible with the officially propounded conception of the policeman’s vocation. It involves none of the skills, acumen, and prowess that characterize the ideal image of a first-rate officer. Given the value that is assigned to such traits in furthering a man’s career, and as grounds for esteem among his co-workers, it is a foregone conclusion that conveying a “mental case” to the hospital will never take the place of catching Willie Sutton in the choice of worthwhile activities.⁶⁰³

More recent scholarship has echoed Bittner’s assertions and highlighted the tension between a police officer’s role as a first-responder and the public’s expectation of service provision beyond their scope of professional knowledge, such as may be expected in mental health crisis situations.⁶⁰⁴ In my research it became apparent that a similar tension was also key to understanding the resistance of MPD as directed by the assistant chief in charge of negotiations over mental health training. The tension between the police role of criminal law

⁶⁰² Paoline, “Taking Stock: Toward a Richer Understanding of Police Culture,” 202.

⁶⁰³ Egon Bittner, “The Police on Skid-Row: A Study of Peace Keeping,” *American Sociological Review* 32, no. 5 (1967): 281.

⁶⁰⁴ Larry T. Hoover, “Atypical Situations- Atypical Responses,” in *Improving Police Response to Persons with Mental Illness*, ed. Thomas J. Jurkanin, Larry T. Hoover, and Vladimir A. Sergevnnin (Springfield, IL: Charles C. Thomas 2007); Teplin, “Keeping the Peace: Police Discretion and Mentally Ill Persons.”

enforcement- crime-fighting- and police work likened to social service provision, such as mental health crisis response, underscore how an organizational culture that emphasizes policing as law enforcement and order maintenance can shape policy and practice. As the previously mentioned assistant chief stated in a meeting with advocates and other DMH and MPD staff, “We don’t pick up trash,” equating the service roles of mental health response and waste removal. This indicated a disconnect between what MPD- as represented by the AC- understood to be appropriate police responsibilities and tasks and the reality faced by patrol officers in a first responder role. Mental health calls for service do entail a form of first-responder policing apart from law enforcement- de-escalation of often-volatile situations, disordered behavior, involuntary hospitalization, and emergency transport. Particularly with the homeless, some calls may involve quality-of-life misdemeanors or requests from businesses or residents to “do something” about an individual. They do not fit easily into a paradigm that defines real police work as criminal apprehension, order maintenance and law enforcement.

Second, how could one assistant chief divert a comprehensive response by MPD to the extent that he did? I argue this is possible because of the hierarchical, paramilitary organizational structure of police departments. An assistant chief’s authority is absolute next to that of the Chief of Police. For those below an assistant chief in the chain of command, including patrol officers actively involved in mental health calls for service, their experiences and input were not sought nor valued. A hierarchy involving as elaborate a chain of command as a police department does not encourage unsolicited commentary from those at the bottom of the chain. As one officer with 10 years on the force told me, “I could never tell them [supervisors] what I really think. Cause you don’t go against the chain of command.” With a hierarchical structure, power can be concentrated in the hands of a few individuals,

such as it was with this AC. It follows that policy can be dictated by the extent of this individual's investment in securing a model or paradigm of policing. This supports Manning's earlier observation that, "The bureaucratic department invests more authority in the office or the role than in the person."⁶⁰⁵ The assistant chief's position of power, and subsequent policies, were both sanctioned and uncontested by the hierarchical structure of MPD.

Third, how was MPD able to resist training for over 10 years and then implement it haphazardly? Certainly, the beliefs of the AC determined MPD's response but his actions were enabled by a lack of transparency and accountability in and of the department. The assistant chief was able to promote his version of training because of the ambiguous nature of organizational accountability. It raises the question: who is MPD accountable to in providing a comprehensive mental health training program? And if that entity or entities are unable to access information because of a lack of transparency, how can the organization be held accountable? A comprehensive body of literature has developed focused on individual officer accountability,⁶⁰⁶ but understanding and confronting organizational accountability is much less clear. The ability to hide behind a veil of secrecy makes accountability and transparency particularly hard when the survival and success of the organization is linked to withholding of information from the public. In the course of my fieldwork, I met with one MPD official who underscored MPD's lack of accountability and transparency in regards to mental health training. "They don't give a shit about what you have to say [with your research].

⁶⁰⁵ Manning, *Police Work: The Social Organization of Policing*.

⁶⁰⁶ See Samuel Walker, *The New World of Police Accountability* (Thousand Oaks, CA: Sage Publications, Inc, 2005).

They [upper management] see your research as a forum for officers to complain about management. But stuff is jacked up and they don't want you or anybody else to know it."

The lack of accountability is especially problematic when the lobbying group is a small contingent with little power. Herbert, in his research on community policing, argues, "...Officers...robustly build a self-construction as members of a politically embattled institution whose unique base of expertise needs protection from the uniformed meddling of biased community activists."⁶⁰⁷ Although a committed, core group of mental health and homeless advocates, mental health professionals and others had lobbied MPD to establish mental health training and had gained some traction, it was still a small body with little political leverage against the authority and state-sanctioned power of the police department.

Why, then was mental health training, including recruit, in-service and CIO, eventually done? Two important events can be identified that led MPD to implement the recruit training first, followed by CIO and in-service trainings. As previously outlined, in September 2006, the Office of Police Complaints published its report, "Enhancing Police Response to People with Mental Illness in the District of Columbia: Incorporating the Crisis Intervention Team (CIT) Community Policing Model," which was followed with some movement by MPD to respond to OPC's policy recommendations. Advocates, working groups and representatives within MPD and DMH were also actively negotiating mental health crisis response for the city at the time, but it was not until after Jason Cherkis's April 2008 *Washington City Paper* article that planning for recruit mental health training actually materialized. Then, after David Kerstetter's death in November 2008 and Osman

⁶⁰⁷ Steve Herbert, *Citizens, Cops, and Power : Recognizing the Limits of Community* (Chicago: University of Chicago Press, 2006), 67.

Abdullahi's in February 2009, followed by Cherkis's unrelenting coverage in the *WCP*, CIO and in-service training began in early 2009. It is clear that negative media coverage forced MPD to triage a response. However, two, more complex motivations were in play. First, several participants, including officers of rank, pointed to the role of liability in driving policy. One sergeant put it this way, "The majority of training we do is to mitigate liability, not for content." Another officer explained it a bit further, "If you do training and train everyone, then if an officer shoots someone, they can say their officers were trained in de-escalation. It covers their ass." It is this organizational directive- the need to "cover your ass" that I believe importantly, although indirectly, motivated MPD to adopt a comprehensive training program. The CYA mentality, and the culture of fear and paranoia that accompany it, are pervasive at all levels of the police department as an organization. Not only was the need to "cover your ass" stressed in the academy, but it was repeated by officers in the course of ride-alongs and referenced throughout interviews. Van Maanen, in documenting the CYA attitude argued, "This "cover your ass" perspective pervades all of patrol work. In a sense, it represents a sort of bureaucratic paranoia which is all but rampant in police circles."⁶⁰⁸ Herbert more recently explained how the need to "cover your ass" can affect the way police officers police. He argues, "The CYA syndrome afflicts officers who live primarily in fear of administrative censure."⁶⁰⁹ Although both Herbert and Van Maanen point to the way in which the "CYA syndrome" influences individual officers, I believe this also permeates the organizational mandate of a department. MPD's quick adoption of the

⁶⁰⁸ Van Maanen, "The Asshole," 127.

⁶⁰⁹ Steve Herbert, "Morality in Law Enforcement: Chasing "Bad Guys" With the Los Angeles Police Department," *Law & Society Review* 30, no. 4 (1996): 805.

CIO training after two shootings and continuous negative media coverage is one example of how the department ultimately sought to cover its ass.

However, after the adoption of the CIO program, what has allowed for its uneven implementation across districts? The answer lies in the organizational structure of MPD as a decentralized department. As was explained to me, each district is “its own police department.” Thus, conceptually, MPD can be thought of as a sum of its parts. As previously noted, one officer believed there was “a mass miscommunication from what’s being taught to the districts to Lanier.” During my fieldwork as the CIO program was being created and implemented, captains from each district were assigned to coordinate the CIO program in their districts, meeting regularly with DMH staff members heading the CIO training. Yet, as was pointed out to me by an MPD employee, there was no central CIO coordinator within MPD at the time. Coordination, then, was DMH-led rather than by MPD, a relationship that Steve Baron, Executive Director of the Department of Mental Health, indicated must be the reverse for the program to be sustainable.

Finally, what accounted for the negative reactions and skepticism I encountered with officers in regards to mental health training? I argue that as active agents in the organizational culture and structure, officers knew about the role of liability in driving policy. Officers articulated a frustration and skepticism with the department’s reactionary implementation of practices and policies. “It’s like being on a rollercoaster. What the police department does is based on a reaction to public opinion and liability,” one officer told me. Several officers questioned the sustainability of the training, doubting that such an ongoing training program, such as the CIO training, would take hold, especially as administrations and administrators changed. The track record of training for MPD raised doubt as well. Perhaps one of the most

salient sentiments, profound in its simplicity, was from an officer as we talked over drinks.

“Who knows how it [CIO training] will end up? Maybe it’s just a sleight of hand for now. If it’s so important, why weren’t they tripping over themselves to do it before?”

What, then, does this mean for the relationship of MPD to the community it serves? First, despite the efforts of mental health and homeless outreach advocates and professionals over 10 years, it was a fear of liability and negative media coverage after two shootings of individuals with mental illnesses that eventually forced the hand of MPD. This begs the question: what or which community is the police department responsive to? Herbert argues that the state is generative of community, such that a state actor, such as a police department only “understands community” in particular ways, through the routines and epistemologies state actors use to filter public input.”⁶¹⁰ Thus, the police both define what community is and who is part of that community. If MPD promotes itself as practicing “community policing” and is responsive to the “community,” who in the “community” did the department respond to when it finally implemented a comprehensive mental health training program? In reviewing the history of resistance by MPD to mental health training in this chapter, I believe the vocal group of individuals who advocated for training were not constituted by the department as a community, particularly as they were a group with little power; rather, the department’s response was an effort to triage and react to the deadly use-of-force against two city residents. However, some communities are powerful enough to influence policy, and this will be discussed in the next chapter.

Ultimately, then, if liability was driving action and policy, rather than community, it may be most useful to ask instead, “Whose ass is being covered?”

⁶¹⁰ Herbert, *Citizens, Cops, and Power: Recognizing the Limits of Community*, 65.

* * *

It's a hot summer day and 21 police officers are squeezed into the small space that houses the drop-in center. They are there on a site visit as part of their CIO training and for all of them, this is the first time they've been to the center. That day, I had planned to facilitate a discussion between the officers and guests at the center who have volunteered to share their experiences with police. As one guest tells of his experience being "moved-along" and feeling targeted by officers in downtown D.C., one officer speaks up, rather loudly, "Well, we get a barrage of calls from people in new condos and businesses. Of people hanging out or just being disorderly. Targeting is going to happen. We're going to ask them to move on; it's just going to happen." Not only was it a stinging rebuttal to the guest, but an insult to all the guests who were gathered to meet these officers.

For me, it raised several very basic questions. What are the most common interactions between police officers and individuals with a mental illness, many of whom are homeless? What larger forces effect these interactions? And what do these interactions have to tell us about policing and the "community" in Washington, D.C.? In the next chapter, I tackle these questions.

CHAPTER 5

POLICING A LIVING CITY

There is one story I tell when people ask me, inevitably, “What did you find?” It is hard to explain the contradictions that populate my work, especially those that exist in the interactions between police officers and individuals with mental illness and the homeless. However, this story captures the essence of these contradictions and highlights the significance of community, gentrification, and the ambiguity of policing to my fieldwork.

On an early fall morning in late 2009, Officer C and I are sitting in his cruiser by a park. It is quiet- the park is a small one, with a few benches and a jungle gym for screaming children to playfully run on and around. At this time of the morning, however, there are no children playing, but there is a group of older black and Latino men sitting on the benches, some with cups of coffee, others sitting silently with their eyes closed, many with their belongings tucked beside them in bags. After watching the men for several minutes, Officer C and I leave the car and he approaches the men, with me a few steps behind. “I’m going to need you to leave the park,” he tells the men, explaining that children play in this park and as they are his number one priority in this community, he’s going to need them to move along. I am immediately surprised by his request, recognizing that it is illegal to move these men out of the park, even if it is for the “good” of the community. I watch as the men leave, shuffling out with their belongings, wondering where they’ll go from here. I am unable to look any of them in the eye, so I keep my head low and my eyes averted. I am ashamed. But

later, as the sun has fully risen and the morning is clear, we drive back by the park- it is full of laughing children, running and jumping while their mothers and nannies watch from the benches that encircle this small piece of “community” space.

As I progressed through my fieldwork, I began to understand that the majority of minor interactions between police officers and homeless individuals with mental illnesses in the downtown area revolved around the use of public space, as this story illustrates. Often, these interactions were precipitated by an officer moving-along an individual from public or private space, many times at the request from businesses or residents in the area. At other times, they could be the result of an arrest or ticketing for a quality-of-life crime, such as public urination, public intoxication or aggressive panhandling. Or, as I found and will later expand upon, these interactions could be positive moments of benevolence and kindness.

* * *

These interactions- and on a greater scale, interactions between the criminal justice system and the mental health system- are impacted by some of the larger economic, historic, and political forces that I described in earlier chapters. In the stories told by both officers and individuals at the drop-in center, I repeatedly heard of struggles over the use of public space in downtown, and of the role businesses and propertied residents played in influencing these struggles. I was ultimately led by my participants to understand that downtown urban “revitalization” projects were one of the key forces structuring interactions between officers and individuals who were homeless, and often had a mental illness.⁶¹¹

⁶¹¹ It is necessary to note that many of the individuals I worked with at the drop-in center, and whose voices are heard throughout this chapter, were both homeless and had a diagnosed mental illness, although this was not always the case and could be several configurations of the two. As detailed in the Introduction, I understand the relationship between homelessness and mental illness not to a correlation rather than casual, with many influencing factors, including the depopulation of mental institutions, the decreasing availability of

In this chapter, I detail how the “revitalization” and development of downtown D.C. has intersected with homelessness and affected interactions between police officers and homeless individuals. Specifically, I ask: How have urban development policies and development projects altered the landscape of downtown? How do these policies and projects intersect with homelessness? What effect do revitalization projects have on policing and interactions between police officers and homeless individuals? How have business improvement districts, as public-private partnerships, facilitated these interactions? And finally, in total, what does this tell us about policing, community and citizenship in Washington, D.C.?

I begin by outlining the economic development, gentrification and revitalization of downtown D.C. from the 1980s to present, using archival and ethnographic data, paying specific attention to the relationship with homelessness. I then move into an exploration of the relationships between policing, downtown development, community and homelessness in Washington, D.C. using ethnographic data, focusing on public space and the role of business improvement districts. In the final section, I analyze what this data reveals about policing, the community and citizenship in a city undergoing continued development.

low-cost housing and the rules and regulations that prohibit individuals from receiving help in assistance programs. However, in downtown D.C., many of the homeless individuals with whom police officers interact have a mental illness and/or a substance abuse issue. Homeless outreach workers and DMH employees supported this statement; therefore, throughout this chapter, I refer to individuals who were both homeless and/or had a mental illness, although I do not explicitly differentiate between the two.

“I Guess They’re Trying to Get Me
Out of the Neighborhood.”

Every day, the drop-in center hosts 30-35 men and women, many who are homeless and facing the challenges of poverty and mental illness. In August 2009, I facilitated a small discussion group with guests on their interactions with city police officers. To my surprise, what I did not hear were stories of mental health crisis situations. What I heard were stories of discrimination and exclusion by police officers in public space. They were stories not of mental illness, but of homelessness and poverty. “They’re targeting certain people in the neighborhoods. They’re closing housing, building high-rise apartments. What’s it? Gentrification. This city doesn’t want poor people,” an older black homeless man told the group. On that day, the focus of my dissertation changed. It had been my assumption that mental health crisis situations were the most significant interactions between police officers and homeless individuals with mental illnesses. However, what I came to understand was that interactions around public space and quality-of-life laws- not crisis situations- were much more common for both the police officers I worked with and individuals at the drop-in center, and therefore, figured more prominently in their daily lives. It was on that day, then, that I began to interrogate the contours, meanings and history of these daily interactions.

In this section, using archival and ethnographic data, I describe and analyze Washington, D.C. within the context of neoliberal policies and development, paying specific attention to the impact of gentrification and downtown revitalization projects on homelessness.

Washington, D.C. and Downtown Development

In cities, the geography of neoliberalism is linked to and occurs in relation to economic and social policies and urban restructuring. Brenner and Theodore have conceptualized neoliberal processes in industrial countries as “catalysts and expressions of an ongoing creative destruction of political-economic space.”⁶¹² In the creative destruction process, two tendencies emerge: the destruction of prior policies, institutions and the built environment- including social service provision, public benefits, federal monies, public housing and public space- and the creation of new neoliberal policies, coalitions and institutions- including privatized social service provision, municipal services and space, increased opportunities for central-city real estate investment, public-private partnerships and new forms of surveillance and social control.⁶¹³ Understanding how creative destruction has occurred in cities is best explained through an examination of the wider sociopolitical and historical processes that have occurred in cities in the United States since the late 1970s. In this section, I use the case of Washington, D.C. to illustrate how this process has affected urban development, and subsequently, current interactions between police officers and homeless individuals with mental illnesses.

The 1970s were a heady time for Washington, D.C. in terms of development.⁶¹⁴ First, in 1972, Congress created the federal Pennsylvania Avenue Development Corporation

⁶¹² N. Brenner and N. Theodore, “Cities and the Geographies of Actually Existing Neoliberalism,” in *Spaces of Neoliberalism: Urban Restructuring in North America and Western Europe*, ed. N. Brenner and N. Theodore (Malden, MA: Blackwell, 2002), 4.

⁶¹³ Ibid., 15-19.

⁶¹⁴ For literature on development and “revitalization” projects in Washington, D.C. prior to 1970, see Howard Gillette, *Between Justice and Beauty: Race, Planning, and the Failure of Urban Policy in Washington* (Philadelphia,

(PADC), tasked with the restoration of Pennsylvania Avenue to its “appropriate role as the “Main Street of the Nation.”⁶¹⁵ Touted as a model public-private partnership, the PADC created new public areas to “enhance new private developments,” renovated historic buildings and facilitated office and retail growth along Pennsylvania Ave. However, the next year, with home rule powers granted, as detailed in the Introduction, the city had the opportunity to begin setting its own policy agenda,⁶¹⁶ including economic development plans. McGovern notes that in terms of development, Congress interfered little with the city’s plans and for the next two decades- and continuing into the present- city politicians, developers and business elites invested heavily in commercial and real estate development.⁶¹⁷ Also, by the mid-1970s, the former streetcar suburbs east of Rock Creek Park- Dupont Circle, Mount Pleasant and Adams Morgan began to experience gentrification as white, professional, middle-class individuals and families purchased property in these neighborhoods. And, with Marion Barry’s election as mayor in 1978, a new development boom hit the city as Barry “endorsed the policy of aggressive downtown development as the city’s primary urban revitalization plan.”⁶¹⁸

Yet, by the end of the 1970s, the stage was merely set for the development boom of the 1980s. Concurrently, as the United States entered a recession in the early 1980s and

PA: University of Pennsylvania Press, 2006); McGovern, *The Politics of Downtown Development: Dynamic Political Cultures in San Francisco and Washington*; McFadden-Resper and Williams, “Washington’s “People without History”.”; Williams, “A River Runs through Us.”

⁶¹⁵ Pennsylvania Avenue Development Corporation, “PADC- The Next Steps,” www.dcd.uscourts.gov/dcd/sites/dcd/files/padc.pdf (accessed on June 3, 2010).

⁶¹⁶ Gillette, *Between Justice and Beauty: Race, Planning, and the Failure of Urban Policy in Washington*, 191.

⁶¹⁷ McGovern, *The Politics of Downtown Development: Dynamic Political Cultures in San Francisco and Washington*.

⁶¹⁸ Ibid., 197.

neoliberal economic restructuring took hold, federal funding to municipalities was drastically reduced and responsibility for infrastructure, housing, and social services (among other expenditures) was devolved to localities, so that cities were “forced either to finance such areas themselves or to abandon them entirely.”⁶¹⁹ As a consequence, cities were pushed to act more entrepreneurially and as Hackworth argues, “capital was relatively well-situated to acquire the devolved power”⁶²⁰ through lending and debt financing to municipalities. Additionally, local government functions, following the neoliberal logic of privatization and marketization, were

Sold to the lowest-cost bidders: to private consulting firms (who draft neighborhood plans), bond underwriters (who help municipalities privatize infrastructure development and management and then underwrite the bonds to pay for those activities), and nonprofits (who build and manage housing and social services for those displaced from public housing).⁶²¹

Alongside this privatization and marketization, development in downtown urban cores became a lucrative investment as commercial real estate declined in the suburbs, changing the physical landscape of cities.⁶²² As commercial land use, including large-scale megaprojects, subsumed cities, affordable housing and public space were inevitable casualties. Neoliberal urban development thus shaped- and continues to shape- cities into privatized and exclusive

⁶¹⁹ Jason Hackworth, *The Neoliberal City: Governance, Ideology, and Development in American Urbanism* (Ithaca, NY: Cornell University Press, 2007), 12.

⁶²⁰ Ibid., 67.

⁶²¹ Rachel Weber, “Extracting Value from the City: Neoliberalism and Urban Redevelopment,” in *Spaces of Neoliberalism: Urban Restructuring in North America and Western Europe*, ed. N. Brenner and N. Theodore (Malden, MA: Blackwell, 2002), 184.

⁶²² Hackworth, *The Neoliberal City: Governance, Ideology, and Development in American Urbanism*, 142.

enclaves⁶²³ with an emphasis on “order” as constructed by corporations and political and business elite⁶²⁴ and enforced by both local law enforcement and private security.

Washington, D.C. began to experience an extraordinary commercial real estate boom in the downtown area in the early 1980s, facilitated in part by favorable policy and regulative measures established by Marion Barry, including the opposition of new business and property taxes, reduced red tape for projects and an expedited permit process for new developments.⁶²⁵ According to Jaffe and Sherwood, after 1982, speculators and developers purchased at least 10 city blocks, and by 1986, 12 million square feet of commercial real estate had been constructed in the downtown area.⁶²⁶ The property tax revenue from this commercial growth was considerable, increasing from \$230 million in 1981 to \$780 million in 1991.⁶²⁷ In 1982, the Mayor’s Downtown Committee presented its recommendations for the “revitalization” of downtown, defined as the 658 acres bounded by Pennsylvania Avenue on the south, 15th Street on the west, M Street on the north and North Capitol Street on the east. Construction of new office buildings was to be the catalyst for revitalization efforts and a commitment was made to revitalizing the city’s downtown into a major retail core, with F

⁶²³ Mike Davis, *City of Quartz: Excavating the Future in Los Angeles* (New York: Verso 1990); Harvey, *The Condition of Postmodernity : An Enquiry into the Origins of Cultural Change*.

⁶²⁴ Chesluk, ““Visible Signs of a City out of Control”: Community Policing in New York City.”; Harvey, *The Condition of Postmodernity : An Enquiry into the Origins of Cultural Change*.

⁶²⁵ McGovern, *The Politics of Downtown Development: Dynamic Political Cultures in San Francisco and Washington*, 197.

⁶²⁶ H.S. Jaffe and T. Sherwood, *Dream City: Race, Power, and the Decline of Washington, D.C* (New York: Simon & Schuster, 1994), 148-49.

⁶²⁷ McGovern, *The Politics of Downtown Development: Dynamic Political Cultures in San Francisco and Washington*, 200.

Street as the major retail corridor and Seventh Street a “festival marketplace.”⁶²⁸ Large department chains would also be retail anchors in the downtown, and by 1985, Woodward and Lothrop, Garfinkles and Hechts were all located within walking distance. In addition to commercial office and retail development, in 1983, a convention center was built two blocks west of Chinatown, bringing along with it intensified office, retail and hotel development in the immediate and surrounding areas. By the mid-1980s, Washington, D.C. was one of the hottest real estate markets in the United States.⁶²⁹

Beneath these large-scale downtown development projects in the 1980s lay the process of gentrification. On the most basic level, gentrification involves the “restructuring of urban space for a wealthier clientele,” as well as “the revaluation of inner city space- the replacement or displacement of the poor by the more affluent.”⁶³⁰ More complexly, Smith proposes that gentrification is a structural product of the land and housing markets, with consumers (buyers), builders, developers, landlords, mortgage lenders, government agencies and real estate agencies acting as key players in the restructuring of space according to the needs of capital.⁶³¹ Williams further argues that, “Gentrification reflects large-scale economic and political forces, and conscious decisions by people with money and power to reinvest in an urban environment they once let decay.”⁶³²

⁶²⁸ Jerry Knight, “Panel’s Plan for Downtown is Blueprint of Vibrant City,” *The Washington Post*, July 19, 1982.

⁶²⁹ Jaffe and Sherwood, *Dream City: Race, Power, and the Decline of Washington, D.C.*

⁶³⁰ Hackworth, *The Neoliberal City: Governance, Ideology, and Development in American Urbanism*, 98.

⁶³¹ Neil Smith, *The New Urban Frontier: Gentrification and the Revanchist City* (New York: Routledge, 1996).

⁶³² Williams, ““There Goes the Neighborhood”: Gentrification, Displacement, and Homelessness in Washington, D.C.,” 146.

In the 1980s, gentrification and the displacement of residents and small businesses led to a spatial restructuring of downtown Washington, D.C. Commercial office development in the downtown area, as well as the new convention center, effectively drove out small businesses, which could not afford the increasing rents and property taxes. Residents from neighborhoods surrounding the downtown, most of whom were poor and black, were also displaced as higher rents and property values, as well as a shrinking affordable housing, pushed them out of the city center. Indeed, one of the most striking casualties of the city's commercial real estate boom was the stock of affordable housing.

McGovern cites several factors that contributed to the rapid decline of affordable housing in Washington, D.C. during the boom of the 1980s.⁶³³ First, in residential areas within the downtown, the booming real estate market- and the money to be made- encouraged landlords to convert their residential properties to commercial use. Some landlords cleared their properties of residents, demolished the structures and operated parking lots until an offer for the land was received from a developer.⁶³⁴ Others simply allowed their properties to deteriorate until an offer was made and in the process, forced residents out as living conditions became unsafe. Second, in gentrifying neighborhoods near the downtown, real estate speculators put increasing pressure on homeowners to sell their properties. Many owners who were unwilling to sell found themselves the subjects of housing code violation inspections, and some, if unable to resolve the repairs that were ordered, were then forced to sell their homes to speculators. McGovern cites a 1981 study

⁶³³ McGovern, *The Politics of Downtown Development: Dynamic Political Cultures in San Francisco and Washington*.

⁶³⁴ Ibid., 203.

by the District of Columbia Advisory Committee to the U.S. Commission on Civil Rights which “determined that displacement of black and Latino families in Dupont Circle and Capitol Hill was “nearly complete” and that displacement was “substantially under way” in a number of other close-in neighborhoods.”⁶³⁵ Williams, writing about the displacement of residents from gentrification in the Mount Pleasant neighborhood of the city, found that the pathways to displacement were varied.⁶³⁶ However, the elderly, “difficult kin” (including those with mental illness) and single men were especially vulnerable to displacement and possible homelessness. Others left the neighborhood to buy a home in more affordable areas and some were forced out by the conversion of their building. Williams argues that the stories of those displaced reveal larger processes at work, specifically the loss of low-cost housing (such as small rooming houses and rental units), some through conversion, and the “economic displacement of low-income renters and homeowners on fixed incomes.”⁶³⁷ She writes

Many have suffered stages of displacement, as their housing grows increasingly precarious over time. For some it has led to homelessness. For many others it has meant a financial squeeze, a more nucleated family structure, the loss of community networks, public life and cushions for emergencies. Thus, the Washington experience makes clear that supposedly underclass households are not isolated, but battered.⁶³⁸

Additionally, as small businesses were pushed from the downtown, some relocated into adjacent neighborhoods, taking over residential properties. Finally, neither the federal nor city government made a commitment to affordable housing. The PADC initially committed to 300 units of subsidized housing in the Pennsylvania Avenue corridor, yet later

⁶³⁵ Ibid., 206.

⁶³⁶ Williams, ““There Goes the Neighborhood”: Gentrification, Displacement, and Homelessness in Washington, D.C.”

⁶³⁷ Ibid., 159.

⁶³⁸ Ibid.

abandoned that promise. The city's development plan set targets for affordable housing in the downtown, but failed to meet them. Ultimately, commercial real estate was significantly more lucrative than affordable housing development, and without accountability, capital defined the geography of the city.

By the late 1980s, the downtown building boom had reached a plateau as the commercial real estate market crashed and the economy slid into a recession. Downtown development stalled, derailing the plan of a "livable" downtown. In a sign of the times, by the early 1990s, Woodward and Lothrop and Garfinkles- once touted as harbingers of a revitalized downtown- had closed, leaving Hechts as the only large downtown retailer.

However, Abe Pollin, the owner of Washington's hockey and basketball teams was to begin a new wave of development and revitalization to the downtown area in 1995, when he began construction of the MCI Center, a large sports arena to house the Capitals and Wizards. A homeless advocate who ran a women's dinner program near G and 10th Streets NW, recalls of the downtown, "Prior to the arena, and then the [Downtown] BID, it was filthy, just ugly. I'm a woman who can handle her own, but walking down 10th, I didn't feel safe." The next year, as building on Abe Pollin's MCI Center was underway, so was the revitalization of downtown, specifically in the corridors of Gallery Place and Metro Center. Restaurants opened in downtown's burgeoning theater and arts district, Penn Quarter, which was anchored by the Shakespeare Theater, National Portrait Gallery and the Museum of American Art. Large retailers, including Borders and Hard Rock Café opened around Metro Center, as well. Developers, retail corporations, business elite and city politicians, working in tandem through subsidies and incentives, were once again ready to reinvest in downtown.

The downtown development boom in the city was tied to larger historical and economic processes. As stated earlier, as federal funding to localities was slashed in the early 1980s, cities became invested in the cultivation of revenue through entrepreneurial redevelopment of property and public space. By the mid-1990s, large downtown megaprojects were under development in cities across the United States, including Boston, Baltimore, Seattle and Washington, D.C. In creating upscale centers of tourism, leisure and living, cities were able to generate revenue not only through commercial property development, but also through consumption and tourism. Harvey has called this strategy “the mobilization of spectacle,” arguing

Imaging a city through the organization of spectacular urban spaces became a means to attract capital and people (of the right sort) in a period (since 1973) of intensified inter-urban competition and urban entrepreneurialism.⁶³⁹

Gibson argues that local politicians and business elites have, through the control of city space and access to public bonds and tax funds, created downtown cultural, retail and tourist centers subsidized by private property and public financing.⁶⁴⁰ In fact, this development model “runs on public subsidies, realigning resources away from poor and working class neighborhoods and disinvestment.”⁶⁴¹ It is a model that follows the logic of urban planning under neoliberalism: namely, that “the path to urban renewal lies in delivery a lively but controlled downtown “experience.”⁶⁴²

⁶³⁹ Harvey, *The Condition of Postmodernity : An Enquiry into the Origins of Cultural Change*, 92.

⁶⁴⁰ Timothy A. Gibson, *Securing the Spectacular City: The Politics of Revitalization and Homelessness in Downtown Seattle* (Lanham, MD: Lexington Books, 2004), 48.

⁶⁴¹ Jeff Maskovsky, “The Other War at Home: The Geopolitics of Us Poverty,” *Urban Anthropology* 30, no. 2/3 (2001): 221, quoted in Elwell, “From Political Protest to Bureaucratic Service: The Transformation of Homeless Advocacy in the Nation's Capital and the Eclipse of Political Discourse”, 224.

Similar to D.C., in 1993, an alliance of developers, civic boosters and pro-growth city officials in Seattle, WA aimed to create a “world-class city with an unparalleled quality of life” through a large-scale revitalization project in its downtown core.⁶⁴³ The project, funded in part through public subsidies and incentives, was sold as a civic endeavor, and downtown was billed as “everybody’s neighborhood.”⁶⁴⁴ Yet, Gibson maintains that revitalization projects, like that of Seattle, create a one-dimensional downtown, “tailored precisely to the needs, tastes, and desires of a particular class of shoppers, tourists, and business travelers.”⁶⁴⁵ “Projects of reassurance” that cleanse the downtown of all signs of danger, disorder or decay are a necessary part of revitalization efforts, as well.⁶⁴⁶ Gibson states

This effort to reassure shoppers and tourists that the bad old days of urban decline are a thing of the past often places the interests of civic and business elites squarely at odds with those of the urban poor- especially the nation’s most marginalized homeless citizens- who pose the most visible threat to the image of “designer downtown living” so carefully cultivated in American’s “new urban renaissance.”⁶⁴⁷

Revitalized downtowns have become spaces of exclusive consumption, with city officials and business elites working towards the removal of any and all “dirt”- or as Mary Douglas defines it, “matter out of place”⁶⁴⁸ – especially the homeless. As a consequence, cities have become increasingly reliant on police and private security to secure these spaces

⁶⁴² Gibson, *Securing the Spectacular City: The Politics of Revitalization and Homelessness in Downtown Seattle*, 140.

⁶⁴³ Ibid., 3.

⁶⁴⁴ Ibid., 4.

⁶⁴⁵ Ibid., 271.

⁶⁴⁶ Ibid., 155.

⁶⁴⁷ Ibid., 155.

⁶⁴⁸ Mary Douglas, *Purity and Danger: An Analysis of Concepts of Pollution and Taboo* (New York: Routledge, 2004), 44.

against the intrusion of people out of place. I will return to a discussion of homelessness and downtown redevelopment as it intersects with policing in the next section of this chapter.

An integral addition to D.C.'s downtown revitalization effort in the 1990s was the creation of a business improvement district (BID). BIDs began to appear in the late 1970s as downtown development projects and commercial real estate development increased in cities across the United States. Tied to a geographically-bounded area, BIDs are a "particularly focused place-based development strategy...designed to restructure public space" by supplementing public services, such as security and crime monitoring, sanitation collection, infrastructure rehabilitation and public space maintenance⁶⁴⁹ and increasingly, homeless outreach. They are quintessential public-private partnerships in which private investment assumes or supplements public services and needs, while simultaneously, through the promotion of economic development and urban revitalization, increasing the city's tax-base. Schaller argues

To their advocates BIDs represent the optimal form of local government because they allow the blending of public and private sector resources to design and offer a specific set of amenities, deployed to induce consumers to "vote with their feet," to frequent local businesses and spend their dollars.⁶⁵⁰

Legally, business improvement districts are professionally-managed organizations-created through state and/or local legislation- that receive funding through both private and government sources, as well as through the collection of mandatory special taxes or fees

⁶⁴⁹ N.M. Lewis, "Grappling with Governance: The Emergence of Business Improvement Districts in a National Capital," *Urban Affairs Review* 46, no. 2 (2010); Susanna F. Schaller, "Bidding on Urbanity with Business Improvement Districts: Re-Making Urban Places in Washington, D.C." (Cornell University, 2007), 14.

⁶⁵⁰ Schaller, "Bidding on Urbanity with Business Improvement Districts: Re-Making Urban Places in Washington, D.C.," 14.

levied on businesses and property owners.⁶⁵¹ Mitchell further describes BIDs as including a non-profit managing agent (although in some cities, BIDs can be managed by public-private partnerships or city agencies) and a board comprised of representatives from the city government, property owners and businesses.⁶⁵²

Ultimately, BIDs are tasked with the marketing, packaging and selling of an urban spectacle and space that reflects the aesthetics, values, and consumption desires of the middle- and upper-class visitors it seeks to attract. However, to attain this goal, areas must be stripped of their dirt and debris, and to do this, BIDs must remove the unsightly and disorderly elements. Christopherson notes that for most BIDs, physical improvements are only a small portion of their spending; instead, a significantly larger portion of the budget is spent on sanitation and security in an effort to eliminate blight.⁶⁵³ Additionally, through the use of security services, homeless outreach and partnerships with law enforcement agencies, BIDs are able to both remove and exclude those deemed out of place, particularly the homeless and poor. In the next section of this chapter, I will further elaborate and analyze the provision of homeless services by two of the city's BIDs that encompass downtown.

In 1996, the D.C. City Council passed legislation allowing for the creation of business improvement districts, and in 1997, D.C. established its first BID, the DowntownDC BID,⁶⁵⁴ funded in part by the U.S. General Services Administration.⁶⁵⁵ BIDs

⁶⁵¹ Jerry Mitchell, *Business Improvement Districts and the Shape of American Cities* (Albany, NY: State University of New York Press, 2008), 4; Schaller, "Bidding on Urbanity with Business Improvement Districts: Re-Making Urban Places in Washington, Dc".

⁶⁵² Mitchell, *Business Improvement Districts and the Shape of American Cities*, 4-5.

⁶⁵³ Susan Christopherson, "The Fortress City: Privatized Spaces, Consumer Citizenship," in *Post-Fordism: A Reader*, ed. A. Amin (Malden, MA: Blackwell, 1994).

in Washington, D.C. are unique in several ways. First, many of the city's BIDs receive federal grants for safety, maintenance and infrastructural developments.⁶⁵⁶ And second, D.C. BIDs are "highly opaque" in their administration, enabled by several caveats in BID legislation, including the absence of the district government in the collection and redistribution of the BIDs taxes, lax requirements for progress reporting and the inability of the D.C. government to veto or prevent BID formation if the legal approval threshold has been met.⁶⁵⁷ According to Lewis, D.C.'s BIDs can be considered "autonomous, even though subjected to municipal oversight in theory."⁶⁵⁸

The DowntownDC BID was comprised of 729 businesses at its creation and bordered by the National Mall on the south, Massachusetts Avenue on the north, Louisiana Avenue on the east and the White House and 16th Street on the west. It encompassed the Gallery Place, Chinatown, Federal Triangle, Franklin Square, McPherson Square, and Penn Quarter neighborhoods. The first director hired for homeless outreach with the BID, remembers, "The impetus for the BID was the Verizon Center."⁶⁵⁹ People felt

⁶⁵⁴ Following the creation of the Downtown BID, seven other BIDs were established across the city: Golden Triangle (1997), Georgetown (1999), Mount Vernon (2004), Capitol Hill (2001), Adams-Morgan (2005), NoMa (2007) and Capitol Riverfront (2007). As I am concerned with the city's downtown core, my discussion includes the area encompassed by the Downtown BID and the Golden Triangle BID.

⁶⁵⁵ Lewis, "Grappling with Governance: The Emergence of Business Improvement Districts in a National Capital."

⁶⁵⁶ J.F. Wolf, "Urban Governance and Business Improvement Districts: The Washington, D.C. Bids," *International Journal of Public Administration* 29, no. 1 (2006). Cited in Lewis, "Grappling with Governance: The Emergence of Business Improvement Districts in a National Capital," 184.

⁶⁵⁷ Lewis, "Grappling with Governance: The Emergence of Business Improvement Districts in a National Capital," 185.

⁶⁵⁸ Richard Briffault, "A Government for Our Time? Business Improvement Districts and Urban Governance," *Columbia Law Review* 99(1999): 414, quoted in Lewis, "Grappling with Governance: The Emergence of Business Improvement Districts in a National Capital."

⁶⁵⁹ When Verizon bought out MCI in 2006, the MCI Center was changed to the Verizon Center.

uncomfortable coming downtown. The only way the arena was going to work was if downtown started working differently.” Businesses taxed themselves a penny per month per square foot, approximately \$30,000 per year for each business (totaling \$21.87 million), to fund private security patrols, street-cleaning crews, infrastructure maintenance and marketing, with the largest portion of funding allotted to “safety.” Uniformed security officers were an integral feature, focused on aggressive panhandling and criminal reporting to MPD. One *Washington Post* article stated

A “managed environment” is what business leaders say they are striving for, borrowing from the Walt Disney Co. theme park model, in which the emphasis on safety and tidiness is supposed to make visitors feel secure and happy so they’ll spend money and come back.⁶⁶⁰

The next year, 1997, the Golden Triangle BID was established. The BID encompassed a 43-block area of downtown, bordered by Dupont Circle and Massachusetts Avenue on the north, New Hampshire Ave on the west, Pennsylvania Ave on the south and 16th Street on the east. Just as with the DowntownDC BID, security, physical and infrastructure maintenance and marketing would be the primary focus of its services. The area bounded by the DowntownDC BID and the Golden Triangle BID constitutes the downtown area examined in this dissertation.

Yet, as downtown developed in the 1990s, homelessness was rising, as two decades of declining affordable housing intersected with an increase in the number of poor competing for low-cost housing⁶⁶¹ and gentrification-caused displacement. Former patients from St. Elizabeths were also returning to the city and without supports and low-cost

⁶⁶⁰ Stephen C. Fehr, “Property Owners Commit to Revive D.C.; In Heart of District, A \$38.5 Million Push for Safety, Cleanliness,” *The Washington Post*, July 27, 1997.

⁶⁶¹ Elwell, “From Political Protest to Bureaucratic Service: The Transformation of Homeless Advocacy in the Nation's Capital and the Eclipse of Political Discourse”, 185.

housing, many were left to survive on the streets. When I asked one advocate and mental health professional about the correlation between homelessness and economic development, he summed it up this way, also bringing into the conversation the extremely limited income from SSI and SSDI that the homeless individuals with mental illnesses receive:

The biggest problem is rents have gone up. It's harder to find places that take low-income people and if you don't have housing subsidies, these folks aren't going to be able to find housing. So our guys get SSI- \$680 each month- there's no way you're going to be able to find a one-bedroom apartment, pay the utilities and buy some food for \$680. So you've got to have a housing subsidy that allows them to pay one-third of the rent and the government picks up the rest. There are obviously not enough vouchers out there for all these people who need them. So they wind up in homeless shelters or living on the streets.

At the same, as detailed in Chapter Three, in the early 1990s, the police department began to respond to increased complaints about the homeless through the use of targeted zero-tolerance policing for aggressive panhandling and quality-of-life misdemeanors. This version of community policing continued throughout the 1990s, and in the developing downtown, as the desires for urban living and cultural consumption increased, so did the surveillance and displacement of the homeless. In 1998, as ground was broken for the new convention center at Mt. Vernon Square, The Mount Vernon Women's Shelter, made up of seven large trailers capable of housing 126 women, was moved from its decade-long location at Seventh Street and New York Avenue NW to a city-owned parcel of land at Fourth and L Streets NW, outside the area of the city defined as downtown and near I-395.⁶⁶² Mary Ann Luby, a homeless advocate, commented at the time, "I think it's a move to get [homeless] people out of sight. It's out of sight, out of mind."⁶⁶³ The next year, the women's shelter,

⁶⁶² David Montgomery, "Down and Out, Again: D.C. Shelter for Homeless Women Moves to Make Way for Convention Center," *The Washington Post*, October 2, 1998.

now named, the Open Door Shelter, was targeted for removal. In a letter to Mayor Anthony Williams in 1999, Ward 2 Councilmember Jack Evans wrote, “Every day this shelter remains at 4th and L Streets NW, is another day my constituents report to me they do not feel safe.”⁶⁶⁴ In 2007, after continued opposition by the community, the trailers were finally shuttered and demolished. As this “trailer odyssey” revealed, the homeless in downtown had not only the police to contend with, but the community as well.⁶⁶⁵ One guest at the drop-in center saw the pattern continuing into the present, arguing, “There’s different people coming to town and people want it cleaned up. They don’t feel safe, think we’re [the homeless] are a threat. They’re paying big rent, big money and they want a safe environment.”

In 1999, with the election of Mayor Anthony Williams, a renewed commitment to a dynamic downtown was proposed. The 2000 *Downtown Action Agenda* addressed this goal, recognizing that the lack of a residential and retail base prohibited “a vibrant, mixed-use ‘living’ downtown,”⁶⁶⁶ The proposed solutions focused on residential, retail and cultural development, so that downtown could grow into a “multi-purpose destination.” The plan recommended that in addition to downtown as a center of housing, retail and culture, the area be further cultivated as a destination for tourists and visitors, with strategies for urban design and public space management a primary component. Perhaps the most emphasized aspect, however, was the maximization and concentration of residential housing in the downtown. The Action Agenda focused on three specific areas: first, Mount Vernon

⁶⁶³ Ibid.

⁶⁶⁴ Stephanie Mencimer, “A Trailer Odyssey,” *Washington City Paper*, September 17, 1999.

⁶⁶⁵ Ibid.

⁶⁶⁶ District of Columbia Government Office of Planning, “Downtown Action Agenda,” (Washington, D.C.2000), 1.

Triangle, which would be developed as a “premiere urban neighborhood,” with the “potential to accommodate 5,500 new housing units”;⁶⁶⁷ second, the area south of Massachusetts Avenue, specifically around Penn Quarter, which would be “built-out” completely in part by “applying residential zoning requirements on public sites;”⁶⁶⁸ and finally, the Shaw neighborhood bordering the new convention center, which would be “strengthened and protected” through “infill development, physical improvement to housing stock, historic preservation tax credits and retail enhancement programs.”⁶⁶⁹ What was not included, nor even mentioned, was the inclusion of affordable housing in the new residential development. An urban community was being cultivated, but it was not for everyone. With increased policing and BID security and services, downtown was indeed becoming the “managed environment” business leaders had hoped for, akin to a “fortress community” where those able to afford the “vibrant downtown” live in “fortified cells” of affluence.”⁶⁷⁰

In 2004, Williams released his action plan for homelessness in the city, *Homeless No More: A Strategy for Ending Homelessness in Washington D.C. by 2014*.⁶⁷¹ In the plan, three policy objectives were outlined: first, an increased focus on prevention of homelessness; second, the development and/or subsidization of affordable housing by at least 6,000 units; and third, the provision of increased shelter and services to meet the immediate needs of the homeless. The plan maintained that “housing is key” and committed the city to achieving

⁶⁶⁷ Ibid., 7.

⁶⁶⁸ Ibid., 8.

⁶⁶⁹ Ibid., 9.

⁶⁷⁰ Mike Davis, “Fortress Los Angeles: The Militarization of Urban Space,” in *Variations on a Theme Park: The New American City and the End of Public Space*, ed. M. Sorkin (Noonday: New York, 1992), 155.

⁶⁷¹ Anthony A. Williams, *Homeless No More: A Strategy for Ending Homelessness in Washington, D.C. By 2014* (Washington, D.C.: Office of the Deputy Mayor for Children, Youth, Families and Elders, 2004).

this by building or supporting at least 3,000 single room occupancy (SRO) or other low-cost housing for adults, with 2,000 of the units for the chronically homeless with disabilities. Another 3,000 units were to be built or support affordable housing for families. The plan identified a mix of local government, bond and private funding options, as well as federal affordable housing subsidies that would enable the 6,000 units to be developed. Yet the ability to develop this housing hinged upon the availability of this funding (which was, ultimately, not forthcoming). Bringing developers to the table would be critically important, but building affordable housing is not as lucrative as commercial development. One homeless outreach worker, noted the irony, “If only development corporations who want homeless people gone could accept making less money in building affordable housing for them.” Instead, downtown real estate went to the self-selected able to afford downtown mortgages and rents, adding yet another piece of the “vibrant” downtown. In this managed environment, the poor and homeless were “successfully ‘managed’ to become less visible for private businesses, citizens and consumers.”⁶⁷² However, the homeless still had nowhere to go, especially during the day. Along with the central location of many services, downtown’s parks and public spaces continued to draw the homeless into the central city. Consequently, there was pressure to close the centrally-located services and move them into residential areas, especially in Wards 7 and 8, where the city’s poorest already lived.⁶⁷³ Ultimately, William’s “pro-growth policies quietly undermined anti-homeless and anti-poverty efforts,” Elwell argues.⁶⁷⁴ One homeless advocate commented, “These new people want to live in the

⁶⁷² Elwell, “From Political Protest to Bureaucratic Service: The Transformation of Homeless Advocacy in the Nation's Capital and the Eclipse of Political Discourse”, 298.

⁶⁷³ Ibid.

city without the city. This is the city. I think there have been marked regressions in how we treat people to accommodate new people and that was a big push with the Williams' administration. To bring all these new people to build up the tax base."

In 2006, Williams announced his intent to close the Franklin School Shelter, located on valuable property close to the downtown. Although homeless residents were well-organized, arguing that space should be made for the homeless downtown, neighborhood opposition was too high. "Few understood that eliminating shelters in areas where the homeless already reside does not eliminate homelessness; it only exacerbates conflicts over space and nuisance concerns when they have no place to go."⁶⁷⁵ This is the crux at where interactions between police and the homeless happen and are influenced by the efforts of BIDs, businesses, politicians and wealthy residents to increase surveillance and regulation of space. The next section of this chapter will further elaborate on and illustrate these dynamics.

In 2007, Mayor Adrian Fenty announced his Housing First Initiative, a plan to place chronically homeless individuals and families in Permanent Supportive Housing (PSH). The Department of Mental Health was also trying to increase their capacity, yet as one DMH employee, in 2009, told me, "Housing is something we've invested in as a city. Although I think the Department of Mental Health recognizes the need, the funds aren't there to really increase that capacity, though. So most of the people I've worked with have gotten housed through the mayor's Housing First Initiative." Indeed, the mayor's initiative housed 1,000 individuals, families and veterans in 2010. Yet, most of the PSH was east of the Anacostia

⁶⁷⁴ Ibid., 288.

⁶⁷⁵ Ibid., 321.

River, further segregating the city's homeless, people with mental illnesses and poor residents.

In August 2009, a class of CIO officers visited the drop-in center, previously mentioned in the last section of Chapter Four. Several guests volunteered to share their experiences with the police, and I facilitated the discussion. One guest told of his experience being moved-along by officers near Massachusetts Avenue and 15th Street NW for no other reason than standing on the sidewalk. I watched as officers rolled their eyes, and yet one officer spoke up.

With the condos going in and people buying these multi-million dollar condos, people call the Chief of Police about people hanging out on their front steps. We get calls, we get complaints and we're required to answer the calls. We've got a responsibility to both citizens and businesses.

As previously noted, another officer in the group was much more direct in her assessment of these situations. "Targeting [of the homeless] is going to happen. We're going to ask you to move on; it's just going to happen," she told the group. In what became a frequent occurrence, the articulation of the forces that were pushing homeless individuals with mental illnesses out of downtown by some officers was countered by another's acceptance of the inevitability of targeting and moving-along individuals out-of-place. What accounted for this difference? In the next section, I attempt to answer this question.

In the same focus group that I facilitated in August 2009, mentioned at the beginning of this section, one guest, a woman in her 50s who had formerly been homeless and was seeking services for her mental illness, shyly told a story of her experience with police officers in Chinatown. "It happened last year (2008)," she began. "They [the police officers] said to me, 'No standing on the corner, keep moving.'" And then they followed me

from 5th Street to K Street,” as she walked from New York Avenue to New Jersey Avenue. As she gave a nervous laugh- something she’s quite known for- she said, “I guess they’re trying to get me out of the neighborhood.”

“Damned if You Do, Damned if You Don’t.”

It’s early morning, and Officer Jaks and I are cruising the streets between Gallery Place and Metro Center. We are generally discussing interactions he’s had with homeless individuals with mental illnesses, and in the course of the conversation, he mentions the calls for service he answers from both businesses and workers in the BIDs Safety and Hospitality program about the homeless. Officer Jaks proudly tells me

Managers will call, saying they’re [the homeless] taking away business, and they want something done. One place [a large retailer] is always calling about homeless people on benches. And I tell them, you’re free to go over and violate that person’s constitutional right [to be in a public space]. But I’m not going to do. I tell people that you can’t arbitrarily go and pick people off public benches.

And I was surprised. Because although the legality of moving along people was at stake for him as a police officer (and as I found, some officers have no problem moving someone from public space, despite the legality), he understood and believed in what many people did not- that the homeless are residents of the city with rights that he was bound to protect, too. When I asked him if he thought his approach to policing was an exception to the rule, he answered quite readily, “Definitely.” Throughout my fieldwork, I met other officers like Jaks, who run through the narratives of this section, and found that each believed they were exceptions to a rule. However, they all had something in common: established relationships with homeless outreach workers employed by business improvement districts.

In this section, focusing specifically on the area of downtown represented by the Downtown BID and the Golden Triangle BID, I begin to unravel the contradictions around policing, community, and the provision of homeless services through business improvement districts. I explore these contradictions in the context of downtown development and the regulation of public space through the experiences and insights of police officers, homeless individuals with mental illnesses, and outreach workers working with the BIDs.

Homelessness, Public Space and Policing

In the stories I heard from police officers, individuals who had been or were homeless and homeless and mental health advocates, a common thread around public space often drove the narrative. For one young homeless man, his experiences with the police were always around the Martin Luther King, Jr. Library in Gallery Place. “I don’t know how many times I’ve been told “You can’t stand around here” or “You need to move.” In the downtown area, if you’re not wearing a suit or tie, that’s justification for harassing you. You don’t look like you belong in the area.” And as previously described, I met with officers who saw public space as a place in which “Targeting is going to happen” or an area from which individuals should be moved-along. There is no shortage of literature on the regulation and policing of homeless in areas of public space that supports these experiences. Within this literature, three broad thematic groups are important to my analysis: the legal restrictions on the use of space and the enforcement of laws that aid in the spatial exclusion and criminalization of homelessness; the use of aggressive policing practices in the 1990s and

2000s for quality-of-life enforcement; and the policing of homeless in cities undertaking urban development projects.

Legal restrictions, especially those that regulate the uses for public space, are important tools for removing the homeless from certain areas, especially “revitalized” downtowns and gentrifying neighborhoods.⁶⁷⁶ In cities across the United States, laws that prohibit behaviors in public- what Herbert and Beckett term “civility laws”- have especially targeted homeless individuals.⁶⁷⁷ According to a 2006 report, the most common laws used to police the homeless prohibit sitting or lying on sidewalks or in bus shelters, sleeping in parks and other public spaces, placing one’s personal possessions on public property for more than a short period of time, camping, urinating or drinking in public, selling newspapers and other written materials in public spaces and begging.⁶⁷⁸ In Washington, D.C., behaviors that are prohibited are: urination/defecation in public, panhandling within 10 feet of an ATM or 15 feet of Metro property, “aggressive panhandling,” sleeping, panhandling or storing property on federal parkland, camping in public, and obstruction of sidewalks/public places.⁶⁷⁹ One guest at the drop-in center understood these laws as related to the sanitization of space, “Because the place is supposed to be clean and neat, you can’t sleep or sit down on it.” In addition, other D.C. laws that prohibit behaviors or activities of the homeless include the failure to disperse from an area, prohibition from entering a vacant building, prohibition

⁶⁷⁶ Herbert and Beckett, “‘This Is Home for Us’: Questioning Banishment from the Ground Up.”; K. Beckett and S.K. Herbert, *Banished: The New Social Control in Urban America* (Oxford University Press, 2009).

⁶⁷⁷ Katherine Beckett and Steve Herbert, “Dealing with Disorder: Social Control in the Post-Industrial City,” *Theoretical Criminology* 12, no. 1 (2008).

⁶⁷⁸ “A Dream Denied: The Criminalization of Homelessness in U.S. Cities,” (Washington, D.C: The National Coalition for the Homeless and The National Law Center on Homelessness and Poverty, 2006).

⁶⁷⁹ *Ibid.*, 171. Washington Legal Clinic for the Homeless, “Street Rights Card.”

of a vehicular residence and prohibition of washing cars or windshields.⁶⁸⁰ Essentially, through the regulation of both public space and behaviors in public, the goal is to disappear the homeless from view. In this way, city politicians buffer the consuming classes from poverty and homelessness.⁶⁸¹ Mitchell argues

The intent is clear: to control behavior and space such that homeless people simply cannot do what they must do in order to survive without breaking laws...In other words, we are creating a world in which a whole class of people simply cannot be, entirely because they have no place to be.⁶⁸²

Mitchell maintains, “if homeless people can only live in public, and if the things one must do to live are not allowed in public space, then homelessness is not just criminalized; life for homeless people is made impossible.”⁶⁸³ This raises the question: how is community created? If the homeless can be effectively policed out of a community through legal restrictions, whose vision of community is privileged and enacted? Ultimately, it is those entities- businesses, business improvement districts, political elite and residents, among others- with the power to influence and direct the activities of the police in the downtown that create community.

In conjunction with these laws, aggressive policing tactics, such as zero-tolerance and order maintenance policing, have been used throughout the 1990s and 2000s to enforce civility laws and quality-of-life offenses.⁶⁸⁴ The theoretical basis of these policing practices

⁶⁸⁰ Ibid.

⁶⁸¹ Gibson, *Securing the Spectacular City: The Politics of Revitalization and Homelessness in Downtown Seattle*.

⁶⁸² D. Mitchell, “The Annihilation of Space by Law: The Roots and Implications of Anti Homeless Laws in the United States,” *Antipode* 29, no. 3 (1997): 305-11.

⁶⁸³ ———, “Anti-Homeless Laws and Public Space: I. Begging and the First Amendment,” *Urban Geography* 19, no. 1 (1998).

can be traced largely to Wilson and Kelling's broken windows theory, as described in Chapter Two. Their argument was stealthily simple: if broken windows in a neighborhood are left unrepaired, the rest of the windows will soon be broken. To ensure that a neighborhood would not fall victim to "urban decay," they proposed that civility laws and quality-of-life offenses- behaviors and activities that affected a community's quality-of-life- be aggressively enforced and policed. Thus, the disorderly, including "disreputable or obstreperous or unpredictable people: panhandlers, drunks, addicts, rowdy teenagers, prostitutes, loiterers, the mentally disturbed"⁶⁸⁵ would be policed out of the neighborhood through zero-tolerance enforcement of minor misdemeanor and civility laws. Of course, broken windows theory disproportionately targeted those deemed out-of-place in a community and more particularly, the homeless whose daily, lived experiences put them in greater contact with police. By using zero tolerance practices, Wilson and Kelling proposed the result for a community would be a basic social good: order. And in gentrifying and downtown areas, order was vital component in the creation of a sanitized and managed community.

In Chapter Three, I outlined the evolution of zero-tolerance policing in the District, beginning with Chief of Police Isaac Fulwood's crackdown on minor misdemeanors in 1990 and continuing through Chief Larry Soulsby's direct zero-tolerance campaign (see pages 124-129). In my fieldwork, I found that although zero-tolerance was abandoned in the late 1990s by MPD as a policing policy and framework, aggressive enforcement around quality-of-life offenses and targeted policing of homeless individuals with mental illnesses still exists. One homeless advocate, argued, "There's always an effort on behalf of the police to kind of

⁶⁸⁴ Harcourt, *Illusion of Order: The False Promise of Broken Windows Policing*; Beckett and Herbert, *Banished: The New Social Control in Urban America*; Parenti, *Lockdown America : Police and Prisons in the Age of Crisis*.

⁶⁸⁵ Wilson and Kelling, "Broken Windows."

cleanup, especially those areas that are in downtown. And often those people who are homeless.” In a focus group held at the drop-in center, several guests described their experiences with police officers in the city. Being told to “move along” was the most common interaction guests had with police. “I see it every day, see it in the areas I travel. Move along, I don’t want you loitering,” one guest told the group. Half of the focus group participants had been “moved-along” in the past year. One guest told of how he had been standing at the corner of Massachusetts Avenue and 15th Street NW with friends around 8 p.m when “The police pulled up and said, ‘If I come around one more time and you’re standing there, I’ll take you down to the station.’” I also spoke with many individuals who had experienced unwarranted- therefore, illegal- ID checks by police officers.⁶⁸⁶ Some were asked for their IDs while sitting in the park. One individual at the drop-in center was stopped while walking on a street in downtown at 2:00 p.m. “He asked to see my ID and then ran it on his computer.” One of the most painful recountings came from a guest at the drop-in center who had his morning breakfast at So Others Might Eat (SOME), an organization serving the poor and homeless. He described how one officer regularly sat outside SOME. “Sometimes he’ll come in and ask for ID, punch it into the computer and see if someone has warrants. People are scared to eat in the morning.”

The use of aggressive policing in the 1990s and 2000s also coincided with the development of large downtown development projects and entertainment districts that depended on a sanitized and safe environment to attract middle-class suburbanites and wealthy

⁶⁸⁶ MPD General Order 304-10 establishes that, unless an individual is suspected of a crime, they do not have to answer any questions or give information if stopped by a police officer, and they are free to leave. MPD CIR-04-10 also establishes that “citizens are not required to possess, or carry with them, any means of identification, nor absent unusual circumstances, can citizens be required to account for their presence in a public place.”

city residents.⁶⁸⁷ Parenti conceptualizes the relationship between policing and “revitalization” as a “new urban security quest” in which both local police and private security work in tandem to secure the “themepark city.”⁶⁸⁸ Several tactics can be used by police administrators to focus enforcement on redeveloped areas, including increasing foot patrol and targeting certain blocks or areas. One officer noted the irony of increased foot patrols in Gallery Place-Chinatown. “It’s bullshit. They’ve got a 10-person detail in Chinatown because of the million-dollar condos. Where should they really be?” Another officer explained how pressure is asserted on officers to more aggressively police the homeless.

Developers and big investors have a way of putting pressure on the police. They contact the chief and then that comes down the chain of command to how they want blocks targeted. So maybe officers have certain days off because it’s not a busy time or you’re told to watch a block. The pressure eventually comes down the chain of command to [patrol] officers. They don’t want to see them [homeless] in their front yards. They don’t want to see them [homeless] period.

Business improvement districts have also cultivated relationships with police departments to reduce “disorder” in their districts. In Washington, D.C., command staff and patrol officers work with the BIDs within their districts, participating in monthly security meetings and responding to requests about the homeless from BID administration. Some BIDs also hire MPD officers for overtime-details to supplement security and patrol in the area.⁶⁸⁹ One officer estimated he received at least a three to four emails a month from businesses about homeless individuals who have become an “issue” in the BID area, on top of the weekly calls for service initiated by the BID for disorderly and homeless persons.

⁶⁸⁷ Gibson, *Securing the Spectacular City: The Politics of Revitalization and Homelessness in Downtown Seattle*.

⁶⁸⁸ Parenti, *Lockdown America : Police and Prisons in the Age of Crisis*, 91.

⁶⁸⁹ Lewis, “Grappling with Governance: The Emergence of Business Improvement Districts in a National Capital,” 195.

Indeed, my fieldwork reflected previous literature and research on the use of policing to support neoliberal urban development and the harnessing of surveillance and law enforcement to spatially segregate and exclude the homeless and poor from areas of “revitalization.” However, my fieldwork also revealed a more complex picture, in which unexpected relationships and resistance occurred.

In experiences described by several homeless individuals with mental illnesses, interactions with police officers were positive, some resulting in established relationships. One individual at the drop-in center told me, “Once, I asked them to take me to CPEP [the Comprehensive Psychiatric Emergency Program]. I volunteered it to them and they knew I needed it.” Later, this individual, a man in his 20s, continued, “They’ll be on the job handling business and they always say hi, check on me.” One woman, in the focus group previously mentioned, felt, “Sometimes the police know you in the neighborhood as being homeless and they know you’re mentally ill, most of them will take you to detox and CPEP. Like, instead of taking you to jail.” Another participant also felt, “They’re [police officers] trying to understand people on the street who have nowhere to go. They know what we’re up against.” In conversations with police officers, I saw these sentiments and relationships reflected. During a ride-along with two officers, I was told of a homeless woman who was a regular in a downtown park.

She passed. It really hit me then when I found out. These people are part of our beat. We get to know them and we miss them if they’re not around. They talk a lot to us—they all got histories why they’re homeless.

These same officers also regularly gathered food from local fast food restaurants that would be thrown out at night and had helped one homeless individual obtain a physical.

During time that I spent with officers on foot beats and ride-alongs, I saw these relationships in action, as well. Police officers knew the regulars on their beats, addressed them by name and spent time talking and laughing with them. This is not to argue these are relationships of equality, and the power and authority of police officers in relation to any individual they encounter must be recognized. However, that these are real relationships cultivated through time and interactions must also be acknowledged. One officer felt

The time we spend with homeless individuals is immeasurable. We spend less time transporting [to CPEP or jail] because we no longer lack the understanding and patience to know what is really going on with that person because of the time we spend with them throughout the week. When we've built a relationship and trust, they can ask us for help.

Homeless outreach workers also saw the relationships that developed between officers and homeless individuals on their beat. In a conversation with two outreach workers one morning in a downtown park, a homeless individual was mentioned whom I knew from prior conversations with a police officer in the area. I asked if this individual would consider the officer a friend. "He would. And more importantly, I think he would consider him someone he could trust," one of them replied.

How officers conceptualized their responsibilities could influence how they interacted with homeless individuals they encountered. For one officer I worked with, a distinction was made between "vocational" and "career" officers. "My vocation is to be here to help people. I'm here to serve and protect. A lot of officers forget the serve part, think this is just a career." Similar distinctions were made by other officers throughout my fieldwork, leading each of them to consider themselves as "an exception to the rule" in regards to conduct and work ethic.

Another complexity that was revealed in my fieldwork was the active resistance of officers to the pressure from businesses, BIDs and residents in downtown to move the homeless from public areas. One officer in downtown told me

It depends on who you are and who you know in this city. If a business or some millionaire calls the higher ups about someone [who is homeless], then “you got to go.” If we don’t move them along, we get in trouble. It’s political. They don’t let you be police for some people, but you have to be the police for others. Damned if you do, damned if you don’t.

Another officer put it this way, “Their [the BID’s and condo residents] utopia would be an area without vendors or homeless but the homeless are part of the community. You have to accept they’re part of the community.” Later, this officer reflected on our conversation and crafted this statement to illustrate this point. “The BID is very powerful. There are occasions where a BID feels the homeless population is such an issue and they’re not getting the services they deserve, that they will circumvent the chain of command which creates a ripple effect from the top down.” This illustrates what two other officers more succinctly put it,

Businesses [in the BID] have the power to complain to commanders and the chief of police. And we’re expected to do something about it. We’ve had people call the commander when we’ve been unwilling to do something about a homeless person. Then we’re called into the lieutenant’s office to be reprimanded. But they [homeless] have their rights too.

These stories and observations were unexpected; they forced me to reconsider the more one-dimensional understandings of police officers that I had brought to my fieldwork. But they also made reflection upon what good police work is a necessity. What allowed these relationships to develop? Why did they actively resist powerful forces on behalf of the rights of the homeless to the city? It is, of course, a complex confluence of factors that I cannot

account for in totality. But all of these officers had something in common: an established, and often, close, relationship with homeless outreach workers employed by a BID.

BIDs and Homelessness

Of the many contradictions I will never resolve in my fieldwork, the one that nags at me most is the funding, and subsequent provision, of excellent homeless outreach services by BIDs. As previously mentioned, two business improvement districts cover the downtown core of Washington, D.C.: the DowntownDC BID and the Golden Triangle BID. Both employ homeless outreach workers as part of their operations, following the model of many business improvement districts across the United States. In 1997, the DowntownDC BID opened the Downtown Services Center (DSC), its first foray into homeless services provision. Located at the First Congregational United Church of Christ at 10th and G Streets NW, the DSC was a one-stop shop for the homeless, with shower and laundry facilities, a breakfast program already supplied by the Zacchaeus Community Kitchen, and a wide array of social service providers. However, in 2005, the Services Center was shut down as the BID shifted its homeless services to street-based outreach and focused on a “housing first” approach, a model that prioritizes housing as the most urgent need for homeless individuals. Presently, the DowntownDC funds the only non-governmental, clinically based outreach team by partnering with a local service provider, Pathways to Housing and employs a clinical director, several social workers, an addiction counselor, a

licensed psychologist and a community support worker.⁶⁹⁰ The outreach team connects homeless individuals with direct services, including mental health, substance abuse and benefit programs, as well as showers, clothing, and food. Outreach workers also assist homeless individuals with obtaining ID cards, birth certificates and Social Security cards. The outreach team has been highly successful, reducing homelessness in downtown by 40%, according to the director of homeless outreach. The Golden Triangle BID also funds outreach services, but contracts them through a non-profit direct service provider, First Helping. They are not a clinically based outreach team, but provide similar linkages to services through street outreach.

Several scholars have noted and critiqued the ironic provision of social services by BIDs as, ultimately, despite their effectiveness, these efforts help the homeless move into services and out of the BID,⁶⁹¹ which Lewis notes, “certainly allude to revanchist notions of urban space.”⁶⁹² However, Elwell argues that D.C. BIDs, “Elected to work with area social service providers either formally or informally as a compassionate alternative to simply calling the police.”⁶⁹³ The first director of Homeless Outreach Services at the DowntownDC BID maintains, “Rich Bradley [Executive Director of the DowntownDC BID] and Joe Sternlieb [former Deputy Executive Director of the DowntownDC BID]

⁶⁹⁰ “Homelessness Downtown: Moving People from the Street to Independence,” in *Downtown Leadership Paper* (Washington, D.C.: DowntownDC Business Improvement District, 2008), <http://www.downtowndc.org/reports/leadership-papers> (accessed February 2, 2011).

⁶⁹¹ M. Foscarinis, K. Cunningham-Bowers, and K.E. Brown, “Out of Sight-out of Mind: The Continuing Trend toward the Criminalization of Homelessness,” *Georgetown Journal on Poverty Law & Policy* 6(1999).

⁶⁹² Lewis, “Grappling with Governance: The Emergence of Business Improvement Districts in a National Capital,” 193.

⁶⁹³ Christine M. Elwell, “From Political Protest to Bureaucratic Service: The Transformation of Homeless Advocacy in the Nation's Capital and the Eclipse of Political Discourse” (American University, 2008), 294-95.

from the start made a commitment to get people off the streets rather than move them out of the area. They never allowed the BID to pursue anti-loitering laws or move-along tactics. They chose engagement instead and to help people get services.” An outreach worker in the Golden Traingle BID also felt positive about the BIDs provision of homeless outreach services. “I think it’s progressive to provide services.” In the contradiction of homeless outreach services funded by BIDs lies a thorny divide between theory and practice. Whatever a BID’s motivation is in providing outreach services, the final goal is to remove them from view, whether into housing or services that will aid them in getting off the street. Theoretical understandings of neoliberal social policies and urban development frame the BIDs provision of homeless services so that we understand how these services support the exclusion of the homeless from the “vibrant city.” Yet, housing and supportive services are exactly what we would like people who need and want them to have access to. In practice, by providing homeless outreach, the BIDs are serving a very real need. And they are highly successful. Since 2008, the Downtown DC BID Homeless Service Team takes credit for identifying and reconnecting “more than 700 vulnerable homeless individuals to families and service providers.”⁶⁹⁴

This contradiction became easier to parse out when you separated the outreach worker from the BID. Every homeless outreach worker deeply cared about the people they served and the work they engaged in. I saw numerous examples of their commitment to the folks they worked with, specifically on outreach rounds in parks and on the streets, and many had spent years in the advocacy community. These outreach workers were also aware

⁶⁹⁴ “Ending Chronic Homelessness in D.C.: A Unified Strategy,” in *Downtown Leadership Paper* (Washington, D.C.: DowntownDC Business Improvement District, 2010), 5, <http://www.downtowndc.org/reports/leadership-papers> (accessed on February 2, 2011).

of the fundamental differences in their advocacy and outreach and the motivations driving the BIDs to offer homeless outreach. One outreach worker, “It’s a love/hate relationship with the BID. They see the work we do and are supportive, but I think the sole reason the BID provides homeless outreach services is because they see the homeless as a problem. We’re there to fix the problem.” Another outreach worker framed her work with the BID in a more critical way. “What the BID wants is visual results- the view from 30,000 feet. The question for them is “How do you get the homeless out of the parks?” No one wants them there. From the 30,000 ft view, how do you get businesses to see things are being done? But our measurable [outcomes] are so small.” He also noted the difference in the goals and expectations of outreach workers and the BID:

Homeless outreach is built upon relationships and engaging people where they’re at, but the BID has different expectation and goals in how they want problems fixed. They want fast answers but when you’re working with the homeless and mentally ill, there are no fast, easy answers.

For the homeless outreach workers I worked with, the inherent contradiction in their employment was less relevant than the work they engaged in. However, one of the least recognized impacts of their work is on interactions between officers and homeless individuals with mental illnesses they encounter.

Outreach Workers and Police

“Jim allowed me to see another perspective than being a cop.” I am having lunch with Officer. Logan, a police officer and Jim, an outreach worker with a downtown BID, and Logan is describing the impact Jim had on him as they cultivated a working relationship,

and later, a close friendship. Research on the relationships between homeless outreach workers and police officers is not available and literature on collaborative programs between police and homeless outreach workers has been highlighted primarily in best practice guides by homeless advocacy organizations.⁶⁹⁵ A critical insight from my fieldwork is that these relationships are a key factor in officers' approach to working with homeless individuals with mental illnesses; thus, this dissertation is a preliminary source on this emergent line of inquiry.

In the same interview with Officer Logan and Jim, I asked how their relationship began. "Logan was the beat cop who would come to the the center to solve problems." Logan chimed in at this point, adding, "Because of all the homeless complaints, too, we found ourselves working together." He could not remember having any training on homelessness and mental health when he joined the force in 2000, so as calls to the center where Jim worked brought him and Jim together, Logan cultivated a greater knowledge of homelessness and mental illness and more effective responses to calls involving homeless individuals with mental illnesses in the downtown. When I asked Logan about the support and direction he received from his supervisors on calls for service with homeless individuals with mental illnesses, he responded,

Initially we [Logan and his partner] were on our own, but through Jim and the BID, support was fostered. But how well our partnership worked depended on the supervisor of the day. For example, if there was a meeting [at the BID], depending on the supervisor, we would or would not be able to go. Jim would have something organized, but then we wouldn't have the support of command.

⁶⁹⁵ Minnesota Coalition for the Homeless, "Policy Brief: Police/Provider Homeless Outreach Expansion Project," (2008), <http://www.mnhomelesscoalition.org/police-provider-homeless-outreach-project-expansion/programs/advocacy/positions> (accessed on June 10, 2010); National Coalition for the Homeless, "A Dream Denied: The Criminalization of Homelessness in U.S. Cities."

The lack of support from Logan's command staff within his district alludes to larger organizational culture issues as described in Chapter Four. However, through Jim and the BID, a partnership was developed between outreach workers and police officers that countered the punitive policing of homeless individuals with mental illnesses in downtown. "It's a new way of doing it," Jim asserted. "At this point, we're creating a new thing, not just filling the gap." What is also significant is the development of this partnership outside the bounds of the Department of Mental Health and MPD. In the absence of training and accountability within MPD, as detailed in Chapter Four, officers went outside the department to find assistance and direction.

Similarly, a close relationship was fostered between Officer Pace, a police officer and Kevin, an outreach worker in a downtown BID. In late fall of 2009, as I was out in the early morning with Kevin as he made his rounds in the parks, I asked him about Pace, who had referred me to him. "Pace gets the work we do and cares about the work we do. And that's rare in an officer." Pace and Kevin both spoke about their relationship as one that allowed the appropriate response to BID and resident pressure around homeless individuals with mental illnesses. "If there's an issue that Kevin is better for, then I'll call him. And it's the same for him. We have each other's phone number and we're always in contact." Kevin also felt that in working with Pace and other police officers covering the BID, "It humanizes the officers and lets the homeless know that these officers are safe to go to if there's a problem. We're breaking down those trust walls."

The partnerships between Logan and Jim and Pace and Kevin enabled a collaborative approach to jail diversion for homeless residents with mental illnesses in the city. Outreach workers felt comfortable calling officers they worked with and vice versa,

distinguishing which approach was best suited for a situation or call for service, whether initiated by the BID, propertied residents or businesses. In essence, these partnerships are individual-level iterations of public-private partnerships, in which public sector needs are assumed and/or supplemented by private sector services. And just as BIDs have “created a governance form that operates almost externally to the state,”⁶⁹⁶ so too do these partnerships operate outside the jurisdiction of the police department.

Critically, however, these partnerships still perpetrate the excessive surveillance and management of the homeless by police, businesses, BID staff and outreach workers in the downtown. Both police officers and homeless outreach workers, individually and as partners, are relied heavily upon to handle conflicts over space, as well as discourage behaviors and activities that might lead to an arrest, conflict or nuisance.⁶⁹⁷ Elwell argues,

Each [police officers and homeless outreach workers] played a role in the disciplining of the homeless, as there were few easy solutions to conflicting uses that arose. What reasonable solution could be offered to someone who was urinating outside when there were no publicly accessible restrooms, or to the community members responsible for cleaning behind that person?⁶⁹⁸

Elwell’s point raises larger questions around policing, community and citizenship in the revitalizing city: who influences the policing of a “vibrant” city? How does a police department support neoliberal urban development and the formation of community, and how do officers negotiate or contest this support? Who has a right to the city and how are those who don’t belong excluded? Finally, how have private entities- businesses, business improvement districts and city elite- worked in collaboration with law enforcement and city

⁶⁹⁶ Lewis, “Grappling with Governance: The Emergence of Business Improvement Districts in a National Capital,” 187.

⁶⁹⁷ Elwell, “From Political Protest to Bureaucratic Service: The Transformation of Homeless Advocacy in the Nation’s Capital and the Eclipse of Political Discourse”, 297.

⁶⁹⁸ Ibid.

government to create the city we live in? In the last and final section of this chapter, I attempt to unravel these questions.

Analysis

I'm out with Officer Logan on a Saturday afternoon, and we're watching as people stream past us, moving from bars to restaurants to museums with shopping bags in their hands. This is downtown- vibrant and living, with the streets full of young professionals, families, tourists, and suburbanites. I ask him who he feels the most pressure from to move homeless people from the area.

I feel pressure from everybody. I get pressure from supervisors, which comes from the BIDs, to move people. I get pressure from businesses. But you know what I hate most? Complaints from residents. I want to tell them, "Didn't you know there was a shelter two blocks away when you bought your condo?"

So, who influences the policing of the new downtown? As detailed throughout this chapter, on the most tangible and immediate level, business improvement districts, businesses, local political and business elites, police department officials and the urban elite directly influence how police officers must respond to homeless individuals with mental illnesses in the downtown. However, these actors are supported by larger structural processes that perpetuate homelessness and the further exclusion and marginalization of homeless individuals with mental illnesses from the city. As discussed previously in this chapter, neoliberal social and economic policies since the 1980s have reduced the role of the federal government in social welfare programs and funding to cities. This in turn has influenced how cities have been spatially altered and developed to be suitable for global and

local capital, as well as fortified against the poor. The steady decrease in low-cost housing has intersected with large-scale “mobilizations of spectacle” encouraged by developers, urban planners and the business and political elite, so that the poor, and particularly, the homeless are displaced from previously disinvested neighborhoods and downtown centers-areas that were once spaces of containment- and replaced by affluent property owners who participant in the construction of a one-dimensional community. This is, as Neil Smith argues, the “class conquest” and recolonization of the city through gentrification, involving “systematic eviction.”⁶⁹⁹ As this displacement occurs, the spatial boundaries of developing areas become zones of fortification, restricted to the homeless and poor through increased surveillance, policing and management. Both police officers and homeless individuals I worked with identified these larger processes as it effected their interactions with each other. Thus, it was not just at the level of businesses, BIDs or propertied residents that anger was directed, but at a different scale. As one homeless individual told me,

If you're poor, you don't belong in the city. There's no housing or help from the government. If you're homeless and disabled, you get a check but it don't make a difference. So you're in the park. But they don't want us to drink in the park because they want to walk their dogs in the park.

One police officer in downtown, echoed this idea, commenting,

The [city] government and big corporations only care about themselves. When they see them [the homeless] around the commercial areas, then they care and want us to do something. But the city's not doing anything for them, like housing. They're homeless because even if they could afford to have an apartment, there's still food and bills that need to be paid.

As policing has become a critical piece to securing the city for development, police departments have become collaborators in neoliberal urban development and the

⁶⁹⁹ Smith, *The New Urban Frontier: Gentrification and the Revanchist City*, 27.

constitution of “communities” in developed areas. Throughout the chapter, I have emphasized through the narratives of police officers the power and influence businesses, developers, BIDs and residents have on policing practice. Officers articulated the pressure they felt from these groups to “move-along” or “do something” about the homeless, yet recognized they had a responsibility to all members of the community? “It’s a tough situation,” one officer told me.

You have to make two worlds happy at the same time and you end up choosing the lesser of two evils. So you just make the person move. It’s a catch 22- we have to solve their [businesses or residents] problem because that’s the problem the chief of police will listen to.

This raises significant questions around the relationship between community and policing. Who is part of the community? Whose vision of community and order is communicated to police? If police administrators and command staff privilege a certain segment of the community, it is that segment’s vision of community, order and citizenship that is constituted and affirmed. I will further elaborate on these issues in the final chapter.

Since the late 1990s, business improvement districts have emerged as highly organized community members, able to powerfully articulate their vision of a sanitized and safe environment and uniquely situated to work in cooperation with police departments in public-private partnerships. As illustrated in the previous section of this chapter, pressure by BIDs on officers and the police department to remove the homeless from public spaces has resulted in increased surveillance and regulation of public space and the homeless in two ways: either through law enforcement and traditional policing strategies (move-alongs, civility law enforcement) or more benevolently, through the cultivation of alternative strategies with homeless outreach workers to move individuals into services. Ultimately, what results is a

forced revision of community that is created in the image of developers, businesses and the urban elite. As important, these strategies for policing public space advance their interests through public and private resources, and this should be questioned.⁷⁰⁰

Yet, some police officers do contest and resist these iterations of community, articulating their resistance in terms of rights and the responsibilities of their profession. One officer, in telling me about the pressure to illegally move-along the homeless in downtown, acknowledged the workings of power, “They [command staff] want us to satisfy this guy and do something against the law. These people know the mayor or the chief of police or someone in the government. That’s the problem of this city- it’s who you know.” This officer, and others I worked with, however, resisted, as best they could, the pressure to privilege the interests of the affluent and powerful over the homeless in downtown. In various narratives over the course of my fieldwork, I heard officers defend the rights of the homeless to be in public space and even more, assert their right to membership in the community. I believe that partly through partnerships with homeless outreach workers employed by the BID, these officers were able to understand the homeless individuals with mental illnesses they interacted with as individuals dealing with poverty, inequalities and disability rather than simply a “broken window.” One homeless outreach worker formerly employed by the BID best summarizes the relationships she cultivated with officers and the influence she had in this way:

I felt a lot of frustration on the part of the police because they feel like their hands are tied. And this goes back to my experience working with the business improvement district. They are put really in between a rock and a hard place. They are accountable to the business community. The businesses wanted them to do something about this issue- whatever this issue was- but the law didn’t allow them to do very much. And at the same time, I also sensed a lot of sympathy for the plight of

268. ⁷⁰⁰ Gibson, *Securing the Spectacular City: The Politics of Revitalization and Homelessness in Downtown Seattle*,

people who are on the street because they understood, even if they ticketed or arrested them, they weren't going to be held for very long. And they know at least at that time they weren't going to get any meaningful care or any kind of meaningful intervention. So they knew that wasn't our real solution anyway. It was maybe that the relationships were unique, because those relationships were cultivated on a personal level with the officers assigned to that area. We worked hard to share information and provide resources and support.

On a larger scale, the fundamental question that is raised by the intersection of policing, community and homelessness is: who has a right to the city and its public spaces? Lefebvre, writing in the 1960s, first articulated the “right to the city” as a “cry and demand” and conceptualized the city as an “*oeuvre*” – a piece of work shared by all citizens.⁷⁰¹ Yet, Mitchell argues,

The problem with the bourgeois city, the city in which we live...is that this *oeuvre* is alienated, and so not so much a site of participation as one of expropriation by a dominant class and set of economic interests that is not really interested in making the city a site of cohabitation of differences.⁷⁰²

The right to the city, then, is granted in relation to the possession of property and capital, and as Mitchell states, “In the contemporary city of homelessness the right to inhabit the city must always be asserted not within, but against, the rights of property.”⁷⁰³ Large-scale “mobilizations of spectacle” in developing downtowns have contributed to the privatization of space and privileged the rights of property through the creation and management of controlled environments. To support this privatization, civility laws have been used to police and exclude the poor, specifically the homeless, from full participation in and use of the city. In D.C., business improvement districts as public-private partnerships have further

⁷⁰¹ Cited in D. Mitchell, *The Right to the City: Social Justice and the Fight for Public Space* (New York: Guilford Press, 2003), 17.

⁷⁰² *Ibid.*, 18.

⁷⁰³ *Ibid.*, 20.

contributed to the privatization of space and rights and the subsequent exclusion of the homeless from downtown. In a multi-pronged approach, BIDs work formally with the police department to provide increased security, surveillance and enforcement of civility laws with the intent to remove the homeless from downtown. And in a more subtle way, by providing homeless outreach services BIDs also seek to erase the homeless from the landscape by moving them into services and housing. Yet, the intent is still the same and both approaches collude in privileging the rights of property and capital in the city over the right of people to the city. Above all, these approaches do not address the foundational problem- homelessness in the city.

On the surface, the right to the city as I have framed it for the homeless in downtown Washington, D.C. is a question of how the rights and interests of property and capital are privileged over those of individuals. My argument implicates a number of actors who contribute to the exclusion and removal of the homeless from public space: developers, businesses, propertied residents, BIDs, the police department, police officers and homeless outreach workers employed by BIDs. By harnessing the rhetorical and practical power of community, denying the rights of the homeless to increasingly privatized space becomes merely an exercise in asserting the interests of the urban elite. However, I also want to recognize, and strongly underscore, the complexity that exists in policing the right to the city, as many officers I worked with contested and resisted attempts to deny the homeless the right to inhabit the city through, ironically, the language of “community” and “rights.” For these officers, membership in the community was a right of citizenship, exemplified by an officer who argued, “They’re [the homeless] members of the community, and they have rights, too.” The right to the city’s public space was not contingent on exclusive parameters

of community for these officers, although they were pressured to police these parameters. Rather, the right to the city was simply a right of citizenship in the city.

However, beneath the surface are larger questions of economic and spatial inequality. In D.C., a city of stark contrasts, high income disparity exists, with 16.3% families falling below the poverty line despite an average median income of \$62,000.⁷⁰⁴ Racial segregation and differential access to educational and social service resources also affect the poor in the city. These inequalities are marked into the geography of the city, and have become further carved by the spread of business improvement districts across its border. Currently, eight BIDs extensively cover the geography of the city and as detailed throughout this section, within their boundaries, urban “revitalization” strategies and police and homeless outreach collaborations are facilitated and implemented to further segregate and exclude the homeless, poor and other marginalized groups. Yet, these strategies and collaborations ultimately rest on the fact that we accept both the economic inequalities that lead to homelessness and the measures that are taken to erase their presence from the city. To this point, Waldron asks

Now one question we face as a society- a broad question of justice and social policy- is whether we are willing to tolerate an economic system in which large numbers of people are homeless. Since the answer is evidently, “Yes,” the question that remains is whether we are willing to allow those who are in this predicament to act as free agents, looking after their own needs, in public places- the only space available to them. It is a deeply frightening fact about the modern United States that those who have homes and jobs are willing to answer “yes” to the first question and “no” to the second.⁷⁰⁵

Yet, also implicated in the larger structural issues that deny homeless individuals with mental illnesses the right to full participation and use of the city are the repercussions of a

⁷⁰⁴ U.S. Bureau of Census, “Fact Sheet: District of Columbia, 2000” under “Data Finders,” <http://www.census.gov/> (accessed April 21, 2011).

⁷⁰⁵ Jeremy Waldron, “Homelessness and the Issue of Freedom,” *UCLA Law Review* 39(1991): 304.

punitive criminal justice system and a failing mental health system. In the next and final chapter, I bring together the larger arguments of this dissertation to once again ask: who has the right to the city? Who is part of the community? And how are these questions decided and subsequently enforced?

CONCLUSION

On April 4, 2011, D.C. Mayor Vincent Gray and several members of the City Council attended the groundbreaking ceremony for Center City D.C., a \$700 million dollar, mixed-use mega-project on the site of the old convention center in downtown. According to the development plan, six buildings will be built over the next three years, of which two will be for apartments, two for condominiums (which will sell for between \$750,000 to \$900,000)⁷⁰⁶ and two for offices. A public courtyard will connect all the buildings, and every ground floor of the six buildings will include space for “unique retailers,” 30% of which will include merchants with six or fewer locations throughout the United States. In total, the plan includes 458 apartments, with 92 set aside for affordable housing, 216 condominiums, 185,000 square feet of retail, 515,000 square feet of offices and four levels of underground parking, and is touted by its development team as “the largest downtown development project underway in the United States.” Gerald D. Hines, founder and chairman of the project’s developers, Hines Interest, said that the design- street-level amenities and a grid connecting the project to the surround streets- “has a scale that every citizen of Washington will understand.”⁷⁰⁷

At the groundbreaking, Mayor Gray told the crowd, “Now downtown is not only a place to be able to do your office business, not only a place to go shop, but it now is a thriving 24/7, living, breathing place to be able to live. And that is an important part of what

⁷⁰⁶ Jonathan O’Connell. “Construction begins on project at site of former D.C. convention center,” *The Washington Post*, April 4, 2011.

⁷⁰⁷ Ibid.

is going to be developed on this site.”⁷⁰⁸ As part of this “thriving 24/7, living, breathing” place, Center City D.C., according to its developers, “will enhance the civic, cultural and economic opportunities of our city and create a vital, all-encompassing community center where we all can live, work, shop, celebrate, and learn.”⁷⁰⁹

Although the property will be leased to Hines Interests for only \$500,000 a year, the city plans to collect approximately \$30 million in taxes annually, making this is an exceptionally lucrative deal for a cash-strapped- but entrepreneurial- city. However, as was asked in the last chapter, who benefits from this growth? Who is allowed to be part of the “living, breathing” city, where projects, such as Center City D.C., increasingly define its geography? And what does this type of growth mean for police officers and the homeless in Washington, D.C.? To answer these questions, I want to return to a discussion of the original ideas of intersections, contradictions and losses that I began with in Chapter One. In Chapter Two, I provided a historical review of law enforcement and mental health care in the United States, focusing specifically on the intersections of the criminal justice and mental health systems. When put in the context of neoliberalism, these intersections have not only worked towards the exclusion of homeless individuals with mental illnesses from our cities, but have increasingly severed a relationship between these individuals and the last remaining vestiges of a social safety net. Community-based outpatient mental health care is only meaningless rhetoric if services are underfunded and unavailable to individuals. In the 2012 proposed budget for the District, social services took an astounding cut, with the Department of Mental Health losing approximately \$9 million of its budget. Yet, as the

⁷⁰⁸ Ibid.

⁷⁰⁹ Website: <http://www.oldconventioncenter.com/project.php>

number of poor and homeless individuals with mental illnesses grow in this city, contracted service agencies have less capacity and less willingness to serve the most in need of their resources, and these individuals fall between the cracks. The most visible are the homeless, who become targets of disorder by the community and subsequently, the police. Informed by the broken windows trope of order-maintenance policing, police departments offer a punitive shoring up of the failings of the public safety net. Yet, the criminal justice system is just one more stop on an ever-failing institutional circuit of service agencies, shelters and hospitals that merely provide patches to the real issues of economic inequality and the retrenchment of social services and supports. In the District, as the budget of the Metropolitan Police Department has increased over the past three years, the budget of the Department of Mental Health has faced continued losses, and resources have been- and continue to be- channeled into a punitive solution to homeless individuals with mental illnesses in the District.

Throughout this dissertation, I have problematized the concept of “community,” as both a rhetorical device and politically-constituted entity, in order to expose its practical machinations. Within the context of community, the intersection at the local level between the Metropolitan Police Department and business improvement districts has also had significant ramifications for homeless residents with mental illnesses in the city. Business improvement districts and the corporate, business and elite interests they represent increasingly rely on a reworking of community that reflects their vision of a sanitized, managed and secure environment. Yet, they also redefine the concept of community to include themselves, and the outcome is a police department responsive to their interests. In

D.C., this is seen in the trickle-down of directives from command staff to patrol officers in the policing of homeless individuals, as detailed in Chapter Three.

The last intersection this dissertation tackles is the interactions between police officers and the homeless and individuals with mental illness in the new downtown of Washington, D.C. In the context of community, it is my strong belief that both are the casualties of its practical workings. Although in the United States an economic system and subsequent inequalities that create and reproduce homelessness are allowed for, the homeless face an active resistance to their presence by communities, civic leaders and corporate interests, especially in areas undergoing development and gentrification. To enforce this exclusion, police officers are called to be the advance guard of community, a role that manipulates them to the interests of the powerful and affluent in civic leaders' embrace of broken-windows theory.⁷¹⁰ As I discussed in Chapter Five, many of the officers I worked were aware of and resisted this role, relying on a legal understanding of rights to support their resistance.

Contradictions also populated my work, specifically in relation to business improvement districts. Both the DowntownDC BID and the Golden Triangle BID offer homeless outreach services and the result- moving homeless individuals into services- cannot be uncoupled from its motivation- to move the homeless out of the public and private spaces it manages. Yet, the best practices in jail diversion for the homeless and mentally ill involve relationships cultivated between police officers and homeless outreach workers employed by the BIDs. Brought together by the BIDs over issues of public space, they have become the interpersonal consequence of public-private partnerships. For MPD officers,

⁷¹⁰Gibson, *Securing the Spectacular City: The Politics of Revitalization and Homelessness in Downtown Seattle*, 270.

these relationships have been the answer to an organizational void of training and support, especially on issues of mental health, as was described in Chapter Three.

However, at the very heart of this dissertation is the contradiction of community in the context of neoliberal urban development. Despite the rhetoric of community and its connotations of inclusivity espoused by city politicians and business leaders when speaking of growth, renewal or revitalization in the District, in their hands, the city has become an exclusive space of consumption. Large-scale projects that promise a “living, breathing” city are built upon the “selective appropriation of ‘community’” to justify governmental resources and incentives,⁷¹¹ yet, high-end retail and residential offerings make this version of the city unavailable to most residents.

In these spaces of neoliberal urban development, the reality of a truly living city is lost. Large-scale revitalization projects, such as the new Center City D.C., are superficial representations of the city, built upon the promises of increased revenues and competition in the global marketplace. Gibson has explained these “one-dimensional” images of “urban vitality” as visions “in which a series of spectacular consumption environments are presented to upscale “target markets” in an environment policed to minimize unpleasant reminders of poverty and inequality.”⁷¹² However, lost in the calculations of corporate interests, city politicians, and urban planners is the idea of people- not just the middle-class suburbanites who can eat, shop and play in these managed spectacles or the affluent who can afford to live there, but the whole of the city’s residents. As one advocate succinctly put it, “They want

⁷¹¹ Peck and Tickell, “Neoliberalizing Space,” 393.

⁷¹² Gibson, *Securing the Spectacular City: The Politics of Revitalization and Homelessness in Downtown Seattle*, 272.

the city without the city.” The most unwelcome are the city’s homeless, who are not only “zoned out,”⁷¹³ but policed out, as well. As more housing and services move into Wards 7 and 8 east of the Anacostia River, the historical exclusion and segregation of the city’s poor- and poorest- black residents continues.

I argue that these are the social costs of community. When corporate interests, civic leaders and powerful individuals can co-opt the rhetoric of community to promote exclusivity and the actions of police are couched in the rhetorical sleight-of-hand of community policing, the homeless individuals with mental illnesses and the poor suffer the costs. Community is built in spite of them and without them. For people with mental illnesses, community-based care has increasingly come at a price as the availability of social supports and services diminishes in the face of privatization and decreased public funding of from social services.

There is another type of loss I must address, as well- of several police officers from patrol work whose stories, ideas and insights have contributed to this dissertation. As I completed this work over the past year, I have watched them move on, and with them, a piece of this puzzle. As they assumed new positions and lines of work, the loss of their thoughtful and progressive police work with homeless individuals with mental illnesses is especially acute because good police work is too often unrecognized, and if it is recognized at all, it is undervalued. As the police department does not account for their attrition, their loss creates a void of best practice.

⁷¹³ Ibid., 270.

Recommendations

In the midst of global, national, and local political and economic strategies that organize that city into exclusive places of consumption and communities, it is difficult to imagine solutions. When profit drives the growth of a city, it is hard to promote the idea of an inclusive “living” city that includes all residents in its imaginings. And it is just as hard to argue the need to redirect public funding into social services, when these services are desperately needed, yet not valued in the profit-driven growth of the city. More funding for services and programs that attack poverty and homelessness and provide service delivery and social supports for individuals with mental illness is, of course, ideal. But neoliberal economic policies are entrenched in the operation of cities, and it is hard to attack these at any level. However, I believe that there are ways to begin a dialogue on what constitutes a livable city for all, while working against the further exclusion of homeless individuals with mental illnesses from the city.

First, following suggestions made by Gibson we must democratize the decision-making process of city planning and separate it from corporate and business interests.⁷¹⁴ The extent to which city leaders cooperate and align with the interests of developers, businesses and city elites must be questioned, as well as the amount of economic incentives and public resources that are funneled into revitalization plans. Although funds raised through sales and property tax do contribute to the (decreasing) budget of social service and housing programs, residents must also work for a way in which urban development funding is distributed across the city. Supporting local businesses that serve poor neighborhoods and

⁷¹⁴ Ibid.

creating public facilities, such as restrooms and showers, are ways to work within the system and promote a more expansive idea of what constitutes a livable city for all.

Second, the co-option and reworking of community to promote exclusion by developers, businesses and the affluent and the cooperation of city administration in the project of exclusion must be exposed. This would take organizing against community rather than with it by interrogating the rhetorical uses and practical applications perpetrated in its name. Advocates committed to a socially justice and vital city must use the forums available to them to begin this dialogue, especially the media, whose power to influence policy is seen in the debate over mental health training for police officers. Anthropologists also have a place in this project, and the work of Brett Williams, Sabiyha Prince and Christine Elwell are examples of how collaborative research can inform public debates.

Third, in the continued devaluation of social service provision to homeless individuals with mental illnesses, we must work against exclusion by requiring solutions other than aggressive policing. A fundamental piece to this must be built upon the insights of those closest to these practices of solutions. The real value of this dissertation is in the organization of the experiences and insights by police officers and homeless individuals with mental illnesses. The social, political and economic forces that drive exclusion can be identified by these individuals, as this project has shown. In essence, my dissertation is merely a formal documentation of what is already known, and a forum must be created for the insights of police officers and the homeless. Advocacy by and with homeless individuals and people with mental illnesses exists in this city and is grounded in a strong historical

legacy of activism as Elwell has shown.⁷¹⁵ But for police officers, no such advocacy exists and strategies for their representation must be created.

Which leads me to argue that a fundamental organizational shift must be developed within the Metropolitan Police Department. The hierarchical and punitive organizational structure of MPD enables and supports a privileging of powerful, affluent and elite “communities,” and its organizational practices are reflective of these vocal “communities.” It is therefore necessary to work for accountability and transparency for MPD. There are several lines of strategies that this work can take, and it is beyond the scope of this dissertation to fully delineate them all. However, informed by this research project, I believe a key piece to this is working with its members, particularly patrol officers and sergeants, to inform policy and practice. MPD, like most departments across the United States, works on a reward structure that encourages officers to cover their ass, while discouraging innovative practices. Forty years ago, Egon Bittner wrote in *The Functions of Police in Modern Society*

We know far too little about the way police work is actually done to say with assurance that what we desire does not exist. What we know is that policemen have not written any scholarly tracts about it. We also know that presently good and bad work practices are not distinguishable, or, more precisely, are not distinguished. Worst of all, we have good reasons to suspect that if some men are possessed by and act with professional acumen, they might possibly find it wiser to keep to themselves lest they will be found to be in conflict with some departmental regulation. The pending task, therefore, has less to do with putting external resources of scholarship at the disposal of the police departments, than with discovering those good qualities of police work that already exist in the skills of individual practitioners.⁷¹⁶

I am reminded of several officers I worked with who valued working with the homeless and found ways to work outside the department, particularly with homeless

⁷¹⁵ Elwell, “From Political Protest to Bureaucratic Service: The Transformation of Homeless Advocacy in the Nation's Capital and the Eclipse of Political Discourse”.

⁷¹⁶ Bittner, *The Functions of the Police in Modern Society*.#

outreach workers. Yet, all of them felt this work was not valued. It would take a fundamental shift, but MPD must seek their input and value their insights. If officers are afraid to advocate for themselves, in fear of retaliation or punishment, then it is with the help of those outside the department that this can happen. This will take advocates who work to understand the complexity and texture to police work, beyond generalizations of police officers, while remaining critically aware of misconduct, misuse of authority, and the workings of discretionary power. Public anthropologists have a role in this project, but obstacles of access must be overcome.

Each of these recommendations is rooted in political action. A vibrant and living city is more than its economic sum, and again, I believe the task is to return to the idea of people, and not as defined by the interests of developers, urban planners, corporations or the affluent in their cultivations of community through large-scale retail, entertainment and residential development. It is to search for complexity, “detail and texture”⁷¹⁷ in the interactions of residents in this city to find where the city is living and breathing. It will also take tackling poverty, inequality and the historical legacy of racial segregation in D.C. I argue this can come, in part, through making public agencies accountable for their functions.

Ultimately, we must work against the social costs of “community” by recognizing the plurality of interests that compete for recognition, despite the privileging of the most vocal and powerful. To this end, any policy or practice that devolves responsibility to the community should be questioned, because it merely obscures the obligations of the city to its residents.

⁷¹⁷ Williams, *Upscaling Downtown: Stalled Gentrification in Washington, D.C.*

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