Main Points

● The Los Angeles homeless population is diverse in its makeup.
● Homeless individuals face complex barriers towards physical and mental health, safety and quality of life.
● Ethnographic methods represent a promising opportunity in medical education.

Introduction

As of January 2016, an estimated 43,854 homeless persons lived in Los Angeles County, 75% of whom were unsheltered. Homelessness reflects larger systemic failures in our political economy that create and reinforce the growing disparities between rich and poor that reverberate through all our institutions, including systems of health care. Ultimately, these disparities find their expression in the individual minds and bodies of the homeless. Of course, we are all embedded within a particular sociocultural, economic, and political context, and our understandings of the world are inextricable from this larger context. Our research focus on the LA homeless engages us in these profoundly troubling social problems that require our serious attention as physicians and physicians in training.

Aims

Using ethnographic methods, our project aimed to:
1. More fully understand the range of homeless experiences in Los Angeles.
2. Assess the ways in which historical, social, cultural and political economic determinants express themselves in individual minds and bodies.
3. Provide student participants with the conceptual tools to think critically while examining other kinds of sociomedical problems.

Research Design and Data Analysis

● Data Sources: Data came from interviews, observations, and informal conversations with homeless individuals, service providers, and law enforcement.
● Subjects and study sites: We sampled informants from Westwood (5 observation days, 7 informants), Venice (2g, 17h), Skid Row/Downtown LA (11d, 3s), and West Hollywood (4g, 6j) (see Figure 1).
● Data collection and analysis:
  ○ Phase 1: We employed a team approach in our data collection efforts. Generally, we worked in teams of two in the field. After each day one member of the team would write up the day’s initial fieldnote. Once the ethnographic note was finished, the other member(s) would annotate it. In this way, we captured each encounter from multiple perspectives and enriched our analytic descriptions.
  ○ Phase 2: We uploaded all of our ethnographic data into the mixed-methods analytic program Oedooze. This software allows for a team-based approach to qualitative data analysis and helped us to elaborate our themes.

Results and Discussion

In the following excerpts and analyses, names of some of our interlocutors have been changed in order to protect their privacy.

We chose excerpts to illustrate a few of the recurring themes that we observed in our fieldwork through an informal coding analysis of the fieldnotes. The following vignettes were chosen to be representative, but cannot be an exhaustive or even complete picture of the complexities of the experiences we observed in the field.

Relationships With Law Enforcement

“...she compared the cops to the hulking hawks that swoop in to snatch the helpless pigeons at this park...she makes it to her court dates because ‘that’s how they get you.’” Jose’s Fieldnote 06/01/2016

“Dr. P introduces us to a few police officers whom she refers to as the ‘good guys’—others, whom she calls the ‘bad guys,’ will incarcerate them.” Jenn’s Fieldnote 06/13/2016

“...allowing the tents and filth to continue benefits the criminal element who can stash their drugs amongst the rummage, intimidate the defenseless, and conceal their illegal activities while also hiding an addict who may have just overdosed and is actively dying underneath the garbage.” Jose’s Fieldnote 06/23/2016

● Some people, including law enforcement officials, want to increase safety through increased enforcement and jail time, to rid the streets of what they see as the “criminal element.”
● Others, such as physicians, believe that individuals who are homeless can recover better through decriminalization and allowing greater personal freedoms.
● Decisions made at political (safer Cities Initiative & Prop. 47) and jurisdictional levels (Lovato v. City of Los Angeles) affect everyday life for the most structurally vulnerable.
● The root structural forces that feed homelessness and criminality are seldom addressed.

Barriers to Housing

“Because of all his medical issues...he has been offered housing on skid row, but he refuses to live there because he does not want to get back into the heroin scene.” Jenn’s Fieldnote 06/08/2016

● Refusal of housing services due to environmental and structural barriers.
● Mike has been sober for a few years. He was offered housing in Skid Row, but worried that the surroundings of Skid Row would trigger his past addiction. He remains sober living on the streets of West Hollywood.

“Robert says he does not feel ready to make such a drastic change in his lifestyle and follow all of the rules at this new place.” Jenn’s Fieldnote 07/13/2016

● Difficulty of moving from streets to new environment that is strict and socially isolating.
● Robert is addicted to crystal meth and was referred to a drug treatment and housing facility, but he is hesitant to pursue it for several reasons:
  ○ 6-8 week waiting list application process
  ○ Past negative experiences in sober homes rampant with drug abuse
  ○ Fear of moving away from friends and familiar environment
  ○ Mandatory structure inherent to program
  ○ “I don’t even know the time or day of the week,” he tells me. “How will I keep an appointment?”” Jenn’s Fieldnote 07/16/2016

Mental health and Substance Abuse

“Dr. P describes how depression is major for homeless adults and kids. She says when they see what’s out there—the mission’s own sidewalk on San Pedro street is packed with people whom could be mentally unstable, addicts, drug dealers, gangsters or all of the above— they want out.” Jenn’s Fieldnote 06/14/2016

“Jeremy asked what the barriers were to people being compliant. ‘Drugs.’ Rosa and Bahar sort of looked at each other and chuckled, then switched back to a professional mode, and rephrased as ‘substance abuse.’” Rachel’s Fieldnote 07/11/2016

“When asked why psychiatrists don’t want to work at DMH, Nahed said patients can be angry and aggressive, high, have criminal records, be unsheltered, or have bedbugs or open wounds. She describes these as ‘risks’ for providers.” Group Fieldnote 07/11/2016

● Providers describe substance abuse and mental illness as barriers to care and difficult to distinguish.
● Shortage of psychiatrists due to poor working conditions, less pay, and prejudices

Homeless individuals commonly grouped into those wishing to get help and those, typically substance abusers, who “choose” not to seek the services available. The apathy expressed toward these “refusers” may be a structural force limiting help for them.

Conclusion

Conducting a micro-ethnography of the Los Angeles homeless population proved to be a transformative experience for the members of our research group. The nature of ethnography gave us the opportunity to question our surroundings and appreciate a multitude of perspectives from homeless individuals, law enforcement officials, and service providers. These interactions painted a fuller picture of the complex barriers facing the homeless—mental illness and substance abuse intertwined with larger structural, system-wide, environmental forces.

As we analyzed our data, several common themes emerged: law enforcement and the ideologically divided approach to solving homelessness; the constructed narrative of homeless individuals’ “refusing” housing or shelter; and the complex interaction between mental illness and substance abuse that produces further stigma.

Our initial reactions to the people and environments we encountered in the field illuminated our individual and group biases. These biases are implicit within the various institutional and cultural contexts to which we are all exposed. While we have been explicitly trained in empathetic approaches to medical care, we needed a field experience such as this one to learn how environments and structural forces shape both barriers and access to the services available to vulnerable populations.

We propose the incorporation of ethnographic fieldwork into the medical curriculum. Such an education would provide valuable exposure to the varying methods that are currently used to address mental illness, substance abuse, safety, and lack of housing for disadvantaged individuals, while also demonstrating the structural impacts on the people they seek to serve. The ethnographic experience will enhance and widen the perspectives of medical students, prepare them to provide structurally-aware health care in their future practice, and inspire a collective responsibility for the well-being of vulnerable populations.