

AL 169

Interviewee: Leveda Brown

Interviewer: Vernon Kisling

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K: This is Vernon Kisling interviewing Leveda Brown, county commissioner for Alachua County. This interview is taking place in Commissioner Brown's office at the County Administration Building in Gainesville, Florida, on March 22, 1993. Could you give us your full name?

B: Leveda Brown. That is it [laughter].

K: That is it; the whole thing. How long have you been in Gainesville?

B: Thirty years.

K: How long have you been on the commission? When did you start?

B: This is my eleventh year. I was first elected in November 1982.

K: OK. When you first went on the commission were you aware of any situation in which they were involved with the homeless at the time you started?

B: I had quite a bit of involvement with the commission prior to being elected. In fact, my interest in being on the commission is because I had worked with them off and on through the years. My background is in social work, and I resigned as assistant director of HRS [Health and Rehabilitative Services] District 3 in 1975, and for the entire fifteen years or so that I worked for HRS here in Gainesville we had a close relationship with the Alachua County Commission. They funded many of our programs on the local level. At that time there were not state funds for children in foster care in some areas or for medical care for children in foster care or for a number of things. So yes, I was pretty cognizant of the fact that this commission had a reputation for being concerned about social issues.

Now, in terms of the homeless issue in particular, I think we have to look at the fact that we are talking about a number of different dimensions. The dimension that I was most familiar with had to do with homeless children. This was not necessarily children who did not have homes, but children who for some reason either had been neglected to such an extent that they could not remain in their homes or whose parents did not want them anymore, and that does happen, or who were orphaned or for some behavior problem or reason had to be removed from the home for their own protection. So my dimension of looking at homeless with HRS was a particular one, related primarily to that of children.

Now, prior to my being elected I was also involved with a project with the mental

health services here where I was charged with the responsibility of setting up a program for the reentry of people who had been in state institutions for the mentally ill back into their community, the so-called deinstitutionalization program. Of course, what we dealt with there were a number of adults of both genders who had been out of their home communities and out of their homes, many of them for many years. Because of difficulties that they had they had a great deal of difficulty reintegrating into a family situation, sometimes for no other reason [than] that they had been gone so long. As you know, or perhaps you may not know, the Florida situation, like that of most states, [was that] in earlier years it was very, very easy to get someone into a mental institution. Unfortunately, there have been people put in mental institutions for twenty-five or thirty years who never have been mentally ill. So that whole deinstitutionalization program was aimed at weeding out of that very expensive, very unique setting those people who could function in a less-restrictive setting. So I had that experience in terms of reintegrating what were essentially homeless [people], and also the fact that some will never be reintegrated into their families and will always need alternate living situations. So I have seen it from a number of perspectives.

Another different kind of institution was the institutions for the retarded. We have one of the larger ones in the state here. Its name is Tacachale. You are familiar with that. It used to be Sunland.

K: I never have figured out how to pronounce that. [laughter]

B: Well, it is an Indian name, and I happened to be there the day they named it, so I understand it a little better. But this institution was started out as the Florida Farm Colony for the Retarded and Epileptic, I think was the full name, and over the years that institution also, like most state institutions, was the recipient of a lot of people who really did not need to be in an institution for the retarded. When I was still with HRS one of the tasks that I had was to read records from Tacachale and see if there were children there that we could reintegrate into foster homes or back in their own homes, which was a real challenge because, again, those children are most likely not to be retarded. We do not put children in institutions anymore because they are epileptic, because that is just not that kind of a problem. It is a very difficult situation, because many times those children are rejected.

In fact, the one that comes to mind mostly is the child who was adopted with her two siblings who nobody ever knew at any point to have an epileptic convulsion but was placed in what was then Sunland because her adoptive family simply rejected her totally. They could not face that rejection, so they had to have the facade that it was not them but was the child. I was supervisor of the foster care program here when we took her out of Sunland when she was about twelve or

thirteen years old, and I had to get the permission of the Florida Cabinet in order to get that child out of Sunland. That gives you some idea about how strictly those institutions were required to keep people once they got them. I am sure those are not the circumstances of the homeless that you are really targeting, but I think we have to look at all of those dimensions of homelessness before we can address the guy that is down there on the street corner.

K: Probably a lot of those people are in categories that might be considered homeless, but that is not what they were called at the time.

B: Well, they started off not being homeless, as do most people, but they ended up in situations frequently beyond their control that resulted in their having a great deal of difficulty having a home. For instance, someone who has been in a mental institution for twenty-five years is not--I am not going to try to stereotype, because there are always possibilities--generally self-supporting. A person who has been placed at an institution for the retarded and stays there for ten or fifteen years is not at all likely to be able to be self-supporting. We have taken away those skills by institutionalization.

Another dimension that I think we have to look at is that, by the same token, people who are incarcerated for lengthy periods of time in addition to becoming totally dependent on somebody else for food, shelter, and clothing (they are just there) have the added problem of a "record" so that when they get out finding work is very difficult, keeping jobs is very difficult, and the recidivism rate just skyrockets as we keep rotating them through the prison system. So there are a number of facilities that are aimed at meeting certain needs of people which through a variety of reasons have generated some of our homelessness, in my opinion.

K: So you were involved for quite a while with these kinds of people at the federal level.

B: No, the state level.

K: Oh, this was state HRS.

B: Yes. The federal is HHS [Health and Human Services], but that is a minor difference. We already talked before we started about my interest in history. I think what many people who talk about homelessness do not take into consideration is that homelessness is not new in this country or any country. It is just bigger, and I think it is probably different. As you may have known (I will not get the statistics right, but if we looked we could find them), during the late 1920s and during the Great Depression, which was not just in the United States but was worldwide--most people tend to forget that it was not just here--there were

up to 50 or 60 percent of the young males who were "riding the rails" at that time, for a number of reasons: (1) looking for work, which was nonexistent, and (2), (and this one as a social worker really bothers me) many of them left home so there would be enough food for the rest. Some excellent articles have been written. Eric Severeid [Journalist, CBS]--do you remember that name?--has written an article on his leaving home at sixteen and what he put up with to try to stay away from home so there would be more food for the younger ones who could not leave.

And then all of us grew up with the hobo, and it was sort of unique. They tended to be harmless. They would come to the back door and get food, and they rode the rails. What has been pointed out, and it is very clear, is we no longer ride the rails, but we follow the same transportation arteries--I-75, I-95--and you find a collection of hitchhikers or people who sort of are associated with transients.

Additionally, in this community it has been publicized, but we cannot convince the state legislature of this. I am convinced that we get more than our share of people who are released from the state prison system because, as you may know, this area of Florida is the penal colony for the state of Florida, and most of the major prisons for the entire state are within forty miles of Gainesville, but the majority of the prisoners for those institutions do not come from this area. You say, "Well, what should we do?" As a social worker I feel that a person who is released from prison should be taken home. In the first place, if he ever has a chance to make it, it is back where he has relationships. We just almost consign them to recidivism when we put them out the front door with a certain amount of money. They cannot make it on that money, and it accounts for a lot of camping under intersection overpasses along I-75. So it is a very complex problem.

Probably the most disturbing to most of us is that increasingly we are seeing women and children. That has to do, I think, a lot with the recession. We have never really called it what it was. It was a depression, and it will take us a while to come out of it. But we also have not realized that while we give a lot of lip service and a lot of criticism to our welfare system, we do not really provide supports for families to stay together. When families fall apart is when you find women and small children at the mercy of the world out in the streets. You also find men, but, of course, children are so much more vulnerable. St. Francis House has an excellent record of how they prioritize their rooms. They increasingly are needing to provide for small children.

- K: Do you think the kind of people that are homeless now and the kind that were out on the rails and roads earlier in history are different, different in the way that they require government assistance now, whereas earlier in history they seemed to be self-supporting somehow?

B: Well, I think there is a reality. First of all, I am always reluctant to refer to "kinds of people." I know you did not mean it that way. I am not sure that I know all those answers. When we say that earlier they were self-sufficient, whereas now they are on welfare, the truth of the matter is there was no welfare prior to 1935. Most people do not realize that the Social Security Act was passed in 1935 in this country. Then the federal government, in its wisdom, went home and did not fund it for two more years, because they went back two years later and provided the allocation. So essentially there was no welfare program in the United States until 1937. Most of that riding the rails was in the late 1920s. There were no alternatives. That was before your time.

K: Yes.

B: But that is a section of history that is just fascinating.

K: Of course, I guess a lot of those people were men. I do not know if there were as many women and children like there are now.

B: Absolutely. They were almost entirely men, younger men.

K: So it is affecting different groups of people now. When you came to the county commission, had the commission tackled this issue at that time?

B: No, we had not, and we still have not. It has been confined largely to the City of Gainesville. St. Francis House is here, the Salvation Army is here, the other agencies that provide services [are primarily city agencies]. Now, the county contributes to the support of many of these agencies. We provide, for instance, close to \$1 million a year to the mental health services that provide services to a number of these people who are homeless. We provide matching funds to many of the agencies. But in terms of actually operating facilities, we do not. And of course, St. Francis House is a private, nonprofit corporation; it is not a publicly-funded organization except indirectly. We provide funding for the Food Bank which provides a lot of their food indirectly.

K: So the homeless issue is not necessarily a problem for some of the other smaller cities within the county? It is primarily [centered in] Gainesville?

B: It has not surfaced as a significant problem in the small communities. But if you are homeless and need something, you would go to a community where there are services. That is not to say that no homeless person ever appears on the street in High Springs. That is not true. Churches all over provide services, like they do here. But I would say probably the greatest congregation of homeless are toward a city center where social services are thought to be provided or are actually provided. That just makes a whole lot more sense. They cannot stay

when there is no way to get help.

K: So most of these problems have been faced by the city commission rather than by the county commission.

B: Now, the city does not fund social agencies to the extent that we do, but in terms of St. Francis House, per se, those arguments have taken place at the city commission because it is inside the city limits, and the zoning issue has not come to us. In terms of funding, the county does most of the social services funding that the state and federal levels do not do. Cities normally do not contribute.

K: The city is more involved with it not from a funding viewpoint but from the fact that this is where they congregate, in the city. Places like Salvation Army and St. Francis House just happen to be there, and whatever perceived problems they present gets in front of the city commission.

B: Well, as far as the Salvation Army, I do not know that I have heard that discussed as a problem by the city commission. That is a traditional organization that has been in operation for a hundred years at least. I have not heard any discussions really of that. St. Francis House was a sort of a grass-roots effort in the beginning, as I understand it, of the Catholic Student Center, which provided a soup kitchen. Always, if you are interested in providing food to hungry people, you do it where they are, because they do not have transportation. That is how it gets into a [population] center rather than out in Hawthorne, High Springs, or out in the middle of the county.

K: Basically, at this point in time it is still a matter for the private organizations.

B: Private organizations for the most part support that effort. As I say, the county commission provides funding for the Food Bank, and some of the other agencies provide the services there. But [the county commission does] not [provide funds] as a direct grant to St. Francis House.

K: You do that as what would be a policy of supporting those kinds of organizations. Do you do it for others throughout the community in different areas?

B: We have a committee that helps us prioritize. We allocate a certain amount of money for these kinds of services, as much as we can afford--less than \$500,000 usually for all of them. We have had a committee that has helped look at the background of the services provided and helped us prioritize. Then what we do is fund as far as the money goes, starting with priority number one. Of course, the priorities usually are very basic--food, clothing, and shelter get a higher priority than the arts or cultural [interests] or things of that nature. Medical

care gets a higher priority.

K: So I take it that this will be the kind of policy that will be continued in the future. You do not see any particular change approaching?

B: This is the policy that has been followed for a number of years. If we were to get a proposal, or if some group came forward with something, we certainly would look at it. There is something very interesting that I will be watching that is going on in Orange County now. I do not know if you are aware of it. Orange County, of course, is quite different from Alachua County. First of all, they are about fifty times wealthier. But they are also a tourist mecca. A lot of private concerns and tourist attractions like Disney World were very interested in looking good--"the tourist needs to see us looking good"--just as some of the concerns of the city commission--"all of these people are not always pretty, and they do not smell good and they embarrass us." So Orange County has launched into a comprehensive homeless center where they provide an array of services from counseling to job location to a bed to sleep in if that is what is needed, a place to wash clothes--the whole thing--in an attempt to get them off the streets. They are spending a tremendous amount of money. It is a very interesting effort in terms of really providing services. I have some of the background material on that that I pick up as I go around the state. But this is something that is probably unique to a community like Orlando.

K: Do you think that kind of a program perpetuates or attracts even more people to the point that it might not be able to support the homeless the way it was originally intended?

B: I think that is always a possibility. Of course, the other argument is that when people have these kinds of needs we can either try to figure why they are here and help them with that, or we can continue to feed them forever. Some you will continue to feed or ignore, because they will not be self-supporting. People who have been in a mental institution for twenty-five or thirty years have a very limited possibility for supporting themselves with the very limited opportunities there are. Now, they will get SSI [Social Security Insurance], but some of them are really not able to even live on their own, even with the stipend from the federal government. That is why mental health has supervised apartments; they have supervised living situations so that people can manage at whatever level they are able to manage. I think that offers some answers for us, because some people are not going to be self-supporting, and I think we need to concentrate our attention on those who have the potential.

Now, those children and those young families that are on the highway, we can make a difference for them. They do not have to grow up like that. But if we ignore and say, "If we provide services you will just come," of course if I know

you have a service that can meet the need I will do my dead-level best to get to where you are. That can be a positive rather than a negative.

I may really want to change, and you are not going to know that unless you try. So I am optimistic about Orange COunty's programs, although I am absolutely sure it can be abused and will be. But we do not live in the rest of a free society. There are people as you walk out this door who ask you for a quarter or five bucks who very well might invest it in transportation to get to a job but just as likely might go down to the liquor store and throw it away. I am sorry. That is just my philosophy coming out.

I feel it is incumbent upon communities to try to help people who want to be helped and can be helped.

K: Do you think the programs in Gainesville are working?

B: I think they do a tremendous amount. That does not mean that we do not perpetuate some of these. Everybody does. But I think there are people who get help too.

K: Sometimes it seems like the city with some of its actions tends to work counterproductive to what some of the organizations are doing; for instance, when they limited how many people can be fed at a time.

B: You need to speak with the city about that. [laughter] You are asking people with no transportation to go home, because you are saying, "Well, you can do it in all the churches," but they are spread out everywhere. There is a critical mass. You can provide a tremendous amount of food for the same energy or you can provide the same amount of food for a few times that energy cost. I agree. I think that is counterproductive, and I was disappointed that they saw that as a response.

K: Gainesville and the population around here seem to be pretty sensitive to these kinds of issues. It just seems like the trouble that St. Francis House has had in trying to find a bigger and better location has been kind of unusual, and I do not think you would expect that in Gainesville, considering their usual sensitivity to these kinds of things.

B: A lot of the concerns about St. Francis House have been generated by a remarkably small number of people.

K: Mostly business downtown, people who are concerned with those people being in their area.

B: And my contention is they are going to be in your area anyway. They are going to be begging at your door whether they are going to be down there getting ready for lunch [or not]. I have served from time to time on an ad hoc advisory committee to St. Francis House because of the concerns I have about it, and it has been very interesting how few the people are who object and how effective they are. I will not say anything more. I will let you do your homework.

K: If the Orange County plan does appear like it is workable and there is a possibility for the county to do more than it is doing now, then that would be a real possibility for the future.

B: A pilot project. A great concern that I have had, and I share Chief [Wayland] Clifton's concern about this, is we cannot seem to get anybody's attention. For instance, Chief Clifton is the chief of police in the city of Gainesville. We have known each other and talked for years. When the Salvation Army takes someone in they run a police check. They require that. It is for the protection of everybody. I am told by Chief Clifton that about once a week with those routine checks they pick up somebody who is wanted someplace for a serious crime. Now, I am convinced that with the proximity we have to the state prison system that we are particularly vulnerable to be dealing with an element that really could be dealt with in their home communities. For instance, I am absolutely convinced that our crime rate here is high for that, because if you get out, no matter what your good intentions are when you run out of funds and are still 600 miles from Miami where home is, you have to live, and 7-Elevens are easy, or they appear to be easy. They must be easy; they work.

So I think that is a separate problem here that we are going to have to deal with. I think if you look at our crime rate, and not just our crime rate but the kind of crime, it makes us look like a very violent community. We really need to take that dimension out of it and see what we are doing wrong in terms of our own people that make us do things like killing a sister in a bathtub by burning her, [which is something that happened only] last Friday. Those are strange crimes.

K: And those people actually are not homeless, but if you do not take them home then they become homeless.

B: They have to be homeless. It is very difficult now to have a mentally ill person institutionalized, for good reasons. We abused the system, and now it is harder to do. But it means that sometimes families are coping with situations they really cannot cope with, and it is awfully hard to make those judgments.

I talked with a mother when I was in mental health who is an upper-middle-class working woman who is very valuable to her community who has a daughter who became schizophrenic as a teenager, which is when you pick up that particular

kind of schizophrenia, and it follows you for the next twenty-five or thirty years. She says, "I would just love to see the day when I could take a shower in my house without worrying about my child." That is sad. Yet that child, who is an adult, cannot be institutionalized.

She probably is helped by a drug maintenance program, because the drugs really do control schizophrenia better than anything else that we have ever looked at. But still you have to be sure it is absolutely done regularly, absolutely the dosage it is supposed to be. It is almost like maintenance for diabetes. Excitement will make the drug pull back. It is just very hard to handle this, and I am totally sympathetic. At the same time I was totally horrified at what I saw in this institution, both at Tacachale and at the state hospital.

K: That brings to mind the fact that there are a lot of ways that governments probably do and can help to prevent people from becoming homeless, through various social services.

B: Strengthen the family. One of the ironies that those of us in social services are constantly looking at is that we will spend \$3,000 a month of your tax money to keep a person in a nursing home, but because of the rules and regulations that have been promulgated we cannot afford to pay for that respirator in her own bedroom, which might cost only \$300 or \$400 a month. With a family who would love to have them at home, who is willing to take care of her as long as they can. But they cannot afford that \$400 a month respirator, or whatever they cost. We do strange things. All of them were set up to accomplish something, but we have become so rigid.

For instance, the state of Florida will not give aid to families with dependent children to any family where an able-bodied man lives. That is intended so that lazy louses do not sit around and let the state feed their kids. But what does it really do? It means that if he loses his job or if he cannot make enough and she can make more on welfare if he is gone, then what is going to happen? He is going to leave, the children are going to be without that strong father figure, the wife is going to be alone and dealing with the kids, and if you have not done that you have a real treat ahead of you. It is counterproductive; it is just counterproductive. Yet to justify before a house committee in Tallahassee why they should allow assistance to go into a home where there is a lazy, able-bodied man, you just meet yourself coming back. Yet you know it is counterproductive; it is really counterproductive.

We have a guy at the state level in HRS who is so good at describing this, and he said, "If we could just unbundle the requirements so that rather than giving you what you need we give you what we have." And we have a nursing home. It happens to cost \$3,000 a month and may not be a good place for an elderly

person unless they really have to have twenty-four hour care. But we have that, and we will put you there. But we could not pay for a good LPN [Licensed Practical Nurse] to come into your home once a day to give you a bath and help you turn and give the medications, which would cost peanuts in comparison. So we end up giving you what we have rather than what you need. He and I joke about this--"If we could just ever unbundle those services and sit down with you as a householder and say, 'You have an elderly person in your house,' or, 'You have an alcoholic who really cannot be gainfully employed. What is it that we can do for you that can help you keep him and maximize your relationships and help him to be a human being?'" You say, "Well, I have to go to work. If you could just send somebody in a couple of days a week to clean up or to do the laundry or a variety of things," or with an elderly person, "If you could send in an LPN four days a week or every day . ." There are people who do that, who go from house to house giving medications, because "I do not know how to do that."

We would save a tremendous amount of money, plus we would salvage the relationships that were going to break. You are never going to take them back. In the nursing home they are going to live there until they die, and if it is your brother who is an alcoholic and you one day say, "I cannot do this anymore," and I understand that you cannot, he is going to be helpless. But if we keep saying, "Oh, it is pie in the sky." I say, "I am not talking about more money. I am talking about using it differently."

K: We tend to get into the established way of thinking or doing things.

B: It is not only that. This is really not the point. I know you did not expect to talk about this, but you never know what you are going to talk about. The federal government and the state governments and even local governments with the best intentions in the world set down rules and regulations to avoid fraud and abuse, and then they try to force us all into that little mold, whereas if somehow we could just do the accountability to a more-realistic setting. I could get almost anybody in a nursing home. It is the most expensive setting. It is more expensive than a prison. It is like we say about our prison system: we could give them all a college education for what it takes to put them in there. But we choose to do it this way. Having been a social worker for a hundred years I really am frustrated with this. I see so many needs.

K: Do you see any of your fellow commissioners or people in the state government who are willing to think in these terms, or do they tend to stay on track with the old programs?

B: Well, my fellow commissioners all come with different backgrounds, and that is very important, because we do not deal with just social issues. You name it, and we almost always deal with it. So they probably would have a totally different

dimension because this may not be an area they have ever had any experience with or know anything about except seeing these hungry people sitting on the street corners. At the state level the people who have been involved with programs are very, very interested in a little more freedom, a little more flexibility, a little more targeting to need rather than "what we have." It is hard to do; it is really hard to do because when you decide at the state level what you want to do, then you have to get permits from Washington.

I do not know if you keep up with the health care issue, [which is] another of my [pet peeves]. You do not want to get me in that one, because that will get me away from [our topic here]. Oregon finally has gotten a waiver, maybe, to administer a health care system in Oregon. The people of Oregon have worked on that for seven years, and they are convinced they want to do it. So even once a state or local government gets its act together, in other words, the way they think, then you have to get these permissions all the way up the line to use that other money which you will need to plow into the system.

K: And of course there is all that bureaucracy you have to get past and all those regulations.

B: Right. And fear of abuse and fraud, and it is real. There are abuses; there are frauds in all our programs. So much of our program is geared toward that rather than meeting need. Do you want me to say that again?

K: No, I know.

B: You understand that.

K: I have worked with some federal programs in Miami, and it seems like most of the money is absorbed in paperwork and administration, and very little bit trickles down to the actual person.

B: So you actually have a welfare program, but it is not a welfare program for the people that you thought you had it for. It is for middle managers and caseworkers. And there is value in that.

K: It keeps them off the street.

B: Right. But it does not provide benefits to the people for whom it is targeted, not to the extent it is intended. We are all hung up in this country with "deserving." I remember when I first went into social work I still had people who would say to me, and this was probably before you were born, "But do they deserve to have food?" I would have to recompute that in my brain. How could you think of a situation where someone did not deserve to eat? More recently there arose a

question which some people confronted for the first time: "Do you really believe that everybody has a right to health care?" Think about that. "Do you really believe that everybody has a right to health care?" These are the kinds of philosophical ratcheting-up that our society has not faced very much. It is an interesting culture. I will not get into that either. [laughter]

K: Do you think that there are more and more homeless people in Gainesville now than there were? I mean, do you think this is increasing?

B: It depends on your length of spectrum. Back during the early 1960s when I was very actively working in social work here the estimates were that we had between 1,500 and 2,000 street people on the street on any given day. These were usually young persons caught up in the anti-Vietnam rallying, and they were here primarily because they could blend in with the college students. Nobody noticed. So from that perspective, no, we do not have more. But we have a different group and maybe a different kind. These were not homeless people. These were people who were homeless by choice. And some of the people on the street today are homeless by choice too. You have to take that under consideration.

I am told, and I have no information to refute this, that the people begging on the street corners make good money. That was demonstrated recently in Jacksonville when one was murdered by two of the others who shared his corner because apparently he would not give them their turn there, and that particular corner generated a couple hundred dollars a day. But then those are the exceptions. That is not the typical kind of homeless person.

K: I think that some of these people, like you said, really do not want to get back into society for whatever reason. Either they cannot read or they do not want to deal with having an address and a phone to get a job, and they do not want to fill out forms.

B: And somebody may find you for whatever reason. Sometimes it is a mental illness that causes them not to want to be a member of society. Paranoia. I think we just have to assume that will always be there and then see if there are those who can be helped.

K: I wonder if sometimes society is getting too complex for some people to handle.

B: We started off this conversation by talking about the overload in the last thirty or forty years. There is no question in my mind. Many of the people, for instance, who would have made it by dropping out of school in fourth or fifth grade half a century ago will never make it in this country. They will never make it. Someone who cannot read and write, you can write them off. Yet literacy is a tremendous

problem. Absolutely. And they will not make it; they will not make it if they cannot read or do basic math. Fifty years ago they would have. There were all kinds of jobs they could do, but they are almost nonexistent now. So yes, I believe complexity of culture is a problem.

[End of the interview]