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Testimony of Gunther Stern, Executive Director
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Subcommittee on Oversight and Investigations hearing entitled:
“Where Have All the Patients Gone? Examining the Psychiatric Bed Shortage.”
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It is impossible to talk about people with severe, untreated, mental illness without talking about homelessness. Homelessness and mental illness are inextricably intertwined. It is true that the people who are experiencing both severe mental illness and homelessness are a small part of the total population of people with mental illness, but this is the entirety of the face of homelessness that most see on the street pushing carts and sleeping in cardboard boxes.

I started working with homeless people in 1986 at a soup kitchen in Silver Spring, Maryland. I had just finished graduate school and this was going to be a temporary position. That was 28 years ago. I have been working at the Georgetown Ministry Center in Washington, DC for the past 24 years. Our goal back in 1990 was to put ourselves out of business by ending homelessness. Instead homelessness has become a career for me and so many others. It has now been ten years since cities around the country, including Washington, DC issued their *Ten Year Plan to End Homelessness*. We have just as many people on the street with severe mental illness. Why is homelessness so hard to solve.

From my perspective it is because we lack the tools to intervene when a person's life has devolved to the point that he or she has have moved out onto the street because of an untreated mental illness.

When I began to work with the homeless population nearly 30 years ago deinstitutionalization was in full swing. At the time many of the people I was working with were cycling in and out of hospitals. The Community Mental Health Centers were trying to figure out their role. As deinstitutionalization has continued I have noticed that it is increasingly harder to access beds for people in acute psychiatric crises. In the past two years I have only seen two people admitted to the hospital. More typically now, people we refer for psychiatric crisis care get poor or no intervention and are returned to the street. Almost always because they refuse treatment.

Georgetown Ministry Center brings free psychiatric and medical care to the streets but very few people with untreated mental illness are willing to engage in a conversation with the psychiatrists about their mental health. It is the nature of the illness. Treatments have gotten so much better over the last thirty years. We really can treat these illnesses. However, when we talk about a shortage of beds for treatment we are not talking about the people I work with because these people, with limited or no insight into their illness, don't think they need treatment and vehemently refuse treatment when it is offered.

Homeless people are real people with families like yours or mine. Families that care. Greg is someone I first met sitting on a bench in a nearby park. He was shabbily dressed and smelled bad. He would drink, I assume, to tame the voices I knew he heard because of the frequent spontaneous smiles and grimaces. All this belied the fact that Greg was once a gifted constitutional lawyer who delighted his children with his dry wit. They were in their late teens when he began to show the signs of what would become a profoundly disabling bipolar disorder. Not long after, he disappeared. He would call occasionally on a birthday or out of the blue for

no reason. His kids tried so hard to keep up with him. They wanted desperately to make him whole again but it was futile. Greg drifted from city to city around the country, ending up in our center and ultimately in our small shelter one winter eight years ago. Greg was a delight some of the time. His thick southern drawl and witty conversation would enchant volunteers, but other times he was withdrawn and surly.

In January of 2006 Greg became sick. We encouraged him to go to the hospital and he said that he would. Instead he disappeared. A week later I received a call from the medical examiner's office. They needed a body identified. It was Greg. The bodies never look the way you remember the person. Only Greg's face and hair showed from a white shroud covering his body. It took a few moments to work out that these were the features of the person that I knew.

A few years later, I met Greg's two adult children. They had learned he had died in Washington three years after the fact. Each of them traveled, one from New York the other from Phoenix, Arizona, to meet here and see the place where their dad spent his final days. They needed to know what his last days were like. I shared coffee with them and they told stories about him and asked questions about his final days. They laughed and they cried.

There are so many other stories I could tell if I had time, about the mothers and brothers and sons and daughters who have wept for their relative, lost to mental illness. If these families had tools to intervene, they would intervene.

Most of all, what I want to impart here is that people who live on the street are real people with families and hopes and dreams, abandoned because of an illness that has robbed them of their

competency. The other important takeaway is that almost all of the people I see on the street are there because they have refused treatment, not for a rational reason, but because the illness has insidiously robbed them of the insight to understand that they have an illness and that treatment can help them.

So finally, what I have concluded after 30 years of working with people who are homeless is that all I can do is provide some comfort and harm reduction. Until we are given tools for more assertive interventions, we will not resolve homelessness.