Another Day, Another Donut: Political Economy, Agency, and Food in a Montanan Homeless Shelter

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ANOTHER DAY, ANOTHER DONUT: POLITICAL ECONOMY, AGENCY, AND FOOD IN A MONTANAN HOMELESS SHELTER

By

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Despite widespread undernutrition among the homeless, there has been little anthropological research on the experience of food insecurity in this population. Between 20 and 40 percent of the homeless population is undernourished and one third regularly miss meals (Gelberg 1995). This thesis addresses the significant problem of food insecurity in the homeless from a political economic perspective, analyzing how larger social structures influence the individual person. Fifteen residents at a shelter in Missoula, MT were interviewed about their dietary practices and experience of social service programs. The macro-social level influences the diet of the individual in two important ways: first, by creating the environment in which homelessness occurs, and second, by regulating the social measures which address food insecurity. These social measures which are designed primarily for the needs of the housed are insufficient to deal with the unique challenges of food insecurity. An inability to cook and store food limit how effectively homeless people can utilize these social programs. It is necessary for these programs to appropriately adjust their services for the homeless; however, to truly solve the problem of food insecurity, the reality of homelessness must end.
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CHAPTER ONE: INTRODUCTION

Anthropology has a long history of exploring the lives of marginalized members of society. In modern America, the homeless are often among the most vulnerable members of the population, living on the outskirts of society. Despite the well-documented poor health and undernutrition of the homeless, there has been little research how these people eat and instead, academic literature has rested on the assumption that the indigent simply eat whatever is made available by the nearest soup kitchen. Ignoring this question has left a gap in the anthropological literature, as well as an important opportunity to address the undernutrition in this population. This thesis aims to describe how homeless people eat by analyzing how larger social structures influence the experience of the individual.

Poor health is a fact of life for many of the homeless, with high rates of infectious and chronic diseases, and mental disorders (Badiaga et al. 2008; Filardo 1985). In addition to these health problems, hunger and undernutrition are also significant problems for in this population (Gelberg et al. 1995). A lack of food both exemplifies and exacerbates the problems of not having permanent, reliable housing. Living on the margins of society, the homeless have increased difficulty accessing their basic needs such as food, which in turn makes meeting subsequent needs more difficult. Food insecurity is not limited to this group, however; it is part of a larger issue in the United States. In response to this national issue of food insecurity, there are numerous charities and government programs designed to help mitigate the effects of hunger across the nation. Whether or not these food programs are appropriate for people who are homeless, however, has yet to be determined.

Because food, and the entire process of obtaining, eating and disposing of it, is a central part of daily life, it has often been the focus of anthropological study. However, anthropologists
have largely ignored food as a cultural element of homelessness. Glasser (1997) suggests that there has been little anthropological work on soup kitchens, despite their ever increasing prevalence. Besides Glasser’s work on these programs, there has been little to no research on the food culture of this population. Not only does this oversight leave a significant gap in the literature, inhibiting an accurate picture of the lives of the indigent, but it also misses an important opportunity to positively impact public health. Discovering how homeless people access food and make nutritional choices provides a greater understanding of why issues of hunger, food insecurity, and undernutrition persist despite the social measures used to address these problems.

The purpose of this thesis is to address how larger social structures impact the experience of the individual homeless person in regards to their eating habits. Multiple factors determine how people eat, from individual agency and choice to factors beyond their control, such as poverty, social marginalization, policies of federal and state food insecurity programs, and the individual’s interaction with local agencies. These factors all combine to influence how the homeless eat, both what they choose to eat and to which foods they have access. This thesis aims to both add to the existing anthropological literature on homelessness by addressing food culture and help provide perspective on how public policy affects the lives of individuals.

The central research question is: how do social structures influence homeless people’s eating habits and nutrition? This question is addressed by taking a political economy approach, which looks at the causes and effects of social stratification on individuals’ ability to access nutritious or desired types of food. For example, national economic shifts, such as the recent recession, cause an increase in hunger and homelessness. This in turn affects the state economy and the resources individual agencies are able to provide. This thesis reviews economic trends,
state and national laws, and program policies at four levels of analyses: the macro-social, the intermediate, the micro-social, and the individual levels. The goal here is to determine how larger levels of influence ultimately impact the individual.

To gain insight into the homeless experience at the individual level, the author conducted 15 semi-structured interviews with residents of the Poverello Center’s Ryman Street Shelter in Missoula, Montana. Interviews covered topics from the individual’s experience of soup kitchens and food banks to how alcohol and drug use impacted eating habits. The interviews were recorded, transcribed, and coded for thematic patterns. Together with the literature on the macro-social, intermediate, and micro-social influences on eating habits, and the information compiled from interviews the author analyzed how these larger social levels affect individual experience.

The search for the influence of social structures begins at the national level. The picture of homelessness changed dramatically in the latter half of the twentieth century. During the Reagan Administration of the 1980s, the numbers of homeless people rose sharply due a downturned economy, the deinstitutionalization of the mentally ill, and the closure of single room occupancy hotels where many poor, single adults lived. This atmosphere, shaped by the national economy and federal policy, helped create an environment for homelessness to proliferate.

Similarly, economic conditions at the state level influenced homelessness. In recent years the national economy has sharply declined, causing what is often referred to as the “Great Recession.” Unemployment rose across the nation and in Montana as well. The state has struggled economically since the collapse of the mining industry, and the conditions of the economic downturn of 2007 further created an environment where homelessness was
increasingly likely for low-income residents. Food insecurity rose during this time period, both across the nation and in Montana.

Not only do national and state level economic changes and policies influence the conditions which create homelessness, but these larger social forces create programs and policies which control food distribution to the low-income. State and federal government and local non-profit programs attempted to address the rising food insecurity in recent years; however, for the homeless they are not sufficient to answer the whole problem. For example, programs such as the Supplemental Nutrition Access Program (SNAP) regulate the types of food which can be bought. Because homeless people have more restrictions than the housed, namely that they have no place to cook or store food, they are even more limited in what they can buy and eat. This type of restriction is inherent to being without housing, one that food insecure housed people do not experience in accessing local resources. In Missoula, where this research takes place, there are multiple agencies that address food insecurity including soup kitchens, food banks, and community gardens. However, many of these programs are not appropriate for homeless people to use due to difficulties with transportation, and again, cooking and storage. The social solutions to addressing food insecurity that are available are often not sufficient to meet all the needs of this population.

Interviews with men and women who were patrons of the soup kitchen and residents of the shelter highlighted the difficulties they experienced using these services. Participants told stories of times they were unable to eat, of how past drug and alcohol abuse had limited their nutrition, what it was like to eat at the soup kitchen, and how they felt when receiving food as charity. The population interviewed was diverse; the only thing many had in common was lacking a permanent residence. The clients of the shelter, like the participants in the interviews,
varied in every aspect – gender, age, disability, health, time spent homeless, and marital status. Thus, unsurprisingly, responses covered a wide range of opinions. However, few expressed outright frustration or anger at the difficulty they had in accessing foods. Rather, most described these barriers with resignation. For some, the struggles to obtain basic human needs had become commonplace.

The quotidian nature of poor diet is exemplified in the title of this thesis: “Another Day, Another Donut.” While recruiting participants for these interviews, I became familiar with many of the patrons of the shelter and soup kitchen. One man, who was not interviewed for this study, was perpetually upbeat, yet always honest, about his situation. Whenever I would ask him how his day was he would reply, “Another day, another donut!” and carry on. During my interviews with clients, day-old donuts often served as an embodiment of all that was wrong with the food available to the homeless. Donuts were free, yet stale; available, yet unhealthy; portable, but not filling. Despite the patrons’ complaints about donuts, they were always available and continually consumed. The client’s refrain of “another day, another donut!” portrays this acceptance of and resignation to the soup kitchen’s offerings.

The conversations with these participants, however, highlighted the numerous difficulties homeless people face in obtaining nutrition. The needs of the itinerant are unique among the low-income population. People who are without a residence to call their own face additional barriers to getting food, even more in finding healthy food. The influence that social structures have on the eating habits is immense; even measures meant to mitigate food insecurity can present challenges for homeless people. Ultimately, larger social structures act upon the individual in a myriad of ways, determining who becomes homeless and the resources available when they do. The experience of the individual, however, focuses on one particular way in which these social
forces act: programs which are designed to address food insecurity in the housed are insufficient to meet the needs of homeless people.

By reviewing the multivariate factors which influence how homeless people eat, this thesis provides an example of how the outside environment interacts with the individual and shapes the human experience. Additionally, this thesis helps to build a more complete picture of the experience of being without housing by addressing one of the most basic aspects of life – eating. The social measures which attempt to mitigate food insecurity must attend to the reality that this population has unique barriers to accessing nutrition. By gaining a better understanding of how homeless people live and eat, and the outside influences on these acts, social solutions can be better tailored to handle the specific needs of this population.
CHAPTER TWO: HOMELESSNESS AND NUTRITION

Before answering the question of how social structures influence the eating habits, it is necessary to address the issue of homelessness and its structural causes. Because the environment of the streets and shelters directly shapes how people access food, reviewing how homelessness has developed a societal reality provides insight into how social structures influence the experience of the individual person. Additionally, the experience of being without permanent housing directly impacts the nutritional and health status of individuals, as many people who are living on the streets are malnourished and have compromised health. This chapter describes the growth of homelessness in recent decades, and how this changing social environment impacts health of the indigent.

CAUSES OF HOMELESSNESS

Homelessness is a complex social condition experienced by diverse people and caused by a variety of factors, resulting in one common trait: being without permanent housing. Beyond a lack of permanent housing, it is difficult to make broad generalizations about this population due to the diversity of the group. However, certain themes appear in the route to homelessness as well as in the experience of it. There are two main explanations of why homelessness exists. First are structural arguments, which look at the influence of society on the individual, and second, personalistic arguments, which place liability on the individual for their situation.

Structural Causes of Homelessness

Structural arguments focus on the societal elements which have generated homelessness. Examples of structural arguments include the growing gap between the rich and the poor, discrimination, and racism (Substance Abuse and Mental Health Services Administration [SAMHSA] 2011). These arguments help explain not why a certain individual or family
becomes homeless, but rather why homelessness is a social reality by explaining how an environment which allows it to occur develops. In the latter part of the twentieth century, two factors are commonly cited as causing an increase in people living on the streets: the deinstitutionalization of the mentally ill, and the removal of single-room occupancy (SROs) hotels and boarding houses in urban areas in the 1970s (Glasser 1999). Within the last few years, the economic recession has also played a substantial role in the current increase in homelessness.

Lack of affordable housing is one of the major causes of homelessness today. The United States Department of Housing and Urban Development (HUD) asserts that spending any more than 30 percent of one’s income on housing is considered a cost burden; more than 50 percent is deemed severely cost burdened. Currently 12 million households spend more than 50 percent of their income on housing (HUD 2011). Moreover, affordability of housing varies greatly depending on the current market, local market, neighborhoods within the local market, and the condition of the domicile. Ziebarth notes, “as the availability of affordable housing declines, the rate of homelessness increases” (2010:277). The lack of accessible housing is an important structural element needed to describe the development of this social reality.

Severe cost burdens are an important predictor of homelessness. Between 2008 and 2009, 16 percent of Montana’s population was considered to be severely cost burdened. Sixty-five percent of those living below the federal poverty line in Montana are severely cost burdened (National Alliance to End Homelessness [NAEH] 2011). The NAEH (2011) notes, “ten out of the 14 states (71 percent) with rates of homelessness above the national average have rates of severe cost burden that are also above the national average in 2009.” If obtaining affordable housing that does not severely cost burden a family or individual is difficult, homelessness is more likely to occur.
The economic recession which began in 2008 is an integral part of the current picture of the structural causes of homelessness in the United States. The financial strain caused by the recession led to an increase of people losing their housing for a variety of reasons, including higher rates of unemployment, foreclosures, and other economic hardships. According to the NAEH, between 2008 and 2009 unemployment increased nationally by 60 percent. In Montana, the unemployment rate increased by 32 percent. Additionally, “the doubled up population,” i.e. those living with family or friends due to economic necessity, increased by 12 percent to six million people, a significant element as one in ten people who are doubled-up will experience homelessness (NAEH 2011).

Simply put, “recessions mean more homelessness” (NAEH 2009). In New York City the number of families entering shelters increased by 40 percent between 2007 and 2008. Essentially, recessions cause a reduction in incomes and therefore an increase in economic emergencies. Thus, social support systems such as families or charities may be less able to assist an individual or family facing homelessness if they too are experiencing a reduction in funds. Government agencies as well are likely to be operating with a reduced budget and thus are less able to provide the assistance needed to help individuals and family maintain their housing (NAEH 2009). The economic changes at national and state levels directly impact the likelihood of becoming homelessness and ability to prevent it.

**Personalistic Causes of Homelessness**

While structural arguments help explain the social environment in which homelessness occurs, they do not fully explain why some become homeless and others remain housed. Personalistic arguments consider individual, rather than societal, causes, such as substance abuse, poverty, domestic violence, and mental illness. According to SAMHSA, a “catastrophic
event, loss of employment, family break up, onset of mental and/or other debilitating illnesses, substance use by oneself or family members, a history of physical, sexual, or emotional abuse, and involvement in the child welfare system” (SAMHSA 2011) are some of the main personalistic causes of homelessness.

Mental illness is one of the main reasons people lose or cannot maintain their housing. Between 20-25 percent of the homeless population is severely mentally ill, a rate four times higher than the general population (National Coalition for the Homeless [NCH] 2009). People who have a mental illness, especially those with schizophrenia or bi-polar disorder, are at a greater risk of becoming homeless than the general population. This phenomenon is due to the mental illness making it difficult to “carry out essential aspects of daily life, such as self-care and household management” (NCH 2009). Some mental illnesses “interfere with a person’s efforts toward economic security,” (Walker 1998:27) creating a greater risk for poverty and subsequently homelessness. Additionally, a mental illness can create trouble in forming and maintaining stable relationships and therefore damaging potential social safety-nets that would prevent housing loss (NCH 2009).

Despite the numerous effects of larger social structures, many of the homeless themselves cite personalistic reasons as the main reason for their situation, suggesting loss of job, end of relationships, drug and alcohol abuse, and recent release from jail as primary factors, reflective of the larger society’s assumptions of the causes of homelessness (Koegel 2010; Lyon-Callo 2000). Ruth Pinder (1994) gives a detailed example of the personalistic causes as she depicts the life history of one man’s transition into homelessness, describing life of “Phil,” a man who transitioned from a regular to compulsive drinker at an unknown point in his life. The end of his marriage was a significant turning point which led to escalated drinking, and eventual
homelessness (Pinder 1994). In this description, Pinder does not attribute Phil’s itinerant status to a lack of affordable housing, but rather to his alcoholism, and focuses on significant life turning points as the key cause of homelessness.

Substance abuse and homelessness are intertwined risk factors, operate within a reinforcing cycle; excessive drinking leads to difficulty maintaining housing, and being homeless increases the difficulty of achieving sobriety (Glasser and Zywiak 2010). Koegel notes, “mental illness and substance abuse alone or together, are undoubtedly much more common among homeless adults than domiciled adults, suggesting that these disorders do indeed contribute to vulnerability to homelessness” (2010:252). Many of those living on the streets often incorporate Pinder’s personalistic view of turning points into their narrative of becoming homeless. In a study of homelessness conducted by Lyon-Callo (2000), 39 percent of shelter residents surveyed cited substance abuse as the cause of their situation. According to the United States Conference of Mayors, substance abuse was listed as the primary cause of homelessness for individuals by 17 out of the 28 states surveyed. Three out of the 25 cities listed substance abuse as a top three cause of homelessness for families. The perception of alcohol abuse causing homelessness has permeated the policy making sector. Additionally, a lack of affordable housing and mental illness were listed as the second and third highest cause of homelessness among individuals; for families, the top three causes listed were a lack of affordable housing, poverty, and unemployment (U. S. Conference of Mayors 2008).

In reality, homelessness is caused by a combination of both personalistic and structural factors. Koegel (2010) suggest that personalistic and structuralist explanations are each attempting to answer two different questions: why does homelessness exist, and who is likely to become homeless? Social forces such as funding for social services and the state of the economy
create an environment in which this phenomenon occurs, however, personal factors determine who is affected. Koegel argues for an “ecological model,” one that recognizes the problem as a result of both personal and structural factors. This approach, Koegel argues, avoids “victim blaming,” or putting the entire responsibility for their homelessness on the individual as personalistic arguments tend to do. On the other hand, structural arguments alone do not explain why certain people are more likely to lose their housing than others.

MALNUTRITION AND UNDERNUTRITION

No matter what an individual’s path to homelessness is, the experience of being homeless has significant effects on one’s health. Nutrition is one of the areas where the impacts of living on the streets are felt the greatest. There are two types of nutritional deficiencies – malnutrition, the insufficient intake of vitamins and minerals, and undernutrition – lacking a sufficient intake of food altogether, regardless of quality. Gelberg et al. (1995) gives sobering statistics about the high rates of undernutrition among homeless people. Studies estimate that between 20 and 40 percent of the homeless population are malnourished, 32 percent are underweight, and approximately one-third go without eating at least once a week. The meals that are not missed usually consist of half of the amount of food recommended by the United States Department of Agriculture (USDA) and of poor quality. Gelberg et al. conducted a study of approximately 500 homeless adults in Los Angeles in 1985. For one-third of the adults surveyed, undernutrition was a problem. The determinants of undernutrition reveal some surprising trends; “stereotypical homeless appearance,” i.e., carrying a bag, shabby clothing, did not correlate with undernutrition and neither did mental illness. Drug abuse was a major predictor for undernutrition, possibly due to a loss of interest in food while under the influence or being excluded from services due to intoxication. Furthermore, homeless men and younger adults were more likely to be
undernourished than homeless women and older adults (Gelberg 1995; Lee and Grief 2008). Additionally, food insecurity was a greater concern among the chronically homeless, who reported more infrequent meals and less adequate food than the general homeless population (Baggett 2011; Hamelin and Hamel 2009; Lee and Grief 2008).

Calorie and protein deficiency are a significant problem for undernourished homeless people, but insufficient vitamin and mineral intake leads to the problem of malnourishment. Alcoholics are especially deficient in water soluble vitamins such as thiamine, vitamin B6, and folic acid. Thiamine deficiency can lead to Beriberi disease which causes heart failure and attacks the nervous system and a lack of vitamin B6 leads to an increased likelihood of depression. Taking diuretic drugs can lead to a decrease in potassium levels. Pregnant women who are also homeless are at a greater need for proper vitamin intake, especially calcium and iron (Winick 1985). Women and children in shelters that identified themselves as food insufficient received less than 50 percent of their recommended daily allowance of iron, magnesium, zinc, and folic acid. Adults were additionally lacking in their calcium intake (Drake 1992).

Vitamin deficiency can also lead to psychological problems. In a German study, increasing intake of folic acid, vitamin C, and thiamine have been shown to lead to better mood, activeness, concentration, and confidence (Heseker 1992). Considering the high rate of mental illness such as depression among homeless people, vitamin deficiency is an area of concern for both physical and mental health. Hamelin and Hamel (2009) note that the risk of depression and emotional disorder is higher among those who are food insufficient than those who are not. Winick suggests that “the inevitable conclusion is that this population [the homeless] should be given supplementary vitamins and minerals” (1985:107) in order to stem the effects of
malnourishment. Food insecurity can also have indirect effects on mental health. Food insecurity predicts mastery, that is, the degree individuals feel they are in control of their lives, and thus the stress of being unable to control where one’s next meal comes from can have a negative impact on mental health (Sietert 2004).

The health problems caused by poor nutrition, such as anemia, are exacerbated by a lack of ability to access health care, due to a lack of insurance, a mistrust of providers, a conception that conditions are not serious, and mental illness (Wiecha et al. 1991). Baggett notes that “homeless people who do not get enough food to eat may postpone or forego needed medical treatment until later stages of illness, choose to buy food over medications, or have a difficulty managing health conditions and adhering to treatment plans” (2011:627). Insufficient vitamin and caloric intake inhibits the healing process, a significant problem as homeless people are a high risk for injuries due to fighting, falling, and animal bites. There is a higher rate of hypertension and tuberculosis among homeless individuals, as these problems are associated with a high salt and sugar intake and a decreased immune system (Wiecha et al. 1991). Hospitalizations of food insecure homeless people are considerably higher than those of the same population who are food secure, 46 percent and 30 percent respectively (Baggett 2011).

HEALTH ISSUES AMONG THE HOMELESS

While this paper focuses on food and nutrition among the homeless, nutritional deficiencies are only one part of a wider issue of poor health among the homeless, with problems ranging from an increased risk of infectious disease to a greater likelihood of mental illness. According to the NCH (2006), “with the exception of obesity, stroke and cancer, homeless people are far more likely to suffer from every category of chronic health problem.” These chronic health problems include diabetes, HIV/AIDS, high blood pressure, and cardiovascular
problems (Filardo 1985; NCH 2006; Power et al. 1999). Some studies suggest that serious illness among the homeless occurs at a rate three to six times that of the average population, and these illnesses are often co-occurring with other disorders (National Health Care for the Homeless Council 2010).

Infectious diseases are another significant problem among homeless people. In a report by the Center for Disease Control (CDC), Badiaga et al. (2008) assert high rates of HIV, Hepatitis B and C, tuberculosis, influenza, pneumonia, and diphtheria among the homeless. Both environmental conditions and lifestyle practices contribute to these diseases. For example, airborne illnesses, such as tuberculosis, influenza, and pneumonia, are easily transmitted in close quarters such as overcrowded shelters. Actions such as drug use and high-risk sexual behavior also increase the likelihood of transmission for these types of diseases; louse infestations may happen when clothes are washed or changed infrequently (Badiaga et al. 2008). A 1983 survey of a Boston shelter noted that approximately one-quarter of shelter residents experienced an infectious disease during their stay. In addition to the diseases previously mentioned these infectious included respiratory illnesses, gastrointestinal illnesses, and infected wounds (Noble et al. 1985).

One of the most direct health risks of homelessness is problems caused by “thermal stress,” exposure to extreme hot and cold temperatures. Heat related illnesses include heat cramps, heat exhaustion, and heat stroke, the latter of which can prove to be deadly while extreme cold temperatures can lead to frostbite and hypothermia. Sleeping on park benches or heating grates can lead to burns in the summer and frostbite in the winter. Besides the acute consequences such as frostbite or heat stroke, prolonged exposure to the elements can lead to further health problems. According to Goldfrank, “physiologic, metabolic, nutritional,
neurologic, vasomotor, toxicologic, and psychological adaptations of the environment are impaired by exposure and thermal stress” (1985:57). Thermal stress demonstrates one of the many difficulties of maintaining health while living in a harsh environment.

Trauma is another significant source of poor health for homeless people. The term “trauma” covers a wide variety of injuries, including falls, fractures, drownings, burns, and homicide. Without a stable and safe environment, the homeless are more prone to injury than the general public. Trauma is among the top causes of death and disability for people who are homeless (Kelly 1985). Recovery from traumatic injuries can be influenced by pre-existing conditions such as drug and alcohol abuse, mental illness, malnutrition, infectious diseases, exposure, and inability to care for wounds in unsanitary and unstable regulations.

Besides chronic illnesses, infectious diseases, exposure, and trauma, homeless people face still more issues of poor health. In a study published by the British Medical Journal, homeless women are three times as likely to need hospitalization during their pregnancy as their non-homeless counterparts and their children are also more likely to have low birth weight (Lowry 1990). Both physical and sexual abuse are realities for many homeless people. A lack of proper dental care and hygiene is common as well (May and Evans 1994).

Access to Health Care

The reasons behind the poor health are multi-faceted, involving environmental, social and cultural factors. There is often an issue of access to health care. People who are homeless are often suspicious of health care institutions due in part to a lacking the cultural currency needed to navigate the confusing bureaucracy (Filardo 1988). For example, the requisite health history forms can be a source of confusion as to their purpose as well as an affront to anonymity. Medicaid is another example of a difficult to navigate system, as eligibility requires proof of
citizenship, disability, residency, and identification, documents which few homeless people have at the ready. Financial, psychological and cultural constraints often keep homeless from seeing primary care physicians in their offices, however, some will attend clinics, a less stable option for long-term care (Elvy 1988). Fear of bureaucratic institutions results in a more homeless people using emergency rooms as primary care, a behavior further perpetuated by physicians who refuse to admit homeless individuals otherwise due to negative assumptions and experiences (Elvy 1988; Filardo 1988).

There are other issues of access to health care. Injured or ill homeless people often do not receive prompt medical attention as many passersby see little need to call for an ambulance for an unconscious homeless person, and when an ambulance is called, it may choose not to hurry if the location is that of a well-known homeless community (Kelly 1988). Many homeless men and women do not seek preventative care and rather wait until they are already ill to receive any medical attention (Power et al. 1999). For transient individuals, frequent travel from city to city results in a fragmentation of health care and a lack of necessary social skills lessens the ability navigate the world of health services (Hodnicki 1990).

Compounding this distrust of institutions is the difficulty homeless people face while trying to comply with the regulations given by doctors and nurses. The homeless face unique challenges to obtaining and maintaining prescription drug regimens as even the simple act of effectively storing medicine proves to be a challenge. Many medicines must be kept dry, or as with insulin, refrigerated but not frozen, a difficult task for one living on the streets exposed to temperature fluctuations (Filardo 1988). Prophylactic antibiotic prescriptions are especially helpful when treating wound care for those that are diabetic or malnourished, but these prescriptions often go unfilled (Kelly 1988). Keeping prescriptions organized, facing pressure to
sell medicines with street value, and understanding prescriptions further increase the difficulty of following recovery plans.

Mental Illness and Alcoholism

Mental illness and substance abuse are two other important factors of the overall health of the homeless and often, the two go hand in hand. Koegel et al. (1999) conducted a survey of homeless people in Los Angeles; two-thirds of those Koegel surveyed demonstrated chronic substance dependence and nearly one-fourth had mental illness. Over three-fourths of those who had a mental illness also dealt with substance abuse (Koegel 1999). Koegel notes, “mental illness and substance abuse alone or together, are undoubtedly much more common among homeless adults than domiciled adults” (2010:252). Thus, any discussion of health and homelessness must also consider the issues of mental illness and substance abuse.

The National Alliance on Mental Illness suggests that 26 percent of the homeless population suffers from a severe mental illness, four times the rate of the general public. In addition to major mental illnesses, depression, anxiety, and phobias are also common among this population (May and Evans 1994). Some studies suggest that approximately 60 percent of the homeless have a lifelong mental illness, and 39 percent report having had mental health problems within the last month (Weinreb et al. 2010). Inmates who have a mental illness are twice as likely to be homeless at the time of their arrest than those who do not (National Alliance for Mental Illness 2011). Walker (1998) asserts that mentally ill homeless people exhibit a higher level of positive symptoms such as delusions and hallucinations, and less likely to receive long term treatment.

As with other health problems, the homeless face additional difficulties in seeking and receiving care. The homeless mentally ill who do not adhere to social norms are criticized for
their “misuse” of mental health services by not adhering to treatment plans and taxing the energy and time of providers. Mental health providers who work with the homeless cannot focus solely on the issues of mental illness, but are assume the task of finding basic services such as food and hygiene (Kellerman et al. 1985). It is important to remember that mental illness among the homeless is heterogeneous, caused by a variety of factors, with multiple manners of treatment (Power et al. 1999).

As noted earlier, mental illness is one of the most common causes of homelessness. Being homeless, however, can also lead to new or perpetuate existing mental illnesses. While major mental illnesses such as personality disorder or schizophrenia are not likely to be a result of homelessness, the stress of homelessness can lead to more minor, but nevertheless serious, mental problems such as anxiety, phobias, and depression (Committee on Health Care for Homeless People 1988). Walker notes, “many patients express their psychiatric vulnerability by becoming attached to homelessness as a way of life, one that demands minimal social expectations and few interpersonal contacts” (1998:29). Thus treating mental illness in homeless people can prove to be a difficult task, as the very status of homelessness contributes to mental illness, which in turn perpetuates homelessness.

Despite the high rates of mental illness, alcoholism is perhaps the most extensive health problem of the homeless in this country (Bridgman and Glasser 1999; Glasser and Zywiak 2010). Estimations of abuse rates vary widely, but are all high. One estimate suggests that between 58 and 68 percent of homeless men exhibit alcohol abuse, in addition to 30 percent of single homeless women, and ten percent of homeless mothers in families (Glasser and Zywiak 2010). Another study suggests that “38 percent of homeless persons had problems with alcohol, 46 percent, with drugs” (Kertesz et al. 2009:496). Bridgman and Glasser also note there is a high
rate, from 25-50 percent, of drug use among the homeless. These authors also suggest that mental illness co-occurs with substance abuse and leads to high rates of poor health among homeless people. In addition to immediate consequences such as injury, violence, and risky sexual behavior, long-term excessive alcohol consumption can cause neurological, cardiovascular, psychiatric, and social problems, as well as certain cancers and liver diseases (Center for Disease Control 2010).

**Impact of Malnutrition on Aforementioned Health Problems**

At the center of this complex web of health problems is malnutrition which plays a key factor in the slow recovery from illness and injury for many homeless people. For example, drugs and alcohol alter the body’s ability to respond effectively to thermal exposure, due in part due to their effects on nutrition: “ethanol may be used to replace all other caloric intake, leading to deficits in protein, carbohydrates, fats, vitamins and minerals” (Goldfrank 1988:61). This depletion of nutrients, known as Wernicke-Korsakoff syndrome can cause damage to the muscles and nerves thereby increasing the chances of hypothermia. Malnutrition also increases one’s risk for heat related illnesses such as stroke (Goldfrank 1988). Chronic diseases are complicated by issues of nutrition as the available food options may make adhering to a prescribed low-calorie or low-sodium diet more difficult (Filardo 1988). Additionally, improper nutrition can impede healing of injuries (Kelly 1988). Many of the most significant health concerns of the homeless are made worse by malnutrition.

**HUNGER AND FOOD INSECURITY**

Despite the concrete evidence of malnutrition, “hunger” is a difficult concept to define as it is a subjective feeling rather than a measurable state. Thus, the USDA uses the terms “food security, food insecurity, and very low food security” to measure what had previously been
deemed as “hunger.” Food security, defined as having sufficient food for an active and health lifestyle for all household members, is determined by a ten question survey, eighteen if children are present (U.S. Conference of Mayors 2010; Nord et al. 2008). Households who answer positively to three or more questions are deemed “food insecure,” whereas those that answer positively to six or more questions are considered to have “very low food security” (Nord et al. 2008).

Although significant malnutrition is rarely a problem in the United States, food insecurity is a definite reality for many. In 2009, 17 percent of Americans (50.2 million, including 17.2 million children) were considered food insecure (U.S. Conference of Mayors 2010). Of these, approximately one third, or 12.2 million adults and 5.4 million children, experienced very low food security in 2009 (USDA 2011a). The rate of food insecurity in Montana is slightly better than the national average, with 12.4 percent of the state population experiencing food insecurity (Montana Food Bank Network [MFBN] 2010).

As would be expected, low income households and individuals are dramatically overrepresented in the food insecurity tally (Lee and Grief 2008). In Montana, 87 percent of households who were rated as food insecure were living below the poverty line, and 47 percent were living below 50 percent of the poverty line. Despite Montana’s relatively low rate of food insecurity, the USDA suggests that until a family reaches 185 percent of the poverty line they have an increased chance of becoming food insecure. Almost one third of Montana’s population lives below 185 percent of the poverty line and is thus at a higher risk of food insecurity (MFBN 2010).

The causes of food insecurity are complex, and include unemployment, high housing costs, low wages and poverty, lack of access to government programs, and medical costs (U.S.
Conference of Mayors 2010). The economic recession which began in 2008 correlated with rising food insecurity in the United States. In 2006, 35 million people experienced food insecurity, 15 million less than would three years later (Lee and Grief 2008). In the same three years, the number of food insecure households as well as Supplemental Nutritional Access Program (SNAP, formerly known as the Food Stamp Program) users increased by a third (Mabli et al. 2010). Between 2009 and 2010, requests for food assistance increased by 24 percent among cities surveyed by the U.S. Conference of Mayors; additionally, 23 percent of people in surveyed cities needing assistance did not receive it (2010). Because food insecurity is directly related to income (Gunderson et al. 2008; Jensen 2002), the increasing poverty rate in connection to the economic recession has doubtlessly influenced the rising food insecurity.

Estimates of food insecurity among homeless vary, but all establish that food insecurity is a much more prominent than in the general population. According to Baggett (2011), one quarter of homeless surveyed were food insufficient. Food insufficiency, defined as an inadequate quantity, not just quality, of food intake, is considered to be more severe than food insecurity. The rate of homeless reporting having an inadequate amount of food to eat was six times higher than that of the general population, and twice as high as among non-homeless impoverished individuals (Baggett 2011). Lee and Grief (2008) found that 60 percent of homeless surveyed reported insufficient food in either quantity or preference, 40 percent surveyed reported not being able to afford food in the past month; 40 percent had also reported fasting for an entire day at least once that month. In a 1999 study, 20 percent of homeless people ate once a day or less, as compared to one percent of the general population. Thirty-nine percent of homeless people had been hungry in the last month and had no money for food, compared to two percent of the general population (Burt et al. 1999). Hamelin and Hamel (2009) estimate that as much as one-
third of the homeless in Quebec, and forty percent of the chronically homeless, are food insufficient.

The higher rates of food insufficiency among the chronically homeless demonstrate an important reality: food insecurity among the homeless is a heterogeneous issue. Individuals differ greatly in their ability to access food due to varying social networks, health status, and shelter usage. Lee and Grief disagree with the adaptation hypothesis which argues that the chronically homeless “work through a complex calculus of opportunities and constraints to address their sustenance needs” (2008:5) and make behavioral and psychological adjustments to improve their quality of life. Instead of finding that the chronically homeless were more street wise than their recently homeless counterparts, the researchers determined that the chronically homeless were disproportionately food insecure, in part due to receiving less financial and social support than the more recently homeless. Additionally, single homeless men fasted more, had poorer diets and used more extreme methods of obtaining food than those in families did (Lee and Grief 2008). True rates of food insufficiency and insecurity, however, may be even greater than these numbers suggest. Baggett (2011) noted that those categorized as “food sufficient” in a self-reported survey said they had gone hungry or without eating once in the past month, suggesting that homeless might have lower standards about food sufficiency.

The reasons for undernutrition among the homeless are complicated. Homeless people do not completely subsist on food provided at soup kitchens and shelters, but also can buy food with their income or through SNAP, however factors such as income and food prices determine the amount and nutritional quality of food purchased. As would be expected, homeless people with lower incomes display higher rates of undernutrition (Gelberg 1995). This may be due to the fact that nutrient dense foods are more expensive than “refined grains, sweets, and fats” (Monsivais
et al. 2010), a disparity which is continuing to grow. The social reality of economic disparity and the subsequent poverty and homelessness create the limited environment which shapes how and what a person who is homeless accesses food.

CONCLUSION

The goal of this research is to address how social structures affect the eating habits of the individual homeless person. At the root of homelessness are the social forces which help to create it. Lack of affordable housing and economic recessions are part of these larger impacts; Chapter Three will further analyze social structures like these at various level of influence. Regardless of cause, however, the experience of being homeless has a significant impact on the health of the individual. Malnutrition and undernutrition are endemic in this population. Further exploration into specifically social structures influence the eating habits of homeless people will help to explain why nutritional deficiencies are such a common reality.
CHAPTER THREE: STRUCTURAL ANALYSIS

Chapter Two discusses the structural and personalistic causes of homelessness and the influence of homelessness on health and hunger. This section will take a more detailed approach to the influence of social structures by analyzing relationships and impacts at four different levels – the macro-social, intermediate, micro-social, and individual level. Addressing each of these levels separately helps to gain an understanding of how social structures influence the experience of the individual. Social structures not only help create the existence of homelessness but shape the experience of it as well. Federal, state, and agencies’ policies, as well as national and local economic developments, impact who becomes homeless, as well as what foods are available after they have become homeless. The experience of the homeless person is directly shaped not only by their own individual choices, but by the powers of larger social forces.

POLITICAL ECONOMY AND STRUCTURE IN MEDICAL ANTHROPOLOGY

Political economy as a theory within medical anthropology can trace its roots back to Marxist theory. Moving away from ecological theories, Karl Marx and Friedrich Engels, in “The German Ideology” focused not only on the nature’s effects on human development, but rather on the role of history, particularly the history of humans interacting and changing nature and the material conditions which surround them (Roseberry 1997). Unlike ecological theories which focused primarily on the role of the surrounding environment, Marxist theory focused on how history shaped the landscape and environment. Through a variety of modes of production, humans not only interact with, but act upon, the environment and in doing so, enter into relations with one another. Marx criticizes the separation of nature and history, claiming that men have always possessed both a historical nature and natural history (Roseberry 1997).
The Marxist theory of political economy described broad theories of class conflict, primarily concerned with the history of Western economic and political dominance. In the 1940s, anthropologists demonstrated a rejection of cultural ecology and created a new framework of cultural history (Roseberry 1998). This cultural history saw communities as production of processes which must be understood in global terms. Cultural history also sought to conceptualize anthropological subjects as the products of both local relationships and the macro level processes of the state (Roseberry 1998). As political economy moved away from historical approaches to current populations, its proponents began to concentrate on groups and activities which did not fit into the strict capitalist framework. Roseberry writes:

One of the most important strengths of world-systems and mode of production approaches was the placement of anthropological subjects within larger historical, political, and economic movements, the attempt to understand the impact of structures and power on them. [1998:170]

Despite criticisms of mode of production theory and world systems theory, these theories have had lasting contributions. Political economy has encouraged contextualization as well as attentiveness to structures of power. The work of political economy has evolved as well. While anthropologists once criticized these ideas for focusing too little on individual actors and the local, these works have shifted their focus to include the agency of individuals and to ignore no longer the local environments within global frameworks (Roseberry 1998).

While political economy theory developed, medical anthropology began to develop its own set of theories. Since its beginnings, medical anthropology at some level has always been forced to confront issues of inequality regarding health. An awareness of social epidemiology arose in mid-19th century Europe. The pioneers of the field, Friedrich Engels and Rudolf Virchow, emphasized the social origins of disease, primarily how morbidity and mortality rates
were higher among the poor. Engels’ and Virchow’s interest in the social origin of disease would have lasting impacts on medical anthropology, as the influence of wealth and power on disease distribution has engaged medical anthropologists ever since (Baer 1982; Singer and Baer 2007).

Central Elements of Political Economy in Medical Anthropology

Political economy in medical anthropology, developed out of a need to analyze health problems within the larger context, is in part a critical endeavor meant to understand health and healing within the context of class at a micro level, and within a capitalist world system at a macro level (Baer 1986). The central focus of political economy in medical anthropology is the consideration of how social stratification affects health. Baer (1986) argues that while capitalism may improve world health overall, this improvement disproportionately benefits higher status individuals who have access to health care. The goal of political economy in medical anthropology is to discover how these macro level power structures influence the health of individuals at a micro level. Power and health are intimately connected, and thus anthropologists must consider the role of power when studying health.

Medical anthropologists studying political economy focus on four main areas: the macro-social level, the intermediate social level, the micro-social level and the individual level. Using Singer and Baer’s (1996) model for political economy, the researcher analyzed the data at the macro-social level, by exploring influences such as the national economy, the intermediate level, by considering state and local policies, the micro-social level, by evaluating interactions between local agencies and individuals, and finally will describe the experience at the individual level.

MACRO-SOCIAL LEVEL

Political economy considers the historical forces which shape the current cultural milieu. This is especially important in the study of homelessness, as the picture of homelessness in the
United States has changed dramatically in the latter half of the 20th century. Ultimately, the ability for a homeless person to decide what to eat at the individual level is influenced by forces at the macro-social level in two ways. First, the national economy and federal policies create the environment in which homelessness occurs, which ultimately affects one’s eating habits. As discussed in Chapter One, a key causal factor of homelessness is the influence of social structures. Second, federal food programs directly impact the ability to exercise agency in food choices by predetermining eligible types of food. By creating the environment which causes homelessness, and influencing the agency of the individual, macro-social level factors directly impact the eating habits of the homeless.

Federal Policy and the Proliferation of Homelessness

The crisis of homelessness that would begin in the 1980s was preceded by evolving ideas of poverty in the 1960s and 70s. After World War II and until the 1970s, the US entered a time of economic prosperity (Blau 1992; Grande 2011). While the stratification between the rich and the poor decreased, poverty rates diminished as well. Between 1965 and 1970, the years immediately after President Johnson’s announcement of the “war on poverty,” poverty rates in the United States declined by thirty percent (Grande 2011). The decline in these rates was due in part to a minimum wage which was above the poverty line, an industrial economy which welcomed less educated and skilled workers, and the introduction of welfare programs such as Medicaid/Medicare and food stamps (Grande 2011).

This age of prosperity and relative equality shaped the way Americans viewed the destitute. Whereas in the 1930s, an era marked by substantial unemployment, poverty was not seen as a personal fault of the individual, by the 1960s, unemployment had plummeted to a mere four percent, and the public had begun to view poverty as not a result of systemic, but rather
personal, failure. This judgment on the poor recalled the values of the Protestant work ethic (Blau 1992; Grande 2011). In the 1970s, when unemployment spiked again, this new point of view held. As Grande describes, “neither Johnson, nor Nixon, nor Carter would manage however to operate that paradigmatic cultural shift capable of overturning a vision of the poor person as a lazy subject, and therefore at fault for his indigent condition” (2011:3). The public opinion which faulted the individual for poverty ultimately shaped legislation in the 1980s which would have great impacts for the homeless in America.

Evolving ideas of poverty and homelessness help shape the macro-social level and its impact on the individual. Hopper (2003) offers anthropological insight on evolving ideas of poverty in popular culture, suggesting that the very status of homelessness is offensive to cultural norms. He states that “to be homeless is to have suffered a fundamental rupture in the ties that bind” (2003:62), meaning that a homeless person is divorced from the usual obligations and ways of the dominant society, which leads to a lack of trust from the general population. To be without a home is to be without a fundamental object of immense social value and also the ability of keeping the private life private rather than public, estranging them from society. Hopper argues that these views of the homeless as a deviant subculture began in the beginning part of the twentieth century while homelessness was relatively rare, the mentally ill were institutionalized, and cheap lodging was readily available. As homelessness increased in the 1970s and 1980s, these views became increasingly cemented in public opinion and the homeless completely “otherized.” These cultural interpretations of the homeless impacted how society at the macro-social level would address the rise in homelessness.

The 1980s marked the beginning of the current epidemic of homelessness with the population of the unhoused increasing dramatically from 350 thousand to six million (Walker
Lyon-Calvo argues that the development of neo-liberal governance in the 1970s, which embraces “privatization, marketization, and deregulation” (2004:11) led to growth and productiveness, but also to social inequality. By the 1980s, for the first time since the Great Depression, unemployment was greater than ten percent, an important factor which contributed to widespread homelessness. Acting in response to the economic bust which occurred after the raid post-World War II growth due to the resurging economies of Europe and Japan, President Reagan sought to encourage prosperity through corporate incentives (Thomas 1998). This plan for economic recovery involved simultaneously decreasing taxes on businesses and reducing the welfare state, which “meant low wages and strong indigence” (Grande 2011:10). In 1981, Congress passed the Economic Recovery Tax Act which reduced taxes by 25 percent over three years, however, the tax reduction primarily benefited those with higher incomes. The tax reduction led to a $148 billion shift in income towards the top ten percent of American families who controlled nearly 90 percent of the nation’s wealth (Blau 1992).

The economic recovery plan of the Reagan administration also included deregulation of business, shifting power once held by laborers to businesses. This transition of power lead to lower wages, significant as Blau states, “this loss of income was, indisputably, the prime economic cause of homelessness” (1992:42). As the value of the minimum wage decreased below the living wage, poverty in the United States rose (Grande 2011). In keeping with the principle of “less eligibility,” social programs such as Social Security, Supplemental Security Income, Social Security Disability Insurance, food stamps, and unemployment benefits were also cut. Less eligibility asserts that in order to discourage people from relying solely on government benefits, welfare must always pay less than work. Thus, when the real wage drops, welfare benefits must drop as well (Blau 1992; Grande 2011; Hooper 2003). Thomas (1998) writes, “in
order to reduce corporate taxes, it was necessary to reduce the size of the welfare state.” Grande
notes that these policies carried over into the 1990s under the Bush and Clinton administrations:

The result of a fiscal policy extremely advantageous for the rich (which remained that
way even after Reagan), of a substantial freezing of wages and of a reduction of welfare,
was the ever growing polarization of incomes and poverty of wealth among American
citizens. [2011:11]

The federal policies which contributed to an increasingly large low-income population would
affect the rise in homelessness in the 1980s.

**National Changes in Housing Availability**

In addition to the federal economic recovery policies which were in reality increasing
poverty, by the 1980s, public low-cost housing had become increasingly scarce (Koegel 1999).
Without these housing options available, those who had relied on them previously as their only
housing options became homeless. SROs, such as boarding houses, were of comparable quality
to today’s homeless shelters. Most units shared a bathroom and in place of a kitchen had a hot
plate and refrigerator; however despite their meager accommodations they served as a suitable
option for many who would otherwise be at risk of becoming homeless. In the 1970s a quarter of
all SRO users were mentally ill, and only one-third were employed full time. Like today’s
homeless population, the vast majority of occupants were single males. By 1984, an estimated
one million SRO units were lost, including 20 percent of those in Chicago, half of those in
Seattle and Los Angeles, and almost all in Boston and Nashville. The sudden loss of this housing
option greatly contributed to the increasing presence of people living on the streets (Burt 1992a).

Public housing was also at risk in the final decades of the twentieth century. Already of
inferior quality, these housing options for low-income people faced serious threats in the 1980s.
President Reagan reduced the budget for public housing buildings and instead offered housing
vouchers, which often proved to be insufficient given a lack of affordable housing. Under President George W. Bush’s administration, 120,000 government run apartments were demolished, coupled with a reduction in housing vouchers (Grande 2011). The downsizing of the public option together with the loss of other low-income housing such as SROs contributed to the lack of affordable housing in the 1980s which led to an increase in homelessness.

As mentioned earlier, the deinstitutionalization of the mentally ill is one of the most cited reasons for sudden increase in homelessness. This deinstitutionalization primarily occurred due to myriad intertwining factors during the Reagan administration; however the process began earlier in the 1960s. During this time, state run hospitals were increasingly perceived as inhumane and less necessary due to new psychoactive drugs available on the market. Instead, mental health advocates pushed for Community Mental Health Centers (CHMHCs) to replace involuntary committal. CMHCs were inadequately funded due to the financial strain of the Vietnam War and the financial crisis of the 1970s (Thomas 1998).

By the late 1970s, involuntary commitment in a mental institution was limited only to those who demonstrated an imminent harm to themselves or others. Those without families to push for involuntary commitment were often left to fend for themselves, either on the streets or in jail. President Carter increased funding for CMHCs; however President Reagan repealed the bill which created the funding soon after arriving in office. As funding was cut from mental health services, an increasing number of mentally ill wound up on the streets, creating a significant increase in homelessness in the early 1980s (Burt 1992b; Thomas 1998).

**Food Resources**

While many federal policies during the 1980s and in current times lead to an increase in homelessness, there were also a large number of national factors attempting to address hunger
among the homeless and the general population. The homeless utilize soup kitchens, food banks, shelters which serve meals, SNAP, Women Infants and Children (WIC), as well as relying on direct donations from individuals and alternative methods such as dumpster diving. A rarely, if ever, mentioned reality is that homeless people who have an income have the ability to directly purchase food themselves. However, being without a fixed residence and kitchen to store and prepare food significantly limits the options of providing food for oneself.

When homelessness increased dramatically in the 1980s, soup kitchens became widespread, their numbers nearly doubling between 1980 and 1987 (Burt and Cohen 1989). By 2008 the number of kitchens had grown to 4,500 in the Feeding America program alone (Burt et al. 1999; Mabli et al. 2010). A 1987 study conducted by Strasser determined that half of soup kitchens and shelters with meals provided four out of the five recommended daily food groups: dairy, grain, fruits and vegetables, and protein. Eighty percent served fats or oils, sweets, and salty snacks. This study suggests that shelters provide “relatively good variety and nutrition” (Strasser 1987), but interviews of homeless people suggest that many do not eat enough meals throughout the day to provide adequate nutrition.

While soup kitchens provide prepared meals, food pantries and food banks distribute boxes of food to be eaten elsewhere. Even more so than soup kitchens, the number of food pantries has exploded in recent years. There are now 33,000 food pantries in the Feeding America network with 35 million unique visitors (Mabli et al. 2010). Demand for food is not only influenced by the national economy, but international events as well. Following the January 2010 earthquake in Port-au-Prince, Haiti, the city of Boston issued grants to address the rising food insecurity due to the financial strain of Haitian immigrants assisting families in their homeland (U.S. Conference of Mayors 2010).
The funding for programs such as food pantries and soup kitchens comes from a variety of public and private resources. On average, programs receive 42 percent of their distributed food through donations from grocery stores, 23 percent through Federal Emergency Food Assistance, eight percent directly from individual donations, and ten percent from other sources. Seventeen percent of distributed food, then, is purchased directly by the food pantry or kitchen. During the Great Recession of 2008 and 2009, the amount of donations from grocery stores and contributions from the government went down and the volume of purchased food went up (U.S. Conference of Mayors 2010). Non-profits operate the vast majority of all food pantries, and half of pantries nationwide receive no funding from the government. Instead they rely more on individuals, religious organizations, charities, United Way, businesses, foundations for both financial assistance as well as labor (Burt and Cohen 1989; Burt et al. 1999).

Burt and Cohen (1989) found that the higher percentage of food in a program from USDA commodities as opposed to individual donations, the more milk, produce, grains, calories, proteins, carbohydrates, vitamins C and B6, thiamin, riboflavin, niacin, iron, magnesium, calcium, and phosphorus were present. The commodity food program, known officially as The Emergency Food Assistance Program (TEFAP), is run through the USDA which distributes food to states who in turn distribute it to individual agencies such as homeless shelters and food pantries. Commodity food includes items such as canned applesauce, canned beef stew, corn cereal, egg mix, and white and whole-wheat pasta (USDA 2011b). The nutritional value of the food received is debatable, however, and some programs are making efforts to increase the amount of healthy food they serve. Half of the cities surveyed by the U.S. Conference of Mayors stated they were trying to make changes in the types of food they served by sourcing healthier
donations, purchasing foods such as fresh produce, tuna fish, peanut butter, and eliminating processed meats (U.S. Conference of Mayors 2010).  

Perhaps the largest initiative to addressing nationwide food insecurity is the Supplemental Access Nutrition Program (SNAP), formerly known as the Food Stamp Program. The program existed in various forms from the 1930s on, but the current model began in the 1960s, when hunger became a serious issue in the United States (Jensen 2002; USDA 2011a). Frederick Waugh, pioneer of the Food Stamp Program, argued that food stamps were better than commodities because they gave consumers a choice, noting that “lack of resources or purchasing power and lack of information about the value of food choices limited a consumer’s ability to get a nutritious diet” (Jensen 2002:1216). In the early 1980s, as homelessness was on the rise, the program underwent major cutbacks which included a prohibition on using federal funds for outreach. As hunger became an increasing problem in the latter half of the 1980s, the program was expanded and improved upon, adding funding for nutritional education. In 1988 Electronic Benefit Transfer cards (EBTs) were introduced. These cards, similar to an debit card, allowed the user to easily and inconspicuously pay for food (USDA 2011a).

The goal of SNAP is to reach households in need and effectively reduce the probability of hunger. SNAP provides qualifying individuals and families with a certain dollar allotment of benefits to purchase foods such as breads, cereals, produce, meats, and also seeds and edible plants. The average household received $227 per month, while the average individual received $101 per person per month in 2008 (USDA 2011a). To qualify, families can make no more than 130 percent of the poverty level and have no more than $2000 in assets, not including one’s home (Gunderson et al. 2008). A similar program to SNAP is Women, Infants, and Children (WIC) which allows low-income pregnant and nursing mothers and children to receive foods
such as milk, eggs, and produce (USDA 2010). SNAP excludes purchases of alcoholic beverages, non-food items such as soap, vitamins, or medicines, as well as hot foods and “foods to be eaten in the store” (USDA 2011b). Some states, however, allow homeless people to purchase prepared foods and food in restaurants due to the limitations of preparing food while on the street.

As with other food security programs, SNAP has ballooned in recent years. Between 2005 and 2009, the number of users went from 25.3 million to 33.5 million, a 32 percent increase (Mabli et al. 2010). SNAP does not completely address the issue of food insecurity for all those who qualify, however (Tarasuk and Dachner 2009). Gunderson et al. note, “in almost all comparisons of eligible households, food stamp recipients have higher rates of food insecurity than eligible non-recipients” (2008:367). Over half of participants experience food insecurity, though it is important to note that mean SNAP is not the cause of food insecurity, rather, those who are most in need may be more likely to enroll than those who are eligible but do not feel it necessary to participate (Gunderson et al. 2008).

For homeless people, there are certain barriers to utilizing SNAP as evidenced by the fact that between one half and two thirds of homeless do not receive these benefits (Gunderson et al. 2008; NCH 2010). The review process is often lengthy, although those who earn less than $150 a month and have less than $100 in liquid assets are eligible for an expedited 7-day review (Department of Health and Human Services 2011b) There are many myths about SNAP that circulate among homeless people. Often, people believe that to be eligible one needs a place to cook, cannot be in a shelter, needs to have a photo ID, can only use SNAP at grocery stores, that youth are not eligible if parent’s income is too high, and that benefits must be paid back (U.S. Interagency Council on Homelessness 2011). These myths prevent many eligible homeless from
applying for benefits. Another impediment is the work requirement. SNAP does not require to be employed in order to receive benefits, however:

SNAP requires people to register for work, participate in employment or workfare programs (if referred by the State), not reject a suitable job offer, and not voluntarily quit a job. Work requirements typically do not apply to people with children 6 years old or younger; people with disabilities; senior citizens; and in certain areas in some States. [United States Interagency Council on Homelessness 2011]

These obligations can be potential deterrents for people with undocumented mental illnesses or disabilities.

Additionally, there are “transaction costs” to acquiring SNAP, that is, the effort it takes to seek out, apply for, and obtain benefits. For those who are limited in their mobility due to a lack of transportation, an inflexible work schedule, or physical disability, simply applying for SNAP may prove to be difficult. There is also a certain stigma attached to food stamps, which may dissuade potential applicants. For example, some states require finger printing as part of the application process to mitigate against fraud, however, opponents of this practice claim it discourages eligible people from applying and criminalizes poverty (Gunderson et al. 2008; Jacob 2003).

**INTERMEDIATE LEVEL**

While federal policies and national economic trends shape both rates of homelessness and the resources available to the homeless, a review of trends at the state and local level is likewise telling. Montana’s struggling economy in the twentieth century helps to explain the state’s poverty and homelessness rates, however, local ordinances have more direct impacts on the ways in which food can be distributed to and accessed by people who are homeless. The following section will discuss how certain social patterns at the intermediate level, where local policies
determine both agency and individuals actions, influence the ability of homeless people to exercise agency in regards to food choices.

**Economic History of Montana**

In order to fully paint a picture of homelessness in Montana, it is important to first understand the economic history of the state and how it came to have a higher than average poverty rate. With a poverty rate of 14.1 percent, Montana has the 17th highest percentage of its population living below the poverty line (Haynes and Haraldson 2010). Those living above the poverty line though are still substantially less well off than residents in other states. Montana’s per capita income of $34,644, a full $22,000 less than what the residents of the wealthiest state Connecticut earn, is the 12th lowest in the country (United States Census Bureau 2008). While by no means the poorest state, Montana has nevertheless struggled to find its footing as an economic player the United States.

Early in the state’s history, before statehood was established, the fur trade served as the primary industry, however, by the 1860s, mining for copper and gold, logging, and food production, namely cattle and agriculture, became the major economic forces in the state. Today, the fur trade has disappeared and the mining and logging industries have sharply declined due to conflicts with environmental concerns, as well as resource depletion (Montana Department of Environmental Quality 2009). Although mining once boomed in the state, awareness about toxic spills and other mining-related environmental disasters have forced operations across the state to close. Logging was also a profitable industry for over a century, especially during the post-World War II housing boom that lasted until the 1970s. By this point in the twentieth century, however, clear cut logging had become increasingly controversial, eventually causing timber sales to drop by 80 percent. Diamond notes,
All of these [environmental] problems translate into economic problems. They provide much of the explanation for why Montana’s economy has been declining in recent decades to the point where what was formerly one of the richest states is now one of the poorest. [2004:56]

Unlike logging and mining, the agricultural industry in Montana was not as damaged by rising environmental awareness in the latter part of the twentieth century; nevertheless the region’s dry climate has always prevented it from becoming a serious player in food production (Diamond 2004).

Today, Montana’s major industries are recreation and tourism; however the beauty of the land which makes these endeavors possible might also be its curse. The growth in Western Montana’s population in recent years is largely attributable to the influx of out-of-staters seeking natural beauty and cheaper land. This migration from more populous states such as California has meant that land prices have increased from between ten to twenty times their previous levels in the past few decades. The rise in land prices coincides with an increase in housing prices. Out priced by wealthier newcomers, lower-income Montanans began to face a greater degree of housing problems across the western portion of the state (Diamond 2004).

**Montana after the Recession of 2007**

Despite faring better than the rest of the nation, the economic recession of 2007 certainly did not pass over Montana. In 2009, the national poverty rate reached a 15 year high at 14.3 percent. Montana, with the highest poverty rate in the Northwest, saw a drop in median income from $43,654 to $42,322 between 2008 and 2009 (MFBN 2010). As it had in earlier recessions, Montana lost fewer jobs and had a faster recovery than other states. Between 2007 and 2009, the state lost 5.9 percent of all jobs, and by 2009 the unemployment rate was at 6.2 percent. In certain areas of the state, however, unemployment was far worse. In the Northwest region, which
encompasses Missoula County, unemployment stood at 8.5 percent, significantly worse than the state average despite having the largest numbers of jobs in the state. Northwest Montana was hit harder by the recession due to the nature of its economy. Construction and manufacturing industries saw the largest number of job losses, 24 percent and 14 percent respectively (Research and Analysis Bureau 2010). This region, which already had a higher than average poverty rate, saw the poverty rate increase even more between 2005 and 2008 from 15.2 to 17 percent (Haynes 2011).

The 8.5 percent unemployment rate in the northwest corner of the state is skewed by the relatively low unemployment rate in Missoula County of 6.6 percent. Surrounding counties such as Powell and Lincoln have unemployment rates which range from 8.7 to 15.5 percent. It is important to consider the economies of the areas immediately surrounding for several reasons. First, a recent study demonstrated that 35 percent of homeless people had lived in Missoula for less than a year. As in other parts of the state, resources for the homeless in Northwest Montana are few and far between. The Samaritan House in Kalispell has the space for 80 to 85 people to stay a night (Testa 2011). Given the lack of resources for the homeless in nearby counties and observing the substantial percentage of the homeless in Missoula who are from out of town, it is reasonable to assume that people who become homeless in other areas travel to Missoula to seek services.

Second, due to the high percentage of homeless people who are Native Americans, it is important to consider the economy of nearby reservations as well. Although Montanan reservations did not see the same drop in employment rates during the recession, the unemployment rates were already high. Nearby Flathead reservation had an unemployment rate of 8.5 percent in 2009, while others such as the Rocky Boy reservation had rates as high as 16.3
percent. The poverty rates on Montana reservations are astoundingly high, 30 percent on average. The Flathead reservation fares slightly better with 20 percent of the population living below the poverty line, a number still much higher than the national average (Haynes 2011). These numbers, however, do not reflect real unemployment which can be significantly higher.

Thus, with the failing mining and logging industries, as well as the recently hurting construction and manufacturing industries, poverty and subsequently homelessness has become a reality in Northwestern Montana. The collapse of the society’s production based economy contributed to an increase in poverty statewide. The economic developments over the state’s history shape the current state of homelessness, forcing both state and local responses to these problems.

Responses to Food Insecurity in Montana

The Montana Food Bank Network (MFBN), which distributes food to agencies and not individuals, is perhaps the largest player in addressing food insecurity in Missoula. The MFBN “solicits, gleans, sorts, repackages, warehouses and transports donated food and distributes it to charitable programs that directly serve needy families, children and seniors” (MFBN 2010). The program distributes food statewide in all 56 counties and on seven reservations. The MFBN also operates the Beef on Every Plate program, which organizes donated meat from cattle ranchers, the Backpack program, which distributes after school and weekend meals to schoolchildren, and the Mobile Food Pantry which operates in rural areas. According to MFBN, there has been a “steady increase in client visits over the last several years from 363,537 total visits in 1999 to 909,430 in 2009, an increase of 150 percent” (2010:2). The increasing demand for food pantries nationwide has been present in Montana as well. Participation in federal programs has also
increased. One in ten Montana residents receives SNAP benefits and the estimated participation rate of eligible recipients increased from 50 to 64 percent between 2004 and 2010 (MFBN 2010).

Impediments to Food Distribution

Despite the local success of programs such as the MFBN, nationwide, homeless shelters and soup kitchens are increasingly facing opposition. Cities in Florida, Nevada, North Carolina, and others have passed ordinances restricting the distribution of food to homeless people. In a recent study, one half of cities surveyed had placed restrictions on food sharing programs in public parks. These restrictions take the shape of “requiring a permit for public property use, limiting the number of people who can be served, imposing zoning restrictions, and selectively enforcing ordinances are examples of policies and practices that restrict food sharing” (NCH 2010:9). Citing food safety concerns and the comfort of park users who are not homeless, many cities have attempted to restrict food sharing programs to a point which, as the NCH says, denies their basic “right to food” (2010: 3). The American Civil Liberties Union (ACLU) and other groups have filed successful suits against these claims. These cases, and others like them, demonstrate the ability of local governments to directly inhibit homeless and indigent individual’s ability access food.

Although these sorts of food distribution restrictions are not present in Missoula, other local ordinances potentially impact access to food for homeless people. In 2009, the City Council passed an “aggressive panhandling ordinance,” a new rule ostensibly targeting soliciting money through intimidation. In reality, the ordinance not only bans aggressive panhandling (defined as touching, threatening, asking repeatedly, or following a solicitee) but soliciting in a parking lot, in public transportation, within six feet of an entrance to a building, within 20 feet of a bank or ATM, an outdoor patio, vendor’s location, pay telephone, or public toilet facility, or after dark...
(Missoula Municipal Code 2010), which opponents argue effectively bans panhandling in all of downtown. Article II Section Three of the Montana Constitution grants residents the inalienable right to not only pursue “life’s basic necessities” but also “acquiring, possessing and protecting property, and seeking their safety, health and happiness” (1972).

The City of Missoula’s prohibition on panhandling within certain areas directly impacts the ability of homeless people to acquire property, pursue health, and attain basic necessities namely by inhibiting the means to access food. For people who often face transportation difficulties, soliciting money far away from places which serve food becomes a logistical impracticality. While money received from panhandling may be spent in a variety of ways, such as on shelter, alcohol, or drugs, for those who are prohibited from receiving food from social service agencies due to past infringement of the agencies’ rules, buying food directly becomes a necessity.

This panhandling ordinance, which significantly limits homeless people’s ability to access money, in turn affects their ability to access food, a clear example of how political structures directly impact individual’s ability to exercise agency. Just as federal and state economic policies contribute to the spread of homelessness, local ordinances which restrict the extent and location of food distribution programs and solicitation can further infringe on the ability of those who have become homeless to access food.

MICRO-SOCIAL LEVEL

In political economy in medical anthropology, at the micro-social level the relationship between providers and clients is analyzed. While there are a variety of national and state initiatives to address food insecurity, for a homeless person, the majority of interaction is with food providers such as soup kitchens and food banks at the community level. The attributes,
policies, and procedures of these agencies directly impact the eating habits of homeless individuals.

An important anthropological work on soup kitchens is Glasser’s More Than Bread: *Ethnography of a Soup Kitchen* (1988). In this ethnography, Glasser describes how the soup kitchen becomes a place in which homeless people establish their own culture and rules (Glasser and Bridgman 1999). Soup kitchens, like shelters, can function as central gathering places for homeless people, and therefore must be a central focus for studying the culture of homelessness. Glasser notes, “despite their pervasiveness, soup kitchens and food banks have not often themselves been the focus of study as adaptations to homelessness” (1997:78). The exception is Glasser’s work, wherein she dissects the role a soup kitchen in New England plays in the lives of low-income adults. Although the majority of the users of this soup kitchen are in housing, and thus her work cannot be viewed as a complete analysis of eating habits of the homeless, it provides many valuable insights.

Glasser describes three main roles of the soup kitchen, besides the obvious provision of food: sociability, acceptance, and social support. She notes, “the soup kitchen may be seen as a particular adaptation to contemporary North American life, serving as an ecological niche for a segment of the poor who are considered ‘marginal’ to the dominant culture” (1988:2). These three adaptations, sociability, acceptance, and social networks are ways in which the users create their own subculture within the dominant one.

Glasser describes the “sociability” the soup kitchen provides as “interaction for its own sake” (1988:69), essentially a way to provide interaction to people who are otherwise isolated due to a lack of employment or familial connections and social marginalization. Glasser notes that many of the consumers had few or no other social groups, however, and thus the soup
kitchen became a site of social interaction. Similarly, the soup kitchen provides “acceptance,” a safe environment for those who do not fit within the larger societal norms. The soup kitchen itself reinforces this acceptance as the requirements for service are low. There is no verification of eligibility; no records are kept. This atmosphere of tolerance, Glasser notes, is due to the pervasive idea that what is considered a deviance in the dominant culture and is not considered deviant inside of the soup kitchen (1988).

Lastly, the soup kitchen provides “social support.” Unlike “sociability,” social support refers to the relationships created among consumers, not simply interactions. She notes that not all relationships formed within the community of the soup kitchen are supportive, and some people seem unable to offer support to others. However, the soup kitchen can serve as a source of informational support, as knowledge about resources are shared between residents, and staff provide educational programs, such as a nutrition class. Additionally, Glasser writes that the soup kitchen is a source of emotional support for the users, who can easily relate to the circumstances another is in. Although sociability and social support are similar benefits, Glasser distinguishes social support as a more specific form of interaction. Rather than just counteracting loneliness, social support is its own unique benefit. The soup kitchen then is not only a source of nutrition and sustenance, but of a wider social importance to the users, providing them with social connection and acceptance.

The micro-social level highlights the relationship between the individual and the agencies which provide services. Vincent Lyon-Callo, in his work *Inequality, Poverty, and Neoliberal Governance: Activist Ethnography in the Homeless Sheltering Industry* (2004) analyzes the power dynamics inherent in this relation. Lyon-Callo takes a drastically different approach than Glasser, focusing on how the well intentioned actions of shelters work to further marginalize the
homeless by perpetuating the inequality created through the capitalist economy. Lyon-Callo critiques the “continuum of care” which seeks to provide a variety of services to the homeless which creates “medicalized discourse,” wherein the shelter staff must seek to treat the deviancies of the individual. The staff at the Massachusetts shelter at which Lyon-Callo researches and serves as the Assistant Director, are taught to monitor guests for possible deviances in order to diagnose the cause of their homelessness. Shelter guests who resist these approaches are viewed as non-compliant or in denial about their assumed mental illness or substance abuse and are pressured to conform lest their services be terminated. Lyon-Callo writes, “the attention and focus on individual deviancy reinforces and produces feelings of self-blame and the need for self-help” (2004:70). The discourse of treatment causes the residents to view their homelessness as a result of individual failings, rather than societal causes.

The period of research for Lyon-Callo’s work was the 1990s, when unemployment and homelessness were becoming increasingly common in the town of Northampton, MA. This forced the shelter staff to deal with the reality that homelessness was not solely caused by individual faults, but by larger social forces, and thus measures to decrease homelessness which only focused on the individual would have limited results. Just as each level of influence acts upon the individual, they act upon the each other as well; macro-social forces have an effect on what occurs at the micro-social level as well. However, the ability to change the role of the shelter from one which addresses the individual to one which confronts societal issues proved difficult. Lyon-Callo notes that the shelter practices are so enmeshed in the medicalization model, envisioning alternatives were difficult or near impossible.

Additionally, he describes the difficulty the shelter had at dealing with excess demand for shelter, and the conflict of by what measure should who receives shelter be determined – most
desperate need, most likely to be helped, or who had been waiting the longest. This dilemma highlights the need for the shelter to have some governing ideology by which it operates, however, choosing to lay the blame of homelessness on the larger society fails to address the immediate demands of managing the shelter. Pressure from funding sources to comply with the medicalization model further limited the ability of the shelter to focus on societal change to address the root causes of homelessness. Lyon-Callo writes:

Based on produced prototypical conceptions of “the homeless,” discourses of self-help and bio-medicalization combine to reproduce a conceptual framework within which homelessness is understood as the result of shortcomings within homeless people. Instead of thinking of “homeless” as a being a person without a home, many people understand “homeless” through these prototypical images and related anecdotal examples. [2004:154]

The medicalization model, perpetuated by the sheltering industry, contributes to the marginalization of the homeless by regarding them as deviant, not as individuals affected by outside systemic forces.

Lyon-Callo attributes the systemic forces which lead to homeless to neoliberal capitalism. He states neoliberalism “works to produce the systemic conditions leading to homelessness…. [and] works to displace attention from structural violence and onto the individualized bodies of the homeless people” (2004:174). The system which creates homelessness in turn creates the marginalization and disenfranchisement of the homeless. Lyon-Callo’s argument that shelters should work to counter this structural violence by engaging in community activism with, not for, the indigent is undoubtedly a controversial and perhaps unrealistic one. However, he rightfully highlights the ways in which shelters perpetuate the marginalization of the homeless and work to disempower them.
Although Lyon-Callo’s work does not address food, this ethnography offers great insight into how the macro-social level influences the micro-social, and in turn, how the power dynamics created by capitalism and shelters affect the individual homeless person. Unlike shelters, soup kitchens and food banks are not typically tasked with the responsibility of solving homelessness, however, policies which stem from the medicalization model can reinforce self-blame among their users. Limiting frequency of pantry services to prevent reliance or prohibiting users who are under the influence from eating meals are examples of how this medicalization model has been adapted into food service programs. Lyon-Callo’s critical analysis of shelter policies reviews the interaction between individuals and agencies at the micro-social level. This political economy analysis provides an example of the influence of social structures on the individual homeless person, which can be applied to other social service agencies, including food programs.

**Food Distribution Programs**

While food distribution programs may not face as many of the ethical dilemmas as shelters, they face their own unique variety of challenges to meeting their intended goals. In a study of food pantries and soup kitchens in Toronto, Tarasuk and Dachner (2009) found that only two-thirds of the programs were open on any given day of the week, and only half on weekends. These programs rely heavily on volunteers, and thus their operating hours often are coordinated around volunteers’ schedules. There is little coordination between agencies to ensure the gaps between services are minimized. Those arriving late to a meal often receive decreased quality and portion sizes, and many places restrict second helpings until all present are served. Some soup kitchens have had to restrict the number of meals that are served, while others have begun
to charge a small fee for meals (Tarasuk and Dachner 2009). Food pantries often limit the amount of food and frequency of visits (NCH 2010).

In addition to internal problems, homeless shelters and soup kitchens are also increasingly facing external opposition. In a recent study, one half of cities surveyed had placed restrictions on food sharing programs in public parks. These restrictions require permits to use public property or place limits on the number of meals surveyed. The cities cite food safety concerns and the comfort of park users who are not homeless. These ordinances have not been opposition free; in Orlando, the American Civil Liberties Union (ACLU) filed suit against the city challenging a local law that would require organizations sharing food with 25 people or more to obtain a permit that was limited to twice a year. The law was found to be unconstitutional by a federal court (NCH 2010).

In Missoula, there are a variety of programs which offer food services for homeless individuals in addition to the Ryman Street Shelter’s soup kitchen, where this study takes place. Missoula 3:16 is a smaller, faith-based program aimed at helping homeless people less than a third of a mile from the Ryman street shelter. Commonly known simply as “3:16,” the program’s day center and “School of Christ” men’s program provides a soup kitchen which served 35,000 breakfast, lunches, and Saturday evening dinners in 2007 and a food pantry which distributed 1,300 food boxes the same year (Missoula 3:16 2012). Those who are under the influence, however, are prohibited from using the soup kitchen, thus further limiting options for homeless individuals with substance abuse problems.

There are a few other Christian food distribution programs in the town, the largest of which is the Clark Fork City Church. The church’s City Food Ministry is “one of the largest food pantries in our portion of western Montana” and distributes nearly 6,000 pounds of food weekly.
(Clark Fork City Church 2010). Unlike Missoula 3:16, the City Food Ministry is not primarily geared towards homeless individuals and therefore presents some problems for access. First, the pantry is only open for two hours on Saturday mornings, giving a limited window of opportunity to access the food. Second, the program is a 2.6 mile walk from the Ryman Street Shelter, creating difficulties for those with limited transportation abilities. Another faith-based program, the Christian Life Center, also distributes food noting that “Jesus fed the hungry and so should we” (Christian Life Center 2011). This pantry is only open for one hour on the second and third Mondays of the month, unless falling on a holiday. The walk to the Christian Life Center food pantry is over a three mile walk from the shelter. With a long commute and a narrow window of opportunity, this food pantry is a difficult option for homeless to utilize. Much closer to the shelter is the Salvation Army which distributes food bags to patrons on holidays (Maki 2010).

Besides the food services offered at the Ryman Street Shelter and Missoula 3:16 day center, the Missoula Food Bank is perhaps the best option for food for homeless people. Located less than a mile from the shelter, the Missoula Food Bank provides a more easily accessible food pantry. The website states:

Based on a "client choice model", our food bank store emulates the design and feel of a typical grocery store shopping experience. Clients are greeted by food bank volunteers and staff with the same courtesy and respect as if they were paying customers. Clients are asked to fill out a brief information sheet that tells us about housing, income, and other background information. There are no right or wrong answers, and clients are not disqualified because of their responses. All client information is kept strictly confidential. [Missoula Food Bank 2010]

The pantry staff additionally provides users with information about SNAP, health care, and child care programs, as well as a grocery list to guide their choices. Use of the pantry is limited to once a month; however clients may receive milk twice a month. Users receive a three to four day supply of food each visit, thus making the food bank insufficient at meeting the total needs of its
users. For homeless individuals who may not have the ability to store even a three to four day supply of food, the once a month policy creates difficulty.

The Missoula Food Bank conducted a survey in 2010 to gauge client satisfaction. Despite the restrictions of access, nearly 90 percent of clients were satisfied with the “shopping process, store location, intake process, signs and instructions, store layout, food quality, food quantity, and variety of food selection” (Missoula Food Bank 2010). Clients did express a desire to see more produce and meat available, while the staff was primarily concerned with the nutritional quality of the government provided food (Missoula Food Bank 2010).

In addition to the soup kitchens and food pantries, there are other food security programs in Missoula; however, few meet the needs of homeless people. Missoula Aging Services provides the Meals on Wheels program, which delivers “homebound seniors and adults with disabilities a hot lunch to meet their nutritional needs” (Missoula Aging Services 2012). This program, however, is limited to those who are housed or to homeless who are staying at a hotel. The liquid supplements program which delivers meal-replacement liquids to seniors has the same restrictions (staff member, personal communication, June 15, 2011). The Senior Diner Club, also run by Missoula Aging Services, is open to homeless individuals. This program distributes meal vouchers that can be redeemed for a full meal at participating establishments, such as Denny’s Restaurant or Perkins (Missoula Aging Services 2010).

Garden City Harvest is a program which attempts to “build community through agriculture by growing produce with and for people with low-incomes, offering education and training in ecologically conscious agriculture, and using our sites for the personal restoration of youth and adults” (Garden City Harvest 2011). The program runs community gardens which offer participants 15 by 15 foot plots to grow their own produce. Although gardening is not a
viable option for most homeless people with limited options for transportation and food storage, the program donates over 6,000 pounds of food to Poverello programs annually (Garden City Harvest 2011).

At first glance, there are a multitude of programs in Missoula which are aggressively addressing food insecurity in the town. In reality, the majority of these programs are largely insufficient options for homeless individuals. Dealing with time, transportation, storage constraints, as well as limits on the amount of food received, decreases the ability of homeless people to fully exercise agency in deciding where and when to obtain food. The only organizations which provides food on a daily basis are Missoula 3:16 and the Ryman Street Shelter, the latter of which being the only to serve three meals a day (and provide access to food through the sack lunch program at any time). Additionally, although these programs do not formally breathalyze their patrons, they restrict access to users who are intoxicated to the point of causing disruption, thus limiting the options of substance abusers. Despite several food security programs in the city, options for the homeless are severely limited.

**INDIVIDUAL LEVEL**

The individual level is the heart of this discussion, where the impacts of the macro-social, intermediate, and micro-social levels are fully realized. However, besides Glasser’s ethnographic work in a soup kitchen (which did not serve primarily homeless individuals) there has been little focus on the experience of the homeless individual when it comes to food at eating, critical elements of day to day life. The subsequent chapters will shed more light on the experience of the homeless individual. It is necessary, however, to discuss the role of agency first. While a political economic approach can offer valuable information about how overarching social structures such as economic policies and national food programs affect the behaviors of
homeless people, it cannot sufficiently describe the totality of individual experience unless it addresses agency as well.

**Agency**

To this point, academic scholarship on the study on food and eating in homeless communities has largely ignored agency. While anthropological literature has hardly discussed the role of food in this population (Glasser and Bridgman 1999), literature in the public health field has primarily treated the homeless as a uniform mass completely subject to social structures and thus has only evaluated food provided rather than addressing the individual’s capacity to obtain food. Lyon-Callo notes that, “as anthropological scholarship has established, poor people are active agents in their lives and there is little to be gained from understanding them as passive victims” (2004:15). Thus in order to best understand the role of food and eating in homeless communities, it is necessary to consider both political economic influences and the individual’s agency.

Desjarlais (1997), in *Shelter Blues: Sanity and Selfhood among the Homeless*, discusses the ways in which homeless people’s actions are constrained by their environment but are still able to exercise a degree of agency. Agency emerges out of “social, political, and cultural dynamics of a specific place and time” (Ahearn 2001). The expressions of this agency are varied, and even within the homeless community, people exercise their agency in ways distinct from each other. The logic behind the shelter clients’ actions often varies greatly from the logic encouraged by the staff at shelters (Desjarlais 1996). Residents of shelters, Desjarlais (1997) notes, tend to focus on present needs whereas staff members (and perhaps the dominant society) encourage a focus on meeting long-term goals. While Desjarlais observes that the ways in which homeless people use agency is distinct from the ways in which the dominant culture exercises it,
and thus merits its own study, his discussion does not include the role of food or eating. Not only does exploring issues of food, eating, and nutrition among the homeless shed light on the ways in which social structures influence daily lives, but also on more ways in which agency is exercised by the socially marginalized.

There are perhaps as many definitions of agency as there are anthropologists. Strauss defining agency as the “exercise of power” (2007:808), that is, the ability to bring about effects, explores the variety of views on agency held in American society. One interpretation is the “voluntarist” view, which describes people as completely autonomous agents, seeing “human actions [as] the result of unfettered voluntary choices” (Strauss 2007:808). This view emphasizes the freedom of individuals to determine their own actions; however, it largely ignores the influences of society and culture on those actions. Other individualistic explanations of agency which are not voluntarist include elements of the individual not freely determined such as personality or mental illness (Strauss 2007).

Strauss, as well as Ahearn (2001), moves away from definitions of agency which are synonymous with free will as they largely ignore social construction of behaviors as well as the idea that agency is simply resistance rather than adherence to social norms. Whereas Strauss defines agency as the exercise of power, Ahearn emphasizes that agency is the “socioculturally mediated capacity to act” (2001). This addition of “socioculturally mediated capacity” emphasizes Marxist thought which suggests that humans create society at the same time they are created by it, and that human actions are never completely separate from society.

Kockelman (2007) further describes the political economy view of agency which originated in Marxist thought:
First, humans make themselves, both individually and collectively.... Second, humans engage in this self-creation under conditions that are not of their own choosing.... Third, humans have some species-specific capacity that allows for this condition-mediated self-creation.... And finally, humans have an ethical responsibility not to let this capacity lie dormant and thus to seize control of the mediating conditions under which they create themselves. [2007:375]

Agency of the homeless magnifies these four elements, specifically the second point that humans make themselves “under conditions that are not of their own choosing.” For the purposes of this discussion, “agency” will refer to the ability to reach an end. Those who have more agency have more options of how to meet that end than those who have little (Kockelman 2007). Thus the homeless, who are more susceptible to the changing tides of economic and political policies, must exercise their agency under more constraints than a member of the dominant society.

CONCLUSION

At all levels, social structures influence the experience of eating for the homeless individual. At the macro-social level, federal policies not only create homelessness as a social reality, but also form programs which both provide access to food and restrict choices. Programs such as SNAP and WIC which are run by the federal government help to supplement nutritional intake, albeit with limited benefit. At the intermediate level, state and local economic developments also shape homelessness. Changes in Montana’s economy over the past century have influenced poverty rates and housing prices, contributing to homelessness and food insecurity across the state. Local policies which restrict access to food further affect the amount and type of resources available to individuals. The micro-structural level highlights the relationship between the client and the agencies which provide food, including food pantries and soup kitchens. Despite several resources in Missoula which address food insecurity, very few are
accessible for the homeless person. From economic shifts which create poverty and shape the housing market to policies of federal programs and individual agencies, social structures at varying levels influence the experience of the homeless person and their access to food. The following chapters will discuss in greater detail this individual experience, and how these large and abstract forces are lived.
CHAPTER FOUR: THE RESEARCH SITE AND METHODOLOGY

In order to describe how the macro-social, intermediate, and micro-social levels influenced the experience of the individual, the researcher conducted interviews with homeless men and women living in Missoula. These interviews portray the experience of homeless men and women living in a mid-size city in a rural state. The participants all lived at the Poverello Center, the largest homeless shelter in Montana, and described how they were influenced by federal, state, and agency policies that affected their ability to get food.

THE RESEARCH SITE

Unlike previous studies on homelessness which have primarily focused on urban areas, this research took place in a mid-size town in western Montana, one of the least populous states in the nation. Despite being the second largest city in the state, Missoula had a population of only 66,788 in the 2010 United States Census, approximately 12,000 of whom are university students. Despite its relatively small size, the city, displaying a 17 percent increase between 2000 and 2010, is growing rapidly (Census and Economic Information Center 2010). Surrounded by the Rocky Mountains, the town serves as a central location for a variety of resources that are often few and far between in rural western Montana, such as homeless and domestic violence shelters, food pantries, and other social services. Missoula is also home to the University of Montana, providing a constant influx of new residents, ideas and culture to the town. Due in part to its “college town” status, Missoula is often regarded as one of the most liberal places in the state.

Ethnically, Missoula has a fairly homogenous composition. Ninety-four percent of residents are white, 2.3 percent are American Indian, one percent are Asian and 0.3 percent are African American. The median household income is $34,454. Nearly nine percent of families are living under the national poverty line, meaning they earn less than $22,350 a year for a family of
four. The median rent in the town is $530 a month (U.S. Bureau of the Census 2000). In May 2011, the unemployment rate stood at 6.9 percent, (Bureau of Labor Statistics 2011a), slightly below the state average at 7.3 percent and far below the national average at 9.1 percent (Bureau of Labor Statistics 2011b). There are 41,319 housing units in the city, seven percent of which are currently vacant, suggesting Missoula’s homelessness is due in greater part to a lack of affordable housing rather than a housing shortage (U.S. Bureau of the Census 2000). 7

Homelessness, in Missoula as well as across the nation, is difficult to reliably quantify. The Montana Homeless Survey (MHS), a survey of the homeless population in the state, is conducted each year in January. In 2011, 574 individuals filled out the survey, for a total of 1,271 people including the families of respondents. Out of these 1,271 people, only 610 of the total met the HUD definition of homelessness suggesting one percent of the total population is without permanent housing. This number gives a misleading picture of the true state of homelessness in Missoula, however, as only 114 of the respondents and their families had stayed in rental housing, own apartment, or house in the last 30 days. This leaves 557 people who would likely fit the definition of “marginally housed,” meaning staying in non-permanent or longer term solutions such as with family or friends. Because this study focused solely on individuals meeting the HUD definition of homelessness, the numbers given below reflect that subset of the survey respondents.

The demographics of the homeless population in Missoula largely reflect the local population. In the Missoula Housing Survey [MHS], eighty percent are white, fifteen percent are American Indian, a substantially higher percentage than seen in the general population, and almost two percent are African American (Department of Public Health and Human Services [DPHHS] 2011a). Another recent study, Homelessness and Housing Instability in Missoula
2010, gives additional demographic information. In this study, a majority of the respondents (65 percent) had resided in Missoula for at least one year, and 42 percent had lived in Missoula for at least six years (Jacobson 2010). Almost half of the MHS respondents were between ages 31 to 50 years old. Two thirds of the homeless population were female, however the vast majority of single adults were male (75 percent). One half reported having a disabling condition, including mental illness (20 percent). Only one percent report having a substance abuse problem, although in 2010 30 percent reported having received in patient substance abuse treatment, needing, or currently receiving treatment (DPHHS 2010). Almost one half were experiencing homelessness for the first time, while 15 percent would be considered “chronically homeless,” meaning they were currently without housing for the fourth or more time (DPHHS 2011a).

Income for the homeless population is meager; the average monthly income was $480, and ranged from $0 to $2,500 (Jacobson 2010). Over forty percent of the study respondents report having no source of income. Eighteen percent are employed part time and eleven percent are employed full time. One third receive government assistance such as Temporary Assistance for Needy Families (TANF), Social Security (SS), Supplemental Security Income (SSI), or Social Security Disability Income (SSDI). In 2010, seventy three percent did not receive food stamps and twenty percent participate in WIC, however, by 2011 81 percent do receive SNAP (DPHHS 2010; 2011b).

The Poverello Center

The location of this research is the Poverello Center, Inc.’s Ryman Street Shelter, located at 535 Ryman Street in Missoula, MT. Founded in the 1970s, the Ryman Street Shelter (known simply as “the Pov” to locals) is the largest homeless shelter in Montana, capable of sleeping 80 adults in beds, and on an average night will sleep 65. During the winter months, however, the
shelter’s capacity expands to 100 homeless individuals, with 20 people sleeping in the dining room (staff member, personal communication, March 29, 2011). Minors are permitted to use the shelter’s day services such as food and health care, but are not allowed to spend the night. The organization additionally runs a veteran’s transitional housing facility, a family transitional housing facility and a drop-in center currently located in the shelter’s basement.

In order to discourage people becoming dependent on the shelter for long-term housing, the Poverello permits residents to stay for 30 days at a time, with the possibility of a two-week extension. After their stay is up, shelter users must stay “out” for 30 days before becoming eligible to use services again. The shelter is “dry,” meaning people who are under the influence of drugs or alcohol are not able to stay the night or use services, although this rule is relaxed for meals and on nights where temperatures reach below 20 degrees Fahrenheit. Residents are asked to complete an intake session with the shelter’s case manager within the first seven days of their stay, and are also asked to assist with one chore a day. The chores are assigned based on work schedules and ability, and range from sanitizing the doorknobs to running the industrial strength dishwasher for the duration of lunch service.

*The Ryman Street Shelter*

The shelter is located in a large, rambling blue house a few blocks away from Missoula’s downtown, close to a local hospital, the police station, and county courthouse. Several shops, bars, restaurants, and a liquor store are likewise nearby. Trains pull through town on the railroad tracks a block away. The house, with evident additions and renovations, is framed by a small courtyard with trees and picnic tables, an often used congregating area by the shelter’s patrons who wish to smoke or simply to stay close by during the closed hours.
At the main entryway, a senior volunteer sitting at a small desk greets new comers. Down the narrow hallway, doors open into a small staff office, a case manager’s office, and a one room walk-in clinic. A staircase to the right leads to the upstairs staff offices. The women’s dormitory and a computer lab also sit on the second floor while the third floor houses the men’s dormitories. The basement holds baggage storage and additional bathroom, in addition to the drop-in center. On the side of the building a window opens into the food pantry, a small room not much bigger than an actual pantry. Every afternoon between noon and two, the pantry volunteers dispense bags of food determined largely by local food drives and the daily donations from the local grocery stores.

At the end of the hallway are the two room dining room and the kitchen, an area which comprises the majority of the downstairs space. Soup kitchen users enter from a side door and are first asked to sign their name and providing some basic demographic information. The biggest meal, lunch, is served 11:30 a.m. to 1:45 p.m. Dinner is served from 5:30 to 6:30 p.m. and breakfast from 6:00 to 7:30 a.m. On holidays such as Christmas and Thanksgiving, the soup kitchen stays continuously open for meals between 11:30 a.m. and 6:30 p.m. Ten minutes before lunch begins, a long line has already begun to form outside. A resident, performing their daily chore, mans the sign in sheet, continually counting the number of people in the room and stopping the line until the room begins to clear out in order to avoid maxing the capacity of the dining room. After being given permission to enter, patrons first stop at the sink to wash their hands; those who try to sneak by and head straight for the food are reprimanded by the resident in charge of the sign in sheet and made to return before being served.

The patrons then head to the cafeteria style counter where volunteers or other residents performing their daily chore serve the day’s meal. At the far end of the counter there are often
salads or sliced fruit and always a variety of store-made desserts donated from local grocery stores. Beneath the counter are boxes of produce that are well past their prime, available for the taking. On the wall of the smaller dining room is a shelf full of bread products also for users to take. Drinks, mainly water but occasionally juice if quantities permit, sit in large dispensers, and often a box of nearly expired yogurts sits nearby. After receiving their meals, the soup kitchen guests take their trays to one of the many large round tables or one long table in the back dining room. Unless it is towards the tail end of serving time, tables are full and sitting alone is rarely an option. Trays are then cleared and taken to the dishwasher, while a resident whose chore it is to clean wipes down the empty spot before it is filled by the next patron. Depending on the time of the year and of the month, a steady flow continues anywhere from a half an hour to an hour of the first portion of the meal service. As demand trickles down, guests stay longer in their seats, sitting and talking after their meal is finished. At exactly 1:45 p.m., the leftovers are covered and the door to the dining room is locked.

**Food Programs at the Poverello Center**

The soup kitchen, which provides breakfast, lunch and dinner, serves an average of 300 meals a day to adults and children amounting to 100,000 meals a year. Lunch, the largest meal of the day, is mainly served to non-resident males, while breakfast is typically only taken advantage by those who used the shelter the previous night. The meal service is used by homeless and housed individuals alike, and while families occasionally eat meals at the shelter, the number of minors served annually is negligible. Like other food programs, the vast majority of the food the soup kitchen utilizes is from grocery stores, private donations, and the USDA. Monthly, the Poverello spends approximately $500 on food, typically for spices and seasonings. In 2010, the
program spent an average of $1,500 a month on non-food items such as trash bags and cleaning supplies, and an estimated $1,000 a month for the electricity needed to run the operation.

The donations which the soup kitchen receives in some ways reflect the relatively rural status of the shelter. During hunting season the shelter will receive donations of game meat, such as elk, deer, and even moose. Because the soup kitchen is a commercially licensed kitchen, health regulations restrict the use of food from non-commercial processed kitchens. Meat must be processed in a USDA certified kitchen before it can be served by the soup kitchen; however, the food pantry is not limited to this restriction meaning that donations of this sort are rarely wasted. Additionally, the shelter receives donations from nearby Flathead Lake’s Mack Days, a fishing contest designed at ridding the lake of the non-native lake trout. Because this is not a catch-and-release contest, the program donates any leftover fish to the Poverello center.

While the shelter staff cite no meal planning goals other than serving “what’s available” (staff member, personal communication, July 5, 2011) the meals typically consist of a soup, a starch such as rice or potatoes, a meat dish such as meatloaf, and steamed vegetables. Because TEFAP food is delivered once a month and is often unpredictable and with little variety, meals are often structured around attempting to use up large quantities of food such as canned beans and applesauce, as was the case in the winter of 2010. The kitchen attempts to make accommodations for people on specialized diets, usually by serving steamed vegetables and a starch such as rice, perhaps unappetizing but nonetheless simple option meeting the needs of vegetarians, those watching their sodium intake, and a variety of other special diets. In certain cases, the shelter has had to meet the restricted diets of terminally ill residents, often relying primarily on oatmeal and yogurt (Schraufenagel, personal communication, July 5, 2011).
The Ryman Street Shelter provides two other food services, a “food pantry” and “sack meals.” The food pantry, which had 2,500 visits in 2010, is a mini-food bank where residents and non-residents may receive a selection of grocery items. The food pantry operates on a consumer choice model, allowing users to select, with certain guidelines, avoiding passing out food to those who will not use it (for example, frozen chicken breasts to a person without a cooking appliance). The food pantry is stocked through excess commodity food supplies and donations from individuals which cannot be incorporated into the larger meal service, such as individual boxed dinners. The pantry is small and has little room to store fresh produce in the single refrigerator, meaning all produce to be distributed to clients must be stored, unrefrigerated, underneath the meal service counter where it quickly ripens past its prime.

The third meal option is the “sack lunch” program where individuals may request a meal to-go. Initially the program was designed only for those who were not able to attend meals at the shelter due to work conflicts, but then expanded to include people who were unable to eat meals due to being permanently or temporarily banned from the grounds or under the influence. Currently, the sack lunch program operates under a no-questions asked policy to give free meals to go to anyone who requests one, regardless of their status at the shelter or ability to attend the meal. The lunches are available at all hours of the night and day and are fairly simple, usually consisting of a peanut butter and jelly sandwich, chips, a piece of fruit, cookies and occasionally a juice or a soda. Initially the sack lunches included pre-wrapped deli sandwiches often donated from grocery stores until the health department instructed the program to only distribute non-meat lunches.

METHODS
Using a targeted method of sampling, which focuses on recruiting knowledgeable individuals from a defined location, participants were recruited from the Poverello Center. This targeted framework is ideal for populations which are hard to reach and typically out of the mainstream (Trotter et al. 2001). The population of focus in this study were male and female homeless adults, 18 years and older, who use the Poverello Center for at least one service (shelter, meals, counseling, etc.). A homeless adult was defined using the HUD definition of homelessness:

an individual who lacks a fixed, regular, and adequate nighttime residence; and an individual who has a primary nighttime residence that is - a supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing for the mentally ill); an institution that provides a temporary residence for individuals intended to be institutionalized; or a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings. [Stewart B. McKinney Homeless Assistance Act, 42 U.S. Code § 11302, 1987]

People who used the Poverello Center’s services but who were not currently experiencing homelessness were excluded from the study. Additionally, people who were staying at transitional living facilities, although meeting the HUD definition of homeless, were excluded as these residents have access to a personal kitchen. Minority groups and women were included in this study.

Participants were recruited through flyers and announcements. Flyers giving general information about the study were placed in the shelter common areas – staff office, dining room, basements, and hallways. During lunch time, the researcher made announcements in the dining room about the study and told clients they could ask her or staff members for more information. The researcher then waited in the staff office so interested participants could ask for details in private rather than approaching her in the public space of the dining room. Several respondents
inquired about the interview, but declined to participate after the researcher stressed the
interview would focus on food and not on other topics of interest to the clients, such as causes of
homelessness or relationships with local police. Others freely shared their views on the topic,
however, declined to participate in a formal interview. The majority of soup kitchen users did not
express any interest in the study.

Scheduling interviews with participants proved to be a significant challenge. The initial
plan was to have staff schedule interviews; however, it soon became apparent that many
potential participants would not show up to the meeting. While it was possible to schedule
interviews within a day or two for some participants, others did not keep appointments, even if
the selected time was within the hour. Instead, the researcher increased the time spent at the
shelter to be available when someone was interested in participating. Interest was mostly spread
through announcements; flyers did not appear to be a beneficial recruitment method. Some
respondents expressed hesitant interest in the interview for several weeks before agreeing to
participate. These minor problems of disinterest and scheduling difficulties can be expected in a
marginalized and difficult to reach population.

The interviews took place in a six week period between late August and early October of
2011. Sixteen individuals met the interview requirements and agreed to participate in the study.
One participant withdrew midway during the interview and was not included in the final data
analysis. All of the participants had stayed in the shelter the previous night and were
unaccompanied. The participants ranged in age from 30 to 68, and the majority of participants
were unemployed at the time of the interview. Sixty percent of the participants in the interviews
identified as White and twenty percent as Native American. One respondent identified both as
White and Native American, and one as White and African American. One of the respondents
declined to answer, claiming “other.” The respondents covered a range of homeless experiences, from the newly to the chronically homeless. Out of the 15 participants, three were female, proportional to the total number of females who stay at the shelter. While 15 may seem to be a small sample size, it represents approximately ten percent of the residents who stayed at the shelter in September of 2011. Trotter et al. note “most cultural domains can be adequately explored with fifteen to thirty in-depth cultural expert interviews” (2001:144). Given that the sample reflected the larger population of the shelter, covered a significant portion of residents, and involved cultural experts, a sample size of 15 respondents was sufficient for the study.

### Table 4.1 Demographics of Participants

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<tr>
<th>Number</th>
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<th>Gender</th>
<th>Race</th>
<th>Work</th>
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<td>White</td>
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<td>White</td>
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</tr>
<tr>
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<td>54</td>
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<td>Native American</td>
<td>Yes, part time</td>
</tr>
<tr>
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<tr>
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<td>Don</td>
<td>52</td>
<td>Male</td>
<td>African American, White</td>
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</tr>
</tbody>
</table>

The interviews occurred in a private room provided by the program director at the Poverello Center’s Ryman Street Shelter. Prior to the interview, the researcher read an informed consent form and asked for a verbal consent from the respondents. The Poverello staff encouraged reading the informed consent form aloud to participants due to concerns about literacy. Additionally, the staff encouraged the researcher to use verbal consent, noting many
potential participants would refuse to participate if it was required that they sign their name. This reality was evidenced in the participants’ questions about the interview prior to agreeing to participate; some agreed to partake only if they did not need to give their name. One respondent refused to be read the informed consent form and read it himself. All participants verbally consented to participate, and were offered a copy of the form for future reference; however the vast majority declined a copy.

The researcher conducted a semi-structured interview, asking a set of questions regarding beliefs and habits regarding food and nutrition. The lengths of the interviews ranged between 35 and 80 minutes. The structure of the question set was based on the guidelines given by Bernard (2006). Section I of the questions covered basic demographic information, to ensure that the respondent was eligible for the study and that respondents were representative of the population. Section II included dietary recall questions, as most studies of nutrition do (Bernard 2006). While dietary recalls are not always perfectly accurate, they provided general information on the eating habits of the respondent. Section III involved questions that are used to determine how social structures, primarily outside effects such as government programs and local agencies, influence eating habits. An example of a question in Section III is, “what do you think of the food stamp (SNAP) program?” In section IV, the researcher asked questions that are more specific to how the individual makes choices regarding what he or she eats. Question from this section include, “where do you go to buy food?” and “how do you decide what to buy when you buy food?” Section V addressed the topic of substance use, including alcohol, tobacco, medical marijuana, and caffeine. The researcher did not ask specific questions about use of illegal substances, though it is likely their use may arise in this interview. Finally, section V allowed
space of a mini “debrief” of the interview, where the respondent can ask questions and provide feedback.

The semi-structured format of these interviews allowed for flexible in-depth exploration of topics, as some individuals provided more information in one area than others. Bernard (2006) discusses the benefits of semi-structured interviews. Like informal and unstructured interviews, semi-structured interviews guide the information given without the interviewer exerting too much control. There are disadvantages to the semi-structured interview, primarily that respondents feel as if they are expected to answer in a certain way, however, the benefits outweigh the risks. A major benefit to semi-structured interviews is that they allow for comparison across interviews and ensure that like topics are covered each time. As homeless people are a vulnerable population, having a standardized set of topics helps prevent differential treatment of respondents. The more informal nature of semi-structured interviews (as opposed to a questionnaire or survey) allows trust to develop between interviewer and respondent and provide more opportunity for more insight. The interviewer has the ability to ask for clarification and elaboration which is not possible to do on a survey (Bernard 2006).

These interviews were audio-recorded, so that the interviewer could pay full attention to the interview. Following each interview, the interviewer performed a written debriefing covering initial impressions, observation, potential future questions, and initial analysis of the interview. All methods involving human subjects and the complete question set were approved by the Institutional Review Board at the University of Montana.

Data Analysis

After the interviews, the audio recordings were transcribed verbatim. All identifying names and data were removed from the transcriptions, and participants were assigned an ID
number and a pseudonym. These transcripts were coded using NVivo 9.2 software (Qualitative Solutions in Research 2011). Initial coding focused on each question individually and the patterns of answers within that coding. Codes detailed patterns of behavior such as types of foods eaten and ways of obtaining food. These codes were analyzed across the entire question set and used to highlight larger themes of beliefs and behaviors that explained the influences of social forces on eating habits. Quotes from these transcripts have been edited to remove verbal pauses such as “uh” and “like,” and where needed, edited for grammar, clarity, and brevity.

**Limitations**

Like other studies of the homeless, this population reflects those who were willing and able to participate in the interviews, and thus the opinions and experiences of those who have significant mental illness, substance abuse, or distrust of authorities are not reflected here. Gelberg (1995) suggests that the mental illness does not correlate with greater food insecurity, although substance abuse does. While this study does include some participants who had substance abuse problems, none were so significant to deter participation. Thus, it can be assumed that for those whose substance abuse limited their ability to participate in the study, food insecurity is even a more significant problem than portrayed here. Likewise, this study does not reflect other special sub-populations of homeless, mainly families and youth. Because these groups are significantly different than single adults, and experience food insecurity differently (Gelberg 1995; Lee and Grief 2008), their needs merit their own study. The respondents for these interviews were chosen to reflect the diversity of people who lived at the Poverello shelter, and included employed, unemployed, men, women, different ages and ethnicities, as well as differing lengths of time spent homeless, in order to give as comprehensive of a depiction of shelter as possible.
CHAPTER FIVE: GENERAL EATING HABITS

The homeless utilize a vast variety of sources for obtaining food; however, many still experience hunger and undernutrition. Soup kitchens were the most common source of food for those interviewed, followed by food purchased on SNAP. There are many other ways to obtain food besides these methods, including food banks, dumpster diving, and stealing. The purpose of this chapter, is to give an overview of the general eating habits of the residents of the Ryman Street Shelter and to help paint a picture of daily eating. The following chapter will explain in greater detail people’s experience with the three main social responses to food insecurity: soup kitchens, SNAP, and food banks, and describe why these structures are insufficient in meeting the needs of the homeless.

This section details the general eating experience of the men and women interviewed, how often meals are eaten, what types of food people preferred, and how often and why they would go voluntarily or involuntarily hungry. The goal here is to create an understanding of the experience at the individual level before addressing how social structures specifically impact food, nutrition, and eating. Nevertheless, there is one overarching social influence obvious in this section: poverty. A lack of resources typical to people who have permanent housing shapes the experience of the homeless person. Poverty and the very experience of being without housing create unique needs and challenges for homeless people, as evident in the following sections.

MEALS

For many of the people interviewed, eating three meals a day, every day, was far from standard. While all respondents were currently staying at the shelter and thus had access to three meals a day, only three fifths regularly ate three meals a day. Six of the respondents ate twice a day, four of whom replied that they occasionally only ate one meal a day. Part of this may be due
to individual choice, for example, some people did not feel like eating breakfast, however, there are also external factors at play.

The availability of the soup kitchen meals had an impact on the number of meals eaten: four responded they ate more food or ate more often while staying at a shelter. Daniel, a 41 year old white male, described the variation in his eating habits as such:

When I’m on the street, like, actually living on the street, I’ll tend to eat one or two actually big meals, and then spend the rest of the day doing other things. But when I’m living in a mission, I’ll eat as many times as I can get food. And then if I’m living at my lady friend’s house, which I can only do for two weeks, that’s usually up to her what I eat. She basically, she lives there and I eat her food.

The experience of obtaining food for the homeless varies on the way in which they are currently experiencing homelessness. Those currently living in a shelter with a soup kitchen have more access to meals to those living on the streets, and may also have more than if living with friends or family. Shelter rules which limit the amount of time a person can stay may restrict how many meals a day they are able to access. Leaving a shelter may require, depending on the size of the town and the resources available, camping outside of city limits or travelling to the next closest city with a shelter.

In addition to the low number of meals consumed in a typical day, missing meals was commonplace for many of the respondents. Missing a meal was not a significant event, as evidenced in this response from James, a 34 year old white male, on how often he missed meals: “maybe twice a week, not often.” Likewise, Karen, a 30 year old Native American female, replied I “just don’t even think about it.” Baggett (2011) likewise found that the homeless had low standards for food sufficiency. Only seven out of the fifteen could not remember having recently missed a meal they normally would have eaten; six said they missed meals regularly, and two had missed one within the past few days. Reasons for missing meals varied; however,
they highlighted limitations to relying on the soup kitchen for all meals. For example, four missed the meal time at the shelter due to other obligations such as work or appointments. Transportation was an additional problem for those who were unable to return to the soup kitchen for the meal time due to incompatible bus schedules or not having a vehicle. Additionally, some respondents voluntarily missed meals as well, because they were too tired to eat or were not hungry.

**Substance Abuse**

Drinking and drug use also influenced the frequency of meals. Goldfrank (1985) noted that for some homeless substance abusers, alcohol often replaced food for caloric consumption, contributing to poor health and malnutrition. Five of the respondents discussed their eating behaviors while engaging in multiple days of uninterrupted drinking or drug use. Four out of the five said they would either not eat at all while using or would go a long time without eating. The reasons for this behavior were varied. Gene, a 51 year old white male who had been sober for thirty days, describes a preoccupation with substance use: “Food is a buzz kill….once you’re on that booze role, and you got that buzz going, you know that if you eat it, it crashes your party. As soon as you eat, you get real, real tired and then you can’t really drink.” Don, a 52 year old African American male who had not used drugs in eleven years recalled his earlier behavior, “Every time I’m on drugs and I’m drinking, I have no appetite.” Drinking, drug use, and eating were not compatible.

Another reason for not eating while using was soup kitchen policies which prohibit people who are under the influence from using services. Gene, described above, and Bryson, a 54 year old Native American male resident, explained their internal struggles with these policies.
Bryson answered how he felt about missing a meal because he was under the influence, “I can understand. Drunken people can be a real pain.” Gene, however, was more conflicted:

I believe everybody should have a meal, but [drinking’s] also a choice too. It’s a choice. There’s been a lot of times, for me, I usually try to shy away from shelters and other places when I’ve been drinking. I remove myself from the picture. I don’t want nobody, like, I feel a lot of shame and remorse and stuff if I came around …you know, all fucked up…. A drunk person deserves to eat too. I mean, we’re really all the same. But, there’s that fine line, really in a way, and I’m just glad I’m not a judge of anything.

Lyon-Calio (2004) attributes client support of policies which prohibit people who are currently under the influence to the medicalization model and the internalization of blame for homelessness. Alcoholism and drug abuse are reasons for homelessness in this mentality, and thus it is the responsibility of the individual. Rather than protesting policies which prohibit letting people under the influence access meals, the “shame,” as Gene describes it, is internalized.

Through a combination of structural and personal factors, including limited meal times and substance abuse, missing meals or eating fewer meals than the typical breakfast, lunch and dinner, were common realities for the people interviewed. These observations are similar to those made by Poverello staff, who note that although the soup kitchen is open to outside residents for breakfast, few people who are not staying at the shelter come in for the meal. Personal choice, drug and alcohol use, and type of shelter used determined the number of meals people ate in a day.

**TYPES OF FOOD**

Eating while homeless is more complicated than simply eating what is put in front of you. A complex mixture of personal agency and outside social forces influence the choices and meal options that are available to homeless people. Analyzing the food choices of individuals can give
an important perspective on the needs and values of the homeless population. For example, certain types of food were more valued than others due to the demands of life on the street.

Respondents were asked to recall what they had eaten in the twenty four hours prior to the interview. The responses included a mixture of foods prepared at the soup kitchen, as well as donated items, such as sushi, yogurts, and baked goods. The following excerpts provide examples of different, but typical days of eating:

Karen (30 year old Native American female)

Interviewer: Can you tell me everything you had to eat or drink in the last 24 hours? …

Karen: Okay. Today for lunch I just had stir-fry, and vegetables, and a piece of chocolate cake. This morning, I know it sounds bad, but I had chocolate donuts and a Dr. Pepper.

Interviewer: Mhm.

Karen: Last night I didn’t have anything to eat because I was out with my kids. And yesterday for lunch, I can’t remember what they had.

Interviewer: That’s okay. That’s 24 hours. Do you snack between meals?


Interviewer: Okay. Did you get any snacks yesterday?

Karen: Um, I don’t think so. Yesterday was a really busy day. I might not have even eaten yesterday.

Dale (42 year old white male)

Interviewer: Can you tell me everything you had to eat or drink in the last 24 hours?

Dale: Last 24 hours, let’s see. Coffee, grape juice, apple juice, carrot juice, eww.

Interviewer: [laughs]

Dale: I usually like it, but I just had to let that one go [laughs]. Chocolate milk, I had a ginger ale [laughs], and water.

Interviewer: Did you have anything to eat or just juice?
Dale: Mhm. Only like one Danish, as far as a pastry type of a thing. Oh no that’s a lie because I had a piece of cheesecake. I couldn’t help that. Chicken soup, cottage cheese, three separate sets of fresh fruit, yogurts, Greek yogurts, and today I actually went kind of on the junky side and I did cottage cheese again and taquitos. More fresh fruit. Apple juice. Rice, some ginger some wasabi and a backwards roll.

Interviewer: A backwards roll?

Dale: I guess it was. A California roll but on the outside. Like, you know, where it’s held together with sticky rice. And that’s what I had.

The Poverello soup kitchen offered a mix of homemade meals in addition to offering prepared food donated from grocery stores. This prepared food ranged greatly in quality, but typically included baked goods such as donuts, deli items like sushi, and packaged goods that expired quickly such as yogurts or juices.

The following table displays the responses to the 24 hour food recall question. The first bar demonstrates the total number of servings of each food group eaten by respondents; the second bar shows the number of respondents who ate at least one type of food in that category. The classification “other” indicates foods that the respondents could not recall or did not fit into one of the other categories, such as eating “some lunch” or “a casserole.” As expected, some of the respondents had difficulty recalling their meals, and thus the reported number of servings may be slightly less than the actual.

Table 5.1 Everything Eaten in Past 24 Hours by Food Group

<table>
<thead>
<tr>
<th>Food Group</th>
<th>Number of servings</th>
<th>Number of people</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Non-meat protein</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td>Dessert</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td>Fruit</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td>Grain</td>
<td>15</td>
<td>15</td>
</tr>
<tr>
<td>Vegetable</td>
<td>9</td>
<td>9</td>
</tr>
<tr>
<td>Meat</td>
<td>29</td>
<td>15</td>
</tr>
</tbody>
</table>
In the 24 hour recalls, almost all participants replied that they had eaten some form of meat, primarily chicken or beef, approximately two servings each. All respondents had also eaten a grain product, such as bread or rice, in the last twenty four hours. The respondents averaged one and a half servings of grain. Nine of the participants had eaten vegetables, 2.6 servings on average, and seven consumed fruits, 1.8 servings on average. Three of the seven who consumed fruit products did so solely in the form of juice. Dairy proteins, eggs or milk products, were also included in six diets, with an average of 1.5 servings each. With the exception of meat, respondents ate less than the USDA recommendations for active adults for all food groups, similar to Strasser’s (1987) findings.

The importance of meat to this population was demonstrated repeatedly throughout the interview. Despite meat being the most consumed food group by the participants, one third of the respondents said that they wished they ate more meats, fish, or proteins, while only one fifth mentioned wishing to eat more fruits and vegetables. When asked to describe their general food preferences, twelve respondents mentioned a type of meat, compared to nine mentioning vegetables, four discussing dairy products, and three bringing up fruits. Additionally, multiple respondents replied that they would eat more meat if they were not homeless or eat more of certain types of meat.

Blake, a 39 year old white male resident of the shelter, discussed why consuming meat was important to him: “Meats and vegetables is probably my main thing that I worry about.” Daniel also spoke on the importance of meat: “Protein means energy for me,” a necessary component for life on the streets. Tex, a 66 year old white male who worked on and off as a cook on hunting excursions, also emphasized the importance of protein, saying, “If you have no
protein, you will freeze to death.” Meat and protein were not simply another piece of the diet, but were considered vital nutritional components for survival.

Fruits and vegetables played a smaller but still important role in the diet. Three respondents felt that they would eat more fruits or vegetables if they were not homeless, and three said they would like to eat more fruits and vegetables than they did now. Eight of the respondents associated vegetables and fruit with healthy eating, however, only five of those had eaten fruits or vegetables within the last day. A few respondents also listed concerns that the produce available at the shelter’s soup kitchen was not at its freshest. Blake stated, “Before I eat my salad I kinda do a taste just to make sure it’s fresh enough. Doesn’t have to be brand new, but, you know.” Karen expressed a similar sentiment, saying “They usually have a lot of [produce] available here. It’s just; I think sometimes they don’t seem as fresh as I like them.” Quality of the produce could be one possible reason that respondents did not consume as many fruits and vegetables as their stated desires.

Desserts and baked goods such as cakes and donuts, commonly donated items to the shelter, were customary in many diets, which a few acknowledged as a negative aspect of eating at the soup kitchen. Bill, a 68 year old Native American man, replied that he had recently eaten “six donuts, which is bad.” Likewise, Karen stated “This morning, I know it sounds bad, but I had chocolate donuts and a Dr. Pepper.” Donuts, one of the staple donated items are both eaten often (twelve of the respondents mentioned donuts at some point) but still seen as an undesirable part of shelter life. Blake, who had become homeless only recently, described his reaction on the plethora of free donuts when he first arrived at the shelter:

Yeah, I got here and I was like, “free donuts!” And I hadn’t had donuts in six, eight months prior; maybe had one somewhere. But for like two days, I ate. I hoarded them
because I was like, really? Free? And now I look at them and I’m like, eh. How do they eat those every fucking morning? Come on!

Bryson also discussed how his eating habits evolved over the time he had staying in shelters: “I certainly wouldn’t be eating these donuts [if I weren’t homeless]. I mean, that is the staple of the homeless person, the day old donut. Fact, I don’t even eat them.” The temptation to resist sweets could be a challenge, however, and others also feel as if they eat more sweets while staying at the shelter. They note it was “too easy” to eat donuts and felt as if they were “dumped” on. The constant availability of sweets and pastries was seen as a negative by many of the participants.

As diabetes is prevalent among the homeless (NCH 2006), the overabundance of sugary baked goods demonstrates how soup kitchen menus may be determined more by donations than the needs of the clients.

**FEASTING AND FASTING**

The majority of individuals interviewed occasionally incorporated fasting and binging into their dietary practices. Ten of the respondents feasted or binged at different times for a variety of reasons. Reasons for binging were varied and included eating at buffets, being hungry, on drugs or medication, or during holidays. Three respondents binged on food due to emotional reasons – stress, anxiety, or depression. Mary, a 56 year old white female noted, “When I’ve been under a lot of stress, I tend to want to binge.” Valerie, a 52 year old Native American new resident at the shelter, said “Sometimes when I worry I don’t eat at all and sometimes when I worry I eat more. It just depends.” Similarly, all three of the women interviewed said they smoked more while stressed and had been smoking more since becoming homeless, indicative of the high levels of stress they were experiencing. Because living on the streets is an obvious
source of stress, homeless people may be more likely to engage in unhealthy coping mechanisms such as smoking or binging on food.

As Valerie suggested, fasting was also practiced by eight out of the fifteen respondents. Again, the reasons for fasting varied greatly from spiritual reasons, physical discomfort such as nausea, or as a way to create balance in life. Three respondents also discussed fasting as a means of dieting. Voluntary fasting suggests that not all of the missed meals or reduced number of meals can be attributable to outside influences; rather, there are times when people who are homeless consciously choose not to eat. Thus it is important to note that while social structures exert a certain amount of control over homeless people, people are still able to exercise agency and influence to a certain degree what, how often, and how much they eat.

HUNGER

As discussed in Chapter Two, food insecurity rather than hunger itself is a greater problem in the United States. However, for the homeless hunger does still occur. Seven of the respondents had experienced times when they were hungry and were unable to eat, and twelve felt that hunger or malnutrition was a problem among homeless people. Reasons for hunger varied widely from person to person and included drug use, inability to eat at the shelter due to food allergies or time limitations, and staying in jail. The most common reason for hunger, cited by one fifth of the respondents, was not having any money or food stamps. Daniel described a time when he has been hungry, “When I camp out and I’m not in or near a mission and I’m camping out in rural areas, I’ll sometimes wake up in the middle of the night….There won’t be a lot of places at night if I don’t have any money that I can go get food.” Dale also described a time when he has been hungry before due to a lack of ability to buy foods, “Yeah, I’ve been there. Yeah. Sure. No funds or whatever. You just have to wait… yeah, absolutely. I was hungry
for weeks before.” Despite the provision of food from shelters and soup kitchens, a lack of purchasing power contributed to the experience of hunger. This suggests that soup kitchens are not sufficient to completely address the issue of hunger among the homeless.

The majority of respondents felt that hunger or nutrition was a problem for homeless people. Poor nutrition was a concern for many, such as Mary who noted, “If they want to eat, there’s food out there. But it’s not always the best. It’s not always a balanced diet.” Opinions on the ability of soup kitchens to address hunger and malnutrition varied from Karen’s positive response:

Missoula is the only place that I have been so far where they offer so much food to the homeless. Absolutely amazing. Because some places there are homeless people and they starve. I mean, they, you can see bones, you know?

To Bryson’s much more negative one: “They eat at the Salvation Army, which is, to me, is junk food, okay? I mean, I wouldn’t let a starving dog eat there. But, you know, it’s food to eat, alright?” The respondents discussed the limitation of soup kitchens being able to serve only what has been donated to them, which is often of inferior quality. While substandard food is still food, and therefore valuable, the lack of quality was cause for concern by those interviewed. Adequate nutrition was discussed more often than concerns about hunger, further suggesting that while hunger can and does occur, the type of food and its nutritional quality used to address hunger still matters.

ALTERNATIVE METHODS

While the next chapter discusses the three main social measures used to address food insecurity, soup kitchens, SNAP, and food banks, first it is necessary to cover sources of gaining food which exist outside of these social programs. While the soup kitchen may be the iconic image of the meals eaten by homeless people, many rely on other sources besides charities and
government programs for meals. These alternative methods help to fill the gaps left by these programs. While these methods are not as influenced by macro-level structures such as federal policy, they are indicative of how the larger social force of poverty shapes the individual experience. Relying on these alternative methods of obtaining food helps to enrich the picture of homelessness not often discussed.

**Dumpster Diving**

If soup kitchens are the stereotypical image of the homeless eating, “dumpster diving,” or retrieving food that has been thrown away, is a close second. Six of the respondents had eaten food from a dumpster before, most commonly out of the dumpsters of fast food restaurants such as McDonalds, KFC, or Dunkin’ Donuts. For some, this was a last resort, as Gene noted. He used it only “when I’ve been really, really hungry and had no other options.” For most, sanitation was a concern. Spoiled food, contamination, and harmful objects in the dumpster which could cause injury were concerns that people discussed. Adam only ate food out of dumpsters of restaurants that threw away prepared meals already in boxes, such as donuts or pizzas, due to health concerns. Another obstacle to utilizing dumpsters, which Daniel noted, was that some businesses lock the dumpsters to prevent access. He discussed the issue, saying, “It’s not fair for the homeless. The McDonalds in town, used to be able to dumpster dive there. But people found out and made a mess. The managers saw and locked the dumpster. They put up a fence. If they hadn’t have made a mess, we would still be able to do it.” While dumpsters were a source of free food, due to concerns about health and food contamination, they were not without their own risks and perils.

**Stealing**
Stealing was a less common way of obtaining food, although many did not use that term. Only one of the respondents admitted to stealing from a store, while five said that they had gleaned fruit or vegetables from trees and gardens, which would technically be stealing. However, only one of the respondents, Adam, felt this way, although he was not concerned about that designation: “Oh yeah, I rob gardens. I rob gardens and orchards if I can get to ‘em. I steal. I like tomatoes a lot and I like the pears and apples…. I kinda laugh; I’m not sure what the jail sentence is for robbing somebody’s garden…. Nobody’s ever really cared, if anything they laugh.” Others, however, felt that gleaning fruit was not stealing. While perhaps people felt uncomfortable discussing stealing as a way of obtaining food, it is also possible that it is a fairly minor resource. Gleaning, however, is one way for people to incorporate fresh fruits and vegetables into their diet that they cannot easily access otherwise.

**Hunting and Fishing**

In addition to gleaning, some the respondents found other sources of wild food from hunting and fishing. Four of the respondents had been fishing since becoming homeless and three had gone hunting. While these activities could be a source of cheap meals, hunting and fishing were not completely free and accessible to the homeless. The affordability of buying licenses and hunting and fishing gear diminished people’s ability to rely on these resources. Additionally, having limited options to store and cook food further lessened the practicality of these options.

**Being Given Food**

Besides at soup kitchens and food banks, two thirds of the respondents had been offered food by someone while they were on the streets. This ranged from a woman passing out tortillas outside of the shelter, people giving away their restaurant leftovers, to offering to buy a meal for
the homeless person. Opinions differed significantly on being given food, however, with half of the respondents stating that they felt it was a nice gesture, and half having a more negative experience of it.

The reasons for these negative feelings about being given food varied. For a few of the participants, being handed food made them feel judged on the basis of their appearance:

Dale: It was kind of a shitty thing to do, stereotyping or whatever.

Adam: I can’t look that decrepit. I don’t know. I take it personally sometimes. I guess some people here like it, or would be happy, but I get it personally.

Bill: But I’ve had people give me money, when I’m sitting in the Burger King, they think I’m poor or something.

For these men, being given food was a reminder that, not only were they homeless, but that the outside world could tell they were. While the stereotype of a person living on the streets may consist of a trench coat, unkempt appearance, and multiple bags, the reality is that many do not fit this mold. When these respondents were given food or money, it was a reminder that their homelessness was not as well hidden as they had assumed. Other respondents felt that being handed food was strange, not safe, or simply not the solution to ending hunger among the homeless.

CONCLUSION

There is no uniform picture of the eating habits of the homeless, as people’s experience of being homeless differs widely. There are, however, some consistencies. People who are homeless frequently miss meals and eat a reduced number of meals, either due to personal choice or forces beyond their control. Likewise, hunger is often a reality for many people, most often caused by a lack of financial resources or being unable to access social programs such as soup kitchens. While people can and do exercise their agency to access food, the majority of food
people eat is provided by government and charitable institutions, primarily soup kitchens, food banks, and SNAP.
CHAPTER SIX: INADEQUACIES OF SOCIAL SOLUTIONS

Programs meant to address food insecurity among the low-income are designed with the housed in mind, and are often insufficient to meet the needs of people who are homeless. In addition to the limit poverty places on purchasing food directly, the ways in which food is provided or subsidized inhibit the homeless from meeting all of their dietary needs. Food stamps, food banks, and soup kitchens are all limited in their ability to provide, leaving gaps in the diets of many of the homeless. Being unable to store or cook food restricts what can be chosen at food banks, and SNAP restrictions against buying hot or prepared foods further reduce access. Macro-social, intermediate, and micro-social level policies which do not address the uniqueness of the homeless situation create many barriers for accessing nutrition.

THE SOUP KITCHEN

The most common source of nutrition and meals for the homeless people interviewed was the soup kitchen. All who participated in the study were staying at the shelter, and thus had ready access to all three meals. Unlike other food programs, the soup kitchen is the one most geared toward the homeless person, although it accommodates the housed as well. Soup kitchens provide ready cooked food with no need to prepare, store, or pay for the meals. The majority of the study participants had positive experiences with the Poverello soup kitchen; however, there are limitations to this type of program which prevent them from completely meeting all nutritional needs.

James gave a basic description of his most recent time eating lunch at the soup kitchen:

Well I was sitting outside, and it was 11:30 and I was kinda bored, so that was a big reason that I went in to eat. Not necessarily that hungry. I stood in line. Line was very quick today. It’s usually ten minutes or so, but I got right in. I went up and washed my hands, went in line and got a hot dog and four pieces of sushi and a slice of red velvet cake. Then I sat down with three people that I knew. Ate half the hot dog, three or four
slices or pieces of sushi, and took a couple bites of the cake but it was way too rich. So I sat maybe between five and ten minutes, maybe eight minutes before putting my tray away.

For most, eating at the soup kitchen was a positive experience, especially when compared to other kitchens. Half of the participants felt that the Poverello soup kitchen was superior to other places that provided meals and the majority of those interviewed had positive reviews. Only three felt that this soup kitchen was of similar or worse quality as other places they had been.

Variety was one of the key attributes for the patrons. Although the kitchen typically serves leftovers from the lunch meal for dinner, garnering occasional complaints, most patrons were appreciative of the variety of options the shelter had. Soup, bread, a meat dish, a starch, vegetables, fruit, and desserts were regular staples at every meal. Discussing the Poverello soup kitchen in comparison with others, Dale stated, “If I really had to compare it to anywhere else I’d actually been at, it’s one of the best. The variety of fruit, vegetables, and so forth, juices, milks.” The presence of an assortment of foods was a central feature in determining the quality of the soup kitchen. For Karen, variety was more important than taste, as she compared the Poverello soup kitchen to another local one: “Their stuff seems fresher, it tastes better, but at the same time, they serve a soup and a sandwich for lunch, you know? And it’s monotonous. So, the variety it’s definitely better here.” Variety not only prevented dietary tedium, but by offering a selection it gave patrons an opportunity to customize their meal. The diversity of diets described in the 24 hour recalls suggests that there are many different nutritional needs and preferences, and offering a selection increases the amount of control, and therefore agency, a homeless person has over his or her meal.
Other positive attributes included the plentitude of the food, the long hours, friendly staff, nutrition, and the availability of coffee. Portion sizes were another positive aspect of the soup kitchen; two said if anything, they were too large. Don described the importance of being able to go back for seconds: “They’re wonderful because you can get back in line. Almost as many times till you’re full. And I’ve been at other shelters and you eat once and then you go. Or they don’t have enough for you to go back.” While officially the soup kitchen only allowed seconds during the final fifteen minutes of meal time, unofficially people could go back at any time there was not a line. Don also pointed out that being able to eat seconds helped especially when he could not eat or did not care for one of the main dish items: “I can keep going back and get the soup and get the vegetable and whatever they might have like squash or potatoes. I can get enough of that.” Although not all soup kitchens had the ability to offer unlimited servings, doing so may help to reduce hunger.

While sociability does not necessarily directly impact hunger, meals are typically a social occurrence cross-culturally. Glasser (1988) emphasizes the soup kitchen as a resource for social interaction. However, the participants in this study were not enthusiastic about the social aspect of meal times. Although some enjoyed sitting with others during meals, many noted that there are days where they do not want to share meals and would prefer eating alone. Due to the crowded nature of the soup kitchen, however, they are unable to do so. This inflexible environment which forced social interaction sometimes negatively influenced people’s experience of eating at the soup kitchen.

However, there are limitations to the services soup kitchens can provide. Limited hours of service, restrictions on who can use meals, based on intoxication or previous inappropriate behavior at the facility, and specific dietary needs can reduce the extent to which the homeless
can rely on soup kitchens. While the Poverello soup kitchen attempts to address these concerns by offering a plentiful amount of food, a variety, and giving sack lunches to anyone who wants one, not all soup kitchens provide this extent of services. Thus, many people who are homeless rely on alternative methods of accessing food as well.

SUPPLEMENTAL NUTRITION ACCESS PROGRAM

For many of the participants, SNAP was an important means through which food was accessed. All but three of the respondents participated in SNAP, and the vast majority of those received approximately $200 a month in assistance. While one individual felt the amount was not sufficient to last through the month, the majority said their funds lasted through the third or fourth week. During the final week of the month the soup kitchen sees higher numbers for meals as SNAP and other cash assistance programs have run out (staff member, personal communication, July 5, 2011).

Significantly, SNAP is an important way of increasing agency within the limiting confines of homelessness. SNAP is used to obtain meals when eating at a soup kitchen is not possible or is insufficient. Mary, who has an allergy to beef and turkey products, said, “I use them when there’s nothing on the menu that I can have,” using her food stamps as a way to supplement the limited menu at the soup kitchen. For others, SNAP provided flexibility and freedom from having to rely on the limits of soup kitchen meal times. One resident, Karen, used SNAP to buy food when she missed meal time due to her work schedule. Another, Dale, missed meals at the soup kitchen three nights a week due to intensive outpatient addiction treatment, and instead would rely on SNAP. Bryson, who frequently moved around the country in search of work, used food stamps while traveling along routes without soup kitchens. Thus, the program
allowed for a degree of flexibility and the opportunity to address issues possibly related to the cause of homelessness.

Participants had an overall positive impression of SNAP, recognizing that it provided an opportunity to increase agency. Gordon, a 46 year old male, discussed how SNAP can improve upon other resources: “It gives you an option. You can always go to the food banks … but, you’re sorta limited to a small variety and quantity.” Mary believed the program directly reduced hunger, stating, “It helps people who would otherwise end up really hungry make sure they can get at least something to eat.” Another described the program as a “lifeline.” By providing an increase in funds, SNAP enhances agency by releasing people from having to rely solely on the soup kitchen for meals.

**SNAP Restrictions and Barriers to Accessing Food**

Despite SNAP’s positive attributes, there are many aspects unique to homelessness which inhibit it from being used to its fullest intentions. One of the central issues people had with the program is the restriction against buying hot foods or foods meant to be eaten in the store. The Food and Nutrition Act of 2008 redefined the allowed items purchased with SNAP, continuing to prohibit hot foods and foods meant to be eaten in the store, while approving “junk” foods such as sodas, chips, and cookies. The USDA defended the choice not to restrict the purchase of unhealthy foods as a way to avoid confusion at the register, embarrassment of participants, paternalism, and the inability to define healthy foods, however, made no suggestions as to why the restriction held against hot and ready to eat foods (USDA 2007). The same reasons for allowing the purchase of junk foods could also be used to argue why the homeless should be allowed to purchase hot or prepared items.

Residents at the shelter voiced their disapproval with the prohibition of buying hot foods:
Gene: What do I think of it? I think it’s like nonsense really. I mean it’s a food stamp card, so if I want to buy food, I should be able to buy it hot or cold. You know, you’re making me buy it cold and yet I got to go heat it up. So why not you know, just buy it hot?

Karen felt as if she would eat healthier if she was allowed to buy hot foods while on SNAP:

Karen: Having food stamps when you’re homeless, you’re more apt to buy junk food. When you’re not homeless and you have a place to cook on your own, you’re more likely to buy the healthier food, you know?

Interviewer: Okay. Why’s that?

Karen: Mainly because you can’t buy anything hot on it. So, you’ve had like five deli sandwiches in that week, and you’re like, why not get some brownies and some chocolate donuts and a soda? So it’s definitely useable, but I think being homeless you’re more apt to buy junk food as opposed to healthy stuff. Because when you’re homeless you can’t really prepare a lot of things, you know. You don’t have an oven, or a stove or anything like that to cook on. So it’s more like a quick fix, you know? Go in and buy some brownies.  

Bryson discussed how the restriction against buying prepared foods meant he spent more money on making a sandwich piecemeal than he would have at the deli: “I can buy a piece of bread and I can go buy some cheese and then I gotta make it myself. And see, that’s just wasteful. Because it’s gonna cost me a lot more to make the same sandwich.” The restriction against hot and prepared foods significantly limited what a homeless person could practically buy.

Another limit to the effectiveness of SNAP was the proximity of stores which accept the program. James, who had trouble walking due to a disability, described the difficulty he had in getting to the nearest grocery store and so would instead rely on the nearby convenient store which charged higher prices. He said, “They’re very expensive. So I whipped through my money very quickly. Whereas if I went to Safeway and bought the same things, I would probably be able to get three weeks out of [SNAP] instead of just two.” For people with limited transportation options, the cost of buying food becomes higher due to the necessity of relying on convenience stores.
Those who were ineligible to participate in SNAP faced even more significant complications. Two of the three respondents who did not receive SNAP spent a significant portion of their approximately $700 a piece monthly income from SSI or social security. Bill, who had recently lost his housing, spent $200 a month while Adam spent $300. Spending such a significant portion of income on food further suggests that soup kitchens are not sufficient to meet all needs, and that those who do not have SNAP must spend significant amounts of money to cover the gap. Although this is a small sample, it also suggests that for some, buying food while homeless without additional assistance could be a barrier to affording housing.

**Buying and Selling SNAP Benefits**

Although none of respondents said that they had personally bought or sold SNAP benefits, two mentioned that it was a commonplace practice, though a third person said he felt it had subsided since the transition from paper coupons to debit card-like Electronic Benefit Transfer (EBT) cards. Blake states,

Blake: They [stamps] get abused by people selling them you know for money to drink or to do drugs. There are all kinds of screwed up people here.

*Interviewer: Do people sell them a lot?*

Blake: From what I’ve seen.

*Interviewer: How do you do that? Cause, with the cards, do they go buy something for somebody?*

Blake: I’ve seen people buy something for somebody and then they’ll get like half the money or whatever it was. But a lot of times it’s a card so you have a pin number, use it like a credit card. So, let’s say there’s a hundred bucks on the card, they’ll say yeah here’s my pin, give me 50 dollars, there’s a hundred bucks on it. Person goes and buys their groceries for a hundred bucks and gives them 50 dollars and the card back. That’s probably the most common thing I’ve seen around here.
The act of selling SNAP benefits greater than $100 is a felony (less than $100 is a misdemeanor) and punishable by six months to five years in general, depending on the severity of the crime (SNAP, 7 U.S. Code § 2024, 2008). However, its practice sheds light on two important areas. First, it is indicative that there are enough homeless people who do not receive benefits or do not receive enough to create a market. Second, the act of selling benefits in order to have money to purchase non-food items such as drugs or alcohol suggests that for some, these items are worth more than the supplemental food benefits. Given the low rate, fifty cents on the dollar, the need for drugs or alcohol may be significantly greater for some. An alternative explanation would suggest that total nutrition needs may be met by a soup kitchen, and thus SNAP benefits are not needed and free to be sold. However, many soup kitchens prohibit people who are under the influence from using services while they are intoxicated, making it unlikely chronic alcoholics can fully rely on them. Thus for some, selling benefits in order to meet the demands of an addiction may result in an even further loss of resources. Because this is a small sample, the buying and selling of benefits to purchase drugs are alcohol merits further study.

**Buying Food**

Buying food with money or SNAP benefits may be a chance for people to exercise agency by expanding their options outside of the limited choices provided by the soup kitchen, however, it too is limited by external social structures. Two of the respondents had not bought food since last becoming homeless; however both had been without housing for a relatively short period of time. Four of the respondents bought food daily, and six bought food two to four times a week. Food bought at stores included snacks such as granola bars and bags of chips, drinks such as coffee or soda, and meals, primarily pre-made or the ingredients for sandwiches. The
opportunity to buy food enables homeless men and women to supplement their nutritional intake and stave off hunger between meals offered at the soup kitchen.

Despite this opportunity to exercise agency, external factors played a large role in what food was bought. Financial considerations were the primary determining factor people listed regarding how they decided what food to buy. Buying what was “cheap” or “on sale” was a major concern for many. Daniel told how price influences what he buys, “I have very limited resources, so most of the time what I use to decide what to buy food is going to have something to do with how much it’s going to cost. I will flock to dollar menus on the fast foods. I will flock to the Dollar Tree.” Tim describes how he would stretch his SNAP dollars:

Tim: Where I was shopping at, I would get me a big burrito and they were two dollar burritos but the guy knew that I only had so much to spend, so he would give me burritos for fifty cents each and I would split them in half and have two meals. So he did me good, you know.

Interviewer: Okay. So for ten dollars you can get several meals.

Tim: Yeah, I eat. Yeah, yeah. At least twenty meals, you know.

Financial considerations, such as the price of food and the amount of money or benefits one has, influence the quality of meals. Half of the respondents reported spending no money on food besides their SNAP benefits.

Price also influenced where people bought foods. In addition to chain grocery stores which could offer periodic sales, discount and dollar stores were also popular options. Adam, a self-professed traveler discussed how a lack of discount stores influenced his shopping on a long trip:

I ended up carrying something like two hundred pounds of groceries [on a bike] because I knew I wouldn’t run into access of groceries again. And actually didn’t…. I didn’t hit another discount store and I think until I was in Idaho Falls was the way it worked out…. 94
And then I just kinda ended up going to the little, you know, the little tourist grocery stores which is more expensive.

As Adam suggests, proximity to stores in his price range was a concern. From the Poverello Center, the closest grocery store is three-quarters of a mile away; the next two nearest are one mile. For both those with limited access to transportation in town and those travelling across areas of the country with few affordable options, relying on more expensive sources for food meant resources were spent quicker. The inability to purchase food which needed cooking or storage, discussed later in this chapter, also impacted what food was chosen. For half of the respondents, these structural influences determined how the individual would eat.

Despite the reduction of quality of food purchased, nutrition was still an important, but smaller, factor for many. Two thirds of the participants said that they read nutrition labels before purchasing a food product. The nutritional attributes people looked at included allergen information, whether or not it contained iron, potassium, protein, and other vitamins as well as the caloric, cholesterol, fat, salt, and sugar content. The influence on the final purchasing decision, however, was mixed. For some, reading the nutritional information was only a matter of curiosity while for others it influenced whether or not they bought the product. As Bryson noted, “I pretty much know what I’m gonna buy anyway.” Daniel brought up the point that choosing food based on nutritional information was a luxury: “I read the nutrition labels when I have more money to spend on food. If I’m homeless, and I’m living on the street and my resources are limited, I don’t read the nutrition labels. Like I said, I focus on price.” This suggests that for many, making unhealthy choices may not be due to a lack of information, but a lack of ability to fulfill goals due to limited financial resources.
SNAP benefits provided an opportunity for people to supplement their food intake beyond what the shelter could provide. During times when people could not eat at a shelter, due to travelling, allergies, work, or intoxication, SNAP benefits were an important alternative resource. However, the restrictions against what could be purchased using SNAP significantly limits the options available to people who are homeless. Being unable to purchase hot or prepared meals left little options for people who were unable to cook or store food. The interviews with people suggest that nutrition is important to them, however, because of these restrictions, not all are able to fulfill that goal.

**FOOD BANKS AND FOOD PANTRIES**

Although many agencies in Missoula offered food boxes to low-income people, these resources were often not used by the homeless due to practical limitations and agency restrictions. The majority of participants had not used any food banks or the shelter’s food pantry since they had begun staying at the shelter. Shelter policy prohibits those who are staying at the shelter from using the food pantry as they have access to meals and sack lunches. Adam had not attempted to use the pantries in Missoula because, in his experience, many agencies had started prohibiting out of state residents from using food pantry services. Other reasons for not using the food banks included an inability to store food, regardless of whether or not they were staying at the shelter. In fact, two of the respondents had donated their own food to the shelter’s food pantry upon their arrival of the shelter.

For the respondents who had used the food pantry while not staying at shelter, the results were mixed. One woman expressed skepticism about the quality of expired food. Another resident, Mary said, “I have been to [the food pantry] once and it was kind of a flop for me…when I got up there, there was virtually nothing left… I’m not sure if its run that way all the
time or if it just happened to be that one day, but I haven’t been back since.” While a consumer choice model, such as the Poverello food pantry practices, may increase a sense of agency and dignity, it may also result in shortages of popular items. Karen, a mother, lamented there were not as many options for her at the end of the line as there were for those at the beginning who did not have children to feed. 11 For Daniel, however, the food pantry was helpful. The food, which he felt to be of good quality, allowed him to camp out without having to return to the shelter multiple times a day for meals. Another resident, Tim, who used the food pantry one time since staying at the shelter, did so only because there was one item he wanted – cranberry jelly.

Programs such as SNAP and food pantries offer people who are homeless opportunities to meet their nutritional needs outside of soup kitchen meals, increasing their agency and the control they have over their nutrition. However, program restrictions significantly limit this agency. Food pantry usage constraints to certain times and people limits how often this service can be truly utilized. Additionally, the quality and quantity of donations are impacted by the economy, demonstrating how macro-social level dynamics influence the individual. SNAP’s policy of prohibiting benefits from being spent on hot and cold food also restricts what can feasibly be purchased, as homeless people cannot rely on foods that need storage or cooking either, further discussed in the next section. Programs that are designed to increase the agency of the food insecure function differently, and less efficiently, for the homeless than they do for those in housing.

INABILITY TO COOK AND STORE FOOD

The most significant restriction people had on the type of food they could access via food pantries and soup kitchens did not come directly from agency policy, but was a component of the reality of being homeless. A lack of a place to store or cook food was a theme repeated
throughout all but one of the respondent’s interviews. Half of the participants said that not being able to cook or store food directly impacted what they bought. For the homeless, the private and public spheres overlap and are often indistinguishable (Hopper 2003). While the majority of low-income users of food programs have an option to privately store and prepare foods, the homeless do not. The impact of being homeless extends beyond a basic lack of permanent shelter, and includes a dearth of all the amenities associated with having access to privacy, such as the ability to store goods and cook.

**Food Storage**

Eleven of the participants discussed food storage as a central problem for them. Residents staying at the shelter are not allowed to store food in the bag storage area and are also not permitted to have food in the dormitory rooms. While this policy is designed to prevent unrefrigerated food from spoiling and problems with insects, it influences what the residents are able to purchase or obtain from food banks. Already unable to purchase prepared, single meal items, homeless people are further restricted by not practically being able to purchase food that required storage.

Not being able to store food for some meant a greater drain on their financial resources. Mary discussed how this impacted how often she went to the store and what she bought: “There’s nowhere you can store anything. So you go [to the store] a day at a time. You can’t go get stuff on sale and stock up.” This sentiment was also expressed by Daniel, who said, “It’s really expensive to cook a single meal.” When the individual needed to move out of a hotel or a camping spot or back into the shelter, these food items, such as spices or leftover slices of bread and cheese used to make a sandwich, were thrown away. Buying separate ingredients for a meal
every time they were needed created an additional cost for the homeless which low-income people who are housed do not experience.

For homeless people who were truly transient and travelled frequently, or for those who relied on walking as their main form of transportation, the weight of goods was an important consideration. Bryson, who travelled around the western United States, discussed why he did not use food pantries: “I would, but then again, carrying cans is heavy. I’m not gonna carry that stuff.” Dale suggested that the weight of cans contributed to why people chose to rely on the donated baked goods the soup kitchen offered daily: “Canned goods are heavy as hell. Donuts are lighter and filling.” Carrying food between cities or from town to campsite was a burden and influenced what people chose to bring with them. Limiting purchases and food pantry choices to light products that were easy to carry represents another unique limitation the homeless have to accessing food.

**Food Storage while Camping**

The Poverello shelter’s policy of requiring residents to leave for a minimum of 30 days between stays meant that long-term shelter users frequently “camped out.” Storing food at campsites produced an additional burden for some. Two-fifths of the respondents stored food while camping, another fifth did not store food at their campsites, and the remainder did not or had not recently camped out since becoming homeless. While storing food limited the number of trips necessary to take into town for food and meals, it presented its own problems. The primary concern was animals, from bugs to bears, being attracted to the food. Bryson details why he stopped storing food at his campsite:

I’ve had all sorts of animals come foraging for food. I had a skunk in the tent one time….It just laid there in front of us. And he ate bologna. And I had dried apricots and
stuff too. But he ate the bologna. And he ate his fill, and kinda sniffed around and walked out. But it was terrible. I was just scared.

Animals not only stole food, but posed a danger to the human inhabitants of the site. Surprisingly, however, many were unconcerned about bears despite their presence throughout the Rocky Mountain west. For most, the lack of fear stemmed from precautions used to prevent animal encounters or from past experience. Adam discussed why he was not concerned that food attracting bears would prove a danger to him, “I stayed four months up in Northern Michigan and Wisconsin and Minnesota and I didn’t have any trouble. I got to see about five or six of them. You know, inside my camp.”

Those who stored food outside took measures of precaution which varied from person to person. Keeping food in buckets with lids, storing only canned goods, and using other storage mechanisms such as coolers or refrigerators helped to protect against not only animals, but spoilage and condensation as well. One person said they stored their food in a covered hole in the ground to hide it from people who would steal it. For Tex, an experienced cook for hunting expeditions, keeping the camp area clean was a vital part of keeping animals away from the site. Those who did not store food at campsites went into town daily to have access to meals.

While most stories of food storage problems were somewhat minor, limiting what could be bought or animals in camps, one story reflected a particularly dramatic scenario. Adam, who had spent four years in a mental health hospital, continually travelled around the country, saying it helped with his anger and gave him a sense of purpose. Prior to his stay at the Ryman Street Shelter, he had lost all of his belongings in a fire outside of West Yellowstone earlier that summer. Not having SNAP benefits, Adam spent a few hundred dollars every month on food
products that would store well, beans, rice, soups, etc., and stored them in buckets which he carried on a bike trailer. He described what happened:

Adam: Everything burned down. I lost my backpack and tent. I’d gone to town to use the library and while in town my tent and everything had caught on fire and burned. I’d gone back and then went to the fire department and had the fire department come out and it took them about twenty minutes to extinguish the fire. It’s all gone. Yeah, everything that I had is gone.

[Adam pulls out laptop computer from backpack and brings up a few pictures.]

Adam: That was the bike I had that burned.

[Shows two pictures of his bike hauling a small bike trailer, which contained several plastic buckets with lids strapped down.]

Interviewer: Oh wow.

Adam: This is my trailer. And the buckets.

Interviewer: So you were really able to carry a lot.

While this experience was not a typical one, it highlights the difficulties of storing food. The uncertainties and dangers of life spent outdoors create challenges for even the most routine of tasks.

Waste

An inevitable byproduct of having nowhere practical to store food is waste. Almost half of the participants had strong feelings about letting food go to waste. Perhaps a reflection of the occasional food scarcity for them, many made efforts to make sure food would not be wasted, whether it would be eaten by them or not. Five of the respondents discussed giving food away as a way to prevent it from going to waste. Gordon, who said friends would occasionally give him unopened cans of food from their pantry said, “I can’t see throwing food away.” Bill, who donated his stash of frozen dinners to the shelter’s food pantry upon arrival at the shelter, likewise said he did not want it to go to waste. Bill would also invite other residents of the shelter
to dine with him at a nearby fried chicken establishment, not for the company, but because an entire chicken dinner was too large for him and he did not want the food to be wasted. He says, “I just don’t want to waste… I just don’t want to waste that food because I’d have to throw it away or give it to the squirrels…. It’s just a matter of I can’t eat it all and I’m not going to throw it away. So I give it to one of these guys here that I like.”

Others expressed annoyance and anger at times where they have had to throw away food due to a lack of storage, not only because of the principle of not wasting food, but because it equated a waste of funds as well. Bryson said, “You have to buy a pound of cheese [to make one sandwich], or all these slices of cheese, which is nasty cheese. And I’m not gonna put it in the tent. So off it goes.” Don also expressed the same sentiment, “I have to buy food that I know I can eat, and it’ll be enough and I’m not being wasteful. And it’s hard sometimes… just have to balance out how I get the most for the money I spend.” Not only was waste morally objectionable, it represented spending more on a product than was necessary.

A lack of food storage options creates many problems. Homeless people living in shelters have no options for food storage, and people who are living outdoors must address a variety of obstacles to food storage. Being unable to store food meant that the homeless who used SNAP benefits had to utilize them in a way housed people do not. Often people had to rely on packaged foods, or buy more fresh food than was needed for a single meal, resulting in morally objectionable waste. Federal and state prohibitions against the purchase of prepared foods on SNAP benefits influenced the quantity and quality of foods purchased, as well as decreased how efficiently benefits were spent. These macro-social and intermediate level regulations affected how the homeless individual obtained food.

**Cooking Food**
Like food storage, cooking meals was virtually impossible for most of those who were staying at the shelter or living on the streets. Many of the same problems of being unable to store food arose with a lack of a space to cook, as well. People felt as if it caused them to rely more on packaged foods and that eating cost more, but was less healthy, than home cooked meals. For Karen, being unable to cook was the main barrier for obtaining the food she felt she needed: “A place to cook your own food and prepare your own food, you know? That’s the main, that’s a huge stopper as far as getting what you want.” Nine of the participants felt that a lack of space to cook was a significant problem for them in obtaining food or nutrition. While shelters and SNAP benefits meet the needs of basic food intake, there are other gaps that are left.

During times they were housed, all of the respondents cooked, a third had cooked professionally at some point in their lives, and for two thirds it was an activity they enjoyed. Several of the respondents recounted memories they had of cooking, especially of family:

Bryson: It’s a nice past time, watching a little TV, be cooking, do your thing, or, be talking to somebody, you know. Conversin’ while you cook…. You know, just talking while my mom would cook and be asking about school, or whatever it may be. The kitchen area was more used than our living room.

Gordon: I’m actually a good cook; Mom taught me well.

Don: I used to cook for my parents and grandparents. I took care of great aunts and uncles.

Mary: It was one of the first things we started doing with my mom was cooking in the kitchen. Was a sign that you were getting grown up when she let you in the kitchen to play with her.

Cooking provided a connection with the past, a way for people to remain connected to family that simply eating at a soup kitchen did not provide. Additionally, cooking provided an opportunity for sociability. The majority of the respondents had cooked with and for others occasionally or regularly prior to becoming homeless. Dale described cooking with friends, “I
did like a stone soup kind of a deal…. And some of [the neighbors] lost all their income and just scraping by. And some of them were even behind on rent were able to come over and eat, drink, whatever. Everybody, if they had it would put in a little something and I took care of the majority.” Like the association of food and family, cooking provided an opportunity for social connection.

Cooking also provided an opportunity for creativity. While creativity may not be a central need for the homeless person, it represents agency and ability to control one’s situation. As the homeless are subject to a greater degree external influences, this attribute cannot be dismissed. Daniel described why he enjoyed cooking, saying, “I like cooking not just for eating, but getting in the kitchen, playing with the food, experimenting, creating something.” Cooking allows for creativity, for influence, and for control, things seldom available to the homeless.

Although it was often a necessity to cook while camping out, this proved to be a difficulty. Even if one had brought food to the campsite despite storage problems, cooking it could be problematic. Gene discussed cooking outside:

If you get a certain area you can actually, you know, light a fire somewhere and then you can do some kind of cooking. You can cook some hot stuff like eggs. If you’re in a place where you can’t start a fire, then it’s usually stuff you can buy right out of the store with your food stamps. Or you just get canned goods, packaged stuff.

As starting a fire within city limits is typically illegal, it was necessary to travel several miles away from town in order to be able to safely cook. Traveling several miles outside of town, as Gene did, made it more difficult to come into town daily to buy fresh food or to eat at shelters. This limitation created a further reliance on packaged foods.

Like food storage, being unable to cook limited homeless people’s access to food. Policies which prohibit the use of SNAP benefits to buy hot or prepared foods, although it may
be keeping in the principle of “lesser eligibility,” significantly limits homeless people in a way not experienced by those who are housed. Although soup kitchens offer food, it may not be within a person’s nutritional needs or dietary preferences, and though food banks and SNAP provide food to homeless people, it cannot usually be prepared. Gordon noted this dilemma, “I’m stuck; I’m in a catch-22, you know, they provide food, but I don’t want what they provide. But I have the resources to get what I need but I can’t cook it.” Despite food being available, due to a lack of storage and cooking space, less is practically available for the person without reliable housing. Both the policies which restrict access to food, and the very reality of being without a home, and the amenities provided by it, significantly alter the way homeless people eat.

**CONCLUSION**

Food programs that address food insecurity are designed with the needs of the housed, not the homeless in mind. Despite multiple food resources, only the soup kitchen is truly created for this population. However, soup kitchens are not sufficient to meet all the dietary needs of their clients. Other sources of food, primarily SNAP and food banks, are not sufficient to meet all of the needs of homeless people due to the unique challenges that living without a home poses. People living on streets and in shelters are logistically unable to cook and store food, and thus what they can buy and receive from food programs is limited. For the people interviewed, this inability to neither store nor cook food was the most significant challenge of eating while homeless. This problem, created by the reality of being without housing, was further exacerbated by both macro and micro-social policies. Agencies that place limitations on what type of food and how often that food can be accessed place an undue burden on the homeless. Thus the individual is acted upon by both the macro-social and intermediate level forces which cause homelessness, and the micro-social level policies of agencies that attempt to address it.

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CHAPTER SEVEN: CONCLUSION

ANTHROPOLOGY OF HOMELESSNESS

This study has contributed to the anthropological study of homelessness by providing insight into a key part of life – food and eating. Although the literature on homelessness in anthropology is great, there has been little research on the food culture of the homeless. This research, which has specifically focused on how larger social forces influence the individual, not only provides a picture of how homeless people eat, but also how the person interacts with larger levels of influence. Glasser (1988) and Lyon-Callo (2004) have explored the relationships between social service agencies and the indigent. Likewise, this research contributes to this body of knowledge on homelessness, adding perspective on how homeless people interact with government food programs, soup kitchens, and food banks. By using political economy theory, this research gives examples of how the marginalized are affected by social forces and public policies. Economic patterns and federal policies help to create the reality of homelessness, however, national, state, and local food insecurity programs are limited in their ability to address hunger among the homeless.

It is negligent to discuss the influence the environment has on the homeless without considering the agency individuals retain. Desjarlais (1997) reviews the agency of the homeless living in a shelter, noting that it differs from the way the dominant culture exercises agency in that it is additionally restricted by external factors due to their marginalized status. This study contributes to anthropological study on homelessness, by describing how individuals make choices regarding what to eat. While the respondents did exercise agency in their food choices, through voluntarily fasting or choosing foods based on their nutritional value, their choices were significantly limited by their finances and policies of social service agencies. Although some
programs mean to increase agency by allowing people to choose foods, the realities of being homeless significantly limit how people could exercise their agency. While SNAP provides clients with the finances to buy food, it restricts what can be purchased beyond the de facto limitations homelessness itself caused.

Larger social forces significantly impact homeless people’s ability to exercise agency, however, agency remains important. Sietert (2004) emphasizes the effect controlling one’s own diet has on mental health, evidenced further by the importance respondents placed on the variety of food offered at the soup kitchen. Being marginalized, the homeless are more susceptible to the influence of external factors, and thus, public policies regarding the homeless have an extra responsibility to increase, not decrease, agency.

Future Research

As with most anthropological research, this study raises more questions than answers. There are many areas for future research to be conducted. This study reflected the lives of single adults who are living in a shelter, and thus leaves open the question of how the eating experiences of subpopulations of the homeless differ. For example, families, youth, the chronically homeless, and those living outside of shelters likely have overlapping, but ultimately different, experiences. Additional research should be conducted on the eating habits of homeless people who are substance abusers or mentally ill. Chapter Three discussed the new panhandling ordinance in Missoula, the effects of which could potentially change access to food for those who rely on cash donations as their primary source of income. Research on alternative incomes such as panhandling or selling food stamps and their influence on agency among the homeless are potential areas for study. Furthermore, this study takes place in a mid-size city; the eating
habits of the homeless in urban and rural areas are likely to differ from what is presented here, and thus should be studied independently.

SUMMARY

The social influences on the individual experience of homelessness are substantial. Although homelessness has existed throughout history, its modern form has only risen in the past several decades. After the deinstitutionalization of the mentally ill and the defunding of community health centers in the 1970s and 1980s homelessness grew dramatically (Glasser 1999; Thomas 1998). This changing landscape has meant that homelessness has become a cultural reality, a permanent fixture in our minds. Thus, as the economic recession of 2007 hit, homelessness grew again without any fanfare.

The economic struggles of northwest Montana during this latest recession were preceded by drastically changing economic systems in the state during the 20th century. As the mining industry gave way to tourism, housing prices rose while traditional employment opportunities fell (Diamond 2004). After the recession of 2007, the region took an even greater hit to its construction and manufacturing industries (Research and Analysis Bureau 2010). Across the northwest region of the state, employment fell while poverty rose, creating the perfect conditions for a rise in homelessness (Haynes 2011). These macro-social and intermediate level influences created an environment which caused an increase in homelessness.

The influence on social structures on the individual homeless person is not limited to creating the existence of homelessness itself, but rather, these social structures also control the resources available to people after they lose their housing. Numerous social measures that address hunger and food insecurity in the homeless exist, and the need for them is evident. Access to not only food but nutritious food is a matter of serious concern, as a significant portion
of the homeless are undernourished (Gelberg 1995). Even amongst the residents of the Poverello shelter who had access to a soup kitchen, people frequently missed meals and occasionally went hungry due to a variety of external and internal factors. The interviews conducted with 15 shelter residents, men and women, employed and unemployed, helped to paint a picture of the complex eating culture of people who were homeless.

The interview participants relied on a variety of sources for their food, utilizing non-profits and government programs as well as sourcing food from their environment through gleaning or dumpster-diving. Both personalistic and structural factors influenced how and what the homeless people interviewed ate. For those with significant drug and alcohol use, food often was a second priority, particularly during periods of extreme substance use. While this barrier may be viewed as a simply personal factor, this example highlights the intersection of the personal and the structural. An individual’s substance abuse not only affects their desire for food, but hinders their ability to receive food from organizations which do not serve people under the influence. The mixture of individual actions and policies of social service agencies significantly affect the diet of the homeless person.

Other personal choices are likewise affected by the micro-social level. For example, personal preferences were an important factor in determining what people ate. However, these preferences were tempered by what agencies such as soup kitchens made available. Many of the respondents discussed their desire to eat more meat than was offered at the soup kitchen, citing an increased need for protein while living on the streets. Additionally, people wanted to eat more fruits and vegetables, though they questioned the quality of the ones at the soup kitchen. It is not only what the soup kitchen did not have, however, that influenced how the patrons ate but also what it served instead. Many lamented the ubiquitous stale, yet tempting, high calorie baked
goods continually offered at the soup kitchen. Although individual preference and needs influence what people eat, these preferences are often limited to the foods made available by food pantries and soup kitchens. Thus, people were pleased with the variety of food offered by the Poverello soup kitchen, especially in comparison to other programs that served similar meals repeatedly.

While social forces such as poverty may have the biggest impact on the homeless person, laws and policies at the macro-social, intermediate and micro-social levels have a significant influence. Federal programs, such as SNAP, provide an important and necessary resource for homeless people. By allowing people to purchase food directly, not only are they then able to fill in the gaps left by soup kitchens, but they are also allowed a greater degree of agency and increased control over what they eat. This agency, however, is limited by the restrictions placed on what can be purchased using SNAP benefits. All users of SNAP are prohibited from purchasing hot or prepared foods; however, this is a greater burden on homeless people than it is on the housed. As homeless people have no place to prepare or store food, they are often limited to packaged, non-perishable items. Those interviewed felt that this affected the quality of the food they could buy, causing them to rely on less nourishing food. Additionally, some felt it was a more expensive route. Rather than simply buying a pre-made sandwich, people would instead buy the individual components, bread, meat, cheese, and then throw or give the remainders away.

Food banks are likewise more appropriate for people who are housed and are insufficient resources for those who are not. While the homeless can and do use food pantries, they are not a reliable source for those who are unable to cook or store food. Additionally, in Missoula most food pantries are not within a reasonable walking distance from the shelter, another burden for
the homeless. As with SNAP, food bank policies that limit how often a person can receive food disproportionately impact people without storage options. The logistical restrictions of being homeless in combination with program policies prevented study participants from being able to effectively utilize food banks.

Because of these program policies and practical restrictions, soup kitchens were the most reliable source of food for this population. Soup kitchens, however, are not sufficient to meet the complete needs of their users. Participants missed meals due to other commitments – work, appointments, or child care. Drug and alcohol use also prohibited some from accessing meals at soup kitchens. Additionally, for people with special dietary needs, limited offerings at soup kitchens may not always be acceptable. Although the Poverello kitchen made a concerted effort to address needs by offering three meals a day, extensive mealtime hours, a variety of food, and providing sack lunches to those who could not eat at the soup kitchen, not all charities are able to do the same. For the homeless in rural towns with smaller charities, the needs left unfilled by soup kitchens would be even greater.

While many resources exist to address food insecurity, few are equipped to deal with the unique experience of hunger among the homeless. Being unable to cook or store food significantly affects the ways in which people are able to utilize these options by practically limiting the types of food they can buy or receive. These limitations are further exacerbated by programmatic policies which limit what types of food and how often food can be received. Coupled with the poverty of the homeless and individual factors such as drug and alcohol abuse, this population faces significant barriers to obtaining food. The effects of social structures on the ability of the homeless to obtain food, much less adequate nutrition, are extensive. Social
measures used to address this food insecurity are designed with the needs of the housed, not the homeless, in mind and are insufficient to deal with the challenges of hunger among the homeless.

RECOMMENDATIONS

The suggestion that social measures used to address food insecurity are not sufficient for the homeless immediately brings up the question of, “how can these programs change to address their unique needs?” The answer to this question is complex; simply changing programs and policies may not be sufficient to addressing food insecurity among homeless people. Even though changes may be made to these programs at the micro-social level, the macro-social structures which produce homelessness will still continue to exist.

In order to address the unique barriers homeless people have, a small number of states allow the homeless, as well as the elderly and disabled, to spend their SNAP benefits at restaurants (Congressional Hunger Center 2011). The theory behind this controversial approach is to counteract the problems of food storage and lack of cooking facilities in the homeless. This program, however, does not completely address the problems at hand. First, as one resident noted, money is spent much quicker at restaurants than at the store and thus it may not be able to increase the number of meals eaten. Second, fast food restaurants, where benefits are likely to stretch the farthest, are known for their high fat, high sodium meals, meaning that while participants may access food, it may not be nutritional. Third, several of the respondents interviewed who had eaten at a meal restaurant since becoming homeless felt uncomfortable the last time they had. Adam recounted feeling judged when he brought his backpack into restaurants, and Tim told a story of a time he had been asked to eat in the back by the dumpster because of his appearance. While allowing people who are homeless to use SNAP benefits at restaurants may counteract the problem of having no place to store or cook food, it does not
necessarily help with expenses or nutrition and may not be an appropriate solution for all homeless people.

Changing SNAP policy to permit the purchase of hot or prepared meals from grocery stores, however, may be a more sensible option. Doing so would provide more options to people who are unable to access soup kitchens, such as sandwiches, salads, or pre-cooked meats. By purchasing hot or prepared items from a grocery store, a homeless person could extend the use of their SNAP benefits by not buying foods that would spoil and be thrown away without having to rely on packaged junk foods. Unlike restaurants, prepared food from grocery stores can offer more affordable and potentially healthier options. Allowing the purchase of hot or prepared meals increases the foods available to the homeless person, and thus can possibly positively impact nutrition.

Because food banks, unlike SNAP, are not large bureaucratic agencies with sweeping policies, but individual organizations, it is difficult to make recommendations that would be uniformly beneficial. However, it is important for food programs which are not designed to meet the needs of homeless people to evaluate how their policies may be experienced by someone without housing. Food banks, like the Missoula Food Bank, which restrict the number of client visits per month, may reconsider this policy for homeless people; perhaps instead allowing these patrons to visit more frequently while receiving smaller, more manageable amounts. Likewise, foods that need extensive preparation may not be appropriate to provide to the homeless and care should be taken to ensure the food given is able to be used by the patron. Providing frequent but smaller amounts of easily prepared foods would help to counteract the problem of having no place to cook or store foods.
As soup kitchens are the main food insecurity program designed to specifically address the needs of the homeless, they too share the same obligation to evaluate the effects of their policies. However, it is again difficult to make broad recommendations as soup kitchens are also at the mercy of external factors. The availability of resources, primarily money, food donations, volunteers, and physical space influence the ability to meet the needs of the homeless.

Nevertheless, these programs should still take care to provide healthy food options and increase individual agency through variety whenever possible. These may be contradictory goals, however. For instance, reducing the number of desserts, baked goods, and day-old donuts means patrons are less able to choose unhealthy options; however, they are less able to choose altogether. Thus the shelter is placed at a difficult position between promoting well-being and paternalism, increasing health or agency. While programs across the country are making an effort to increase the healthy food they offer, due to financial limitations, donations still comprise the majority of food soup kitchens serve (U.S. Conference of Mayors 2010). Even though a soup kitchen may not be able to replace the unhealthy items it takes away, given the multitude of diseases and chronic conditions prevalent among the homeless, reducing the number of high fat, high sugar foods available may be the lesser of the two evils.

The sack lunch program at the Poverello is an excellent example of how to help mitigate the limitations of soup kitchens, by providing food to people who are banned from the property, people under the influence, people who work, and people who simply get hungry between meals. These sack lunches are limited to what donated goods are available, and often run out. Daniel described a shelter in a larger city where the homeless lined up at six in the morning to receive a sack meal. Limited donations, often affected by external economic factors, restrict the efficacy a soup kitchen can have in meeting the needs of the homeless.
While food insecurity programs can, and should, adjust their policies to better meet the needs of homeless people, the reality is that being without housing will still greatly impact the way people eat. The central issue for most of those interviewed, being unable to cook or store food can only be addressed through housing. Unless these factors are addressed, government and private food insecurity agencies are limited in their ability to influence hunger and undernutrition. While food programs may help to mitigate the effects that homelessness has on food security, the external forces of poverty and marginalization will still have impacts. Food insecurity in this population is created by the very experience of poverty and homelessness, and thus it is necessary to address the root of the cause and not simply the consequences of it.

An examination of the evolution of homelessness in the latter part of the twentieth century reveals that homelessness, as it exists today, is a relatively modern occurrence. The reduction of affordable housing and the scarcity of mental health centers created this crisis, but these are reversible phenomena. The increasing ubiquity of homelessness has caused society to forget that shelters and soup kitchens are not necessary components of the landscape, but affordable housing and mental health centers are. A political economic perspective which analyzes the influence of the structure on the individual not only sheds light on the lives of people living on the streets, but reminds us to scrutinize the structures which create the reality of poverty and social marginalization. It is these social structures which create homelessness that have the greatest impact on how people eat and whether or not they can obtain the food necessary for their survival, and thus the most pressing area to address. For unless homelessness ends, the food insecurity of the homeless will not.
Notes

1 Although this may seem to be a shockingly high percentage, it is the fifth lowest rate in the nation (NAEH 2011).

2 The number of food insecure households jumped by 36 percent between 2005 and 2009. The number of SNAP users rose from 25.3 million in 2005 to 33.5 million in 2009, a 32 percent increase (Mabli et al. 2010).

3 Feeding America is formerly known as Second Harvest.

4 In 1996, there were 9,000 programs with one million users. In 14 years there was a 35 fold increase in the number of food pantry users in the Feeding America network. (Burt et al. 1999)

5 More meat was present in soup kitchens that relied more on individual donations. (Burt and Cohen 1989).

6 The Cleveland Food Bank has begun to purchase produce directly from farmers in order to establish a “free farmer’s market” for clients. Programs in Phoenix have incorporated gleaned produce into their distribution, rescuing 45.2 million pounds of food in 2009 (U.S. Conference of Mayors 2010).

7 Approximately half vacant homes are for seasonal or recreational use.

8 All names are pseudonyms.

9 Based on participants’ reports, stores varied on whether or not they would allow pre-made deli sandwiches. For some, like Karen and Mary, pre-made deli sandwiches were a staple part of their diet. Bryson and others, on the other hand, said these pre-made sandwiches were not able to be purchased using SNAP. This discrepancy in standards is similar to the one the USDA hoped to prevent by allowing the purchase of junk foods.

10 Non-residents are also allowed sack lunches and to attend all meals, however it is presumed they are less likely to do so.

11 Karen had five children. Although they were not in her custody while she stayed at the shelter, she was in contact with them regularly.

12 Tex was the only respondent who did not discuss the inability to cook or store food as a barrier. This is likely due to his career as a cook on hunting expeditions, as he would prepare food outdoors as a profession.
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Missoula Aging Services

Missoula Food Bank

Missoula Food Bank

Missoula Municipal Code

National Alliance to End Homelessness

National Alliance to End Homelessness

National Alliance for Mental Illness

National Coalition for the Homeless
National Coalition for the Homeless

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United States Department of Housing and Urban Development

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