

Neo-liberal biopolitics and the invention of chronic homelessness

Craig Willse

Abstract

This article explores the emergence of neo-liberal housing policy and programmes in the United States, focusing in particular on the rise of social service initiatives targeting what is known as ‘chronic homelessness’. These initiatives are notable for the ways in which they privilege long-vilified populations for immediate placement into housing with no social or medical services required. While this represents a significant break from social service protocols that previously demanded compliance with service requirements, the article argues that understanding chronic homelessness initiatives as *economic* rather than social programmes reveals the ways in which they enable the reproduction of the same neo-liberal conditions that produce housing insecurity and deprivation. The article concludes by reframing housing issues in terms of racial subordination, which suggests that, in the neo-liberal context, social abandonment and economic investment may persist side by side.

Keywords: neo-liberalism; social policy; Foucault; biopolitics; state racism; homelessness.

In 2007, a coalition of Los Angeles government offices and non-profit organizations launched Project 50, a social service and housing programme targeting what researchers, politicians and journalists have recently begun calling the ‘chronically homeless’.¹ As defined by the United States Interagency Council on Homelessness: ‘A chronically homeless person is... an unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more *or* has had at least four

Craig Willse, Program in Sociology, The Graduate Center, City University of New York, 365 Fifth Avenue, New York, NY 10016, USA. E-mail: CWillse@gc.cuny.edu

episodes of homelessness in the past three years' (US Department of Housing and Urban Development [HUD], 2008, p. iii). Unlike individuals or families for whom living without shelter is a temporary episode, the chronically homeless are understood to exhibit long-term patterns of cycling in and out of shelters, hospitals and jails, interspersed with periods of living unhoused or 'on the streets'. Following a model tested out in New York City, Project 50's team of outreach workers set out to identify chronically homeless individuals concentrated in the downtown neighbourhood of Skid Row, an area undergoing a dramatic revanchist turn (Smith, 1996) as it is re-territorialized by luxury housing developments and consumer amenities.² Armed with questionnaires, the outreach workers sought to measure subjects' medical backgrounds, current health statuses, institutional histories and experiences of shelter use against a vulnerability index. The project name refers to the goal of the index: to locate the fifty people in Skid Row most likely to die in the coming year. These 'fortunate enough to be determined the most unfortunate', as a radio programme termed them, were offered immediate placement in housing programmes (Bergman, 2007).

Project 50 is just one among hundreds of chronic homelessness programmes launched in municipalities across the United States in recent years. Chronic homelessness programmes depart from long-held assumptions about people living in poverty and long-established technologies for managing those populations, and thus their emergence and rapid spread defy easy explanation. Popular conceptions of poverty in the United States have maintained that individuals living in poverty, and not social or governmental institutions, produce impoverished conditions. Such discourse of personal responsibility has been accompanied by intensive networks of social welfare technologies that seek to 'regulate the poor' by intervening in individual behaviour (Piven & Cloward, 1993 [1971]).

People living without shelter have especially been understood as incapable of self-management. Media and government accounts depict 'the homeless' as possessing failed selves that require invasive social assistance. Many decades of formal and informal policy have made treatment for substance abuse and psychiatric disabilities a mandatory condition for entering and remaining in housing programmes. Such earlier policy argued that drug/alcohol and psychiatric treatment, as well as social service programmes focused on money management, job training and a wide range of other so-called life skills, make formerly 'shelter-resistant' individuals 'housing-ready'.

Thus, chronic homelessness initiatives are quite surprising, as they facilitate immediate access to housing with no social service or work requirements, bypassing the coercive social control technologies associated with the contemporary workfare state and the war on the poor.³ This departure in policy is even more surprising considering that those categorized as chronically homeless are disproportionately men of colour who actively consume drugs and alcohol and lack close family ties.⁴ This population, demonized by

politicians and media as the ‘undeserving poor’, is more commonly barred from social service agencies and ‘housed’ in prisons and jails.

Long before the advent of chronic homelessness initiatives, advocates and activists organized against mandatory health and social services in housing programmes. Socially progressive or radical service organizations, convinced that mandatory services actually kept people out of shelters, experimented with making services optional (Tsemberis & Eisenberg, 2000). Until its adoption by the federal government for chronic homelessness initiatives, this model, known as Housing First, remained marginal within the homeless services industry. How, then, did this unexpected moment arrive, and through the efforts of the neo-conservative administration of George W. Bush (*American City and Country*, 2006)? Should this be taken as an unexpected compassionate turn in social policy and administration? Does it represent a reversal of social abandonment, as vilified populations deemed most likely to die become targeted for life-saving housing interventions rather than displaced to zones of exclusion?

Despite the promise of chronic homelessness programmes – namely, the lifting of barriers to access and the immediate provision of housing – I propose that we must cautiously interrogate the relationships between the technical calculation of death chances and the securing of health and life resources. To gain some critical leverage, the essay that follows offers a genealogy, an attempt to capture what I term the ‘invention of chronic homelessness’.⁵ By invention, of course, I do not mean to deny the reality of great masses of people living without adequate or permanent housing; one study estimates that 3.5 million individuals experience housing deprivation in the United States each year (Burt *et al.*, 1999). Nor do I mean to downplay the incredible risks to health and life posed by housing insecurity and deprivation. Rather, I want to draw attention to the technologies (risk assessments and demographic models) and apparatuses (policy frameworks, funding requirements and governance partnerships) that render material housing needs legible and manageable. This is to seek out the techno-conceptual organization of chronic homelessness as an object of knowledge and intervention. This article documents the transformative capacities of chronic homelessness as it travels between academic institutes, government offices and social service organizations.

Investigating these technologies and apparatuses reveals that the invention of chronic homelessness conceptually and materially re-organizes housing insecurity in terms of population dynamics and economic costs. Michel Foucault has termed the register of governance where political economy meets the population ‘biopolitics’ (Foucault, 1990 [1976], p. 139). Biopolitics describes a political economic analysis of population dynamics, such as patterns and rates of birth, illness and death, in relation to material resources, including food, medicine and capital. As I will show, earlier models of housing provision in the United States depended on a disciplining of the individual subject – the enforcement of health protocols, both physical and mental, to overcome what social work understood as the individual, personality-based

obstacles to finding and maintaining housing. It is exactly such disciplinary mechanisms that chronic homelessness initiatives supersede. The article that follows argues that the invention of chronic homelessness can be understood as effecting a 'biopoliticization of housing insecurity' – the development of technologies of governance that do not depend upon disciplining the individual human subject, but that rather arise out of economic analyses of population dynamics.

In the first section of the article, I present two historical moments of federal intervention in housing insecurity and deprivation, the early New Deal of the 1930s and the neo-liberal context of the 1980s. I argue that comparing these two moments reveals not only changes in the role of the state, but changes in economic production and consumption as well. Looking at the form of federal involvement in the 1980s also offers an historical context for understanding how chronic homelessness could emerge as a privileged object of knowledge and intervention.

In the second section, I attend to the departure induced by chronic homelessness initiatives from earlier models of social service provision. Setting chronic homelessness programmes in the context of social work discourse and practice highlights the significant changes brought by the Housing First approach. The third section then considers the ways in which 'chronic homelessness' can be conceptualized as an economic, rather than social, category. This suggests that neo-liberal social service provision operates as part of, rather than a challenge to, the very economic systems that reproduce and distribute housing insecurity and deprivation.

In the fourth and final section, I conclude with a discussion of the social implications of the invention of chronic homelessness. In particular, I look at the relationships of housing insecurity and deprivation to racial subordination. If 85 per cent of individuals housed through Project 50 are African American/black (*Project 50 one year progress report*, 2009, p. 2), should Project 50 and related chronic homelessness initiatives be understood as challenging the uneven distribution of housing insecurity along racialized lines? I propose that the analysis developed in this article suggests we attend to the ways in which economic investment can accompany social and political abandonment and, in fact, how social problems such as housing insecurity become productive sites for neo-liberal economic expansion.

Managing housing insecurity and deprivation in the United States

Chronic homelessness programmes emerge through a federal reorganization of the homeless services industry, the second of two moments of federal involvement in housing insecurity. In the context of a weak or limited social welfare state, these moments of federal intervention have been pressured by two different sets of economic demands – the first, in the 1920s and 30s, concerned managing mass unemployment; the second, in the 1980s, concerned

securing urban tourist/consumer consumption economies. The differences in these moments, and in the federal response, reveal changes not only in the structure of the US economy, but in the nature of housing deprivation itself. The section that follows traces these interrelated histories of governance and housing deprivation.

Settler colonial era to the New Deal

From the early days of white colonial settlement of North America through most of the history of the United States, people living without shelter have been considered a local problem to be dealt with by local institutions. In the nineteenth and early twentieth centuries, a period of reform known as the Progressive Era, the jailhouses of growing cities often allocated space for non-carcerated individuals who needed shelter for the night (Kusmer, 2003, p. 3). During the same period, charitable organizations, usually church-based, built 'lodging houses' to address shelter needs. In exchange for shelter, food and prayer services, lodgers were required to perform what was known as a 'work test', consisting of several hours of manual labour, such as breaking stone or cutting lumber (*ibid.*, p. 74). While the work served a small productive economic function – the sale of the stone or wood generated funds for maintaining the lodging houses – as the term 'test' implies, its greater function was adjudicative, ferreting out those whose moral fibre failed to measure up to the standards confirmed by labour; the work test identified those *willing* to work, but temporarily unable to secure employment. On the other hand, in language similar to contemporary evocations of the 'deserving' versus 'undeserving' poor, 'tramps', who travelled illegally on railcars and lived in semi-permanent camps outside the legal and moral purview of municipalities, were looked down upon in disdain for what was understood to be a shunning of modern industrialized existence through a refusal to work (*ibid.*, pp. 74–5). Thus, while tramps opted out of the lodging-house system, the task remained for lodging-house administrators to identify and eliminate those among shelter-seekers with morally inferior tramp sensibilities. By the beginning of the twentieth century, municipal-run lodging houses emerged alongside those that were privately run. These city shelters often did not require a work test and were thereby looked upon more favourably by lodgers who resented the paternalism of the test.

Despite its misdirected focus on individuals, the work test signalled the important connection at that time between labour status and housing status. During this period, housing insecurity resulted largely from economic insecurity and temporary marginalization from work, and was understood in these terms (Rossi, 1989, 18). The number of people seeking shelter at lodging houses fluctuated along with economic downturns and upswings, as well as with seasonal cycles of agricultural and industrial production.

The economic crisis that began in 1929 and became the Great Depression greatly increased the number of unemployed and marginally employed, and therefore the numbers of impoverished people unable to afford private housing accommodations (*ibid.*, p. 194). The Great Depression not only marked an increase and diffusion of housing insecurity and deprivation, but also the first time the federal government of the United States directly addressed unsheltered populations. This was not simply a case of responding to a growing need. That housing deprivation became a 'national problem' had as much to do with the emerging federal governmental infrastructure of the New Deal as with the fact that housing insecurity was becoming generalized across the United States (for accounts of the New Deal, see Amenta, 1998; Quadagno, 1994; Skocpol, 1995). As we will see again in the 1980s, national crises are not natural occurrences; the recognition of something *as* a national problem requiring federal intervention is a contingent and contested process. During the 1930s, a national capacity for intervention, in the form of New Deal administrative initiatives, allowed housing insecurity to register as a national crisis, rather than one simply diverted back to local jurisdictions.

The federal response to the growing unsheltered population in the 1930s was, in fact, fairly swift and bold; it turned out to be short-lived as well. At that time, local laws still operated under settler colonial logics, and access to lodging houses depended on establishing 'settler rights' (Rossi, 1989, p. 18), or what today might be thought of as local residency claims. To be admitted to a lodging house required proof of belonging in that jurisdiction. The great masses of unsheltered people living 'on the road' posed a challenge to these protocols. Many no longer had claims to settler rights, due to being in transit for extended periods of time. Many others lacked the means to return to where those rights were held. The displaced masses of this period pressured the existing settler rights system, such that the federal government created the new category of 'federal transient' – something like an internal refugee (refugee from local settler status) who was now granted a direct relationship to the federal government in lieu of a relationship to a local government (Kusmer, 2003, p. 210).⁶

Beginning in 1932, through the newly formed Federal Emergency Relief Administration (FERA), the federal government established or subsidized urban Federal Transient Centers as well as camps in rural regions. These supplemented the private and municipal lodging houses already in existence but overwhelmed by the dramatic increase in need. The urban centres served to connect residents to the contingent employment opportunities of the city. Older transients, those aged 40 and over, were often directed to rural camps, and therefore moved outside urban labour circuits. As Peter Rossi notes: 'From this distance the federal camps appear to have been rural warehouses for those considered unemployable' (1989, p. 25).

Within a few years, New Deal administrators turned their efforts to large-scale infrastructural public works projects, and FERA was quickly and somewhat unexpectedly dismantled in the summer and fall of 1934, less

than two years after its founding, and despite the fact that FERA centres and camps housed an estimated one million people (Kusmer, 2003, p. 218). Some centres continued to operate without federal funding, and others closed, dispersing their residents to lodging houses or other communities (Rossi, 1989, p. 25). The first era of federal intervention had come to a close.

From post-war to post-industrial neo-liberalism

By 1943, the war economy had kicked in, and the phenomenon of unsheltered travelling masses began to die down, as did tramp culture and camps (Hopper, 1997), as seasonal tramp labour was increasingly displaced by developments in industrial agricultural technology (Rossi, 1989, p. 21). What remained was a population confined more or less to the 'Skid Rows' of urban centres (ibid., p. 27). Much of this population, which one author describes as 'prosperity's discontents' (Hopper, 1997, p. 17), would not fit contemporary technical definitions of 'homelessness', as they largely lived not on the streets, but in lodging houses and private hotels, commonly called SROs (for 'single room occupancy'). In addition to this housing, Skid Row districts provided a concentration of low-cost consumer services, social services and opportunities for underground and contingent day labour (Wright & Rubin, 1997). Official perception of Skid Row residents retained the moral judgements of earlier eras. For example, one commentator writing in 1948 claimed: 'The skid rower does not bathe, eat regularly, dress respectfully, marry or raise children, attend school, vote, own property, or regularly live in the same place. He does little work of any kind. He does not even steal. The skid rower does nothing, he just is. He is everything that all the rest of us try not to be' (cited in Kusmer, 2003, p. 230). The statement, typical of the era, projects the failures of industrialization onto individuals who are figured as embodying the antitheses of American work ethics and gender/family norms.

Starting in the 1950s, the government directed attention to Skid Row districts, though not out of concern with the wellbeing of the people who lived there. Rather, government officials and researchers looked to Skid Row through a financial lens, in terms of property values and opportunities for economic investment and growth (Rossi, 1989, pp. 28–9). Social scientific studies at the time did not deal with the plight of those living in subsistence conditions within Skid Row districts, but with how government and industry could 'revitalize' the neighbourhoods for what would turn out to be neo-liberal post-industrial/service economies catering to tourists and wealthy urban consumers (Smith, 1996). By the 1960s and 70s, cities across the United States were tearing down their Skid Rows, emptying and even demolishing residential hotels, and driving out the businesses frequented by Skid Row residents (Kusmer, 2003, p. 236).

Clearly, the elimination of this form of housing had both immediate and long-term effects – immediate in the displacement of residents and long-term

in the erosion of a form of private housing on which future populations in need of low-cost shelter could no longer depend. Wright and Rubin document this erosion:

In San Francisco, 17.7 percent of the existing SRO units were destroyed or converted in a four-year period in the last 1970s, with further losses since. Similarly, in New York City there was an overall 60 percent loss of SRO hotel rooms between 1975 and 1981. The number of New York hotels charging less than \$50 per week declined from 298 to 131 in that period; of hotels dropping out of that price range, the majority are no longer even hotels and have been converted to other uses, mainly to condominiums. Denver lost 28 of its 45 SRO hotels between 1971 and 1981, Seattle lost 15,000 units of SRO housing from 1960 to 1981, and San Diego lost 1,247 units between 1976 and 1984.

(Wright & Rubin, 1997, p. 211)

The destruction of Skid Rows, however, was only one part of a large web of political, social and economic changes, which together constituted a neo-liberal restructuring of urban communities and economies. The other components of this web of changes intensified the life-threatening effects of 'renewal'. De-industrialization, the emergence of service economies and the rollback of welfare programmes increased economic disparity and alienation from labour markets for former Skid Row residents (Kusmer, 2003, p. 239; see also Hopper, 1997, p. 23). Further, the expansion of criminal punishment industries and the spread of 'tough on crime' policies greatly increased instability and economic vulnerability for populations marginalized from legalized labour markets (Vitale, 2008). And, finally, though the extent of its impact is widely debated, the de-institutionalization of psychiatric asylum populations in the early 1980s also contributed to the growth of populations living without shelter (Thomas, 1998) (for debates on causation and psychiatric disabilities, see Rossi [1989, p. 41]). Thus, from the 1960s on, the size of the unsheltered population began to grow, and members of this population would find themselves struggling to survive in a neo-liberal urban landscape created out of the ruins of Skid Row and increasingly hostile to their presence.

The period from the 1960s on was not simply marked by the growth of housing insecurity and deprivation. At this time, the over-exposure of racially subordinated populations to housing insecurity and deprivation intensified and became entrenched, especially for African Americans, Native Americans and Latinos. Such populations, organized to have tenuous or no claims to private property, were already over-represented among populations living without shelter.⁷ The further racialization of housing insecurity and deprivation beginning in the 1960s resulted from the disproportionate impact of neo-liberal policies and economies on populations of colour; the economic recession of the 1970s and the shift of industrial production out of US urban centres, for example, intensified racialized marginalization from labour opportunities.⁸ Accompanying these *de facto* racisms, the rise of a criminal punishment system that specifically targets populations of colour also

contributed, by increasing economic insecurity and social instability. These racialized effects of neo-liberal restructuring intensified and multiplied the effects of the racialized property system through which privatized forms of housing are accessed.⁹

Neo-liberal economic and social transformations did not only increase the numbers of people living without shelter and intensify the racialized effects of housing insecurity, but 'by the end of the twentieth century a much enlarged homeless population was apparently on the way to becoming a permanent feature of postindustrial America' (Kusmer, 2003, p. 239). Unlike in earlier years, when economic upturns significantly reduced housing insecurity and deprivation, the recovery of the US economy from the recession of the 1970s did not decrease housing deprivation (Burt & Aron, 2000); those numbers continued to grow throughout the 1980s. I am not suggesting that economic recessions and labour structures no longer contribute to housing insecurity and deprivation. Rather, I wish to point to the ways in which neo-liberal housing insecurity and deprivation can no longer be explained, or contained, by employment. In the neo-liberal era, housing insecurity becomes an embedded feature of population dynamics, an intrinsic dimension of the national population rather than an epiphenomenon of something like unemployment.

This is the context for the return of federal intervention. A series of federal agencies charged with housing issues existed from the 1930s on, but did not deal with unsheltered populations. Rather, these agencies, which were re-organized as the US Department of Housing and Urban Development (HUD) in 1965–6, dealt first with increasing home-ownership and providing rental assistance for low-income families, and later became involved in 'urban renewal' programmes which sought to redevelop low-income neighbourhoods, usually by tearing them down.¹⁰

In 1982 a senior official at HUD told the *Boston Globe* that 'no one is living on the streets' (cited in Hopper, 1997, p. 47, fn. 72). Unfortunately, such wishful thinking did not make this so; the residents of Skid Row districts did not simply disappear when those neighbourhoods and the housing they offered were destroyed. Far from it: the complex forces of neo-liberalism increased the numbers of unsheltered individuals, who, no longer concentrated (or contained) in Skid Rows, were dispersed more broadly through urban public spaces, where they were considered threats to exactly those tourist and consumer economies for which the death of Skid Row was meant to make room.

Thus, no longer able to ignore the growing unsheltered population, federal attention turned to address the crisis of the 'new homeless', and housing insecurity re-emerged as a national problem. In 1987, the United States Congress passed the Stewart B. McKinney Homeless Assistance Act, later renamed McKinney–Vento. The first federal policy addressing populations living without shelter since FERA, McKinney–Vento established policy and funding mechanisms for federal programmes that operate through state and municipal governments and non-profit organizations. Further, the Act

founded the Interagency Council on Homelessness, which coordinates across federal agencies whose missions intersect with housing insecurity and deprivation; in addition to HUD, these include the Departments of Health and Human Services, Labor and Veterans Affairs. Among these, HUD was charged with primary responsibility for managing homelessness funding tracks and programming initiatives.

The differences between the role of the federal government in the 1930s and today illustrate the shift from the social welfare state that was just emerging during FERA to the contemporary post-social or neo-liberal state. Again, today the US federal government does not run its own shelters or programmes, as was the case with Federal Transient Centers and camps during the 1930s. Rather, through the McKinney–Vento Act, the federal government provides funds to private agencies and subnational state and municipal governments that administer housing and related services. In 1987, the first year of McKinney programmes, Congress provided 350.2 million dollars in funding for those programmes (National Coalition for the Homeless, 2002); in fiscal year 2009, HUD’s budget for its homeless assistance programming was 1.677 billion dollars (United States Department of Housing and Urban Development, 2009, p. 14). Despite this ‘outsourcing’ of service administration to lower levels of government and private agencies, I would argue that the McKinney–Vento Act instantiates an *increase* of federal authority, compared both with FERA as well as the more than fifty years between FERA and McKinney–Vento, during which time the federal government played no comprehensive role in addressing housing insecurity and deprivation. The nature of this federal authority is not simply a top-down hierarchy, but rather a ‘heterarchic’ arrangement of what can be described as ‘metagovernance’, or the governance of governance (Jessop, 2007). Through the McKinney–Vento Act and its programmes, the federal government enacts a multiplication and reorganization of the scales of governance, overseeing and linking up local municipalities, regions, states and federal offices.¹¹ Within these heterarchic arrangements, the McKinney–Vento Act establishes programmatic parameters, including what kinds of populations can be housed, what kinds of housing can be built and how services and outcomes must be assessed and reported. In a sense, federal policy on housing insecurity functions as a domestic form of structural adjustment, in which states, municipalities and localities are ‘free’ to innovate within restrictions attached to funding.¹²

If heterarchic arrangements of metagovernance have allowed the US federal government to modify and direct how housing services are administered in the United States, the invention of chronic homelessness has made these modifications quite radical. As a new privileged object of knowledge and intervention, chronic homelessness has enabled dramatic shifts in social service models. The nature of those changes is looked at in the next section, which situates the invention of chronic homelessness in the history of social service

provision models inherited from the early Progressive Reform era, a model deeply challenged by the Housing First approach.

Disciplinary case management and the invention of chronic homelessness

Though competing discourses have always existed in popular and governmental accounts of housing insecurity and deprivation, a Progressive-era moral argument that attributes housing deprivation to some personal shortcoming has persisted across generations. The argument draws veracity from liberal capitalist imperatives of free exchange – those who are out of work or insufficiently employed are blamed for failing to realize the freedom to sell their labour. Under the Protestant work ethics that animate this notion, the failure to sell one's labour becomes marked as a moral inferiority. In the case of those living without shelter, this moralizing capitalist discourse has been further invested in by the Christian organizations that administered lodging houses and then modern shelters, organizations that already saw their mission as moral reform.

As lodging houses morphed into modern social service agencies, and as a professional class of social workers came to coordinate and execute their missions, the idea of 'working on yourself' as a necessary part of securing and maintaining housing was routinized and codified in technologies of case management. Scholars have connected the emergence of case management technologies to what they describe as the 'medicalization of homelessness'. Medicalization treats housing deprivation as a symptom of personal pathologies that must be cured by experts (Cress & Snow, 2000; Lyon-Callo, 2004). The historical relationship of homelessness to psychiatric authority and intervention, and the origins of case-based social services in psychodynamic models of treatment (Webb, 2006, pp. 111–17), has rendered those designated homeless as suspect subjects who cannot be trusted with self-responsibility and therefore must be addressed through invasive case plans that compensate for failures to self-regulate.

Thus, the medicalization of housing insecurity and deprivation opens a ground for the intervention of disciplinary techniques in the form of case management technologies. In case management systems, a social worker, or case-worker, assumes responsibility for guiding the client, or case, through a process of self-evaluation to determine the individual causes at the root of their problem. Working together – although often within the confines of non-negotiable programme requirements – worker and client develop a 'case plan' to right the course of the client's life. For those living in modern shelter systems, such plans might involve participation in educational or vocational programmes and instruction in money management. Furthermore, case management programmes have frequently mandated treatment for psychiatric disabilities and drug/alcohol use, as such conditions and behaviours have

especially been understood as barriers to what is called 'housing readiness'. Thus, sobriety and compliance with psychiatric drug regimes have frequently been pre-conditions for admittance to housing programmes and minimum requirements for remaining housed. Finally, housing programmes have typically included enforced waking and sleep times, limits or bans on outside visitors and bans on sexual activity.

Theresa Funiciello (1993) has referred to the social service model of welfare provision as a 'tyranny of kindness', signalling the coercive nature of paternalistic programmes that demand submission to reform protocols in the name of the client's own good. Funiciello's term perfectly expresses the contradictions of disciplinary power as described by Foucault – that humanist projects of developing mental and physical capacities proceed through projects of submission and control, such that we come to understand that it is only through submission that the subject can be improved and liberated (Foucault, 1995 [1975]).

In contrast to case management technologies of social and health services, Housing First represents a potentially radical break from medicalized models. Housing First enacts exactly what Funiciello argues for in her study – a separation of shelter provision from social and health services. First put in limited use by a small number of non-profit agencies, Housing First programmes make available traditional social and health services, but, as the designation suggests, services are optional and not required for admittance to programmes. In support of their work, advocates of the Housing First approach have produced research indicating that mandatory services do not impact on the ability to find and maintain housing (Tsemberis & Eisenberg, 2000).

Mainstream service providers and government officials initially viewed Housing First with suspicion. This is not surprising, given the ways in which Housing First challenges the medicalization of housing insecurity and deprivation and departs from long-held assumptions about the necessity of social and health services for making people 'housing-ready'. But in just the last several years, Housing First has moved from a marginal model to one promoted by HUD, the Interagency Council on Housing and the US Council of Mayors, a consortium of municipal governments. This has happened in conjunction with an increased concern over chronic homelessness.

The concept of chronic homelessness was popularized through research conducted by Dennis Culhane and Randall Kuhn (Culhane & Kuhn, 1998; Kuhn & Culhane, 1998). Their research proposes a three-part typology of shelter users: the transitionally homeless, the episodically homeless, and a final subgroup of 'over-utilizers', the chronically homeless. Culhane and Kuhn argue that this last group is likely to stay in shelter systems for longer periods of time or return to shelter systems at higher rates. They write: 'in general, being older, of black race, having a substance abuse or mental health problem, or having a physical disability, significantly reduces the likelihood of exiting shelter' (Culhane & Kuhn, 1998, p. 23).

HUD first articulated a goal of targeting chronic homelessness in 2001. By 2003, President Bush included this goal in his fiscal year budget, followed by an endorsement of such efforts by the US Council of Mayors (Burt *et al.*, 2004, p. xiii). Chronic homelessness programmes have been a central feature of what are known as ‘10-year plans’, municipal initiatives to end street homelessness in a decade. By 2009, at least 234 communities in the United States had established 10-year plans (National Alliance to End Homelessness, 2009). As partnerships between municipal governments, non-profit organizations and business leaders, the 10-year plans are typical of neo-liberal governance. Like the destruction of Skid Rows that began in the 1960s, 10-year plans today aim to clean up city centres to improve opportunities for capital investment and growth.

Social service models that require psychiatric and drug/alcohol treatment have been considered an obstacle to 10-year plans, insofar as they keep the chronically homeless out of housing programmes and on the streets, in the way of business ventures, wealthy residents and tourists. Thus, the Interagency Council on Homelessness and HUD have called for a ‘paradigm shift’ in social services and housing. As stated by *Strategies for reducing chronic street homelessness*, a report prepared for HUD: ‘The people on whom this project focuses are, by definition, those for whom these programs and services have not produced long-term solutions to homelessness. Their resistance to standard approaches has been a challenge to communities committed to ending chronic street homelessness’ (Burt *et al.*, 2004, p. xx).

Strategies for reducing chronic street homelessness accepts what housing programme residents and advocates have long argued – that resistance is a response to paternalistic and invasive policies, not an untamed desire to live on the streets (Tsemberis & Eisenberg, 2000; see also Armaline, 2005). The paradigm shift called for removes barriers to access by delinking ‘housing and service use/acceptance, so that to keep housing, a tenant need only adhere to conditions of the lease (pay rent, don’t destroy property, no violence), and is not required to participate in treatment or activities’ (Burt *et al.*, 2004, p. xxi). Chronic homelessness programmes also adopt harm reduction, rather than zero tolerance, approaches, ‘where sobriety is “preferred but not required,” which often translate into a “no use on the premises” rule for projects that use HUD funds’ (*ibid.*).

Chronic homelessness programmes are expected to be a difficult transition for housing providers, who have traditionally relied on more directly coercive measures for managing resident populations, as well as the funds attached to such approaches:

For mental health and social service providers, low-demand environments mean they cannot require tenants to use services, and they have to deal with both mental health and substance abuse issues, and do so simultaneously. In addition, tenants may not use their services consistently, thus reducing reimbursements on which the providers may rely. For housing providers, a low-demand residence means that tenants may not act as predictably as the property

managers might wish. For both, the challenges are as much philosophical as financial, in that the new model demands that they conduct business in ways that had formerly been considered not just impractical but wrong.

(Burt *et al.*, 2004, p. 10)

Despite these obstacles, HUD has made programmes that incorporate chronic homelessness initiatives a strong priority of its homeless assistance grants. This includes funding allocated through the Samaritan Housing Initiative to develop permanent housing exclusively for populations designated chronically homeless (National Archives and Records Administration, 2008, p. 39844).

While many agencies and advocates are enthusiastic about the move to Housing First models, some have critiqued the language of the chronic homelessness discourse. A report issued by the National Coalition for the Homeless states: ‘The term “chronic homeless” treats homelessness with the same language, and in the same fashion, as a medical condition or disease, rather than an experience caused fundamentally by poverty and lack of affordable housing’ (National Coalition for the Homeless, 2002). The report goes on to comment that the positive outcomes of chronic homelessness initiatives – the immediate provision of housing for populations previously most subjected to the invasive paternalism of case management approaches – will do nothing to alter the structural conditions that produce housing insecurity and deprivation.

Later I return to this important point about the ways chronic homelessness initiatives neglect structural forces. But here I want to point out that, although the concept of ‘chronic homelessness’ does carry a pathologizing taint, in practice the programmes actually leave behind many of the disciplinary techniques of pathologization. In other words, if ‘chronically homeless’ codes shelter needs as medical problems, as if some people are addicted to being homeless, we must nonetheless note that it is exactly the technologies of medicalization that chronic homelessness programmes seemingly undo, insofar as they allow for immediate access to housing without service and treatment requirements. Documents on chronic homelessness initiatives continue to stress the responsibility of the individual, evoking some of that old moral argument. But rather than the individual’s self-work being a necessary first step toward housing provision, the current model provides housing regardless of an individual’s willingness to submit to medicalizing disciplinary regimes.

In the next section, I argue that to make sense of this surprising departure from disciplinary social service technologies we must understand the economic dimensions of the invention of chronic homelessness. Looking at the research that popularized the category of chronically homeless reveals that ‘the economic’ is not simply a logic that lies behind neo-liberal social programmes. Rather, the invention of chronic homelessness suggests that social programmes in the contemporary context are themselves economic, which is to say,

productive for the circulation and investment of capital and other material resources. The emergence of chronic homelessness initiatives is less surprising in consideration of these economic dimensions.

Economizing the social: the biopoliticization of housing insecurity and deprivation

Culhane and Kuhn's stratification of shelter use effected an important shift in how individual-level behaviours can be linked to the organization of shelter services. Again, while the term 'chronically homeless' has been rightfully critiqued for its pathologizing undertones, the focus of Culhane and Kuhn's argument is not on what is wrong with the chronically homeless and how to fix them. The characteristics they attribute to the chronically homeless – 'being older, of black race, having a substance abuse or mental health problem, or having a physical disability' (Culhane & Kuhn, 1998, p. 23) – remain at the aggregate level to identify a subpopulation. The research does acknowledge that inadequate "'safety net" programs' (ibid., p. 41) force individuals to rely on emergency shelter systems. It does not go as far as advocating structural changes that might slow or end the reproduction of housing insecurity – for example, challenging discriminatory renting practices. But neither do the authors argue that service providers need to end drug and alcohol use among their clients; in fact, as noted above, the application of their research has de-emphasized the importance of sobriety and other individual-level interventions.

For Culhane and Kuhn, the changes that must be made are in the allocation of resources at organizational levels. Culhane and Kuhn's research does not simply posit the existence of a subgroup of chronic shelter-utilizers. The extended stays and high rates of recidivism attributed to the chronically homeless are understood to be most significant in terms of their drain on the shelter systems; Culhane and Kuhn argue that chronically homeless individuals use a 'disproportionate amount of resources' in the homeless service industry. In other words, with their long and frequent shelter stays, they are the most costly. Subsequent research by Culhane and others went further, correlating shelter stay statistics with data from hospitals and jails to show that the chronically homeless in fact brought high costs to these other institutional sites as well (Culhane *et al.*, 2002). This economic analysis laid the track across which chronic homelessness travelled from academia to government to service organizations.

In taking up chronic homelessness as an object of knowledge and intervention, the federal government translated the economic dimensions of the category into business plans for its management. An Interagency Council on Homelessness presentation on 10-year plans offers the following reasons to focus on chronic homelessness:

- This group consumes a disproportionate amount of costly resources.
- Addressing the needs of this group will free up resources for other homeless groups, including youth/families.
- Chronic homelessness has a visible impact on your community's safety and attractiveness.
- It is a finite problem that can be solved.
- Effective new technologies exist to engage and house this population.
- This group is in great need of assistance and special services.

(United States Interagency Council on Homelessness [US ICH], n.d.a, p. 3)

The presentation is a textbook example of neo-liberal post-social thinking in action. The first two points make explicitly economic arguments. The third point makes an implicit economic argument, evoking the cost to urban economies posed by perceived dangers and dirtiness. The fourth and fifth points make pragmatic arguments – it can be done – and only the last point makes something like a social welfare argument about the needs of the population itself. Only the first point, regarding the disproportionate consumption of resources, is elaborated upon in the presentation, which goes on to posit that the chronically homeless represent only 10 per cent of the overall homeless population, but consume 50 per cent of resources (US ICH, n.d.a, p. 4).

That chronic homelessness demands savvy economic responses is made even more explicit in a second presentation, entitled *From good...to better...to great: Innovations in 10-year plans to end chronic homelessness in your community* (US ICH, n.d.b). The presentation draws from *Good to great*, a study by Jim Collins that identifies the attributes of corporations that sustain long-term competitive edges over other corporations and perform 'above market'. The Interagency Council presentation applies the principles of Collins's study to analyse chronic homelessness programmes and identify how 'great' programmes employ the same principles marked by Collins as key to corporate success – 'disciplined people, disciplined thought, disciplined action'. The presentation encourages not only partnerships between government offices, non-profit agencies and private-sector business leaders, but suggests that 10-year plan leadership be placed with someone 'of high standing in the community who is *not* primarily associated with homelessness'.

According to the presentation, a key element of 'disciplined thought' is the implementation of a 'business plan' to combat chronic homelessness. Great plans include the following elements of disciplined thought:

- Business Principles – familiar concepts, such as investment vs. return, that bring a business orientation to the strategy;
- Baselines – documented numbers that quantify the extent of homelessness in the local community;

- Benchmarks – incremental reductions planned in the number of people experiencing chronic homelessness;
- Best Practices – proven methods and approaches that directly support ending chronic homelessness;
- Budget – the potential costs and savings associated with plan implementation.

(US ICH, n.d.b)

Again, the presentation does not directly concern either structural conditions that produce housing deprivation or the behaviour or personalities of individuals who experience it. Rather, the problem of chronic homelessness becomes a problem of inefficient use of resources. The solution becomes better management of social welfare administration through the application of business principles.

The genius of Culhane and his colleagues' research is that they were able to mobilize neo-liberal discourse of cost and efficiency to advocate successfully what humanist or ethical discourses have failed to do – that people in need of shelter should be housed as quickly as possible. In recasting housing insecurity in terms of financial cost, their research provides an economic justification for permanent, long-term housing. The danger of the research is of course the same thing – its synchronicity with a neo-liberal reshaping of social welfare imaginations. While others have pointed out the rise in neo-liberal governance of managerial strategies derived from private business sectors, I want to emphasize that the strategies are not simply an external logic applied to a stable social field, but rather a transformative force reshaping the very conception of something like housing deprivation. The invention of chronic homelessness retrofits a social problem as an economic problem.

Thus, while at a discursive level chronic homelessness evokes addiction and hence individual behaviour and personal attributes, in practice it functions as a statistical model for assessing the economic costs of a subpopulation. This translation of housing insecurity and deprivation through statistical models of economic cost produces what can be thought of as a biopoliticization of housing insecurity and deprivation. With the term 'biopoliticization', I mean to signal how population dynamics become organized in governance and set in relation to cost–benefit analyses. The biopoliticization of housing deprivation – or the reinterpretation of 'homelessness' in terms of its financial cost to local communities – does not only provoke interest in chronic homelessness. Biopolitical analysis grounds the concept; chronic homelessness is at its heart an economic category descriptive of a population.

Given the shift to biopolitical concerns provoked by the invention of chronic homelessness, the end of mandatory social and psychiatric services is not so surprising after all. The biopoliticization of housing insecurity moves away from targeting individual behaviours as the point of intervention, as the population instead is taken up as the proper object of governance. In putting

forth a biopolitical model that abstracts attributes and behaviours of individuals and organizes them as a statistical population, the invention of chronic homelessness undercuts the disciplinary technologies of the case management system. In other words, disciplinary mechanisms of individuated control, considered inadequate or ineffective, are being suppressed by population management techniques. Rather than a discipline that feeds biopolitics, as Foucault initially proposed, here we have biopolitics brought to bear on individuals without the assistance of discipline.¹³ In matching the profile of the chronically homeless, subjects are in effect biopoliticized, or absorbed into a governance that regulates a population's costs by economizing and securing its health and life chances. Concern with the apparently limited resources of municipalities – rather than with individual wellbeing – motivates this biopoliticization. The invention of chronic homelessness de-emphasizes individual compliance with service requirements in favour of economic containment of population costs, a move that is unexpectedly benefiting an abandoned and usually despised and degraded population. The shift to population-level concerns legitimated the Housing First model not because the federal government accepted that mandatory services are paternalistic, but because it saw mandatory services as a deterrent it could no longer afford.

The invention of chronic homelessness points to the reconfiguration of disciplinary sites through biopolitical projects. Patricia Ticineto Clough helps characterize such 'post-disciplinary' social programmes, which she understands as indicating

the increasing abandonment of support for socialization and education of the individual subject through interpellation to and through national and familial ideological apparatuses. The production of normalization is not only, or even primarily, a matter of socializing the subject; increasingly, it is a matter of directly bringing bodies and bodily affective capacities under an expanded grid of control, especially through the marketization of affective capacity.

(Clough, 2004, pp. 14–15)

For sure, the discourse of chronic homelessness continues to perform the disciplinary work of pathologizing residents of housing programmes. In so doing, it may hold in place the imperative of reforming the individual, even if such an imperative is not mobilized as strongly in the present moment. But in the meantime, a biopolitical model that addresses individuals as components of a population whose death and life chances are correlated with economics and managed through economic means, or what Clough refers to as 'marketization', overrides the imperatives of socializing into responsible selves. Within this model, *the immediate provision of housing becomes the most economically efficient means of managing this population.*

Cautious advocates of chronic homelessness programmes suggest that the economic argument – 'it is more expensive to leave people unhoused' – is simply a politically efficacious means to reach a socially desirable end. While it is hard to argue against the immediate provision of housing for vulnerable populations – or,

for that matter, the provision of housing for all people at all times – again I would suggest that the economic here is more than simply an argument. The biopoliticization of homelessness signals and produces the transformation of social programmes into economic programmes, a transformation that is characteristic of what Jacques Donzelot (2008) has described as the transition from the social welfare state to the social investment state. The economics do not end with the analysis that produces the category ‘chronic homelessness’, but extend into and transform the programmes to which that category gives rise.

I would argue, then, that chronic homelessness programmes are part of neo-liberal economies, and thus they *enable* rather than challenge the very conditions and systems that produce housing insecurity and deprivation. As proponents of the programmes note, 10-year plans come into being through the support of police and local business organizations, both of which eagerly endorse the effort to remove unsheltered individuals from public view. In this way, 10-year plans function as the second phase of the neo-liberal reorganization of the city begun in the 1950s with the destruction of Skid Rows. These 10-year plans attempt to clean up the mess made by the evaporation of SROs and other forms of low-cost housing by removing the individuals left behind. They do nothing to alter the structural conditions that reproduce and distribute housing insecurity and deprivation. In this sense, the plans preserve an earlier medicalized conception of housing insecurity, as if removing ‘problem individuals’ from ‘the streets’ is an adequate solution. The fact remains that ‘the streets’ – here we can substitute labour markets, privatized housing, police/prison systems and inadequate public assistance programmes – will continue to produce unsheltered populations.

The case of chronic homelessness programmes in one city attest to the short-sightedness of this removal strategy. In this city, agency advocates were able to obtain records from public hospitals and calculate the seventy-five ‘most expensive homeless people’ in the area, specifically, those with the most frequent or longest visits to public hospitals. Programme managers then conducted targeted outreach to locate these individuals and place them into housing. However, as a staff member of that programme noted, as beds open up (as residents move on or die) and ‘less expensive’ people are brought in, the savings to the city will decrease. In other words, the relative cost of housing versus hospitalization will increase, perhaps until the chronic homelessness programme actually becomes more expensive than leaving people unhoused and reliant on hospital systems. As economic ventures, chronic homelessness programmes have no loyalty to an ethic of housing people, despite the commitment of individuals working within those programmes to just such an ethic.

Thus 10-year plans are economic programmes in that they (attempt to) remove obstructions to the smooth functioning of neo-liberal consumer/tourist economies in urban centres, benefiting in the short term a small handful of clients who fit the profile of the chronically homeless. Chronic homelessness programmes are furthermore economic in a second sense – the *management* of housing insecurity is itself an economic enterprise. The proliferation of service

agencies, the circulation of funding, the commissioning of studies and reports – all of this forms part of what scholar-activists have begun calling the ‘nonprofit industrial complex’ (INCITE!, 2007). The non-profit industrial complex is where the post-social state meets post-industrial service and knowledge industries. Contrary to rhetoric that associates ‘the homeless’ with waste and cost, housing insecurity and deprivation prove to be sites of economic productivity in which individuals organized as ‘chronically homeless’ become the raw material out of which studies and services are produced. While consumer/tourist economies may be served by removing unsightly reminders of poverty from view, the social service and knowledge industries that manage this removal are at odds with an end to housing insecurity. An actual elimination of housing insecurity and deprivation would also mean an end to the service and knowledge industries proliferating around managing and studying populations living without shelter. Hence, the complex of agencies and organizations produces new forms of industry, none of which fundamentally challenges the social, political and economic reproduction of housing insecurity and deprivation, even if they reduce their immediate effects.

Many advocates argue that chronic homelessness initiatives contain something of an inherent contradiction in that they serve both the economic needs of neo-liberal cities and the needs of a vulnerable population. But there is no contradiction. Chronic homelessness programmes serve the economy twice over: first by removing an economic obstacle and then by investing in a growing non-profit industry of population management. The invention of chronic homelessness effects the economizing of the social that characterizes neo-liberalism, not simply by subjecting social programmes to economic logics, but by transforming social programmes into economic industries.¹⁴ The classic or Keynesian social welfare state organized the national population by stratifying it in terms of labour. Populations organized as potential or former workers, or as vital to the reproduction of labour, would be invested in through social programmes; those subject to extraction but organized as outside labour would be socially abandoned. Under neo-liberal biopolitics, the targets of social programmes need not be addressed as labour. Rather, the clients of such programmes are laboured *on* by social service and knowledge industries, industries that sustain rather than challenge the neo-liberal economies that produce housing insecurity and deprivation.

Conclusions: racism and neo-liberal biopolitics

The invention of chronic homelessness suggests that, in the contemporary era, neo-liberal heterarchic arrangements are reconfiguring housing insecurity. For municipalities, chronic homelessness programmes became a way of containing an unruly social problem that has not been made to disappear by decades of social and political abandonment. In its role as financier and manager, the federal government guarantees that the management of this problem unfolds in

what are taken to be economically efficient and productive ways. As a result, rather than being an individual problem addressed through disciplinary interventions developed on a case-by-case basis, housing insecurity is today undergoing a biopoliticization. This biopoliticization reconfigures housing insecurity and deprivation in terms of population dynamics understood to be best managed through economic interventions grounded in statistical profiles. Of course, this is not a total eclipse of disciplinary case management by biopolitical apparatuses. Much evidence exists for the persistence of medicalized conceptions of housing insecurity and related disciplinary technologies. Rather, the invention of chronic homelessness draws out another dimension for governance – population dynamics that can be calculated in relation to financial and material resources. In so doing, the invention of chronic homelessness transforms housing insecurity and deprivation into productive sites of economic investment, allowing for the smooth functioning of consumer/tourist economies and the proliferation of service and knowledge industries. As economic ventures, neo-liberal social programmes do not necessarily seek an end to social problems, but become ends themselves – economic activities enabling more economic activity.

What, then, are the social and political implications of the invention of chronic homelessness? If chronic homeless initiatives do not end housing insecurity and deprivation, in what ways do they reconfigure the social? In this last section, I explore these questions through a re-thinking of housing insecurity and deprivation in terms of racial subordination. Such a re-thinking opens up critical thought about the apparently progressive elements of the initiatives, namely the immediate provision of housing for racially subordinated populations living at great risk of death and disease.

As many have noted, racially subordinated populations disproportionately experience housing insecurity and deprivation. As one HUD study notes:

Homelessness disproportionately affects minorities, especially African Americans.

Minorities constitute one-third of the total US population and about half of the poverty population, but about two-thirds of the sheltered homeless population. African-Americans are heavily overrepresented in the sheltered homeless population, representing about 44 percent of the sheltered homeless population but 23 percent of the poverty population and only 12 percent of the general population.

(HUD, 2008, p. iv)

In the city of Seattle, a 2002 count of people utilizing homeless services identified 37 per cent as African American, as opposed to 5 per cent of the general population (Burt *et al.*, 2004, p. 54).¹⁵ Similarly, based on shelter stay statistics from fiscal year 2008, we can determine that in New York City, about 54 per cent of service users were identified as black and about 26 per cent as Hispanic (New York City Department of Homeless Services, 2008). In their follow-up study, Culhane and Kuhn note that this pattern holds and increases

for individuals designated chronically homeless. Thus they identify around 62 per cent of shelter users in that study as black, and around 71 per cent of the chronic subset as black (Kuhn & Culhane, 1998). A progress report on Project 50 prepared for the Los Angeles County government identifies 85 per cent of those housed as African American/black (*Project 50 one year progress report*, 2009).

At the same time that research notes this racial stratification, research also attends to the health risks associated with housing insecurity and deprivation. In fact, the biopoliticization of homelessness can be understood in terms of the reconceptualization of homelessness as a health problem – which is to say, a problem of population health dynamics and trends – as opposed to simply a medical problem belonging to individuals. In 2005, the New York City Department of Health and Mental Hygiene and Department of Homeless Services jointly issued a report entitled *The health of homeless adults in New York City* (Kerker *et al.*, 2005). The report draws from data collected between January 2001 and December 2003 at two kinds of shelters, single adult shelters and family shelters. Comparing this shelter population data with data about the general adult population of New York City, the study drew a number of alarming, if not entirely surprising, conclusions. Death rates among those who stayed in the adult shelter system were twice as high as among the general population of New York City, and adults who stayed in the family shelter system had death rates 1.5 per cent higher. The study also found that, while leading causes of death were shared (heart disease and cancer are the leading causes of death both among the shelter population studied and the general New York City population), prevalence among shelter users was higher. Further, diagnoses of tuberculosis and HIV were significantly higher for those in the shelter systems. Between 2001 and 2003, 3.6 per cent of all New York City tuberculosis diagnoses were among the shelter populations studied, making the rate of TB diagnosis eleven times higher than in the general population. Users of the single adult shelter system were twice as likely to have HIV compared with the general New York City population (*ibid.*, p. 16). Further, '[t]he rate of new HIV diagnoses among adults who used the single adult shelter system from 2001 through 2003 was 1,241 per 100,000. This was over 16 times the rate among adults in NYC (75 per 100,000), and accounted for 5.4 percent of all new HIV diagnoses in NYC' (*ibid.*, p. 19).

That a population characterized by over-exposure to disease and death would also be a population marked by racial subordination is not surprising. Racial subordination itself has been shown to impact disastrously on health and life chances (e.g. David & Collins, 1991; Williams, 1999). As a consequence, scholars have begun to theorize racism in terms of health, life, illness and death. In her study of the California prison system, Ruth Wilson Gilmore defines racism as 'the state-sanctioned or extralegal production and exploitation of group-differentiated vulnerability to premature death' (2007, p. 28). Housing insecurity and deprivation are modes of distribution for such

group-differentiated vulnerability. In thinking about housing insecurity and deprivation as forms of racialized subordination, it is important to note that, as a system, housing insecurity both does and does not 'discriminate'. It does in the sense that people organized as racially subordinate are overexposed to housing insecurity, as detailed above. It does not in the same sense that the prison system does not – people not marked by racial subordination can also be caught in it and suffer the effects of it. In terms of health and life chances, then, we can say that housing insecurity distributes racialized harms that affect all people living without shelter, and that this compounds the effects other systems of racism have on health for people of colour caught in systems of housing insecurity and deprivation.

Given this, should we then understand chronic homelessness initiatives, with their focus on a predominantly racially subordinated population marked by premature death, as challenging racialized health and housing disparities? To answer this, I will put this question in dialogue with Foucault's formulation of biopower and what he calls 'state racism'. Thinking about the larger fields of biopower in which the invention of chronic homelessness takes place will help sustain a critical inquiry that does not take the purported aims or relative successes of the programmes at face value. Further, the analysis will pressure the limits of Foucault's formulation, helping us to think how state racism and other technologies of biopower might operate in the contemporary neo-liberal context.

For Foucault, the emergence of social welfare programmes directed towards promoting and protecting human health and life are part of a broad emergence of a form of power he terms 'biopower'. He writes that biopower is 'what brought life and its mechanisms into the explicit realm of calculations and made knowledge-power an agent of transformation of human life' (1990 [1976], p. 143). The rise of biopower signals a shift from sovereign power's right to 'take life or let live' to biopower's capacity 'to foster life or disallow it to the point of death' (1990 [1976], p. 138). The technologies of biopower, including medicine, public health, health education, social security, reproductive technologies, positive eugenics and life insurance programmes, incite and proliferate life and its many forms.

At first glance, then, chronic homelessness initiatives would appear to be just one more instantiation of biopower in contemporary life, as they assess and secure health and life. But Foucault suggests that, in regimes of biopower, not all life is considered worthy of protection and investment. This is because biopower operates not only on the individual, but also on the population, with the collective wellbeing of a population and its economic viability assuming a privileged status over and above any individual life. Foucault suggests that all regimes of biopower deploy technologies for the evaluation of life in order to make cuts into a population, separating out that life which is a drain on the life of the overall human species.

Interestingly, Foucault designates projects of identifying life unworthy of investment and promotion 'state racism'. State racism is the elimination of unproductive ciphers of life through direct killing as well as abandonment.

This death is a biopowerful death, which is to say it is productive, because it allows the overall life of a population to extend and prosper. Mariana Valverde has described technologies that incite life and those that end it as the 'two faces of biopower' (2007). As Valverde points out, state racism is not antithetical to regimes of biopower, such as a social welfare state, and in fact Foucault writes that all modern states are necessarily state racist, as state racism is what 'allows biopower to work' (Foucault, 2003, p. 256).

Foucault stresses that the 'racism' to which state racism refers is not the same thing as ideological or cultural racisms, and the races it concerns are not strictly coterminous with taxonomic/cultural racial categories. Those targeted by state racism are any part of a population deemed biologically, socially or economically 'unfit'. Of course, the line between projects of state racism and other forms of racism is not so sharp, nor are the populations targeted by various modes of racism completely distinct. As Jasbir Puar's (2007) study of homonationalism and the war on terror argues, ideological and affective racisms can function to bolster biopolitical projects of state racism. And as Patricia Ticineto Clough writes: 'Of course, the mutual hatred among races, or the projection of hate and fear onto a population that makes it into a mythical adversary, may come to function as a support of evaluations of populations, marking some for death and others for life' (2008, p. 18). Thus, state racist projects of making cuts into an overall population often line up with other projects of racial subordination, which have coded entire peoples as unproductive and unnecessary.

Those populations targeted as 'chronically homeless' would appear, then, to fit within programmes of state racism twice over: both as populations considered social and economic drains and also as populations marked as racially inferior. But, rather than directly killed or abandoned, we have what appears to be the opposite, as those designated chronically homeless are moved into housing programmes understood to protect and secure their health and wellbeing. How can this be? Is it the end of state racism?

The earlier discussion suggests another understanding of chronic homelessness initiatives, and points to some of the historical limitations of Foucault's analysis. Foucault's description of biopower and state racism describes the emergence of the modern state form and its organization as the social welfare state. In such a formation, the modern nation-state seeks to line up a national population with a national economy; the Keynesian welfare state did exactly this. In the contemporary neo-liberal context, social programmes become industries that serve the economy directly, not necessarily through investing in a labouring population, but through the production of service and knowledge industries. In such a situation, illness and unproductivity may not need to be reduced or eliminated, as they would be in the social welfare state. Rather, illness and waste, and populations organized as such, become fertile sites for economic investment, as they multiply opportunities for developing and extending governance mechanisms, making economic life possible.

The reproduction of housing insecurity and deprivation attests to the continuation of social abandonment through withdrawal and disinvestment. However, the invention of chronic homelessness suggests something in addition, as those nearest to death and most subject to the subordinating and dehumanizing effects of institutional racism become the privileged targets of federal policy and funding (at least for the time being). But, rather than a reversal of abandonment, the invention of chronic homelessness indicates how abandonment takes place *within* an economy and in service to the economy. If chronic homelessness programmes enable rather than challenge neo-liberal housing insecurity and deprivation at structural levels, it is not so clear that these programmes are ‘life-saving’, even if they do prolong or save some individual lives. Rather, the invention of chronic homelessness reminds us that the deaths of biopower are not instantaneous or complete, and that, in being slow to die and continuing to bear costs, populations marked by and for death demand of neo-liberal apparatuses a biopolitical investment. Thus, we might want to amend Foucault’s view of illness and death as the negation and loss of power, allowing us to question his assertion that ‘death is power’s limit, the moment that escapes it’ (Foucault, 1990 [1976], p. 138).

The invention of chronic homelessness emerges in a context of neo-liberal economic restructuring of relationships between life, health, illness and death that moves past Foucault’s formulation of a zero-sum game in which those marked as ill or unproductive would be treated only as negation or loss. State racism in the neo-liberal context is a process of calculation and distribution, in addition to deprivation. Technical programmes such as chronic homelessness initiatives, and the economic investment they entail, should not be mistaken for political and social rescue of abandoned populations. These programmes emerge to manage costs and to transform illness and death into productive parts of post-industrial economies. Neo-liberal forms of state racism facilitate the continued reproduction of housing insecurity and deprivation as forms of racial subordination, even while organizing those ‘losses’ into productive economic enterprises.

If we allow that, even in their neo-liberal transformation, technologies of state racism make the life of a population grow and thrive, we can nonetheless recognize that it might not be the lives of the ‘chronically homeless’ these programmes ultimately secure and protect. In other words, the life guaranteed by the invention of chronic homelessness is not the life of those populations most directly organized by it. Rather, the ultimate investment of chronic homelessness is in those populations that most benefit from the wellbeing of neo-liberal economies.¹⁶ In allowing for neo-liberal economies to thrive and proliferate, chronic homelessness becomes the condition of possibility for securing and investing in a general biopolitical life that ultimately leaves behind those whose lives are most threatened by housing insecurity and deprivation.

For Foucault, death, through state racism, makes life because it eliminates that which would sap the population of its strength and vitality; it is a cutting-out of loss and negation. But understanding death, the production of death and the management of death as economic activities suggests that *that which is ill or dying does not need to be eliminated to grant biopolitical life to a population*. The activity of dying, of being ill, offers *economic* life and productivity, as a matter to be neo-liberally and biopolitically managed. As the invention of chronic homelessness makes clear, welfare policy and administration, viewed as technologies of biopower operating within economic contexts, may invest in life and health as objects of governance without challenging the conditions that reproduce and distribute illness and exposure to premature death. In the neo-liberal context, economic activity and biopolitical death grow side by side.

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Notes

1 In this article, ‘chronically homeless’ should always be read as if in scare quotes. As will become clear, I want to foreground the provisional and constructed nature of the term, even as I investigate its deployment. I take the term seriously due to the very real material consequences of being identified with it, but I aim to resist its reification. In my use, it should be understood to mean ‘populations targeted as chronically homeless’. Like this new iteration, the term ‘homelessness’ is also used with caution in recognition of the cultural, social and ethical meanings concatenated within it. Instead, I will generally use the term ‘housing insecurity’ to signal the structural reproduction and circulation of vulnerability in relation to shelter and ‘housing deprivation’ to describe the condition of living without shelter.

2 Launched in 2006, the so-called Safer City Initiative, which has targeted unsheltered individuals in Skid Row for criminal punishment, represents one of the greatest concentrations of police force in the United States. For a critique of the programme, see Blasi and Stuart (2008).

3 On the shift from welfare to workfare, see Peck (2001).

4 The association of ‘chronic homelessness’ with racial status and substance use was developed in Culhane and Kuhn (1998), to be discussed later in this article. As I will

elaborate in the conclusion, racially subordinated populations are disproportionately exposed to housing insecurity and deprivation.

5 In interviews and public talks, service providers and advocates have criticized my use of the word ‘invention’. These critics have suggested that it minimizes the medical dangers associated with living without shelter. I do not take these criticisms lightly, but feel that destabilizing the category in the academic discourse can proceed alongside documenting the harms to health and life posed by housing deprivation.

6 Not until 1969 did the United States Supreme Court put an end to settlement issues regarding social welfare programmes.

7 As a social category, women have also been organized as forms of property or as incapable of holding property. While, of course, some women have always been housed in shelter programmes, other administrative means for managing them as a population have been developed, especially coercive welfare regimes. See, for example, Mink (1998). As homelessness programmes have increasingly understood their mission to be housing men, women in need of shelter have been increasingly channelled through family shelter systems and domestic violence programmes. I thank Lauren Jade Martin for pointing me to these mechanisms through which homelessness gets gendered.

8 Kusmer (2003, p. 242) points specifically to the intensification of African American exposure to housing insecurity, naming urban renewal, declining employment opportunities, barriers to education and new job industries and the racialized effects of recession and housing market prices as factors.

9 On the co-construction of race and property, see Harris (1993).

10 There is very little documented history of HUD available. Lawrence L. Thompson, who worked in the department for over twenty-five years, self-published *A history of HUD* (2006) following his retirement. His account has helped form my own, which is also based on Congressional records and HUD’s technical documents.

11 In addition to Jessop (2007), for this model of neo-liberalism I am drawing from work in political sociology and geography, including Brenner (2004), Brenner and Theodore (2002), Peck (2002) and Smith (2002).

12 I investigate technologies of domestic structural adjustment in Willse (2008).

13 Foucault suggests that disciplinary programmes precede biopolitical programmes both historically and technically; see Foucault (1990 [1976], pp. 139–41, 2003, p. 257).

14 For a comparison of different approaches to analysis of ‘economization’, see Caliskan and Callon (2009).

15 I am repeating the classification categories used in the cited studies.

16 Seeking out what life beyond its own the invention of chronic homelessness makes possible leads to thinking about what kinds of race state racism makes beyond what it targets for elimination. Rey Chow offers a description of this as the ‘ascendancy of whiteness’. She writes: ‘I would like to propose that Foucault’s discussion of biopower can be seen as his approach, albeit oblique, to the question of the ascendancy of whiteness in the modern world’ (2002, p. 3). The whiteness produced through biopowerful welfare policy and administration, along with other technologies including mass incarceration, the war on terror, bioprospecting and global trade in blood and organs, may, like the blackness of chronic homelessness, have both direct and tangential relationships to taxonomic racial categories. I take the whiteness Chow points to as describing an organization of survival within a general terrain of economic, social and political insecurity. If chronic homelessness initiatives economize and marketize housing insecurity, then chronic homelessness becomes the condition of possibility for a biopolitical whiteness and the investments of health and life that category secures.

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Craig Willse is a doctoral candidate in sociology at the Graduate Center, City University of New York. He is currently completing work on a dissertation about technoscience, race, and economies of population management in the United States. An article based on this research has appeared in *Surveillance and Society*, and he has co-authored articles in *Ephemera* and the *Widener Law Review*. He is co-editor, with Patricia Clough, of *Beyond biopolitics: Essays on the governance of life and death* (forthcoming, Duke University Press).