Phoenix's Place for the Homeless: Stories from the Maricopa County Human

Services Campus

by

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ABSTRACT

This thesis investigates how homeless men and women who use one of only six human services campuses (hscs) in the nation negotiate the stigmatization they may feel as homeless people living in Phoenix, Arizona. An hsc centralizes services to one area of the city to decrease the run around of scattered-site service delivery. It also creates a legitimized space for the homeless in the city. A place for the homeless can be a rarity in cities like Phoenix that have a history of implementing revanchist policies and neo-liberal land use planning, most notably found in its downtown revitalization efforts. During Phoenix's development as a major metropolitan area, the homeless population emerged and lived a life on the margins until the 2005 creation of the Human Services Campus. This research unearths the experiences of homeless men and women who use the HSC today. I used qualitative methods, including document review, 14 in-depth interviews with homeless men and women, 7 interviews with service providers, informal conversations with additional homeless clients, and 14 months of field observations at the HSC to collect the data presented in this thesis. The results of this research illustrate reasons why the homeless clients interviewed were sensitive to the stigmatization of their social status, and how they managed their stigmatization through relationships with homeless peers and staff on the HSC. The presence of an action plan to exit homelessness was critical to the nature of these relationships for clients, because it influenced how clients perceived their own stigmatization as a homeless person.

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DEDICATION

To the homeless women and men who use the Maricopa County Human Services

Campus, in sincere appreciation for the clients who allowed me to interview them

and share their personal experiences.

To my family, for always supporting me and all my endeavors. You taught me, by

example, the work ethic and perseverance required to complete this research

project.

ACKNOWLEDGEMENTS

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INTRODUCTION

My research question investigates how homeless men and women who utilize the Maricopa County Human Services Campus negotiate the stigmatization they may feel as homeless people in Phoenix, Arizona. In Don Mitchell's (2003) *The Right to the City: Social Justice and the Fight for Public Space,* he addresses the constant exclusion of the homeless from city life because they are perceived as threats to social and economic stability. This perception of the homeless is reinforced by quality of life laws implemented across the nation that attempt to remove the homeless from public sight, but do nothing to address the needs of the homeless or define homelessness as a social problem (Mitchell 2003, Hopper 2003). Instead, acts of the homeless are stigmatized and labeled as individual failings and character flaws (Stronge 1992, Snow and Anderson 1993, The National Coalition for the Homeless 2003, Amster 2008).

The coordinated, campus approach to delivering human services to the homeless is a relatively new idea and movement in the United States. It is the most recent strategy implemented that both removes the homeless from public sight and addresses challenges of access that homeless people face when service providers are scattered throughout the city. There are six notable campus locations in the United States: San Diego, California; Phoenix, Arizona; Miami, Florida; St. Louis, Missouri; Council Bluffs, Iowa; San Antonio, Texas, and campus construction is underway in Omaha, Nebraska. My research explores the growing trend of centralized and coordinated human services delivery by

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asking how homeless men and women who use the Maricopa County Human

Services Campus experience it. Its findings are important because the subjective

ways that homeless people experience a campus will directly impact its

utilization, and ultimately the campus' success or failure as a social support

institution.

LITERATURE REVIEW

National context: "Revanchism" and the city

The emergence of the campus approach to human services delivery reflects the historical events of American urban renewal and downtown revitalization efforts, a process leading to what has been deemed revanchism (Mitchell 2003) by urban sociologists and geographers. Revanchism is described as "a right-wing movement of 'revenge' for the presumed 'excesses' of the liberal 1960s that seeks to revive what it sees as the 'traditional values' of America (p. 164)." The 1970s national shift in political ideology commonly referred to as neoliberalism speaks to revanchism and its influence over the development of U.S. cities. While mental health hospitals across the nation were shut down in the 1970s and 1980s as a result of federal funding cuts (McCloy 2001, Phoenix South Community Mental Health Center [PSCMHC] 1983), revitalization and gentrification led to the destruction of many dilapidated single room occupancy (SROs) hotels to create space for establishments serving middle- and upper-class clientele (Schmandt 1995: 359).

Beginning in the late 1970s and accelerating during the Reagan years, cuts in federal funding limited the amount of public housing and subsidies available for the nation's poor, forcing many onto the streets (Wolch 1996, 390-425). Without mental health services and SROs to house a city's most vulnerable and 'undesirable' populations, the mentally ill and poor became homeless and were labeled as threatening populations to downtown revitalization. The notion of

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revanchism is apt to describe the sociopolitical and economic concerns surrounding downtown revitalization, and Leitner et al. (2007) describe the quintessential "neoliberal city" as one which directs all its efforts to promote capital accumulation, achieve economic success, and transform conversations about social or public services to ones of cost-benefit analysis while ignoring issues of social inequity. The neoliberal city wishes to erase any remnants of social welfare and fully embrace *laissez faire* capitalism (Smith 2007: 205).

Perhaps most pertinent to research on the homeless, residents of a neoliberal city are held responsible for the outcomes of their own lives (Leitner et al. 2007: 4). The transition from public to private services and emphasis on self-responsibility in neoliberal cities are further supported by the spatial segregation of public and private life in the city made most evident by the dichotomy created by a built Central Business District (CBD) and suburbia (Barton and Silverman 1992, Herbert 1973: 81, 99, Savage, Warde and Ward. 2003:83)). Phoenix, Arizona's history of development and redevelopment showcases the effect of adopting such a framework. Suburbanization was the focal point of Phoenix's development into a major metropolitan city (Luckingham 1989, Schmandt 1995), and this history is important to acknowledge as it helps contextualize the processes leading to the emergence of Phoenix's Human Services Campus.

Local context: Phoenix, Arizona

Phoenix, Arizona experienced major population growth beginning post World War II (Schmandt 1995: 353), and according to Schmandt (1995) "the growth…of the region [in to a major metropolitan area] coincide[d] with a period when the relevance of a downtown [was] diminishing in American cities (353)." The city experienced a boom during and after World War II as defense spending and new industries attracted workers to the area. The city grew, but development was uneven. Suburbs and new shopping centers were built outward into the surrounding desert. "Clean" industries such as electronics firms located in the suburbs, while traditional industry and its accompanying pollutants concentrated to the south of the Central Business District (CBD) near the railroad corridor (Bolin et al. 2005). The net effect was further decline of the inner city CBD, as those with the means—typically white, middle class, and upper class—left for the suburbs and corporations and service providers followed (Schmandt 1995: 353).

The decline of the city's CBD did not just reflect the national trend of suburbanization; it exceeded it. The city's embrace of the polycentric model of cities, reflected in the development of the uptown business district and massive suburban shopping centers, led all of the downtown department stores to leave the CBD by the 1960s (Luckingham 1989). By 1972, the city's downtown produced only 3 percent of "the total market share of retail sales" (Schmandt 1995: 353). *Arizona Republic* reporter Walter Meek called the center of Phoenix "a mercantile graveyard, and in many ways a slum" (quoted in Luckingham 1989, 196).

However, prior to rapid suburbanization in the 1950s, the CBD was a bustling center of commerce. Shops and department stores for whites were located north of Washington Street, while shops for Hispanics, African-Americans and other minorities were found to the south (Bernstein 1972). Numerous small hotels, brothels, bars, and gambling halls made the CBD a nighttime hotspot (Bernstein 1972). Phoenix's CBD included its skid row, and it was known as the Deuce. The origin of this name is unclear. Bernstein (1972) suggests the prevalence of gambling in the neighborhood and the fact that 2nd Avenue and 2nd Street were close to and part of the deuce, respectively. An alternative spelling for the neighborhood, "Duce," suggests that the name came from the produce markets and warehouses that filled the area until the mid 20th century (Turner 2008). Despite the relative poverty of many of its residents, the Deuce remained vibrant through the 1940s.

However, as freeways and suburbs expanded, jobs in the railroad warehouses in the Deuce and on valley farms disappeared. As suburbs and shopping centers consumed more and more land and attracted more residents and customers, the CBD lost its significance. From the late 1950s through the 1970s, SRO (Single Room Occupancy) hotels and cot houses in the Deuce provided cheap housing to many of the city's poorest residents. Services for the homeless were also concentrated in the Deuce. Bernstein (1972) notes that there were 5 missions in proximity to the Deuce, halfway houses that provided rooms for $20 per week, soup kitchens, used clothing stores, a blood bank which paid for

donations, inexpensive restaurants, and part-time employment agencies.

Inexpensive SRO motels, such as the St. James and the Jefferson, were clustered

in the Deuce. In addition to SROs, cot houses provided basic shelter. A person

could secure a cot in the Deuce for $0.50-$0.75 per night (Bernstein 1972).

The Deuce was a rough and blighted place (*Arizona Republic*, 1974). To

city leaders the solution was simple: demolish entire city blocks and insert civic

projects and office buildings that would bring in other desirable land-uses.

Demolition of the Deuce began in 1971 with the construction of Phoenix Civic

Plaza (Hermann, 2000). City leaders considered massive redevelopment projects

such as Civic Plaza an effective way to clear the blight that filled the neglected

CBD. As they created revitalization plans to attract capital to Phoenix

(Luckingham 1989), the homeless population was continuously stigmatized as

deterrents of business and pushed farther away without being given a place to be

in the city (*Arizona Republic*, 1974). By 1974 the number of semi-permanent

residents in the Deuce had decreased from 2,500 to 1,200 (*Arizona Republic*,

1974). Redevelopment destroyed 33 hotels and as many as 4,000 inexpensive

rooms in the Deuce and the surrounding CBD (Gober 2006: 96).

Successive redevelopment projects essentially cleared the CBD and the

Deuce of all homeless services by the early 1980s. Also, the warehouse district

outside downtown was shutting down one facility at a time (Savage et al. 2003:

38). As a result of the push from downtown revitalization and collapse of the

warehouse district, the homeless began migrating toward the abandoned

warehouses for shelter; this helps explain why nonprofits and service providers began locating in this area, still deemed "The Zone" by its current residents, to serve the homeless. The name "The Zone" comes from this homeless population calling it "The Twilight Zone" because of its heavy and open drug abuse, prostitution, and high crime on the streets. The concentration of the homeless in "The Zone" determined that the area was the most suitable location for nonprofits and services.

Figure 1. Map of "The Zone" bound by 19th Avenue (left of map), W. Van Buren
Street (top of map), 8th Avenue (right of map), and Buckeye (bottom of map).
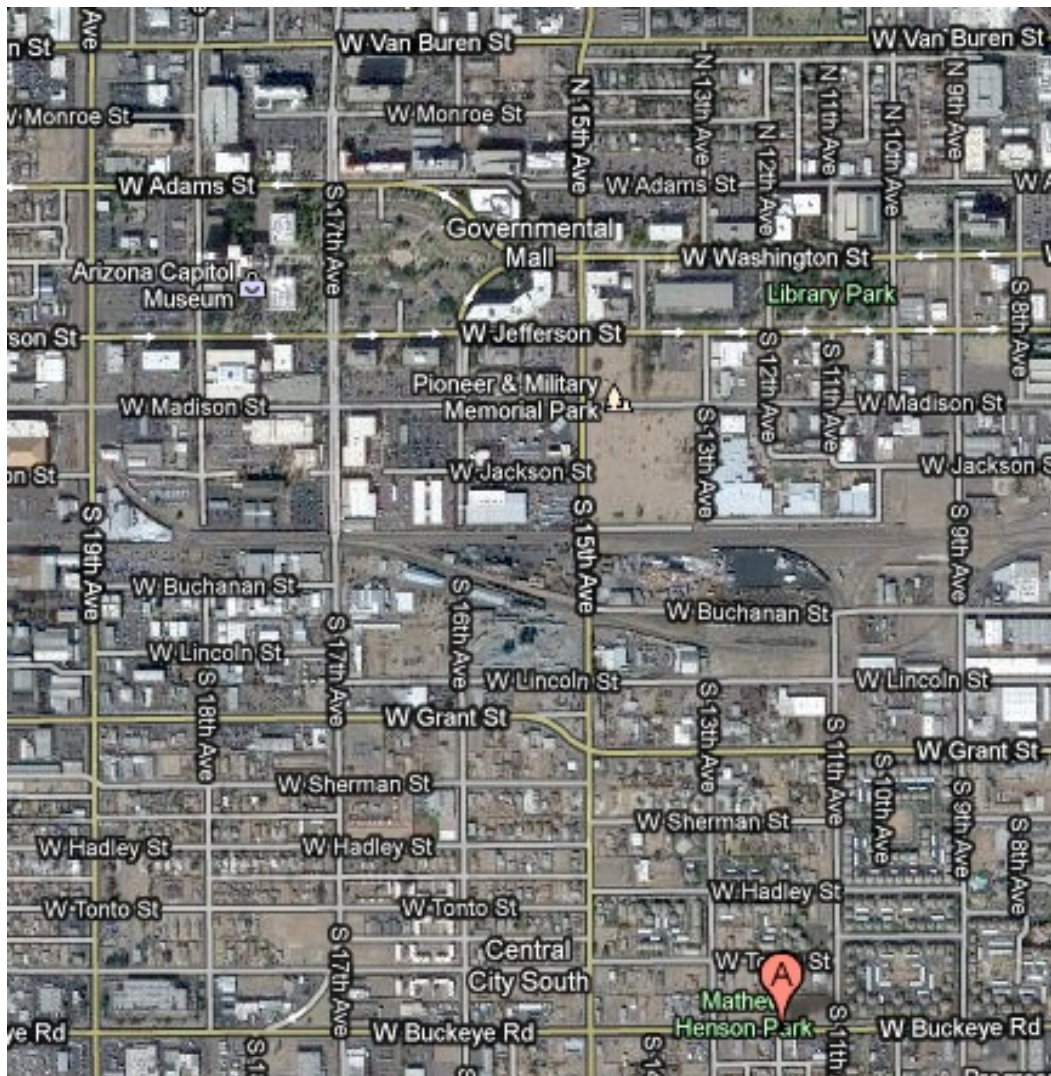
Source: Google Maps

Note: The developing CBD of downtown Phoenix is located two blocks to the
right of the area, "The Zone," shown on this map.

The Homeless of Downtown Phoenix

The early 1980s were a pivotal moment in the history of homelessness in Phoenix. A report by the Maricopa Association of Governments (MAG) describes one of the most dramatic discoveries of this period:

> During the 1982 Thanksgiving holiday, a "tent city" of adults and children living in a vacant lot on 11th Avenue in downtown Phoenix developed. Lean-to housing built with plywood, sheets of plastic and other discarded or salvaged materials flashed across the televised nightly news… Homelessness was a new phenomenon in Maricopa County (MAG 1998: 2).

In the weeks before the Thanksgiving holiday, police cleared a large group of homeless people who had been camped underneath the 7th Avenue overpass (PSCMHC 1983). Many of these people moved onto vacant lots in "The Zone." These encampments were called Fort Swappy and Reagan's Condos, respectively (PSCMHC 1983). The camps became known collectively as "Tent City," and during the cold and rainy Thanksgiving holiday their numbers swelled. Before the camps were dismantled in 1983, Tent City had a population of roughly 600 residents (PSCMHC 1983: 6).

Due to the growing homeless population in downtown Phoenix, specifically "The Zone," service providers began locating in the area in 1984. However, few organizations coordinated their services for the homeless. Instead, the homeless were left to their own devices to navigate from one nonprofit to the

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next without the guidance and often transportation the process required. Until November 2005, this process remained the same in downtown Phoenix. The campus approach to human services delivery consolidates a variety of services to the homeless in one area and minimizes the problems a decentralized system creates for the homeless. What the campus space actually provides is subject to multiple interpretations. Some believe the campus legitimizes a space for the homeless to occupy and receive help in the city (focus on assisting the homeless), while others contend the campus removes the stigmatized homeless from the sight of the general public in order to 'cleanse' the downtown and make it more conducive to middle class consumers and businesses (focus on capital accumulation). However, for this research I focus my efforts specifically on the direct lived experiences of the homeless who actually utilize the contested spaces of the human services campus in downtown Phoenix.

Today, the city of Phoenix continues its efforts to revitalize the downtown as a CBD and growing cultural area of the city with the construction of a new light rail system in 2008, museums, shopping centers, restaurants, sports arenas and other elements of gentrification. As a result, only those with money to spend are invited to use these spaces, which inevitably leads to the exclusion of the poor (Savage et al. 2003: 87-100). The most undesired in this space are the homeless, who have been continuously excluded from city space by recent and current efforts at revitalizing the central city (Gemelli 2007: 13). Table 1 shows a list of downtown development projects embodying Phoenix's revitalization efforts.

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Table 1. Downtown Phoenix Developments Since 1971 (expanded list based on the list presented in Hermann 2000).

Demolition of the Deuce begins	1971
Phoenix Civic Plaza and Symphony Hall	1972
Chase Tower	1972
First Interstate Bank, now Wells Fargo Bank	1973
Valley National Bank headquarters, now Bank One	1975
Hyatt Regency Hotel and the Adams Hotel, now the Crowne Plaza	1976
Arizona Bank, now Bank of America	1979
Heritage Square	1987
One Renaissance Square	1988
Patriots Square	1989
Herberger Theater Center	1989
Qwest Plaza	1989
Phoenix Mercado	1990
Arizona Center	1990
Viad Corporate Center	1991
New County Administration building	1992
America West Arena	1994
Burton Barr Central Library	1995
New Phoenix City Hall	1997
Arizona Science Center	1998
Bank One Ballpark	1999
New Phoenix Municipal Court building	1999
New Federal Court building	2000
Collier Center	2000
The Summit at Copper Square	2007
Sheraton Phoenix	2008
Wachovia Tower	2010
CityScape (multi-use retail and residential space)	Some sections are open while others are under construction until 2012

Mitchell (2003) states that "we are creating a world in which a whole class of people cannot be—simply because they have no place to be (171)." Also, he describes why cities like Phoenix might support a human services campus: "cities seek to use a seemingly stable, ordered urban landscape as a positive inducement to continued investment and to maintain the viability of current investment in core areas (by showing merchants, for example, that they are doing something to keep shoppers coming downtown) (2003: 177)." The downtown Human Services Campus may be a social control mechanism to show local merchants that the city wants them to thrive without the homeless impeding business. Whether the campus is deemed a place for the homeless to be or a place to put all the homeless (to remove them from the downtown) is a matter of perspective.

However, how city officials perceive city space has serious implications for how they decide to monitor it, and exchange value tends to inform their perception (Brownlow 2006: 241). The intended uses for certain city spaces also directly decide who is desirable for that space, but more importantly who is not. Phoenix, like many metropolitan cities across the United States, created and implemented "quality of life laws," which criminalize acts intrinsic to homelessness and are claimed to violate the basic human rights of this population (The National Coalition for the Homeless 2003), in order to indicate that the homeless are not desirable to the city. These laws work to further stigmatize the homeless by condemning the inevitable public acts necessary to their survival: sleeping, sitting, leaning, lying, cooking, eating and relieving oneself (Snow and

Anderson 1993, The National Coalition for the Homeless 2003, Amster 2008).

Mitchell (2003) describes these laws as criminalizing people who live their

private life in public (Amster 2008) and attribute these acts and consequently their

homelessness to flaws in character, personal choice, or personal failure (Stronge

1992, Snow and Anderson 1993) in order to mask the structural causes of

homelessness.

Most cities frame the "quality of life laws" from a public health and public

safety perspective and warn that the homeless population threatens the well being

of the greater community, is criminal, and should be feared (Hopper 2003). These

laws create a hostile environment of intolerance toward the homeless, further

stigmatize the marginalized population, further justify the need to remove them,

and do nothing to address the root causes of homelessness (Mitchell 2003, Hopper

2003). Ultimately, these local sociopolitical decisions and instantiations of

revanchism remind us of the macro-economic context in which everything occurs

in the United States: capitalism. Within this context, nothing is as permanent as

the desire for economic growth (Mitchell 2003) and the stigmatization and

removal of any deterrent.

THEORETICAL FRAMEWORK

One of the most fascinating theoretical underpinnings of this research is the relationship between the developing urban landscape of Phoenix and the homeless population who occupies it. As previously illustrated, Phoenix's CBD has undergone serious revitalizations efforts as it tries to recapture the bustling activity it once boasted before Metropolitan Phoenix adopted a suburbanization model. The suburbanization model led to a decline in the CBD and the stigmatization of the inner city as a deteriorating place that did not contribute to the economic development of the metropolitan area. As a result, the people who occupied this space were labeled 'degenerates' and stigmatized for their occupation of a space that hosted the city's social vices such as, drinking, gambling, and prostitution. The geographical dichotomy created between the CBD and suburbia was reflected further in the dichotomy drawn between the people who occupied each space in the city. The people who lived in the inner city were stigmatized, and they had to be removed if Phoenix wanted to restore a bustling CBD. There is a parallel between the treatment of the stigmatized landscape and the people who occupy it; if either is not viable to the economic future of Phoenix, then they must be removed (Brownlow 2006: 241).

Political revanchist and neoliberal practices were previously cited as tools that worked to both create and mitigate the blight of inner cities in order to make room for new economic development. However, neoliberalism is not isolated to political practice, but extends to urban land use planning practices too.

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In Philip Allmendinger's "Planning Theory," he describes how neo-liberal

planning theory has informed many planning decisions over the past thirty years

as it reflects a changing disposition among planners today (2009: 105). He

highlights that "neo-liberal thinking challenges the very notion of planning (2009:

105)", because neo-liberal planning theory relies on market forces to determine a

land's use and importance; opposed to planning with social welfare in mind. Neo-

liberal planning theory can be observed in CBD revitalization efforts of

metropolitan cities like Phoenix that bulldoze areas stigmatized as economic dead

zones while displacing the people who occupy these areas too.

A consistent theme throughout research on the homeless is the

stigmatization of the population and its exclusion from 'domesticated society' and

the housed (Snow and Anderson 1993). How we decide to assign stigma reflects a

greater theoretical process of first defining what is desirable or normal, then

labeling something or someone that falls outside that definition as deviant, and

finally assigning a stigma, a collection of undesirable attributes, that discredits

them as an individual (Goffman 1965, Link and Phelan 2001). While the behavior

is what is actually deviant, the person is labeled a deviant and stigmatized

accordingly. Stigma has the power to influence a person's sense of self and

determine the stigmatized person's interaction with others, which inevitably

affects their life chances (Wolfson 1984, Link and Phelan 2001). The homeless

are one of the most prominent examples of a stigmatized group nationally,

because they are the antithesis of our perception of individual productivity and

order. Consequently, we see homelessness as an outcome of personal failure rather than part of a process.

The inadequate and popular framework about the causes of homelessness leads the homeless population to be labeled irresponsible, and Albrecht, Walker and Levy (1982) describe that the level of irresponsibility attributed to a person or persons ultimately defines their stigmatization. It is not my goal here to revisit the extensive literature on the multiple causes of homelessness in the US. Rather, I will focus on investigating the experiences of homeless men and women in a new context for research, a human services campus. This discussion will be situated in a metropolitan city that has a history of displacing the homeless, followed by legitimizing a controlled space for the homeless to be and to access comprehensive services. Few other cities have made this transition from displacement to legitimization, which makes this case unique and its effects on the homeless important to unearth.

A discussion about homelessness should incorporate social distancing theory (Albrecht et al. 1982), because it describes how the non-stigmatized population of a city, in this case the housed, needs to distance itself from the stigmatized, the homeless. In the recent past, creating social distance from the homeless has typically entailed ostracizing them, i.e. quality of life laws. Also, according to Levin and van Laar (2004:1-17), the research on stigma was typically conducted from the perspective of the non-stigmatized until relatively recently as well. The shift to giving a voice to silenced, stigmatized populations

has contributed new theories and methods to the study of stigma, and I see an avenue to further contribute to new theory by evaluating the management of stigma among the homeless who utilize a campus approach to the delivery of human services. The space of a human services campus is an anomaly in a time defined by neo-liberal planning practices, and for this reason the connection between urban land use planning theory, stigmatization, and homelessness should be theoretically explored.

THE STUDY

My research question asks, how do the men and women who utilize the
Maricopa County Human Services Campus (HSC) negotiate the stigmatization
they may feel as homeless people in Phoenix, Arizona? As reviewed above,
literature on homelessness references the problem of stigmatization; so more
specifically, I investigate, how does having a legitimized space for services
influence the stigmatization they may feel as homeless people? Throughout the
history of the displacement, stigmatization and maltreatment of the homeless in
Phoenix, business and political leaders, as well as service providers made
decisions that affected their lives. For these reasons, my research aims to elicit the
personal stories and experiences of the homeless men and women who utilize the
HSC, because their experiences of homelessness reflect their individual struggles
to manage the stigma they may feel as a result of macro-social, -political, and
-economic processes (Amster 2008:7, Mitchell 2003:183, Snow and Anderson
1993).

Also, with the emerging coordinated campus approach to the delivery of
human services, Phoenix's homeless belong to a small population of individuals
across the nation who can describe what it's like to have a legitimized space in the
city that is there to provide them with comprehensive services. Listening to the
experiences of these homeless men and women is vital to the education of current
HSC administration and staff, public officials, and the general public about their
unique experience in using the HSC. In addition, a detailed case study of the

homeless who utilize the campus can assist efforts at developing future campuses, because it is critical to know how the homeless experience the space and services of the HSC as it matters most to its utilization. Lastly, the campus is an important place to study, because of the economic, political and social processes it encompasses that are specific to Phoenix, but speak to national trends.

THE STUDY SITE

Located on 12th and Madison Avenues in downtown Phoenix, the

Maricopa County Human Services Campus (HSC) is a 12.5-acre "collaboration

of government, non-profit and private organizations (Holstege 2010)"

created to provide holistic services to the homeless. It is completely gated

and has one entrance by car and foot. The immediate area surrounding the

campus is home to old warehouses, businesses, and empty lots, with the

railroad tracks lining the backside of the campus that is opposite of the

entrance on 12th and Madison Avenues (see Figure 2). The Capitol Mall area

and revitalized downtown border the remaining two sides of the campus.

When you enter the campus, you see a green lawn in the middle of

service buildings and a small parking lot for a maximum of 40 cars. This

parking lot is mainly for visitors, because the employees have their own

gated-parking lots located behind their respective buildings. The service

buildings range in size and appearance because they are distinct

organizations offering different types of services. If you are standing at 12th

and Madison Avenues and looking at the campus, the blue building to the

farthest left is St. Vincent de Paul and functions as a dining hall serving

breakfast and lunch. The next building to the right of St. Vincent de Paul is

the Lodestar Day Resource Center (LDRC), which hosts various nonprofits

and services within it, including Southwest Behavioral Health, Chaplaincy

services, St. Joseph the Worker Employment Services, Case Management

services, CASS Employment services, housing services, a café, the nation's first and only post office for the homeless, and art, dance, and empowerment classes too.

The next building to the right of the LDRC and tucked into the right corner of the campus grounds is CASS (Central Arizona Shelter Services), which offers approximately 400 beds for both adult men and women every night. The next building to the right of CASS is CASS Dental Care for the Homeless, and to the right of this building is the Maricopa County Healthcare for the Homeless. To the furthest right of the campus is Nova Safe Haven, which serves the severely mentally ill, and the Arid Club, where various peer support group meetings are held. The purpose of co-locating multiple service providers on a single campus reflects the effort to decrease the run around that the homeless experience when they navigate service providers scattered throughout the city. Approximately 1300 homeless men and women use the HSC daily.

Figure 2. Map of the Maricopa County Human Services Campus (HSC). See entrance to the HSC located on 12th and Madison Avenues toward the top of the map.

Source: Google Maps

RESEARCH DESIGN AND METHODOLOGY

This is a multi-level scale analysis using document review, participant observation, and cross-sectional interviews with a non-random sample of 14 homeless people and 7 officials from the Human Services Campus (HSC) in Phoenix. Participant observation included:

- Visiting the HSC to observe what the homeless do when on the campus, the services available to them, their interactions with each other, their exchanges with campus staff, and the immediate and surrounding environment of the HSC

- Three months focused solely on observing day room activities at one HSC nonprofit

- Shadowing the HSC night outreach team to investigate where the homeless stay when they are not on the campus

- Befriending a formerly homeless woman and helping her while she starts a women's group on the campus

- Engaging in conversations with whoever would talk to me

I recorded my field notes of each visit to the campus in a journal, making note of everything I saw, differences between visits, numbers of people on campus, their activities, the time of day, ambient temperatures as the summer months approached, and my general reflections on each visit.

Through participant observation, I established contacts on the campus and a familiarity with campus officials, who served as gatekeepers to more contacts,

including program managers, CEOs, Executive Directors, staff, campus

volunteers, campus security, Phoenix police officers, and homeless clients. These

contacts connected me with current staff and clients to interview, and each client

interviewed received a restaurant gift card. These gift cards were partially funded

by Arizona State's Sociology Graduate Student Association. An interview

instrument and Google generated maps of the campus and the surrounding area

were used to conduct in-depth interviews with those served by the Human

Services Campus. Each client interview was recorded during interviews that

lasted approximately one hour. Interviews usually exceeded the hour and so I

typically continued without the tape recorder, taking extensive handwritten notes.

All fourteen interviews with the homeless were conducted in April and June 2010.

As for the interviews with officials from the human services campus, they were

unrecorded, semi-structured, informal conversations conducted throughout the

field research process from October 2009 to November 2010.

I did not, at any point, make it possible for the homeless participant's

identity to be linked with the participant's tape-recorded interview. I used

numbers to identify the participants, i.e. 1,2,3….14. Names were not asked for

during the interview, and the only personal identifiers recorded were sex, age, any

obvious disabilities that influence their experience of the campus (i.e. wheel chair

use), and how long they have been on the campus. Race was not an originally

sought after personal identifier, but became one after the first four interviews

conducted in April 2010. Each respondent's race was recorded as a result of its

apparent role in shaping the first four respondents' experiences of the campus.

As for the demographics, the goal was 10-20 interviews with an equal number of men and women. After fourteen interviews with homeless men and women were completed, I decided that the interview responses had become redundant; I had reached the point of saturation. I personally transcribed all the interviews in order to spend more time with the data and grasp the most in-depth understanding of its content. Analysis of the data was an on-going process, as I identified themes and would cross check them with other clients on the campus to confirm their validity. Official data coding, thematic organization, and writing analyses took place from November 2010 to April 2011.

Lastly, the finished document will present findings on the experiences of the homeless who utilize the Phoenix HSC that include: their perceptions of the campus, how the homeless perceive and treat one another, the relationship between the homeless and campus staff, and the possible overarching stigmatization of the homeless that pervades many of these experiences, relationships, and actions on and off the campus. From these findings, I hope that the HSC leaders and staff, in Phoenix and other campuses across the nation, can gain a more in-depth understanding of the personal experiences of homeless clients who utilize a human services campus. In addition, this research may serve as the impetus to evaluate the challenges and strengths of a centralized and coordinated delivery of human services based on the first-hand experiences directly described by the clients for whose use it was intended, the homeless.

Troubled pasts: "I grew up just angered, because of all the stuff that had happened…"

One of the most salient themes throughout the interviews with the 14 homeless men and women was their vivid recollection of traumatic events in their personal histories (McNaughton 2008:14). Most recounts of trauma seemed fresh in each respondent's memory, as they were emotionally shaken when describing their experiences to me. However, on one occasion, the client's childhood memories were so traumatic that he could not provide any details about them.

> *Me: What was it like growing up there?*
>
> *Respondent: [Pause] For the most part it was okay. I don't remember too much of it, most of my childhood I don't.*
>
> *Me: Why don't you remember most of your childhood?*
>
> *Respondent: Let's just say I had a rough childhood and I'll just leave it at that.*
>
> *Me: Did you move anywhere during your childhood?*
>
> *Respondent: Mmm…I think when I was a kid we moved around a lot.*
>
> *Me: What states did you move to?*
>
> *Respondent: Again, I don't know. I just, I just, I blocked so much of it out that I don't remember any of it.*
>
> *Me: Is there a certain point at which you do remember?*
>
> *Respondent: No, because it wasn't really that good until I got to be about 16. So up to then I didn't want to remember any of it.*

The respondent's answers indicate that he does recall a terrible childhood, but sharing his experiences with me would prove too painful. Whether he has erased

these memories from his mind or pretends to is not important, it is the act of doing either that shows the presence of a severely traumatic event in his personal history. Thus, placing him in the company of all the other clients interviewed in this study.

On account of the clients' discomfort when recalling upsetting memories, I offered to stop recording their interviews a few times. One of these conversations with a 64-year-old, white male client, originally from Birmingham, Alabama, proceeded as such:

Me: How did you become homeless?

Respondent: How did I become homeless? Is myself. How I became homeless, that's when my aunt and uncle died. When they died, or got killed, my whole mind…[crying, visibly shaken, followed by silence].

Me: I can stop the tape if you like.

Respondent: No, my whole mind changed. [Trouble speaking, muffled because of crying]That's when I become [pause, then cracking voice]…I'll be okay.

Me: Okay, we can stop whenever you want to.

Respondent: I don't want to stop. Let me get myself together.

The 64-year-old client above was visibly shaken while telling me about an event that happened when he was 19 years old. This conversation illustrates how client memory recollection of distressing events floods them with emotion, even when events happened decades ago. However, his and the other client's stories are

important to share, because they perceive their past experiences to play a fundamental role in their homelessness today. In addition, the clients carry these personal histories with them on the Human Services Campus every day, and their histories inevitably influence how they approach the campus, manage relationships with staff and other clients, use or don't use services, and their ability to imagine a future beyond homelessness (McNaughton 2008: 17).

One of the youngest clients I interviewed in this study was 19-years-old. She grew up in Phoenix and spent most of her childhood in foster homes, group homes, and independent living facilities, because of a disturbing home life.

> *After my dad died, my mom had a boyfriend. This man was a rapist, beater, molester man. I was 10-years-old or 9-years-old. He came in and he started, he raped me a couple of times. And I went and told my mom, I said mom, and she was in her room that night when it happened, and I ran and told her. She was so lost and veiled up and blind with love, that she could never believe me. I went to the police, my schools, to everybody, all around trying to get help for this man to get put away and she just said, 'You ain't my daughter no more, I hate you. That's my man. I don't love you.' Told my little baby brothers that I wasn't their sister, you know all kinds of stuff. Get out of my house. I'm her baby girl in the family, and she came outside and beat me with the pole stick. Chased me to the manager's office, and went to jail and got out.*

When this client turned 18 she left her independent living facility to return back to

her mother's house, because her mother had expressed how much she loved and missed her. Once the client returned, her mother began talking about her old boyfriend and how he was going to move back in as well.

> *She [her mother] was making it seem like ok, I miss you and I love you and stuff like this, but she started talking to me about her old boyfriend. He's coming back home, and this and this. And I told her as long as I'm here he's not going to be here, because he would be trespassing the apartments. That's when she went off and started talking crazy about how much she hated me and all this stuff. Until this day she knows I'm graduating [high school], but she's still stuck on her man. To this day she still doesn't care; she don't know what she's missing. I have so much things going on with me, you know, so much things going on for me you know, and right now I feel alone because I have no mother figure. It's things that I need help with that I can't ask any and everybody because nobody understands me. Whether it's in my past, things growing up, whether it's hygiene, life skills; I don't know how to do them. I'm still learning, and responsibility, DES [Department of Economic Security], this and this; I don't know how to do none of this. I'm just trying.*

As a result of things going awry at home once again, this time the client became homeless as an adult and came to the Human Services Campus at the suggestion of a friend. She described her confusion, not just as a homeless woman, but as a young woman growing up without parental guidance. She expressed how she felt

like she had raised herself, is still trying to figure things out, and she communicates a sense of inadequacy as a young woman without a mother.

To contrast this account, I think it is important to note that many of the clients I interviewed were much older and have experienced homelessness on and off for many years and decades too. However, like the account above, many of the clients trace back their current homelessness to childhood trauma. For example, the 64-year-old, male client, quoted earlier, stated he had been homeless for over half his life. Nearly half of his life was spent institutionalized in state prisons across the country too, as was the case with a few other men I interviewed; every time they were released from prison they became homeless. In the case of the 64-year-old client, whom I will refer to as Jim from this point forward, he attributed the violent behavior that led to his prison time to an angry disposition developed while growing up with an unsettling home life.

> *Well, you see, when I was a little baby right. I used to sit there and play with a little toy, and she [his mother] never did mistreat me when my daddy was there. See my daddy was a trucker, was a truck driver I mean. So when he leaves and goes to work, she come along and just kicks me, hits me with a broom, pour water on me, something like that you know. So when I was growing up as a kid, anger started building up. So that's why I don't like to be around people. I turned myself into a loner. That is what it is. You know, I don't like to hurt people. But mostly, I don't like people try to hurt me. Ever since it happened that way, I turned into a loner. When*

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people try to approach me, it brings a picture in front of me to my mind

that is my mother who is approaching me. It brings violence in my head.

When they approach me, I usually say I don't need you here in front of me,

because I'm about ready to snap. They cannot understand why I'm doing

it, but I can't just come out and tell them why I'm that way. I just tell them

go. Leave me alone…and I don't like to fight, but if they are trying to hurt

me I would do it to them before they do it to me. I would have no fear

about killing somebody. Of course, killing somebody is just like catching

the catfish and cutting his head off. That's the way I am. I ain't no serious

killer. I don't just go out looking. I ain't that way. I ain't never ever killed

nobody yet, and I am lucky. But, I am scared about that. Something might

happen, and I will, and I am scared.

Jim's personal history has a debilitating effect on his current exit of homelessness.

He keeps himself a loner and does not access the services he needs to gain

employment or steady housing for fear that he may turn on the staff in an instant.

He also lives a life of isolation from the other clients for the same reason, so he is

denied a network of support and additional resources too. His past, like the pasts

of all the clients I interviewed, has a direct influence on his self-perception, and

most notably his sensitivity to any relationship, interaction, or experience that

would expose him to any more maltreatment.

You know having a little, baby dog, a little puppy, and you keep hitting

this dog and kicking this dog…still letting it live. And as this little dog

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grows up, just like I did, it's going to turn. It's going to bite you every time

it sees you. It's going to try to kill you every time it sees you, because it

remember when it was growing up, every time it got kicked in his ass or

getting hit with a board or with a broom. He remembers, and that's the

way my life is.

On account of reflections similar to the one above, clients expressed an extreme

sensitivity to relationships or encounters on the campus that would place them in

circumstances reminiscent of their troubled pasts. If they felt anything remotely

evocative of their childhood feelings, then it was interpreted as a direct threat to

their dignity. Many of them described a "never again" mentality in their

interviews; referring to their efforts to avoid all situations that reverted them back

to feelings they associated with traumatic childhood events. Their unsettling

personal experiences intensify perceptions of the stigmatization that accompanies

their homelessness. This is in large part due to their stigmatized homeless status

reminding them of the targeted maltreatment and disempowerment they felt as

children, which is an experience many of them they want to leave behind. The

described mitigation of stigmatization and preservation of personal dignity on the

campus is evident in Jim's words.

I did have another case manager, but me and him, I got tired of his mouth.

He said, 'Oh, you gonna do this, or you got to do that.' No, I ain't gonna

be ordered by no man, you know. I'm gonna do what I want, not what

somebody else tries to order [emphasized] me. Nah, ain't no way. Ain't no

man gonna order me to do nothing. They might ask me, but they ain't

gonna come out and say, 'You gonna do that.' Because I would pop him in

his mouth so fast, he wouldn't know what happened. I don't care if he was

my case manager or what, they ain't gonna talk to me like I'm some picky-

ass kid, because I'm a grown man. And if anybody tries to treat me like a

little kid, I will crush their mouth so hard their whole jaw will fold in.

That's just the way I am. I don't like to be ordered.

There is a symmetry between the clients and the metropolitan area of

Phoenix. Both, the clients and the metropolitan area of Phoenix are attempting to

leave their troubled pasts, for the clients it is their childhood trauma and for the

area of Phoenix it is remnants of urban blight, behind them. Phoenix's blight was

concentrated in The Zone, a space plagued by high drug use, drinking,

prostitution, crime, and illegal activity in general. It was decided that the Human

Services Campus (HSC) be located in The Zone as a result of the previously

described historical processes and an existing homeless population in need of

services. A 48-year-old male client who was homeless in the late 1980s in the

space where the HSC is now located witnessed the area's transition.

This spot wasn't here, this physical building wasn't here, these programs

set up weren't here. The old place was just a magnet for, you'd go down

the street and just see people lined up, wine bottles everywhere, people

drunk, typical; they called it skid row. The weed would just be blazing, the

heroin addicts were around here at that time, heroin addicts of all races,

you got dudes coming down in their company cars to look for dope, you

know what I mean. It's just not the area you walked into right now. The

city is different. The criminality of what was going on…,especially in this

immediate area [The Zone.] …It never ceases to amaze me that it could get

cleaned up. There are a few pockets where they just can't seem to shake it.

A lot happened with knocking out the old spots. You remove the spots; you

remove the people. It's kind of a real aggressive way to do it, but it seems

like it's the only way it was going to come out. Somebody had to see it [the

city space] as we are seeing it right now.

This client's words are eerily insightful and speak to the Neo-liberal land

use planning practices of the Phoenix metropolitan area, specifically the

revitalization efforts downtown. He witnessed the historical processes aimed at

ridding the inner city of blighted areas and the creation of a human services

campus in the very area notorious for criminal activity and transient populations.

Though this image of "The Zone"---the name of the space surrounding the Human

Services Campus---is archived in the city's past, the stigmatization of the space

lingers because it is now labeled the designated area for the homeless. He makes a

critical point here about the targeted efforts to remove certain people when cities

eradicate blighted areas. A prime example being Phoenix's downtown

revitalization projects that prompted the destruction of SROs and the

displacement of undesirable people (Schmandt 1995: 359).

There is a cyclical relationship of stigmatization between the homeless

clients and the space they occupy; the homeless are stigmatized as a group, the

Human Services Campus is stigmatized because the homeless are there, and the

homeless are further stigmatized as a result of the stigmatization of their space in

the city. This stigmatization is attributed to both the people and the space's

perceived inability to contribute to the economic viability of the city (Brownlow

2006: 241), and it's evident in one woman's search for employment.

> *But, when you write down the address and they actually find out what it is,*
>
> *there aren't too many employers who will hire a homeless person because*
>
> *they are afraid you're going to steal from' em. They automatically label*
>
> *us. Oh, she, he, must be there because they're on drugs or alcohol, or*
>
> *whatever. They don't wait to find that out from us. I actually saw*
>
> *somebody shred my application right in front of me. And I said, 'you know*
>
> *what, you could have waited until I got out of here number one, but*
>
> *number two, why did you do that? I'm not a thief, I'm not a drug addict,*
>
> *and I'm not an alcoholic. I lost my job because a company went*
>
> *bankrupt.' And there are so many of them, they label you as well, he's*
>
> *homeless, she's homeless, They don't want to hire anybody because of it.*

Here, she begins by describing how writing down the address of the Human

Services Campus deters potential employers from hiring her (Golden 1992: 65),

and then explains how she feels judged as a homeless person. This illustrates the

association between the space of the Human Services Campus and the homeless

clients who utilize it for services; both are stigmatized by their affiliation with

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homelessness. The stigmatization of homelessness is imposed on an individual client who already comes with a history that predisposes them to feeling judged and unwanted by others. All of which combine, and each client is left to his or her own devices to manage the stigma they feel as homeless individuals on the Human Services Campus.

Managing stigma through interactions: "You don't know what these people have been through, that's why I always talk to people with respect."

Throughout the interviews, clients expressed two ways they manage stigma through their interactions on campus. The first I will discuss is their interactions with other clients and the social distance they create when they do not want to be associated with certain behaviors that could exacerbate their own stigmatization as a homeless person (Snow and Anderson 1993: 215). Second, I will discuss the interactions between clients and staff on the Human Services Campus, which vary; some clients feel that they are treated unjustly, while others have a deep respect and appreciation for staff. The client to client interaction is particularly interesting to discuss because we observe how the homeless stigmatize one another as a result of feeling personally stigmatized by the rest of society.

> *Some people look at you and knock you down, or judge you, or stereotype you, or they don't know who you are, or some think they're better than you. You know, when no one is better than nobody, because any day you can lose a house, any day you can lose a car, any day you can lose a job, any day you can lose a title to your name and find yourself down here [the Human Services Campus]. Some people forget that lowering people doesn't do nothing; it just doesn't help nobody. It just doesn't help.*

Though the clients assume that they are stigmatized by the rest of society and express great disdain for this stigmatization, this does not stop many of them from committing the same act against one another. Just as Snow and Anderson

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(1993) found among the homeless population of Austin, Texas, the homeless

clients on the Human Services Campus (HSC) did their best to distinguish

themselves from other homeless people. The homeless clients on the HSC want to

explain how they are unlike the rest of the homeless population, and therefore

undeserving of the same stigmatization. Philippe Bourgois (2003) describes

similar behavior among socially and economically marginalized men in

East Harlem who sell crack on the streets to make a living. He gives the following

reason for their distancing efforts. "The oppositional identities of street culture are

both a triumphant rejection of social marginalization and a defensive—in some

cases terrorized---denial of vulnerability (158)." The following excerpt comes

from a client who demonstrates this point among the homeless of the Human

Services Campus.

> *A lot of them [the homeless] are on Social Security now. On the first of the*
> *month, shelters are just about empty because they are out drinking and*
> *drugging, and many in hotel rooms. But the third week into it, they're*
> *right back at the shelter because they don't want their own place. I'm*
> *trying to get a place. I'm trying to find money. I'm trying to get out of*
> *here…A lot of them just come and sit here all day… I think they're lazy. I*
> *think half of them can get up and are capable of working. If they have*
> *mental issues they can still find something, maybe, maybe not. But half of*
> *those people, I don't see any physical disabilities. They sit around, they do*
> *whatever, and then they complain if somebody says something about it.*

Get out of here, go do something, go walk…do something…It's simple. Go

do something. Get outta here, but some of these people won't. And it

makes me wonder what's really going on. They like living off the

government? I don't! I don't. I want to be able to work until I can start

collecting SSI (Social Security Income).

Shortly after the client gave this account explaining how different she was from

the rest of the homeless clients on the campus, she contradicted herself when I

asked her to walk me through one of her typical days on the campus.

But a typical day with me is, there are days I don't want to do nothing and

I don't. I just hang out. I'll go out there [grass lawn at the center of the

campus] and lay around for a little while just like everybody else does,

and I'll listen to them say something about me. And I say, 'hey, you do it

as well. Leave me alone.' But it is getting a little irritating, and I'm getting

agitated more and more.

It is evident that clients will judge one another for behavior that plays into a

stereotype of the homeless population, even if they partake in that same behavior

as well. Bourgois (2003) explained a similar situation, "drug dealers, addicts, and

street criminals internalize their rage and desperation. They direct their brutality

against themselves and their immediate community rather than against structural

oppressors." Though I understand Bourgois to describe the internal processes of

marginalized people in general, the homeless do not solely direct their frustrations

inward or toward each other. They also describe their frustrations with the staff on

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the Human Services Campus.

Frequently, many of the relationships described between clients and staff are infused with this element of frustration, and clients believe that staff members have no respect for them as people. Nearly identical sentiments can be found in Stephanie Golden's *The Women Outside* (1992) where she describes the strained relationship between homeless women and shelter staff. Her account and this study illustrate how the relationship between staff and homeless clients continues to be strained, whether it takes place in an isolated shelter or a human services campus. The nature of service delivery comes down to the relationship between the person providing and the person receiving services. A 39-year-old male who arrived to the campus three days earlier with his pregnant girlfriend described this tense relationship:

> *I think it's awful how the staff treats some of the people here. I don't think it's right. They disrespect them. They talk down to them, and I don't think you should do that. They're a human being just like you. You can be replaced. And the security guards are the same way. They think just because we're homeless they have to talk down to us. No. We all have feelings just like you. I mean how would you feel if you were homeless and I talked to you that way? You wouldn't like it. So just because you have a job and I don't, how does that make you any better than me?*

A 45-year-old woman using the campus for two months corroborated his sentiments when she explained how there was a stigma attached to a person's

homelessness, and that stigma says that "you're stupid, and we're going to treat you with disrespect." I asked her what she would change about the campus to make this situation better, and she responded:

I would change the type of people who work the position as far as who's to help the people, the general population, when we're in our dorms or you know, a sheltered area. Absolutely. Yeah, I would definitely find people with more respect. If you want to act like that, then go work at a prison, you know, go to the army. Do something different. Don't deal with people who are at a very vulnerable state in their life and need an extra encouragement. Do you see what I'm saying? It's just not right. It's really hard to deal with, it is, and that's where the resentment starts to build and people just go, forget it. It's not worth it, and I can see it because I'm feeling it myself.

She illustrates how the relationship between clients and staff has the power to influence a client's motivation to use services on the campus to exit homelessness. She describes the effect staff can have on a client's mental state, as she is beginning to feel unmotivated to continue her own recovery on account of working with rude staff. On the other end of the spectrum there were clients, like a 53-year-old male client originally from New York City, who acknowledged the staff's demanding role on the campus.

The people that work on the campus that want to help people, they are phenomenal. They want to be here helping people; they must be good.

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I commend them, you know, I really do. In fact, I've been in shelters in

New York and I always told myself I would never want to work in a

shelter, because people were just too hard. And I'm one of them! They are

just too hard to deal with day after day, burnt out, they'll lose it; so, they

[the staff] must really have a good self-esteem and like what they're

doing. You got to be a person who really want to help, and enjoys helping

people to last, do your job, and feel good day after day.

In addition to understanding the demanding role of staff on the Human Services Campus, some clients described their sincere appreciation for a particular staff member that treated them well. In the following excerpt from an interview on April 7, 2010, one man told me about his case manager.

[He] was just like a dad, a real dad. He treated me like I was his real son,

and I just got stuck. He put me under his wing, and he treated me like I

was a real human being. And, I am, but I was still homeless. If something

happens to [him], boy, like he dies or gets killed, I will be the same way

like when my aunt and uncle. This time, something like that happens,

suicide. I will commit suicide. So help me God, I will if something happens

to [him]. That is the god's honest truth.

These types of relationships with staff, as clients stated in their interviews, make them "feel human," because they are relationships that reaffirm their value as a person worthy of care, companionship, and dignity. I understand this to be in stark contrast to the stigmatization they feel as homeless people, which leads them

to create social distance between oneself and the rest of the homeless population they see daily (Snow and Anderson 1993). As shown in their interviews, this social distance creates the space they see necessary to be treated humanely. Thus, in an effort to balance the respect many clients say is missing from their interactions with staff, the clients judge one another to make themselves feel "better," more "human," and unique in relation to the stigmatized homeless population to which they are associated. As some client interactions with staff remain hostile and reinforce the clients' stigmatized status, the clients will continue to judge one another to break away from their own stigmatized status embodied by their homeless peers. The determining factor between a client's appreciation or disdain for staff was based on the client's perception of how the staff treated him or her. The client's perception of staff was directly informed by their memories of past interactions with family, friends, and others, because their past interactions served as comparison points for their interactions on the HSC. Therefore, any interaction that reminded them of their troubled past was automatically labeled as one to avoid on the HSC. In this context, avoiding certain interactions or staff means possibly avoiding essential services that contribute to daily survival or could lead to their exit of homelessness.

Imagining a future beyond homelessness: "I'm gonna have my own place where nobody can kick me out. It's gonna be my place."

The purpose of the Human Services Campus is to provide services and resources to the homeless in order for them to gain employment, housing, and self-sufficiency. The administration and staff will tell anyone that in order for this to happen, the client must want these things for oneself. For this reason, I think it is imperative to understand how the homeless men and women on the Human Services Campus imagine a future beyond homelessness, if in fact they do. Most of the clients I interviewed envisioned a future in which they were no longer homeless. Some viewed their exit of homelessness as a process that required their hard work and dedication. A 58-year-old mother of four describes how her exit of homelessness entails sobriety and staying clean of drugs, and how her approach to staying clean and sober is different this time.

> *No, and I haven't used. I'm clean and sober, and that's a long time for me. And this time, the difference this time is that I don't want to do it anymore. Before it was like, I'll quit for a while, but I was always thinking about it. And waiting for a minute to do it, and this time I don't want to no more. I'm done.*

Then she described how the campus support groups continue to play an integral role in her decision to remain clean and sober this time.

> *That's what I was saying, the group with [staff's name]. He's helped me a lot to get to that point, because his groups; they are really good. And the things that he has us do is what helps you, and what he teaches, and the*

tools that he offers. Like, he'll teach you how to be aware before you

relapse. He shows you examples on the board, he jokes, he's a clown, and

that makes the group interesting. You know what I mean? Because the

time goes by fast, plus you're so interest[ed] in seeing what he's got to

teach that it makes you just really want to do it and change.

As a result of her decision and staff support to remain clean and sober, she
envisions a life beyond homelessness. However, it's not just a life beyond
homelessness; it is a life considerably different than her past.

It's a new way of living. I'm finally becoming an independent woman. I'm

finally gonna be on my own. By helping me get my own apartment, that's

gonna help me to become an independent woman and not rely on a man.

I'm finally gonna do it on my own. I'm gonna have my own place where

nobody can kick me out. It's gonna be my place. The campus [Human

Services Campus], to me, is the most awesome thing…I've never seen a

place like this and I've never heard of a place like this. If they had more

places like this it would really help a lot of people, because you do change

your life. You know what I mean? It's like it introduces [you] slowly back

in to society with all the help they do.

A male client also attributes his ability to envision a future beyond homelessness
to his involvement in support groups on the Human Services Campus.

I got involved in groups on the campus and I didn't have no more time for

activities [drug use]outside. Now my life has changed from being a

*homeless, useless person to a homeless, useful person. The talent that I
always had, I knew I had it, but now I'm utilizing it. This part of my life, I
didn't expect. After all this, I'm staff [a staff member on the Human
Services Campus]. It's part time, but it's a start. I have an income now.
I'm still homeless, but when you start at the beginning you got to take it
slow.*

Others spoke about their exit of homelessness as if it were a matter of fact,
and almost disregarded their current homeless status. A 45-year-old, female client
who described her chronically homeless lifestyle, which includes her continued
use of the Human Services Campus for over 1.5 years, serves as an example.

*Yeah, so, my family is pretty nice. My mom, she's still living. She retired
and moved back to Pensacola, Florida. So she's back and forth from here
(Phoenix) to Pensacola. Yup, and her friends, she has her little travelling
buddies, so my mom is like all over the place. She's been to Europe,
France, Africa, Rome; all of those areas over there. Yeah, but she has
been out of the country. She's been to Cancun, all of the nice places. So
that's what I told her, when I get a little bit older, that's what I want to do.*

She did not mention how she would transition from a homeless person to a person
able to afford travelling on vacations, but the dream of travelling was clearly there
in her mind. There was one client interviewed who considered homelessness as a
permanent condition, and I believe it reflects his experience of a traumatic
childhood that he recalls with great clarity, his chronic homelessness throughout

his entire life, and his current homeless status at an older age. It is evident in this 64-year-old man's words that he accepts life and eventually death on the street.

> *I've been around, out and in, and now I am just making the best way I can to survive. I am 64-years-old, soon will be 65-years-old, you know. I don't ever know when that man [pointing his right index finger up toward the roof of the building) is going to call me. When he calls me, I can kiss this world goodbye. It's hard to live like I've been, but I have survived it so far. But it's the way I am. I am scared. It's hard when you get into this way. I lock myself behind this door and isolate myself….I'm gonna keep this way until he [pointing his right index finger up toward the roof of the building] call my number. And when he calls my number, I got one thing to say. 'Bye.' That's all I got to say. I hope someday I could change my life, but I don't think I never will, because my life's going to keep on being right here with me...I don't have no one but me.*

He describes how he once imagined a life beyond homelessness, but now death is the only way for him to exit homelessness. However, he was an anomaly among my interviews, and the majority of clients interviewed in this study did imagine a life beyond homelessness. More importantly, they view the Human Services Campus as a place providing the resources to help them facilitate their exit of homelessness. Just as perceptions of life beyond homelessness varied, so did client interpretations of the stigma of homelessness accordingly. The stigma of homelessness appeared less significant to the clients who envisioned a future

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beyond homelessness that would require their hard work and self-discipline. On the other hand, the clients who envisioned a future beyond homelessness but did not acknowledge the work it would take to get there and the client who accepted death as the only way to exit homelessness dwelled on the stigma of their status.

I attribute this difference among clients to a difference in plans of action. The clients who acknowledged how much work it would take to achieve their personal exit of homelessness had step-by-step plans of action, which they believed would lead to their permanent exit of homelessness. They did not dwell on the stigma of homelessness, because they did not feel it permanently labeled them; their homelessness was escapable and they knew exactly how they would escape it. However, this was not the case for clients who envisioned a future beyond homelessness but did not have a plan of action. They described future lives where they were not homeless, but they did not know how they would get there. There was a level of uncertainty about their exit of homelessness without a plan. Therefore, they were more sensitive to the stigma of homelessness because they did not know how or when they might exit it.

The man who saw death as his only means to exit homelessness experienced similar sentiments in the sense that he knew he would exit (die) one day, but did not know when. He, like the homeless who envisioned a future beyond homelessness but did not have a plan of action, found it more critical to combat his stigmatization as he did not see a clear pathway to his life beyond it. These latter clients typically had the most volatile childhood memories,

described the most strained relationships between oneself and staff, and they were

the most likely to draw differences between oneself and the rest of the homeless

client population by stigmatizing their peer's behavior. I interpret these actions as

coping mechanisms to combat the stigma of homelessness in the absence of a

clear action plan to exit it.

CONCLUSION & IMPLICATIONS

In Snow and Anderson's *Down on Their Luck (1993),* an in-depth

qualitative study of the homeless of Austin, Texas, they stated that "to be

homeless in America is not only to have fallen to the bottom of the status system;

it is also to be confronted with gnawing doubts about self-worth…(198)," and this

sentiment is just as relevant to the homeless population of Phoenix, Arizona in

2011 as it was to the homeless population of Austin, Texas in 1993. It is evident

that service delivery has changed, as we witness the transition from scattered sites

to the recent development of human services campuses that centralize services.

However, this is an effort to address the logistical concerns of a homeless

person's access to services, while there is little progress made to combat the

persistent stigmatization of the homeless in American culture.

Revanchist political practices and neoliberal land use planning in cities

like Phoenix have stunted any progress to minimize the stigmatization of

homelessness by making it nearly impossible to reframe homelessness as anything

but a personal failure (Leitner et al. 2007). Instead, these frameworks help to label

homeless people as "degenerates" who must be removed if cities desire economic

prosperity (Brownlow 2006). In addition to the stigmatization of their status, the

homeless of Phoenix, Arizona also confront the stigmatization of their designated

space in the city, the Human Services Campus (HSC). Located in "The Zone," a

place once known for its high crime and drug use, the space of the Human

Services Campus combats a history of stigmatization throughout Phoenix's

development as a major metropolitan city. More prominently, the space faces its current stigmatization as the designated place for the city's homeless. In both its past and present, the stigmatization of this space directly derives from the people who occupy that space and the behaviors and character attributed to them. In Phoenix's history these people were labeled drug users and dealers, drunks, and prostitutes, and most recently they are the homeless. Therefore, the homeless who occupy this space both contribute to the space's stigmatization and receive a further stigmatized status for being there to access services necessary to their exit of homelessness. In addition, the homeless bring their own troubled personal histories that make them sensitive to additional stigmatization as well. The homeless not only fight their own stigmatization and troubled pasts, but the stigmatization of the space of the HSC due to its association with the homeless today. With this as the context for a homeless person's experience of the HSC in Phoenix, Arizona, it becomes easier to understand why we observe their management and negotiation of stigma in every aspect of their experience.

In regard to some clients' choices to distance oneself from the rest of the homeless population on the campus, this is a strategy used by the individual to minimize the stigma they feel as a homeless person by showing how different they are from the group (Snow and Anderson 1993). I found that the clients who were most likely to draw these distinctions between oneself and the group were the clients who were not actively working on or following action plans to exit homelessness. The clients who were actively engaged in activities on the campus,

such as support groups, and who explained the work they must do in order to gain housing and employment tried not to make comparisons between them and the group. Most of the comments they made about other clients stemmed from a place of compassion and understanding of the other clients' hardships. This was a significantly different finding than found in the literature on homelessness. Snow and Anderson (1993) found that social distancing took place "among those individuals who saw themselves as on the verge of getting off the street (215)," in their population. This was not the case among the population using the HSC.

In addition to the relationships between clients, the relationships between clients and staff were also contentious. Many clients stated their frustrations with staff that disrespected them as if they were not "real people" or "human." Other clients expressed a fondness and appreciation for particular staff members or the staff in general due to the demanding nature of their line of work. Despite this difference in opinion regarding staff, all clients agree that staff should treat them with dignity and respect. The clients who described relationships with staff members who treated them as "real people" were typically the clients who expressed the most promising outlooks on exiting homelessness and did not feel the need to create social distance by stigmatizing the behaviors of their homeless peers. This is a critical point about staff and client relationships. The relationship influences a client's ability to imagine and work toward a future beyond homelessness, and it facilitates a client's ability to minimize their own feelings of stigmatization. When a client is treated with dignity and respect then their outlook

on life changes, and when a client is treated without dignity and respect then it piles on top of a history of maltreatment, the stigmatization of the space they occupy, and their current stigmatized status. All of which hinder them from envisioning and therefore creating a life beyond homelessness, which is the primary goal of the Human Services Campus.

However, I do not want to overlook the revanchist policies and neoliberal land use planning that informed Phoenix's development as a major metropolitan area. These processes directly created the context for much of the stigmatization experienced by the homeless population of Phoenix. It is important for the city of Phoenix to reflect on its history and build thoughtfully as it continues revitalization efforts of its downtown. As we have seen in this study, the decisions to revitalize the downtown have long-lasting impacts on marginalized groups and spaces in the city. It would be a disservice to the homeless using the HSC to forget the history of the space they occupy, but also to dwell on the effect of this history and deem their daily struggles permanent and unsolvable. For this reason, I think it's vital that we focus on the aspect of this situation that we can change, and that is the relationship between staff and clients. We can create relationships between clients and staff that are based on respect and dignity through innovative and effective staff trainings, supportive work environments, and evaluation. In this study, the relationship between a client and staff could make all the difference between a client's surrender to a life of homelessness or creation of an action plan to exit homelessness. This relationship most profoundly influenced the

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stigmatization clients felt as homeless people, and homeless clients were most likely to work toward their exit of homelessness when dignity and respect overshadowed their stigmatization. If the Human Services Campus strives to transition people to a housed and self-sufficient state, then it is essential that it focus on the relationships between clients and staff. This relationship shapes how homeless people experience and utilize the HSC, which ultimately determines the HSC's success as a social support institution.

FUTURE RESEARCH

As the number of human services campuses increases across the nation, it is important to study these campuses over time and compare best practices. Based on this study, I would encourage specific research on staff selection, training, and monitoring on these campuses. In addition, clients who utilize services on the campuses should be asked about their interactions with staff, and their reviews should be taken seriously and incorporated into staff trainings. As this study shows, the relationship between clients and staff is critical to the efficiency of a human services campus as a social support institution. I also want to acknowledge the need to disseminate studies on the homeless that may bring awareness to society at-large about the issues surrounding and experiences of homelessness. If the greater, social perception of homelessness changes then that may influence how clients and staff interact on a human services campus; hopefully, creating relationships in which the homeless feel dignified and respected as human beings. As we have learned from the homeless in this study, clients are motivated to develop and work toward action plans to exit homelessness when they "feel human." This would be an additional avenue for future research, investigate how social perceptions of homelessness influence how staff treat clients on a human services campus.

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APPENDIX A

ARIZONA STATE UNIVERSITY INSTITUTIONAL REVIEW BOARD

APPROVAL FORM

Office of Research Integrity and Assurance

To:	Robert Bolin
	ANTH
From:	Mark Roosa, Chair
	Soc Beh IRB
Date:	03/26/2010
Committee Action:	**Exemption Granted**
IRB Action Date:	03/26/2010
IRB Protocol #:	1003004986
Study Title:	Phoenix's Place for the Homeless: Stories from the Maricopa County Human Services Campus

The above-referenced protocol is considered exempt after review by the Institutional Review Board pursuant to Federal regulations, 45 CFR Part 46.101(b)(2) .

This part of the federal regulations requires that the information be recorded by investigators in such a manner that subjects cannot be identified, directly or through identifiers linked to the subjects. It is necessary that the information obtained not be such that if disclosed outside the research, it could reasonably place the subjects at risk of criminal or civil liability, or be damaging to the subjects' financial standing, employability, or reputation.

You should retain a copy of this letter for your records.