**History of Health Care for the Homeless**

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Benjamin Soskis

I. INTRODUCTION

The Robert Wood Johnson Foundation-Pew Memorial Trust Health Care for the Homeless (HCH) program is generally considered a classic philanthropic success story, an example of a demonstration program that within a remarkably short period of time was scaled up and funded by the federal government. As one source interviewed for this report stated, the HCH program is “still one of the Cadillac versions of how philanthropy can influence a whole field, including government.”[[1]](#footnote-1) This report will examine the precise nature of that influence, especially in relation to the broader political forces at play.

The details of the program and its claims for impact are relatively straightforward:

In December 1983, the Robert Wood Johnson Foundation (RWJF), in partnership with Pew Memorial Trusts, spurred by a recognition of how little was being done to address the health care needs of the homeless, issued a call for proposals to address the problem. This was, as one 1988 account of the program stated, “the first attempt to address [the health care needs of the homeless] on other than a local level.” The foundations asked applicants to develop means of incorporating the homeless into local outpatient health care systems in order to extend health services into local institutions best able to serve the homeless population—public and private shelters and community clinics. In order to encourage community-wide coordination, “they decided to accept only one grant application per city and to require applicant coalitions to be citywide, include both public and private agencies, and have the support of the mayor….The Request for Proposals required each local program to establish locations where care could be given on an ongoing basis to as large a population of homeless people as possible. Core service teams of physicians, nurses, and social workers were suggested.” Local programs applying were required to commit to serving a minimum of fifteen hundred persons per year.[[2]](#footnote-2)

“The underlying concept was to use health care as a ‘wedge’ into a much broader range of social, psychological, and economic problems, a concept that led to one of the program’s most important goals—‘mainstreaming’ homeless persons into entitlement programs and other social and medical services for which they are eligible.”[[3]](#footnote-3)

Ultimately, the foundations funded 19 coalitions over the course of four years, spending a total of $25 million (the RWJF funded 14 and Pew funded 5). In each city, the program took on a distinctive shape and focus: “Birmingham, Alabama had no network of care; HCHP helped create ties with local hospitals, so that the homeless could get inpatient services, and then ‘respite care,’ for discharged patients still too sick to care for themselves. In New York City, the program focused on medical care at soup kitchens. In Philadelphia and San Francisco primary medical care was a focus. In San Antonio, Texas, plans to help the homeless were behind schedule, so HCHP helped build a shelter and establish a job development center.” Over the course of the funding period, throughout the country, HCHP clinicians provided primary care services, assessments, and referrals to more than two hundred thousand homeless persons.[[4]](#footnote-4)

 In June 1987, Congress passed the Stewart B. McKinney Homeless Assistance Act, the first major piece of federal legislation to address homelessness in more than half a century. Among the seventeen assistance programs for the homeless authorized in the bill was a national Health Care for the Homeless Program, funded by the Health Resources and Service Administration’s Bureau of Primary Health Care under a revised section 340 of the Public Health Service Act. The legislation extended the HCH program to 108 cities; more were soon funded as well. This was a significant political coup; HCH “constituted the first new categorical funding for a health services program in the Reagan era.”[[5]](#footnote-5)

That the RWJF-Pew program should be granted a significant degree of causal impact in the incorporation of the program into the McKinney Act is undeniable. The debt to philanthropy, and HCH’s success as a demonstration program, was very much part of the public narrative told about the legislation at the time of its passage. The program’s leading legislative champion in Congress, Rep. Henry Waxman, acknowledged this debt on the House floor in June 1987, shortly before the bill was sent to the president for his signature:

* “This program is modeled after an extremely successful initiative funded by the Robert Wood Johnson Foundation and the Pew Memorial Trust, now underway in 19 cities throughout the country. I would expect that many of the community coalitions that are now receiving Johnson-Pew funds would also apply for and, if qualified, receive funding under this program to continue and expand their efforts.”[[6]](#footnote-6)

But there are two different ways to understand the nature of that impact: one that focuses on the specific mechanisms of transference between the foundations and Congress; and the other that focuses on the broader political context in which that transference took place.

 Understanding the relationship between these two narratives of impact—one that features philanthropy as the main causal agent and the other that emphasizes the import of broader political processes—is the main objective of this report. It will show that the incorporation of the HCH program within the McKinney Act was the result of a convergence of a well-designed demonstration project with a policy window opened by a campaign by homeless advocates begun earlier in the decade. The advocates pushed for the federal government to address the mounting crisis of homelessness and when that campaign came to fruition, the HCH program was available as a policy model. The RWJF-Pew HCH program, therefore, does not merely represent a model of a successful demonstration project, but of a particularly powerful convergence between philanthropic initiative and broader political currents.

II. METHODOLOGY

 This essay is based on twelve interviews with many of the key actors behind the incorporation of the HCH program in the McKinney Act, including RWJF and Pew officials who oversaw the program, leading members of the homeless advocacy community at the time and Congressional staffers most responsible for crafting the legislation. The relevant interviewees have authorized the publication of all the material used from interviews in this report. It is worth stressing that the events under review took place nearly three decades ago; there was considerable variance in the ability of the interviewees to recall specific events and sequences and even some spots of contention between the recollections. I have tried to resolve these myself, using secondary sources when possible, or by determining if certain recollections seemed to be outliers, but in some cases, this was not possible and so there are facts in the timeline could not be determined conclusively (this is especially the case with some of the details regarding the crafting of the various versions of what would become the McKinney Act).

I also drew on a comprehensive literature review, covering material specifically outlining the impact and origins of the HCH RWJF-Pew program as well as sources chronicling the more general advocacy campaign on behalf of the homeless in the 1980s. A full list of interviewees and sources is included in an appendix.

Finally, I made considerable use of THOMAS and Proquest Congressional, which allowed me to follow the legislative history of the McKinney Act by reading bills, legislative histories, congressional reports, and the Congressional Record.

III.THE HCH PROGRAM AS MODEL

My research confirms that the RWJF-Pew HCH program served as an innovative model in four particular ways:

 • *Conceptually*.

Several of the activists who were active in the push for the McKinney Act explained how the RWJF-Pew program helped transform their own understandings of the problem of homelessness. Fred Karnas, at the time a director of the National Coalition for the Homeless, explained that homeless advocates had tended to view the problems of homelessness as primarily stemming from a lack of an affordable home. They naturally then regarded the solution to that problem as the provision of individuals with shelter. Advocates did not fully appreciate the extent to which health issues were a major part of homelessness, and since they regarded the housing system as more “broken” than the health care system, they focused most of their attention on remedying the former and tended to ignore the latter.[[7]](#footnote-7) The RWJF-Pew HCH program helped the advocacy community broaden its push beyond the need for shelter.

 • *Policy and Politics*

The RWJF-Pew program helped transform the issue of the health care of the homeless into one amenable to a political and policy-based solution, especially at the federal level.

* “The experiences of the HCH projects demonstrated conclusively that it is indeed possible to engage the nation’s homeless population in a professional system of health care. It is useful to stress that before the existence of the HCH program, this was *not at all obvious*. The homeless, it was frequently said, were too hostile toward institutions, too suspicious and disaffiliated, too hard to locate, and too noncompliant to help very much. This, to be sure, is no doubt true of a sizeable fraction, but it is not true of them all. What the HCH program demonstrated, first and foremost, was that *something* could indeed be done to alleviate the health problems of many homeless people. What Congress has decided is that it is time to get on with the task.”[[8]](#footnote-8)

• *Institutionally*

By insisting that funding would be directed toward a single community-wide coalition, the RWJF-Pew program helped spark the construction of the key organizational infrastructure to address the health care of the homeless. The HCH program was based on a model set up by Dr. Philip Brickner at New York’s St. Vincent Hospital (RWJF-Pew tapped Brickner to administer the program nationally); but even that early effort did not have a strong city-wide coalition supporting it. A few other cities had some sort of coalition established to address the health care needs of the homeless before the RWJF-Pew program—Boston and San Francisco, particularly—but in an interview, the director of the Boston coalition made clear that the program was not a robust one and that the coalition was dramatically enlarged with additional stakeholders in order to win the HCH grant.[[9]](#footnote-9) According to a tabulation in an account of the HCH program, of the nineteen governing coalitions that emerged to administer the HCH program, 3 represented new coalitions for the homeless and 11 were new coalitions for health care for the homeless (only in 5 of 19 cities did the coalition that administered the program exist before the grant call).[[10]](#footnote-10) Case studies in *Under the Safety Net* (1990) confirm the fact that coalitions in Nashville and San Antonio formed only after the RWJF-Pew call for proposals.[[11]](#footnote-11) As Drew Altman, the RWJF official who oversaw HCH, announced when explaining the program to a congressional subcommittee, the carrot of a grant led many coalition members, who previously had been resistant to work together, to join forces for the first time.[[12]](#footnote-12)

* Dr. Jim O’Connell, who led the HCH program in Boston, mentioned another key institution fostered by the program. Before the program, no clear career path existed for doctors seeking to care for homeless and other marginalized populations—“The care of vulnerable and impoverished people was not emphasized in most academic settings, but rather was seen as a short term volunteer opportunity or brief period of charity work while pursuing a more standard clinical or research or teaching career. The RWJF grant captured the attention of medical and nursing schools in Boston and other cities, and almost thirty years later a growing number of talented and highly trained doctors and nurses have chosen this work and have been engaged with clinical and research work in many major academic teaching hospitals and have been promoted within their medical and nursing schools.”[[13]](#footnote-13)

• *Philanthropically*

* In the early days of the HCH program, the Pew Memorial Trusts had little experience in policy advocacy. According to Rebecca Rimel, who directed the HCH Program at Pew and is now its president, one reason why she began to discuss the possibility of collaborating with RWJF on the HCH program was as a means of demonstrating to the Pew board the potential impact an investment in policy advocacy could have, and as an introduction to the leveraging of foundation dollars to secure government funding as well as to the use of metrics to evaluate programs. The HCH program marked the inauguration of this kind of program investment from Pew.[[14]](#footnote-14)

IV. MECHANISMS OF IMPACT:

• As had been the case with other RWJF programs, HCH was deliberately designed to serve as a demonstration program:

* “Because the RWJF/Pew funding was limited to four years, the RFPs required each city to develop a specific plan for continuing the program after the grant ended.” It was hoped that the coalition fostered through the grant “would become a stable structure for addressing the health and related needs of the homeless beyond the four-year grant period.”[[15]](#footnote-15)
* “In some sense, these grants were conceived as seed monies, to get community-based HCH programs operational. There is a strong expectation that each project will attempt to secure continuation funding to keep itself in business once the grants expire in 1988. The likely ability of applicant cities to do this was one among several factors considered in making funding decisions.”[[16]](#footnote-16)
* Several sources pointed out the significance of insisting on the participation of the mayor’s office in the coalition as a means of securing local public funding after the termination of the RWJF-Pew program.[[17]](#footnote-17)

The RWJF also incorporated into the program a robust research and data collection element that they appreciated would help to perpetuate the program after the termination of the grant. Before the program, there was very little data available on the homeless; the RWJF-Pew program took a major step in addressing that research deficit.

* “When the RWJF funded its national Health Care for the Homeless (HCH) demonstration program in 1985, it simultaneously contracted with the Social and Demographic Research Institute (SADRI) of the University of Massachusetts to undertake a four-year program of research on the health aspects of homelessness. The intent was primarily not to evaluate the HCH demonstration program; in fact, it was obvious even at the design stage that HCH was probably not evaluable in conventional ‘impact assessment’ terms. The intent, rather, was to exploit the research opportunity provided by the existence of HCH to address a range of unanswered questions” about the homeless population.[[18]](#footnote-18)
* Given the compliance issues with the homeless population, researchers didn’t think it worthwhile to attempt to discern the net impact of HCH on the health status of homeless. “So research design was more in the nature of a monitoring program than an assessment of net program effects.”[[19]](#footnote-19)
* Every time a homeless individual had an encounter with an HCH-affiliated medical personal, a “contact form” was created which registered various personal and epidemiological data. Between the start-up of the program and its termination in March 1987, SADRI received and processed about 173,000 Contact Forms presenting contacts with nearly 60,000 distinct homeless individuals. This represented “by far the largest and most extensive data base on the homeless ever constructed.”
* According to Jim Wright, who headed the data collection effort, it also allowed RWJF-Pew to arrive at the number of homeless individuals that received medical services, a figure that could serve as “proof positive” that the fundamental premise behind the program—that it was possible to deliver primary health care services to a population of homeless people—was a sound one. Wright characterized his work for RWJF as a “massive counting operation to document the number of people receiving services,” which also “could gather some information on their background characteristics, insurance status, presenting symptomatology and diagnoses.”[[20]](#footnote-20)
* The dataset collected through the HCH program lay down the groundwork for many of the subsequent programs targeted toward the homeless. As a report in the 1997 RWJF Anthology stated: “evaluation of the Health Care for the Homeless Program led to the first large multicity dataset on the characteristics of homeless people and their health care needs. This study, along with others conducted at the time, helped establish the fact that young families—consisting mostly of single women with two to three children—made up a significant segment, and the fastest-growing one, of the homeless population. These studies also documented that members of homeless families were experiencing significant health problems, depression, and developmental delays….Finally, data from the Health Care for the Homeless Program supported the contention of many researchers that a significant number of these children were at risk for long-term, if not permanent, developmental delay.” This data helped encourage the development of a subsequent RWJF program (and governmental partnership), The Homeless Family Program.[[21]](#footnote-21)

CONGRESS AS DEMONSTRATION TARGET:

At the program’s inception, securing Congressional funding would have represented an extremely ambitious objective. There was, after all, little momentum in Congress for the cause; homelessness was generally treated as a local issue (see below) and the Reagan Administration was generally hostile to the expansion of any federal social welfare program.

Even within RWJF itself there was initially some resistance to taking on the problem of homelessness, since it was considered outside of the foundation’s main funding priority: health care. Only when the foundation targeted the health care of the homeless did the program gain momentum. Even at that early point, however, extending the program to a federal level was not necessarily an overt policy aim.[[22]](#footnote-22)

The New York physician who directed the national program for RWJF-Pew reported that when the program was initiated, “I had no idea that it would lead to federal legislation.” In fact, even as the program developed, some of the local coalition heads remained unaware that gaining Congressional support had become a priority. In a recollection of the program, the leader of the Boston coalition recalled that those working in the coalition still assumed that the crisis level of homelessness was a temporary phenomenon and that the care of the homeless population would become part of the mainstream health care system, and so the HCH program would likely not be necessary long after the termination of the RWJF-Pew grant.[[23]](#footnote-23)

Unofficially, however, the possibility that HCH could function as a demonstration project, aimed at the federal government, clearly enticed some researchers and foundation staff. Jim Wright, the SADRI researcher who was put in charge of conducting the program evaluation, recalls that the possibility that the program might shame Congress into addressing the health care needs of the homeless was a major internal topic of discussion among RWJF staffers.[[24]](#footnote-24) Pew’s Rebecca Rimel described the aim of having the federal government fund and extend the program as an “aspirational” one, and one that she did not initially think at the program’s inception was especially realistic. She felt much more confident that cities and states would pick up the cost to fund subsequent HCH programs.[[25]](#footnote-25)

• Additionally, RWJF-Pew leaders took early steps to promote HCH to Congress.

* Altman used the composition of the HCH National Advisory Committee to establish conduits between the foundation and Congress. He selected Andy Schneider, a staffer from the subcommittee on Health and the Environment of the House Energy and Commerce Committee, headed by Henry Waxman (which would oversee any health care legislation in the House), on the Advisory Committee. One of the primary aims of the HCH program was to connect homeless individuals with public benefits that they were entitled to but often did not claim. Altman hoped that Schneider, one the nation’s leading experts on Medicaid and Social Security, could assist with that effort. But Altman also appreciated that Schneider could “serve as a voice for the program and the [homeless] population in Congress.”[[26]](#footnote-26)
* In an interview, Schneider acknowledged that this proved an effective strategy. Although he thought members of Congress would have been aware of the program even without his service on the Committee, he did think it provided him with an understanding of the technical details of the HCH program’s design, which he was able to bring into the staff- and Member discussions that produced the McKinney Act.[[27]](#footnote-27)
* Altman also appointed several mayors of major cities—Milwaukee, Seattle, Salt Lake City and Philadelphia—to the advisory committee, and the US Conference of Mayors co-sponsored the program, lending it an important political imprimatur. The US Conference of Mayors played an important role in pushing for federal legislation to address the problem of homelessness.[[28]](#footnote-28)
	+ I have not been able to identify specific instances in which the Conference of Mayors promoted the HCH program to Congress, but it seems highly probable that their association with HCH helped to legitimate it to policy makers.
* Even in the absence of RWJF-Pew public lobbying for Congress to take up the program, foundation officials did promote the program to Congress:
	+ On March 7, 1985 Drew Altman spoke at a hearing before the House Subcommittee on Housing and Community Development of the Committee on Banking, Finance and Urban Affairs, in which he detailed the program to the subcommittee and celebrated its early accomplishments. He admitted that the HCH program represented a “drop in the bucket” compared to the needs of the homeless. “The resources available from private philanthropy and from religious groups, and so on, pale in comparison to what is necessary to do the job.” Only the federal government had those resources. At this point, however, he did not explicitly suggest funding a federal HCH program; he only pushed for Congress to invest in a few nonprofits or public organizations with established track records of serving the homeless in a handful of key cities, without specifying what those might be. Still, the committee members attending learned about the HCH program in the context of Altman’s request for federal funding to address the needs of the homeless population.[[29]](#footnote-29)
	+ On December 15, 1986, Henry Waxman, chair of the subcommittee on Health and the Environment, held a hearing on how the government might address the health care of the homeless at which the RWJF program was discussed in considerable detail. At this time, several legislative proposals were making their way through Congress to address the crisis of homelessness that contained healthcare provisions. No representative from RWJF-Pew was present at this hearing, but several of the directors of the coalitions receiving RWJF-Pew funds spoke, each praising the foundations for taking a risk and funding the program.[[30]](#footnote-30)
* Dr. Jim O’Connell, director of Boston’s HCH program, reported that Sen. Ted Kennedy was extremely interested in it and visited on several occasions. It is likely that other sites funded by RWJF-Pew attracted the notice and even the appreciation of local congressmen; the fact that the program was rooted in cities diffused throughout the country helped to spread its political support.[[31]](#footnote-31)

VI. POLITICAL CONTEXT

If the National Advisory Committee constituted the main mechanism for promoting the HCH program to Congress, this narrative does not present a complete picture of the impact of RWJF-Pew in securing the incorporation of HCH within the McKinney Act. We must also consider the political climate at the time.

 The McKinney Act was the result of a half-decade campaign of political advocacy for the homeless; in a sense, the RWJF-Pew HCH program got swept up in the momentum generated by that political pressure, and at least one of the advocates who I interviewed seemed to discount the relative significance of the RWJF-Pew program and suggest that the advocacy effort deserved the vast majority of the credit for the programs passed in the McKinney Act.[[32]](#footnote-32)

 • The pressure was predicated on a sense of a mounting, national *crisis* of homelessness in the late ‘70s and ‘80s. Before that period, the homeless had been a relatively small, and largely white, population restricted to the “skid row” districts of major cities. But in the late ‘70s, the population grew significantly and its composition changed: more young men of color, and also more homeless families. It also grew more visible to the general public.

 • There was considerable controversy over the exact number of homeless that defined this crisis—estimates ranged from 300,000 to 2.2 million—but a general consensus reigned that there had been a sharp uptick and that the numbers were not receding even after the economy recovered, in the mid-80s, from recession. There was also a growing sense that homelessness could no longer be considered an exclusively urban-coastal (NYC and San Francisco) problem; homeless populations were growing in cities throughout the nation, a point made forcefully by the US Conference of Mayors.[[33]](#footnote-33)

• This sense of crisis led to the establishment of a number of advocacy groups, based mainly in DC and NYC, that pushed for local and state government to address the problem of homelessness, and eventually, to conceptualize homelessness as a *national* problem to be engaged by the federal government.

* In late 70s, the Community for Creative Nonviolence (CFCN), led by Mitch Snyder, embarked on a creative protest campaign to bring the condition of the homeless to the public’s attention. In November 1978, CFCN occupied the National’s Visitors Center in Washington DC; Snyder and others also began public fasts to advocate for various measures and to call for public action to address the crisis. The protests drew considerable press attention, helping to turn homelessness into a national issue.[[34]](#footnote-34)
* Congress held hearings on homelessness in 1982 and 1984.
* In 1983, the National Coalition for the Homeless was established, which became the leading advocacy group on the issue. The NCH was especially important in pushing to gain an understanding of homelessness as a national problem. This required a key conceptual shift; many political leaders, and especially Republicans, insisted that homelessness was a local problem, to be addressed by local government. When the federal government did intervene, it largely engaged homelessness as a natural disaster; the Reagan Administration, for instance, initially directed funding to FEMA to address the issue.[[35]](#footnote-35)
* By 1985, NCH began a push for a federal legislative response to homelessness. At this time, a number of Democrats in Congress, including Henry Waxman and Rep. Mickey Leland (TX), began to champion the issue. This effort included a focus on the health care of the homeless.[[36]](#footnote-36)
	+ In May 1985, Waxman introduced a bill in the House that directed the Secretary of Health and Human Services to arrange with the National Academy of Sciences for an Institute of Medicine study of the delivery of inpatient and outpatient health care services to homeless people. The bill was signed into law in October; it ultimately produced a 1988 report, *Homelessness, Health and Human Needs*.[[37]](#footnote-37) It is not clear whether Waxman’s interest in health care for the homeless at this early date—less than half a year after the start of the HCH program—was triggered by the RWJF-Pew program; I could find no mention of the program by Waxman in the Congressional Record during deliberations over the bill. But it is possible that a familiarity with the RWJF-Pew program, perhaps with information provided by Andy Schneider, lead him to seek more research on the issue. It is also possible that Waxman was influenced by the emergence of a RWJF-Pew funded HCH coalition in Los Angeles. Also, Waxman introduced the bill two months after Altman made his presentation to the House subcommittee (discussed above); it is possible that the presentation also sparked the Waxman bill, though I have not found any clear connection between the two events and Waxman was not in attendance at the Housing and Community Development subcommittee hearing.
* In early 1986, the CCNV and the NCH began to draft a “legislative blueprint which outlined steps that needed to be taken at the federal level to address homelessness.” The legislative proposal they drafted, called the “Homeless Persons’ Survival Act,” (HPSA) had three main sections: those dedicated to emergency relief, to preventative measures, and to long-term solutions (federally subsidized low-income housing, most notably).[[38]](#footnote-38)
* Initially, the advocates had difficulty finding legislative sponsors. In several cases, Democratic staffers dismissed them by claiming that homelessness was not a “legitimate” legislative issue. At the time, many Democrats were reluctant to support any social welfare legislation that they did not think had a chance to survive Reagan’s veto. And many Congressmen simply did not assign staffers to the issue.[[39]](#footnote-39)
* According to David Bley, who served as a staffer for a progressive representative from Seattle, Mike Lowry, the congressman was the first to assist the homeless advocates in crafting a bill. As he recalls, “Mitch Snyder and his team sent a letter to each member of congress saying, ‘Would you like to learn more about homelessness and help us solve these problems?’ and I apparently was the only one who responded. It was as simple as that. He needed a champion on Capitol Hill who was willing to take some risks and put their personal energy behind it—my congressman.” Bley reports that Lowry took an active role in convincing the House leadership to champion a bill to address homelessness.[[40]](#footnote-40)
	+ As Bley explains the “convergence” of factors that led to the incorporation of the HCH program in the McKinney Act, it involved “highly creative advocates who were very energetic, a research base from the foundation world, a highly knowledgeably guy in Andy Schneider, and a risk taker in my boss [Rep. Lowry] that went to the speaker and said let’s do something.”[[41]](#footnote-41)
* After much lobbying, the homeless advocates managed to find sponsors in both the House and Senate, and in June 1986 the bill was introduced in both Houses (61 sponsors in the House, 2 in the Senate), both in *toto* and in pieces (omnibus fashion), in order to maximize the chance to pass at least parts of it. In fact, at the end of the year, some pieces were passed, including the removal of permanent address requirements that prevented the homeless from receiving some federal benefits.[[42]](#footnote-42)
	+ This bill [HR 5140 in the House; S 2608 in the Senate] contained a section authorizing the Secretary of Health to make grants for the health care of the homeless, which clearly bore the mark of the RWJF-Pew program and replicated its basic outlines and objectives, in that it was targeted to outpatient health care, specified the provision of case management services, and (in the case of the House bill) required recipients to aid the homeless in establishing eligibility for entitlements. The bill authorized an appropriation of $140 million toward the HCH program.[[43]](#footnote-43)
		- This is an important fact to consider in the pathway from a philanthropic demonstration program to a federally funded one: the pathway seemed to have been first laid down by the broader homeless advocacy community, which did not have any formal relationships with RWJF or Pew.
	+ In some accounts of the impact of the RWJF-Pew HCH program, sources have suggested that the RWJF-Pew call for proposals was lifted nearly whole-cloth into the bill and used as legislative text for the McKinney Act.[[44]](#footnote-44) My examination of the two documents shows a basic, but by no means absolute, correspondence (I have attached a copy of the CFP to this report). I suspect this is something of a philanthropic urban myth, stemming from an appreciation of the persuasiveness of RWJF-Pew’s model program.

• At this point, the advocates made a key strategic decision. Previously, they had adopted a two-pronged approach in which emergency measures and permanent fixes sought concurrently. But the advocates (and especially Mitch Snyder, the head of the CCNV; a leading figure with the NCH, Maria Foscarinis initially disapproved of the move) decided to focus their effort entirely on emergency assistance, seeking to pass only the first section of the Homeless Persons’ Survival Act, with a request for $500 million in aid for the coming winter.[[45]](#footnote-45)

* This strategy was meant to appeal to the public’s desire to address homelessness as a problem amenable to such “emergency” fixes. It allowed the bill to attract bipartisan support, and helped to guarantee prompt attention, but it also pushed aside considerations of addressing the longer-term, structural causes behind homelessness. As Maria Foscarinis commented in a 1993 essay, “We adapted our approach to the prevailing system of political expediency.”[[46]](#footnote-46)
* The Health Care for the Homeless program fit into this category of an emergency response. There is evidence that RWJF officials understood the program’s potential political appeal in these terms. When RWJF’s Drew Altman presented the program to a congressional subcommittee in March 1985, he seemed to introduce HCH in this way. Only the federal government had the resources to tackle the problem, he suggested, but the issue had been mired in a polarizing debate about the causes of homelessness. Relieving the immediate needs of the homeless—and particularly their medical needs—could be a way “beyond partisan debate of who is at fault.” Altman urged Congress to aim for consensus around the provision of the basic needs of the homeless, while setting aside debate over more permanent and costly solutions.[[47]](#footnote-47)
	+ Yet it should also be noted that the HCH program doesn’t fit entirely into such a “crisis model.” A large focus was placed on securing entitlements to the homeless, benefits that suggest a permanent role for the federal and state government in addressing the needs of the population.
* In crafting a more specific bill, the advocates received assistance from Lowry staffer David Bley. As Bley recalls, the bill was made up of a variety of different ideas from many legislators. Yet there was a very thin research base on which to write legislation and so he had to rely on what he knew himself of the homeless issue and on what the advocates could highlight for him; drafting it, he recalls, required a leap of faith. HCH was one of the best-formed interventions toward homelessness at the time, though Bley had only a “shallow” knowledge of it. He reached out to Andy Schneider (he did not know any officials from RWJF itself) and asked for more details and to make sure that it made sense for him to use it as a model of one provision of his bill.[[48]](#footnote-48)
* The smaller bill, significantly modified from the original HPSA version, became the Urgent Relief for the Homeless Bill, which the advocates were able to rally support around during the holiday season. The CCNV held protests throughout December and January to focus attention on the issue and on the legislative measure; Mitch Snyder and some fellow activists set up camp on a heat grate outside the Capitol and vowed they would not move until Congress passed the bill.[[49]](#footnote-49)
* By the start of the session in 1987, the time was ripe for action, and the issue moved to the political front burner.
	+ A *New York Times* article from February, titled “The Homeless Become an Issue,” noted this salience. “A new issue has captured the attention of Congress, one that has been around a long time. It is that of the homeless,” it began and cited, besides the campaign by the homeless advocates, the strong personal commitment to the cause of the new Democratic Speaker of the House, Jim Wright of Texas, as well as the fact that in the recent election, Democrats had won control of the Senate, and that there was increased momentum more generally for the Democrat’s domestic agenda.[[50]](#footnote-50)
	+ The issue of health care for the homeless attracted increased publicity at this time, in part through Comic Relief, an entertainment series in which several comedy events, featuring noted comics (Whoopi Goldberg, Billy Crystal, etc.), and aired live on HBO, were held to raise money for the HCH program (RWJF-Pew administered the funds). The first such performance took place in March 1986. Within five months, more than $2.5 million was raised for the HCH program. The next year’s Comic Relief brought in another $2.3 million.[[51]](#footnote-51)
* More generally, the issue of homelessness had, by that time, generated bipartisan support. By the mid 1980s, the National Alliance to End Homelessness, led by Susan Baker, the wife of White House chief of staff James Baker, had emerged as a Republic alternative to the CCNV.[[52]](#footnote-52) The Urgent Relief bill also attracted support from some key Republicans in Congress, including six GOP cosponsors (CT Rep. Stewart McKinney and Sen. John Chafee among others).[[53]](#footnote-53)

• On one of the first days of the new legislative term, January 8, 1987, the Urgent Relief of the Homeless Act was introduced into the House [100 H.R. 558]. Speaker of the House Jim Wright pledged to make a “fast-track” commitment to the bill.[[54]](#footnote-54)

* At this point, the committee system took over and the individual committees with legislative authority rewrote most of the provisions (with the bill in omnibus form), including the one that addressed the health care needs of the homeless. In the Subcommittee on Health and the Environment, Andy Schneider took the staff lead in redrafting the provision, using his own knowledge of the program to do so.[[55]](#footnote-55)
	+ There were significant revisions made to the original HCH section of the Homeless Persons’ Survival Act, assumably by staffers Bley and Schneider; the program does not seem to have been radically altered, but its legislative standing was given more precision, through its incorporation into the Public Health Service Act.
	+ The bill authorized an appropriation of $20 million for the HCH program as well as a program for mental health services for the homeless in FY87. The HCH section was structured by amending the Public Health Service Act by adding health care for the homeless centers to the other health centers funded by the act.[[56]](#footnote-56)
	+ During this period, the HCH program had a strong legislative champion in Henry Waxman, the chair of the subcommittee on Health and the Environment.
		- Pew’s Rimel suggested the possibility that Waxman might have been familiar with the RWJF-Pew HCH program because he was interested in some of Pew’s other programs at the time, including its Scholars Program in the Biomedical Science.[[57]](#footnote-57)
		- Schneider recalls that he only had to fill in for Waxman some of the technical details of the RWJF-Pew program, but that he was aware of its basic outline already; this would make sense based on the interest Waxman had shown earlier in the issue and the fact that Los Angeles was the site of a RWJF-Pew funded HCH coalition.[[58]](#footnote-58)
* The Senate began considering a similar bill in March (Senate minority leader Bob Dole was a co-sponsor).[[59]](#footnote-59)
* The bill passed the House in early March and the Senate later that month, and had its name changed to the Stewart B. McKinney Homeless Assistance Act, after a supporter of the bill who had died in May.
* After a conference, the final bill cleared both houses in June, an extremely rapid legislative journey, fueled by a desire to get a bill passed in time for the winter season. The final bill authorized an appropriation of $50 million for the HCH program in 1987 and $30 million in 1988.[[60]](#footnote-60)
* President Reagan signed the McKinney Act into law on July 22, 1987. Its fate was never really in doubt. Although Reagan had signaled his opposition to the legislation, he had never threatened a veto and the bill’s bi-partisan support probably gave it enough to cover. He did, however, sign it at night, to make clear his “reluctance” in approving the bill.[[61]](#footnote-61)

This is the broader story of the incorporation of the HCH program into the McKinney Act. A frequent theme in the narrative of the program’s migration into federal policy, echoed by many of those who were involved in the process, was the broader political context exerting the determinant force. Variants of the statement “the time was right” appeared in several of the testimonials from those I interviewed. That claim would seem to diminish the causal agency of the RWF-Pew program itself in securing federal funding for the HCH program. Yet determining what sort of philanthropic program “fits” the times is in itself a difficult challenge, and a significant achievement, for funders. Pew’s Rimel, for instance, held out the HCH program as an example of a project that engaged an issue that was “ripe,” but not “over-ripe” (i.e, crowded with funders), and regarded it as a model for future program investment.[[62]](#footnote-62)

 Additionally, focusing on the broader political context in which the HCH program and the McKinney Act developed can run the risk of obscuring the role that the RWJF-Pew HCH program itself played in securing that ripeness. It is true that philanthropy did not open the political window, but once opened, philanthropy was well prepared to make the most of the opportunity. RWJF-Pew were not just passive beneficiaries of political good fortune, but, in at least one respect, were facilitators as well:

 - According to Jim Wright, one of the researchers who was leading up the data collection project on HCH that RWJF had commissioned, in the summer of 1986, a RWJF official contacted him and told him there seemed to be some interest in Congress in the HCH program and asked him to provide data on it. He responded that the program was supposed to last three years and that he had not planned to have presentable data ready until its completion; the data set was a dynamic one that he and his colleagues were continually adding to. But the official persisted, stressing that a policy window was opening, that the RWJF had to act to take advantage of it, and that he should begin his analysis based on the data he had collected already. For the next several months, Wright and his colleagues fielded calls from Congressional staffers putting together the bill, requesting data on the results of the HCH program and on the characteristics of the homeless population more generally. Wright recalls receiving countless queries; one staffer, for instance, asked him to estimate the percentage of homeless individuals who were already covered under Medicaid (there was a field on the contact form that recorded whether the patient was a Medicaid recipient or not). When Wright came back with the results that he tabulated, they ended up being significantly higher than what the staffer had initially estimated, meaning that he could report that the bill would cost considerably less than they had assumed, since many costs were already being borne by Medicaid.[[63]](#footnote-63)

 In fact, Wright reports that the covering memo accompanying the McKinney Act when it reached Reagan for signature borrowed significantly from the report he had submitted to RWJF based on the data he and his team collected. This fact was passed on to Wright by a RWJF staffer with a note declaring, “I think we’ve won.”[[64]](#footnote-64)

VII. After Passage

 A strong case can be made that the McKinney Act did indeed represent a tremendous victory for RWJF-Pew as well as for the homeless advocacy community more generally.

* The Act significantly expanded the HCH program across the nation; by 2009, there were 208 HCH projects nationally.[[65]](#footnote-65)
* The health care of the homeless became, undeniably, a *national* issue, to be addressed by federal policy. The RWJF-Pew program had a large hand in securing this transformation. “In the space of a few months, federal aid went from small, unauthorized, *ad hoc* sums distributed to shelters and soup kitchens to an express, multi-faceted comprehensive package of emergency aid.” Federal spending on the homeless increased tenfold through the act’s passage.[[66]](#footnote-66)

But in several respects, the policy success represented by the passage of the McKinney Act was neither absolute nor complete.

* It might have marked a lost opportunity. The mid-late ‘80s witnessed an unprecedented public focus on the crisis of homelessness and might have provided an opportunity to push Congress to pass more structural reforms. Maria Foscarinis, one of the main NCH lobbyists who pushed for the McKinney Act, raised this possibility in a 1993 law review article. “Making the argument that homelessness was an urgent crisis permitted us to press Congress to act quickly. Arguing that providing the necessities of survival was morally required allowed us to garner the large bi-partisan majorities we needed to get the McKinney Act signed by President Reagan. But the strategy dictated that the solutions provided would be emergency ones. The price of moral consensus may have been the creation of a new lowest common denominator, a lowering of what is the minimum acceptable standard to meet basic needs: shelters and soup kitchens.”[[67]](#footnote-67)
	+ According to Foscarinis, there was no consensus among the advocate community about what to do after addressing the emergency needs of the homeless. They were, she suggests, paralyzed by a sort of “stasis” after the passage of the McKinney Act and the institutionalization of the “homeless lobby.” And although she acknowledges that the strategic focus on emergency needs made sense at the time, given the political climate, she also implicitly suggests that a firmer push for more structural reforms might also have born fruit.[[68]](#footnote-68)
* The success of the federal HCH program depended on a consistent stream of funding. Guaranteeing this funding has required continual pressure from advocates and according to Jim Wright, who has testified to Congress on its behalf on several occasions, the resistance to the program from Republicans became significantly more intense in the subsequent years.
	+ Wright thought this opposition stemmed not merely from a concern over costs but also from a sense that the crisis of homelessness had been “solved” through the passage of the McKinney Act.[[69]](#footnote-69)
	+ This battle over funding has been an issue with homeless programs more generally. As the National Coalition for the Homeless reported in 2006, “Congress authorized just over $1 billion in expenditures for McKinney Act programs for 1987 and 1988; however, a total $712 million was appropriated for those years. In subsequent years, overall funding levels increased from $350.2 million in FY87 to the all-time high of $1.49 billion in FY95. Recently, however, support for McKinney-Vento Acts programs has declined. The share of the US budget allocated to Homeless Assistance Grants has decreased by 8% over the past four years, and by 28% since 1995, when the homeless plans were consolidated…In FY94, the Interagency Council on the Homeless Lost its funding and was made part of the White House’s Domestic Policy Council. In FY95, funding for the Job Training for the Homeless program was terminated. In FY96, funding for McKinney-Vento programs was cut by a total of 27%.”[[70]](#footnote-70)
	+ Appropriations for HCH were made through the Health Resources and Services Administration (HRSA), which administered the various health centers, but the funds were not earmarked specifically for HCH centers until 1996 (see below). In FY 1987, $46 million was appropriated for HRSA; in 1988, $14.3 million, in 1989 $14.8 million, in 1990, $35.6 million, in 1991, $50.9 million, in 1992, $55.9 million.[[71]](#footnote-71)
* Several of the advocates and congressional staffers with whom I spoke mentioned legislative changes to the funding mechanism supporting the federal HCH program as being just as significant as the initial passage of the McKinney Act in promoting and sustaining HCH nation-wide.
* The first major funding change to the program occurred in 1989 through the establishment of Federally Qualified Health Centers (FQHC) through the Omnibus Budget Reconciliation Act (introduced in the House by Henry Waxman). “The creating legislation was calculated to address concerns that health centers were using federal grant funds intended to support health care for the uninsured to subsidize treatment for Medicaid patients instead, due to state Medicaid payment rates being insufficient to cover cost of care. The FQHC program established preferential ‘cost based’ reimbursement for FQHCs under both Medicaid and Medicare,” thereby freeing up more funds for the care of the uninsured.[[72]](#footnote-72) Community Health Centers, Migrant Health Centers, Health Care for the Homeless Centers, and Public Housing Primary Care Programs were all qualified for federal grants under the program.
	+ Schneider helped to draft the section of the Act that dealt with the health center programs and told me that the expertise he gained on the HCH National Advisory Committee assisted him in this regard. The Act gave HCH centers several exemptions from requirements applied to other FQHCs, including those which required FQHCs to have boards the majority of which were comprised of individuals using the health service, and requirements that FQHCs be placed in medically licensed clinics.[[73]](#footnote-73)
* In 1996, another major legislative change occurred with the Health Centers Consolidation Act, which apportioned to HCH centers a designated percentage of HRSA funds.[[74]](#footnote-74)
	+ “In 1996, HCH projects were consolidated with Community Health Centers and other primary care projects administered by HRSA’s Bureau of Primary Health Care. By law, HCH projects receive 8.7% of appropriated Health Center funds.”[[75]](#footnote-75)
	+ There had been a good deal of wrangling for funds between the various health centers listed in the Public Health Service Act—community health centers, which had the support of many local politicians (including Rep. Waxman, who had initially sought to guarantee them half of all HCH funding),[[76]](#footnote-76) migrant health centers, and health care for the homeless centers. The RWJF-Pew HCH clinics had pushed back against this perceived incursion, and the final McKinney Act had not specified a breakdown of funds between the various health centers. But this meant that the HCH funding was always somewhat precarious. According to John Lozier, director of the National Health Care for the Homeless Council, the guarantee to health centers catering to the homeless of a steady proportion of appropriated funds, through the 1996 law, was crucial in maintaining the viability and stability of the program. Community Health Centers received the bulk of the funding.[[77]](#footnote-77)
	+ Jim O’Connell, who has directed the Boston HCH program since its inception, saw one of the major innovations of the RWJF-Pew program as the integration of the health care of homeless persons within the mainstream of hospitals and community health centers. Boston, modeled very much in the image of Dr. Philip Brickner’s original program as St. Vincent’s Hospital in New York City, utilized doctors and nurse practitioners and physician assistants who worked in hospitals as well as in shelters and on the streets. O’Connell reports that an unintended consequence of the McKinney Act and the subsequent legislation designating HCH programs as FQHCs was the erosion of hospital involvement. Clinical care provided in outreach and clinical settings was reimbursed, while care provided in hospitals by HCH doctors was not. Maintaining a clinical presence inside hospitals and academic medical centers became quite challenging. This integration of care from hospital to shelter to street, a key philanthropic innovation of the RWJ-Pew grant which envisioned these HCH programs as catalysts within the mainstream health system, was somewhat undermined.[[78]](#footnote-78)
	+ Once the program left the realm of philanthropic funding—once the HCH program was incorporated into the McKinney Act and after HCH centers received a designation as FQHC’s—it could develop in unpredictable ways. This is the tradeoff at the heart of such an ambitious demonstration program. The open-endedness carries some risk but allows for what Andy Schneider calls, in reference to the legislative history of the HCH program, the “triumph of incrementalism.”
	+ In that light, this report concludes by noting one recent legislative development, which occurred more than a quarter century after McKinney: the passage of the Affordable Care Act of 2010. The act aimed to expand health care coverage to the uninsured, many of who were being served by FQHCs, and will significantly alter the way in which FQHCs deliver their services.
		- “Many health reform provisions [of the Act] likely will enhance the role of FQHCs, while others may pose challenges to FQHCs by increasing competition for newly covered people.”
		- “Under the law, Medicaid eligibility in 2014 will expand to include all people with incomes up to 138 percent of federal poverty ($30,843 for a family of four in 2011) and subsidized private coverage will become available to people with incomes up to 400 percent of poverty ($89,400 for a family of four in 2011). As a result, FQHCs hope to both retain their previously uninsured patients who gain coverage, as well as attract additional insured patients…In fact, the law requires private plans offering products in insurance exchanges to have sufficient numbers of essential community providers, including FQHCs, in their networks. However, the level of payment FQHCs will receive from exchange plans appears uncertain.”
		- “To help meet the increased demand, PPACA also permanently reauthorized the FQHC program and appropriated an extra $11 billion in grant funding to double FQHC capacity to treat approximately 20 million more insured and uninsured people by 2015.”[[79]](#footnote-79)
1. Interview with David Bley, November 18, 2013. [↑](#footnote-ref-1)
2. Institute of Medicine, *Homelessness, Health and Human Needs* (Washington, DC: National Academy Press, 1988), 111; Stephen A. Somers, et al. “Creation and Evolution of a National Health Care for the Homeless Program,” in *Under the Safety Net: The Health and Social Welfare of the Homeless in the United States*, Philip W. Brickner, et. al eds.(New York: Norton, 1990), 60. [↑](#footnote-ref-2)
3. James D. Wright and Eleanor Weber, *Homelessness and Health* (New York: McGraw-Hill, 1987), 19. [↑](#footnote-ref-3)
4. Email from Bruce Compton, Director, Research Support, Pew Charitable Trusts, to Benjamin Soskis, February 14, 2014; Somers et. al., “Creation and Evolution,” 66; Marshall A. Ledger. “Stopping By,” *Trust* (January 2000), 13. [↑](#footnote-ref-4)
5. General Accounting Office, *Homelessness: McKinney Act Programs and Funding through Fiscal Year 1993; report to Congressional Committees* (Washington, DC: 1994), 20; Bruce C. Vladeck, “Health Care for the Homeless: A Political Parable for Our Times,” *Journal of Health Politics, Policy and Law* 15, no. 2 (Summer 1990), 312. [↑](#footnote-ref-5)
6. Remarks by Rep. Henry Waxman, in U.S. Congress, *Congressional Record*, 100th Cong., 1st sess., vol. 133 (June 30, 1987), H 18344. [↑](#footnote-ref-6)
7. Interview with Fred Karnas, September 23, 2013. [↑](#footnote-ref-7)
8. James D. Wright. *Address Unknown; The Homeless in America* (New York: A. de Gruyter, 1989), 151. “The existence and experiences of the national HCH program even in its first year demonstrates conclusively that useful and important things can be done about the health problems of the homeless population. That ‘nothing can be done’ is no longer an acceptable excuse for doing nothing, if indeed it ever was.” Wright and Weber, *Homelessness and Health*, 26. [↑](#footnote-ref-8)
9. Interview with Jim O’Connell, December 4, 2013. [↑](#footnote-ref-9)
10. Somers et. al., “Creation and Evolution,” 63-64. [↑](#footnote-ref-10)
11. Somers, et. al, “Creation and Evolution,” 64-66 (“In Nashville, “largely in response to the RWJF/Pew announcement, the council established the Nashville Coalition for the Homeless”). [↑](#footnote-ref-11)
12. “They were joining forces to develop a concrete, practical project for which substantial funding was being made available. They would not have been able to go beyond the first meeting…had their only motivation been our exhortation to work together.” Hearings before the Subcommittee on Housing and Community Development of the House Committee on Banking, Finance and Urban Affairs, 99th Cong., 1st. sess., March 7, 1985, p. 1838. [↑](#footnote-ref-12)
13. Interview with Jim O’Connell, December 4, 2013. [↑](#footnote-ref-13)
14. Interview with Rebecca Rimel, January 2, 2014. [↑](#footnote-ref-14)
15. Somers, et. al., “Creation and Evolution,” 60. [↑](#footnote-ref-15)
16. Wright and Weber, *Homelessness and Health*, 20. [↑](#footnote-ref-16)
17. See, for instance Somers, et. al, “Creation and Evolution,” 60. [↑](#footnote-ref-17)
18. James D. Wright, “The Health of Homeless People: Evidence from the National Health Care for the Homeless Program,” in Brickner, et. al., *Under the Safety Net*, 15. [↑](#footnote-ref-18)
19. James D. Wright, “Methodological Issues in Evaluating the National Health Care of the Homeless Program,” in *New Directions for Program Evaluation* 51 (Winter 1991), 63. [↑](#footnote-ref-19)
20. Wright and Weber, *Homelessness and Health*, 22; interview with Jim Wright, November 5, 2013. [↑](#footnote-ref-20)
21. Debra J. Rog and Majorie Gutman, “The Homeless Family Program: A Summary of Key Findings,” in *To Improve Health and Health Care: the Robert Wood Johnson Foundation Anthology* (San Francisco, Jossey-Bass, 1997), 212-213. [↑](#footnote-ref-21)
22. Email from Drew Altman to Benjamin Soskis, February 11, 2014; interview with Drew Altman, August 16, 2013; Somers, et. al, “Creation and Evolution,” 58-59. As Drew Altman told the House Subcommittee on Housing and Community Development when he testified on the HCH program, “When we first began to explore the possibility of a program in this area, I must tell you that I assumed that health care was a marginal concern and that there’d be no role for our foundation.” Altman, “Testimony before the Hearings before the Subcommittee on Housing and Community Development,” 1831. [↑](#footnote-ref-22)
23. Lea Agnew, “Three for the Money,” *FoundationNews* 33 (1992), 31; interview with Jim O’Connell, December 4, 2013. [↑](#footnote-ref-23)
24. Interview with Jim Wright, November 5, 2013. [↑](#footnote-ref-24)
25. Interview with Rebecca Rimel, January 2, 2013. [↑](#footnote-ref-25)
26. Interview with Drew Altman, August 16, 2013; email from Craig Palosky to Benjamin Soskis, February 12, 2014. [↑](#footnote-ref-26)
27. Interview with Andy Schneider, August 30, 2013. [↑](#footnote-ref-27)
28. For a list of the members of the advisory committee, see the informational material presented to the House Subcommittee on Housing and Community Development, for the March 7, 1985 hearing. Testimony before the House Subcommittee on Housing and Community Development, Committee on Banking, Finance, and Urban Affairs, 99th Congress (March 7, 1985), 1849; Somers, et. al., “Creation and Evolution,” 57, 58 (“At numerous congressional hearings prior to the McKinney Act, members of the [mayors’] conference’s Task Force on Hunger and Homelessness testified on homelessness and on federal initiatives needed to address this growing problem.)”; interview with Dan Hawkins, September 24, 2013. [↑](#footnote-ref-28)
29. Altman, “Testimony before the Hearings before the Subcommittee on Housing and Community Development,” 1831, 1832. [↑](#footnote-ref-29)
30. Hearing on Health Care for the Homeless, House Subcommittee on Health and the Environment, Committee on Energy and Commerce, 99th Cong., 2nd sess. (December 15, 1986). [↑](#footnote-ref-30)
31. Interview with Jim O’Connell, December 4, 2013. [↑](#footnote-ref-31)
32. Maria Foscarinis email to Benjamin Soskis, November 26, 2013 (“The specifics of the [HCH section] language may well have been influenced by Waxman or Schneider. But I would certainly not consider that a heroic act by philanthropy—the RWJ-Pew program, which we were all aware of, happened to be there and available for insertion. I wouldn’t compare it to the blood, sweat, and tears of the activists involved in this”). [↑](#footnote-ref-32)
33. For more on the controversy over the number of homeless, see Cynthia Bogard, *Seasons Such as These: How Homelessness Took Shape in America* (New York: Aldine de Gruyer, 2003), chap. 5. [↑](#footnote-ref-33)
34. For more on the campaign undertaken by the CFCN see Bogard, *Seasons Such as These*. [↑](#footnote-ref-34)
35. Bogard, *Seasons Such as These*, 73. [↑](#footnote-ref-35)
36. Maria Foscarinis. “Beyond Homelessness: Ethics, Advocacy, and Strategy,” *St. Louis Law Review* 12 (1993), 45; Bogard, *Seasons Such as These*, 169-171. [↑](#footnote-ref-36)
37. 99 H.R. 2410 – “Health Professions Training Assistance Act of 1985,” information available at www.thomas.gov; Institute of Medicine, *Homelessness, Health and Human Needs*, 136. [↑](#footnote-ref-37)
38. Foscarinis. “Beyond Homelessness,” 46. [↑](#footnote-ref-38)
39. Foscarinis. “Beyond Homelessness,” 46. [↑](#footnote-ref-39)
40. Interview with David Bley, November 18, 2013. [↑](#footnote-ref-40)
41. Interview with David Bley, November 18, 2013. [↑](#footnote-ref-41)
42. Foscarinis, “Beyond Homelessness,” 47-48; Bogard, *Seasons Such As These*, 171-172. [↑](#footnote-ref-42)
43. Bill Summary and Status, 99th Congress, H.R. 5140, S. 2608, available at [www.thomas.gov](http://www.thomas.gov); 99 H.R. 5140, sec. 121. [↑](#footnote-ref-43)
44. A 2000 article in *Trust* magazine quotes Philip Brickner’s claim that “the HCH research materials were adopted nearly verbatim into the health-care provisions of the [McKinney] act.” Ledger, “Stopping By,” 13. See also Andrew Greene, et. al., “Program Sustainment,” in *Under the Safety Net*, 392 (“For the health care portion of the act, the text was drawn from the original RWJF-Pew Request for Proposals of 1984”). [↑](#footnote-ref-44)
45. Foscarinis. “Beyond Homelessness,” 48-50; interview with Maria Foscarinis, October 17, 2013. [↑](#footnote-ref-45)
46. Foscarinis. “Beyond Homelessness,” 50. [↑](#footnote-ref-46)
47. Altman, “Testimony before the Hearings before the Subcommittee on Housing and Community Development,” 1839-1841 (“This impasse is exasperating; because not much will be done about the homeless problem without a consensus that encompasses at least mainstream liberals and conservatives. Furthermore, though addressing the underlying causes of homelessness would be an enormous task, progress can be made immediately toward meeting their basic needs for shelter, food, and health care…Is there a way to break this deadlock? My suggestion…is to begin by trying to forge a consensus around the following principle—For now, agree to concentrate on meeting the basic needs of the homeless—on getting them off the streets, and on getting them food and shelter. For the present, set aside the broader debate about more permanent and more costly solutions.”) [↑](#footnote-ref-47)
48. Interview with David Bley, November 18, 2013; email from David Bley to Benjamin Soskis, February 25, 2014. [↑](#footnote-ref-48)
49. Interview with David Bley, November 18, 2013; “The Homeless Become an Issue,” *New York Times*, February 7, 1987 (“The Community for Creative Nonviolence met with about 75 legislators and, over the holidays, set up a statue in front of the Capitol that represented homeless people sleeping on a grate.”); Bill Summary and Status, 99th Congress, H.R. 5710, available at [www.thomas.gov](http://www.thomas.gov); Foscarinis. “Beyond Homelessness,” 50-51; Bogard, *Seasons Such As These*, 174. [↑](#footnote-ref-49)
50. “The Homeless Become an Issue,” *New York Times*, February 7, 1987. [↑](#footnote-ref-50)
51. Bogard, *Seasons Such As These*, 165; Interview with Fred Karnas, September 23, 2013 (“Clearly Comic relief…was a transformational thing, because it engaged part of the population that never would have been engaged in thinking about the health care of the homeless in any way”); Greene, et. al., “Program Sustainment,” 389-390. [↑](#footnote-ref-51)
52. Interview with Fred Karnas, September 23, 2013. [↑](#footnote-ref-52)
53. Bogard, *Seasons Such As These*, 175. [↑](#footnote-ref-53)
54. Bill Summary and Status, 100th Congress, H.R. 558, available at [www.thomas.gov](http://www.thomas.gov); Bogard, *Seasons Such As These*, 175. [↑](#footnote-ref-54)
55. Interview with Andy Schneider, August 30, 2013. [↑](#footnote-ref-55)
56. Bill Text 100 H.R. 558; General Accounting Office, *Homelessness: McKinney Act Programs*, 72 (Table V.13). [↑](#footnote-ref-56)
57. Interview with Rebecca Rimel, January 2, 2014. [↑](#footnote-ref-57)
58. Interview with Andy Schneider, August 30, 2013. [↑](#footnote-ref-58)
59. Bill Summary and Status, 100th Congress, S. 809, available at [www.thomas.gov](http://www.thomas.gov); Bogard, *Seasons Such As These*, 176-177. [↑](#footnote-ref-59)
60. Bogard, *Seasons Such As These*, 177; Public Law 100-77, July 22, 1987. [↑](#footnote-ref-60)
61. Foscarinis, “Beyond Homelessness,” 51, note 65; “President Signs $1 billion Bill to Aid Homeless,” *New York Times*, July 24, 1987. [↑](#footnote-ref-61)
62. Interview with Rebecca Rimel, January 2, 2014. [↑](#footnote-ref-62)
63. Interview with Jim Wright, November 5, 2013. [↑](#footnote-ref-63)
64. Interview with Jim Wright, November 5, 2013. [↑](#footnote-ref-64)
65. “Health Care for the Homeless Program Fact Sheet,” May 2011, National Health Care for the Homeless Council. Available at http://www.nhchc.org/wp-content/uploads/2011/09/HCHFactSheetMay2011.pdf. [↑](#footnote-ref-65)
66. Foscarinis. “Beyond Homelessness,” 52. [↑](#footnote-ref-66)
67. Foscarinis. “Beyond Homelessness,” 56. [↑](#footnote-ref-67)
68. Foscarinis. “Beyond Homelessness,” 55, 58; interview with Maria Foscarinis, October 17, 2013. [↑](#footnote-ref-68)
69. Interview with Jim Wright, November 5, 2013. [↑](#footnote-ref-69)
70. “McKinney-Vento Act Fact Sheet,” National Coalition for the Homeless, June 2006. Available at <http://www.nationalhomeless.org/publications/facts/McKinney.pdf>. [↑](#footnote-ref-70)
71. General Accounting Office, *Homelessness: McKinney Act Programs*, 72 (Table V.13). [↑](#footnote-ref-71)
72. Julia Goebel, “A Brief History of Federally Qualified Health Centers,” available at http://www.notifymd.com/a-brief-history-of-federally-qualified-health-centers-fqhc; Lyndsay Gunkel, “Federally Qualified Health Centers: The Next Step in Cost-Effective Health Care,” Annals of Health Law 20 (Fall 2010), 34. For more on the background and significance of this reform, see interview with Andy Schneider, August 30, 2013. [↑](#footnote-ref-72)
73. Interview with Andy Schneider, August 30, 2013; interview with Jim O’Connell, December 4, 2013. [↑](#footnote-ref-73)
74. Health Centers Consolidation Act of 1996, Public Law 104-229. [↑](#footnote-ref-74)
75. Interview with John Lozier, July 30, 2013 (“What’s really made us last is the provision in the Health Center Consolidation Act that maintains proportionality, so of the appropriations for health centers, 8.7% is targeted to the homeless”); “When and how was the Health Care for the Homeless Program created?” National Health Care for the Homeless Council, available at http://www.nhchc.org/faq/health-care-homeless-program-created-do/. [↑](#footnote-ref-75)
76. Interview with Dan Hawkins, September 24, 2013. [↑](#footnote-ref-76)
77. Vladeck, “Health Care for the Homeless,” 312; Interview with John Lozier, July 30, 2013. [↑](#footnote-ref-77)
78. Interview with Jim O’Connell, December 4, 2013; email from Jim O’Connell to Benjamin Soskis, February 19, 2014. [↑](#footnote-ref-78)
79. Interview with Andy Schneider, August 30, 2013; Gunkel, “Federally Qualified Health Centers,” 35; Aaron Katz, et. al., “A Long and Winding Road: Federally Qualified Health Centers, Community Variation and Prospects Under Reform,” Center for Studying Health System Change Research Brief No. 21, November 2011, available at http://www.hschange.com/CONTENT/1257/. [↑](#footnote-ref-79)