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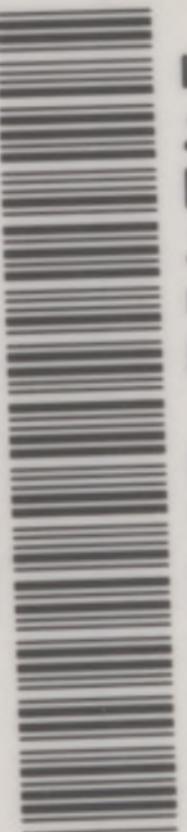
SINGLE ROOM OCCUPANCY: A NEED FOR  
NATIONAL CONCERN

AN INFORMATION PAPER

PREPARED FOR USE BY THE

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## PREFACE

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Housing problems of older Americans take many forms and continue to require far-reaching attention by the Congress.

Inadequate personal income, despite substantial improvements in social security and supplemental security income programs, is a major underlying cause. The most recent available estimates show that:

- The median income of older persons living alone or with non-relatives is \$3,495. A seventh of the elderly, or more than 3 million individuals, live in households with incomes below the applicable official poverty threshold.
- Seventeen percent of elderly families live on an income less than that established by the Bureau of Labor Statistics for a lower-budget (\$4,695 a year in autumn 1976) retired couple in an urban area. That budget includes only about \$135 per month for housing costs.

Out-of-reach housing expenses are not the only problem. There is also widespread and growing unavailability of shelter suited to varying housing needs of entire groups of elderly persons. For example, a recent report issued by this committee<sup>1</sup> described the needs of frail and impaired older persons and estimated that upwards of 200,000, such individuals would annually choose to reside in congregate housing if it were available, offering meal service, housekeeping aid, personal assistance, and other services necessary to maintain independence and dignity.

The need for such service-supplemented shelter will continue to increase; new estimates just obtained by the committee indicate that, between now and the year 2000, the "graying" of the population will accelerate; the percentage of older persons more than 75 years of age will increase from 38 percent to 45 percent of the total post-65 population. Without new housing resources, such persons will probably be forced into costly and premature institutionalization in nursing homes, hospitals, and other medical facilities. Legislation now in preparation would expand the availability of congregate services within federally assisted housing programs.

*This information paper describes another group of older Americans. They have been described as "the invisible elderly," and they reside alone in single-room occupancy (SRO) hotels which are generally located in decaying and crime-ridden sections of urban America.*

Differences of opinion exist—even among those persons who have studied, lived among, and tried to assist the SRO population—as to the nature of persons residing within these hotels. Some have painted SRO's as the final home on skid row for society's misfits, the transient loners and drifters who have not so much retired as have simply become

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<sup>1</sup> "Congregate Housing for Older Adults," Report No. 94-478, November 1975, U.S. Senate Special Committee on Aging.

cut off even from marginal employments. Others picture SRO's as a hospitable environment providing friendship, access to services, freedom, and a superior alternative to the nursing home to those who, for reasons often beyond their own control, have fallen to the bottom rungs of a society which cares little for the aged. One aged SRO resident, quoted in a recently published study of his hotel in a Mid-western city, gives his own firsthand appraisal:

Outsiders think a lot of mistaken ideas about people in hotels. They can't know, they are wrong in those . . . er . . . opinions about the people in hotels. These are *our* homes, we *live* here.<sup>2</sup>

The usually invisible SRO world tends to surface in public attention only when public or private redevelopment, or other pressures, result in the closing of SRO facilities. A particularly vivid instance occurred in August 1977, when about 40 elderly Chinese and Filipino residents of San Francisco's International Hotel were evicted at 3 in the morning by a force of 330 police and sheriff's deputies, as more than 2,000 demonstrators protested the action. A Committee on Aging investigation into the situation underlying this incident revealed that:

- This eviction symbolized, for many San Francisco residents, the increasingly desperate struggle of that city's older population to save their neighborhoods and reside in decent, affordable housing.
- SRO housing is the norm for many residents of all ages within San Francisco's Chinatown, representing more than half of that neighborhood's housing stock. The survival of their older residents, many of whom do not speak English, may well depend on continued access to neighborhood stores and services.
- The hotel's closing represented a continuing pattern of the displacement of low-rent shelter by office and commercial development. A federally backed redevelopment project, the Yerba Buena Center, had contributed to the city's crisis-level vacancy rate of less than 2 percent by destroying more than 4,000 units of SRO and other relatively affordable housing in downtown San Francisco. Some substitute shelter had been constructed following a 4-year legal struggle waged by displaced small businessmen and elderly residents, but much of it remains underoccupied due to high crime conditions.
- Civic leaders may lack the power to reverse such trends without outside assistance. The International Hotel's residents were evicted at the end of a 9-year effort to save their home, and despite the support of Chinatown leaders and San Francisco Mayor George Moscone.
- Governmental housing programs fall far short of the needs of San Francisco's elderly. The waiting list for older persons desiring public housing is 3 years citywide, and 12 years within Chinatown.

A number of unique factors contributed to the intensity of the International Hotel situation. Yet, the committee is receiving other information about SRO problems in San Francisco and elsewhere. The San

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<sup>2</sup> "Loners, Losers and Lovers: Elderly Tenants in a Slum Hotel"; Stephens, Joyce; University of Washington Press, 1976; p. 8.

Francisco Commission on Aging reports that rents for that city's diminishing supply of SRO facilities are rising by 40 to 50 percent annually. And, in New York City, the Murray Hill SRO project says that their clientele pays an average monthly rent of \$190, leaving many elderly residents with only \$50 to cover food, clothing, and other necessary expenses.

This information paper is meant to provide a summary of current thinking concerning SRO's and the Federal policies which affect them. It does not make specific recommendations for action because the Committee on Aging wishes to place the SRO issue within the broader context of overall housing needs of older persons and their relationship to neighborhood preservation and revitalization. Suggestions for specific legislative remedies will be considered in due course.

However, it already seems clear that increased attention must be paid to federally backed redevelopment efforts which displace SRO residents and other low-income elderly residing in the central city. Our colleague and fellow member of this committee, Senator Brooke, recently introduced legislation which would extend the protection of the Uniform Relocation Act to displacements caused by private developers utilizing Federal funds. The committee will explore this and possibly other proposals for corrective action.

The committee will also look into suggestions for the recycling of abandoned or rundown commercial buildings into model housing for the elderly within the inner city. Proposals advanced by the Los Angeles Community Design Center indicate that such projects, particularly when tied to landmark preservation legislation, can salvage our architectural heritage, upgrade downtown areas, and provide sound and attractive shelter at costs well below that of new construction.

Finally, we will look into means of upgrading living conditions within SRO's, including suggestions made by persons cited in this paper.

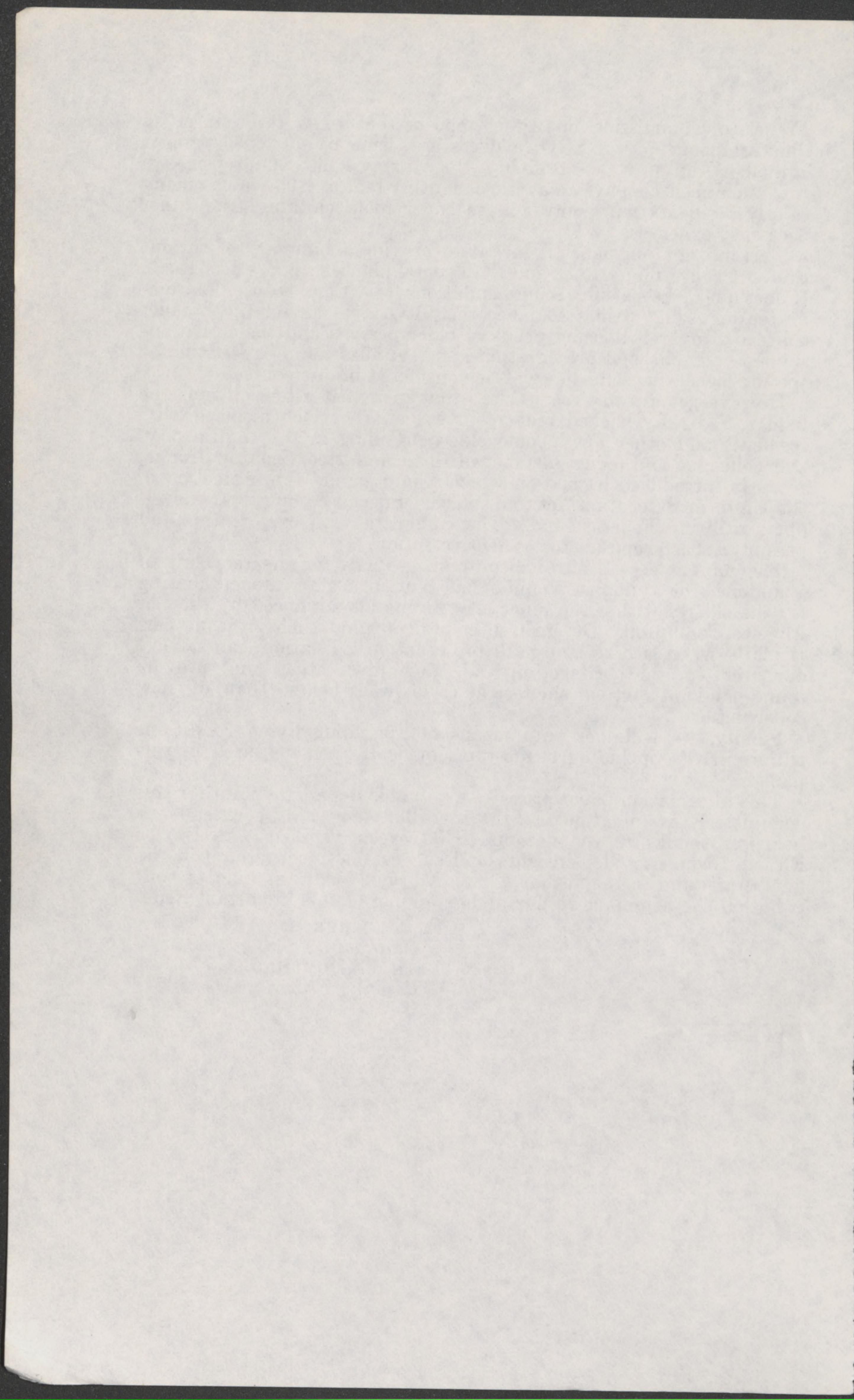
This information paper provides a valuable departure point for this committee's examination of "the invisible elderly." We extend our heartfelt thanks to the national SRO executive board; to Phyllis Ehrlich,<sup>3</sup> who provided insights and suggestions incorporated in the final draft; and to the author, Diana McIver, for the significant contribution she has made to our understanding of this important issue.

FRANK CHURCH,  
*Chairman.*

PETE V. DOMENICI,  
*Ranking Minority Member.*

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<sup>3</sup> For remarks and progress report by Mrs. Ehrlich, see p. 35.



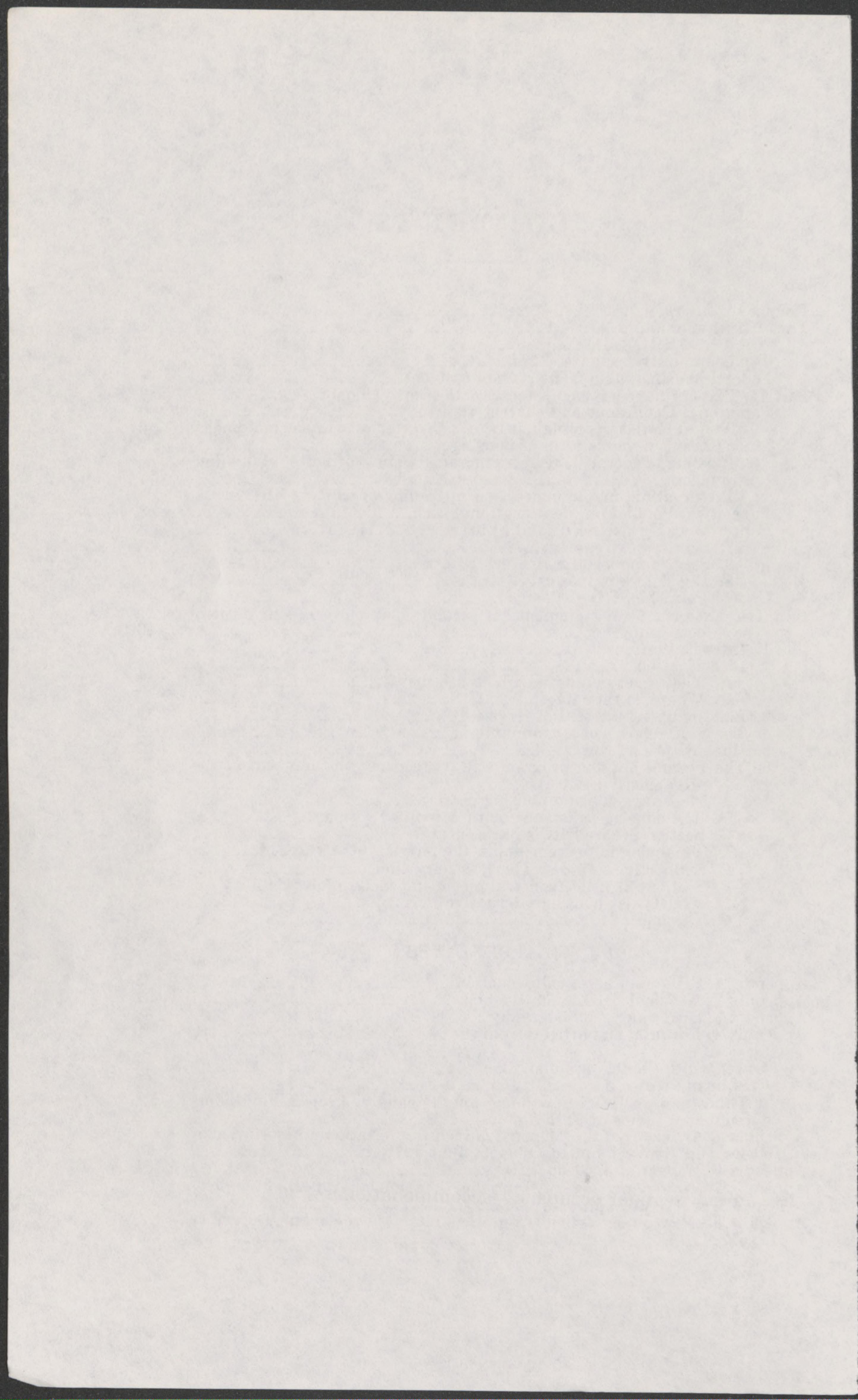
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# SINGLE ROOM OCCUPANCY: A NEED FOR NATIONAL CONCERN

## Part I

### INTRODUCTION

Mrs. B. is 76 years old and has Parkinson's disease, causing her to shake constantly and to speak haltingly. She lived in a tar paper shack (which she owned) in a small Midwestern town of 6,000 population. Since she had difficulty in managing the wood stove, she got only a minimal amount of heat from a small electric heater.

This elderly woman receives approximately \$100 from social security and has a small savings account which she draws on, in the winter particularly. In the summer, food costs were eased by the cultivation of a small vegetable garden. A former teacher, Mrs. B. had not worked for many years. She had no family and contact with only one other person in the community.

Mrs. B. came to the office for the aging in the community to request housing assistance. She recognized that she must get out of her present housing—both from the point of view of its condition as well as her inability to care for it—but did not know where to turn.

She requested assistance in finding a hotel at a nominal rent where she would get some assistance with room cleaning and linens, but where her privacy would be protected. She rejected suggestions of boarding houses or apartments for the elderly, primarily because of her embarrassment regarding her eating modes. She has devised a number of aids for eating, including straws for soup, but is extremely self-conscious about having to eat with the same people all the time. Further, she felt that the hotel-type living in a commercial area would allow her to take a bus to stores and cafeterias when she so desired. A hotplate or electric toaster oven would be adequate for her simple food needs when she could not go out.

Arrangements have been made for Mrs. B. to visit a number of SRO (single room occupancy) accommodations in a nearby community which has a social worker running a small service agency catering to the elderly in these environments. Mrs. B. sees in the SRO the environment that supports her need for privacy, her sense of dignity, and a semisupportive environment for her physical condition. With the addition of a social service component available when needed, she should do fine in managing her own life.

Mrs. B. is just one example of an elderly person whose living patterns do not conform with "conventional" housing patterns. Efforts by service providers, researchers, and social workers are uncovering a multitude of such older persons across the Nation who live in single room occupancy accommodations.

The SRO population has been described as "invisible" and "hidden." They are housed in the heart of the city, but live on the fringe of society. The elderly SRO occupants are often described as the "least visible" of the invisible population; as disability sets in, isolation may become complete.

National conferences in 1976 and 1977 have explored lifestyles and associated problems of elderly SRO residents. Conferees also reviewed Federal, State, and local efforts to deal with these problems.<sup>1</sup> The proceedings of the first conference have been published by the National Council on Aging.<sup>2</sup> For the second conference, the Senate Special Committee on Aging provided technical support.

At this second conference, a national executive board (appendix 2) was created to work toward implementation of the following goals:

- Congressional attention to SRO issues.
- Collection and analysis of national data.
- Publication of manuscripts regarding SRO elderly.
- Development of further educational conferences to continue consciousness raising throughout the country regarding this population.

To further define the consensus achieved at the second conference, the national executive board, augmented by selected professionals (appendix 2), met in January 1977 to prepare statements regarding: (1) population identification; (2) housing characteristics: Advantages and drawbacks; and (3) service needs and utilization.

Part II of this report includes summaries of these three statements. Part III provides a synopsis of the proceedings of the second conference.

## NUMBER OF SRO'S

The number of hotels, the makeup of tenants, and the involvement of local governments and service agencies vary from city to city. But it is becoming abundantly clear that the SRO's are not limited to large cities.

SRO hotels have been found in communities as varied as:<sup>3</sup> Charleston and Huntington, W. Va.; Big Stone Gap, Va.; Louisville and Lebanon, Ky.; Utica, Syracuse, and New York City, N.Y.; Des Moines, Cedar Falls, and Sioux City, Iowa; Portland, Oreg.; St. Louis, Mo.; San Diego, Santa Barbara, San Francisco, and Los Angeles, Calif.; Denver, Colo.; Seattle, Wash.; Detroit, Mich.; Minneapolis, Minn.; Chicago, Ill.; and Richmond, Va.

Nationwide estimates of SRO population are unavailable, but they have been made for several cities:<sup>4</sup>

- In Benton, Ill. (population 6,800), there is one SRO hotel with 30 units, 12 of which are occupied by elderly persons. In addition, there are three SRO roominghouses with a total of 18 units, four of which are occupied by elderly persons.
- In Syracuse, N.Y. (population 197,000), there are seven SRO hotels (519 units)—four with absolutely no services and three with a combination of maid and linen services, television, and/or

<sup>1</sup> "The Invisible Elderly", conferences on single room occupancy elderly, St. Louis, Mo., August 1975 and May 1976, sponsored by Institute of Applied Gerontology, St. Louis University, Phyllis Ehrlich, chairwoman.

<sup>2</sup> "The Invisible Elderly" National Council on the Aging, Inc., May 1976.

<sup>3</sup> Discussion at meeting of the National Executive Board on SRO housing, January 1977.

<sup>4</sup> Reference cited in footnote 3.

air conditioning. Nearly one-fourth of the rooms are occupied by elderly persons.

- In Denver, Colo. (population 500,000), a service agency has identified 42 residential hotels in the downtown area, ranging from 18 units to 194 units. Forty-eight percent of the occupants are over 60.
- In San Diego, Calif. (population 697,000), the core downtown area houses 32 residential hotels with upwards of 2,300 rooms. Approximately 59 percent of the rooms are rented on a permanent basis—over 6 months. The modal age of this census tract according to the 1970 census was 65-74 years for men and 75 years and over for females.
- In Portland, Oreg. (population 383,000), a sampling of four SRO's reveals that 50 percent of the permanent occupants are over age 60.
- In New York City, N.Y. (population 7.8 million), 280 SRO's (approximately 50,000 rooms) have been identified by housing and service agencies. Unofficial estimates, however, indicate that as many as 8,000 SRO's may be located in New York City. A sampling of the buildings indicates that 18.3 percent of the population is over age 60.

SRO hotels are not exclusively for the elderly; in fact, the elderly do not normally constitute a majority of their clientele. However, research has indicated that the elderly are present in high proportions in the neighborhoods where SRO's are generally found. Whereas, persons over age 65 constitute 10 percent of the total U.S. population, random surveys across the country have indicated that the single elderly population in center cities may range as high as 49 percent.

### THE COMMUNITY RESPONSE: LIMITED

Only a few communities have recognized and begun to provide for the needs of the SRO elderly in their communities. Two that have created excellent service and policy models are New York City and Portland, Oreg. New York City, for instance, established a Mayor's Office on SRO Housing in 1972 to "coordinate the work of social service agencies, local health care facilities, housing departments, the police and courts, [and] to aid the residents in SRO facilities by providing onsite services and upgrading living conditions."<sup>5</sup>

In 1972, the Portland, Oreg., City Council said it would "give high priority to increasing the number of residential accommodations in the downtown area for a mix of age and income groups, taking into consideration differing lifestyles; and to provide a "quality" environment in which people can live recognizing that residents of downtown and adjacent areas are essential to the growth, stability, and general health of a metropolitan city." And more specifically, to "Recognize the differing needs and problems of the various groups who will be housed, including those groups who naturally gravitate to the city core. Provide housing and services commensurate with their physical and social needs. These groups include the single retired, the elderly, itinerant workers, down-and-outers, students, the handicapped, as well as

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<sup>5</sup> "Can the SRO Be a Part of a Community?" Elaine Berlin, May 1976.

middle and upper income groups.”<sup>6</sup> Further, the Portland Development Commission has adopted an investor rehabilitation loan program (June 14, 1976) which provides loans of up to \$50,000 at 6½ percent to assist investors/owners in rehabilitating residential, commercial, or mixed-use properties which have been selected as “public interest projects,” that is, are (1) located in a housing and community development (HCD) area or other area of the city designated as one in which IRL assistance is to be available, (2) are in need of rehabilitation to comply with applicable codes and ordinances of the city of Portland, and (3) are physically and financially feasible for such rehabilitation based primarily on the projected income and market potential of the property. In addition, utilizing the Federal community development block grant program, 3-percent loans have been made to owners of Portland hotels to assist them in bringing these buildings up to code standards.

## FEDERAL HOUSING POLICY: THE STUMBLING BLOCK

It was the urban renewal efforts of the sixties that brought the existence of SRO hotels to public attention. The gutting of old hotels in favor of condominiums and high-rent apartments sent thousands of residents into the streets in search for other low-rent accommodations. To many, the solution to the problems associated with SRO hotels would be solved by simply getting rid of the hotels. Such has not proven to be the case.

Seattle, Wash., has experienced a net loss of 50 percent of the downtown residential and apartment units since 1960—losing 16,200 units. An estimated 3,000 units were demolished for freeway construction in the early 1960's. Another 5,000 units were closed following enforcement of the Ozark fire code<sup>7</sup> beginning in 1970; and other units were demolished for parking lots or new office buildings. New construction has added only 1,200 units to the downtown housing stock since 1960.

As housing has closed, residents have been forced to move from downtown. Since 1960, 38 percent of the population—or nearly 9,000 people—have moved. The people who have stayed in the greatest numbers are the elderly. Since 1960, only 15 percent of the people 60 years or older have moved from the downtown, compared to 55 percent of the residents between 25 and 59 years of age. Today, 49 percent of the downtown population is 60 or older.

Contrary to the national goal of preserving existing housing stock, current Federal housing programs are not appropriate for the rehabilitation of SRO facilities, although HUD has several mortgage insurance programs, in addition to the section 202 direct loan program, which may be used to rehabilitate old hotels. Under HUD minimum property standards, these programs may only be used for “self-contained” units, i.e., units with private baths and kitchen units, or which have congregate dining.

Practically speaking, to rehabilitate an SRO hotel under the minimum property standards means not only the loss of 50 percent of the units, but a substantial increase in the rental costs.

In addition, section 8 rental assistance payments are not authorized for “non-self-contained” units, so SRO tenants may not be assisted through this program either.

<sup>6</sup> Portland Downtown Plan, December 1972.

<sup>7</sup> For a recent example of loss of life due to fire, see appendix 7, page 56, an article describing destruction of a hotel in Jellico, Tenn.

Though much discussed, SRO issues still appear to be widely misunderstood or ignored.<sup>8</sup> One of the organizers of the two SRO conferences cited in this report said late in 1977:

SRO activity is virtually at a standstill. Standing still in terms of SRO's can only mean moving backwards as buildings continue to be torn down and single, marginal people lose their opportunity to age in their own distinctive life-style.<sup>9</sup>

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<sup>8</sup> See appendix 4 page 43, for recent newspaper treatment of SRO issues.

<sup>9</sup> For complete statement by Phyllis Ehrlich, conference cochairperson and director of the Neighborhood Program for the Elderly in Benton, Ill., see appendix 1, page 35.

## Part II

### TEXTS OF PAPERS ISSUED BY NATIONAL EXECUTIVE BOARD

As explained in part I, participants in two national conferences on SRO's met in January 1977 to establish an executive board. The board then issued statements providing detailed information on definitions and characteristics of SRO's, population identification, and service needs and utilization. Texts of those papers follow:

#### PAPER ONE: DEFINITIONS AND CHARACTERISTICS

##### TYPES: HOTELS, ROOMINGHOUSES, OR CONVERTED APARTMENT BUILDINGS

###### Characteristics:

- Furnished rooms with or without self-contained bathrooms.
- Usually without kitchens (may be communal).
- Some management services (desks, linens, housekeeping).
- Permanent occupants (at least half the tenants).
- Commercial establishment (neither subsidized nor licensed for institutional care).
- Frequently the physical facility is old/deteriorated with systems needing replacement.
- Usually these facilities are located in commercial areas.

#### SRO's AS A VIABLE FORM OF HOUSING

It has generally been assumed that SRO's are undesirable, inappropriate housing for permanent residents. This idea may have developed because many of these facilities were originally built for transients. The deteriorating conditions of many of these buildings has also contributed to the view that they are not suitable for permanent housing. Yet, there are many reasons why SRO's may be considered a satisfactory, desirable form of housing for many people.

(1) This form of housing is actively chosen by many seniors. In many instances it was their choice years ago when there were a variety of alternatives available at a similar cost.

(2) Personal security may be enhanced because people are always on the premises and usually a desk clerk or superintendent is there.

(3) Society frequently makes assumptions as to what is right and necessary for people to live comfortably based on standards which are not those of the people who avail themselves of a particular type of housing. Kitchens and private bathrooms are often not considered necessary by many older people who have never had them. Heat, security, and cleanliness are much more important to the quality of life of tenants than room size or even private bathrooms.

(4) SRO's frequently are an alternative to institutionalization. Substantial cost savings is realized if SRO tenants can maintain an independent lifestyle and avoid becoming residents of public nursing or long-term care institutions.

(5) Moderate renovation to improve these facilities is far less costly than gut rehabilitation or demolition and new construction. Operating costs and maintenance are approximately the same as in a new building.

(6) Relocation of tenants to permit demolition and/or rehabilitation is very expensive to taxpayers. In addition it creates major upheaval in the lives of the tenants relocated and almost invariably results in a lowering of the standard of living of relocated tenants.

(7) Acceptance of the SRO structure by the neighborhood has usually been accomplished, unlike the situation which necessitates extensive public relations campaigns prior to locating new public housing or urban renewal projects.

(8) SRO's most frequently exist in commercial or downtown areas of a city. If a commitment is made to SRO's as a viable form of housing, then planning for urban redevelopment can be done in a way that encourages coexistence of SRO's and other development.

### EXISTING FEDERAL HOUSING PROGRAMS: THE ULTIMATE STUMBLING BLOCK

The view that SRO's are substandard or inappropriate housing has been encouraged by Federal programs which are unusable to upgrade or improve SRO's. This results in increased deterioration of existing SRO's and encouragement to owners of SRO's to convert their buildings to other uses. At the same time no provision is being made for housing SRO tenants which satisfies their needs and which they can afford.

SRO housing in some form, exists in every city, large and small, where the problems have been studied. It can be assumed that this form of housing exists across the country in municipalities of every size. It is therefore necessary to have housing programs which fit the people rather than attempting to fit the people into programs. (Example: Morrison Hotel, Seattle.)

Minimum property standards of HUD generally mandate self-contained units and room size. This alone bars the application of almost all Federal housing programs for SRO's.

If SRO's are accepted as a viable housing form, it would be necessary to create a separate set of standards for SRO's which would enable these facilities and their tenants to avail themselves of already existing Federal programs.

### PRESERVATION, MAINTENANCE, AND UPGRADING OF EXISTING SRO's

The housing assistance plan of the Housing and Community Development Act of 1974 requires local communities to identify the specific needs of "low-income persons (including elderly and handicapped persons, large families, and persons displaced or to be displaced)," and to formulate a plan to meet these needs. Unless this is done, a community will be ineligible for block grants for community development. This should be interpreted as a mandate to plan for the upgrading of the SRO's. Merely allowing them to be closed or con-

verted does not meet the needs of the tenants who live in these facilities. Upgrading them and eliminating the deterioration which creates unacceptable living conditions is more practical, less expensive, and more satisfactory.

If minimum property standards specifically applicable to SRO's were established, this would then permit the use of already existing Federal programs to assist in the preservation and upgrading of SRO's.

(1) Rent assistance programs would be available for SRO's. (With a few exceptions, section 8 is only available for self-contained units.)

(2) Adequate funding assistance programs, either direct (202) or indirect (FHA insurance), would be applicable for SRO's.

The adoption of Federal programs to make them usable would facilitate similar changes in local regulations where necessary.

Improved housing will not solve the social problems and/or needs of the population which traditionally has chosen SRO living. Deteriorating, substandard conditions which develop when methods of improvement and upgrading are unavailable for SRO's do exacerbate social problems.

Improved housing conditions, combined with appropriate supportive services, will make a major impact on the lives of the SRO tenants and the communities around them.

## PAPER TWO: POPULATION IDENTIFICATION

The individuals who live in SRO-type housing have made accommodations to a single lifestyle. Many have chosen to invest a minimal amount of energy in formal professional helping services and, in some cases, personal relationships. Traditional social/health services are not geared and receptive to meeting the distinct needs of this population. Thus, while not actively seeking services, a great proportion are left outside the service system when in crisis. However, the immediate surroundings do encourage the opportunity for friendly and helping relationships to emerge if the individual so chooses. The SRO hotel structure allows for some flexibility and choice in lifestyle for persons with limited economic and social resources. The hotels are nondemanding and flexible enough so individuals can choose their own level of involvement with the surroundings.

Society turned away from SRO occupants a long time ago, and now they sincerely believe we don't care. These are people who have not been considered or involved in the planning process; thus, they have been moved and dislocated for parking lots, civic centers, and high-rise buildings. They are moved because they are poor, powerless, and considered unattractive. Destruction of their housing has neither answered their needs nor destroyed their lifestyle. It persists and is viable; they have not been eliminated, nor should they be—they must be allowed to exist positively.

## PAPER THREE: SERVICE NEEDS AND UTILIZATION

### 1. SERVICE ENVIRONMENT

Social service and health agencies working with people who live in SRO buildings have discovered that large segments of that population are unable to properly utilize community services on their own. Many

people who formerly were institutionalized fear reinstitutionalization and avoid service contacts. Many, particularly those with health problems, fear being sent to nursing homes. Many residents are distrustful, either through previous unsatisfactory experiences or because they have isolated themselves through fear of a changing environment. This is particularly true of the aged.

The clearing of mental hospitals in many States and returning patients to the community has significantly changed the makeup of the SRO population and has put an intolerable burden on the returning patients, the elderly, others already residing in SRO's, and on the surrounding communities. The built-in mutual supports of SRO living have collapsed in this changing scene, making outreach by social service and health agencies an absolute necessity.

## 2. SERVICE MODELS

(a) Indigenous outreach workers who spend many hours building relationships can effectively ameliorate the problem of lack of trust and its relationship to isolation. Such workers discover problems which range from loneliness and isolation to severe malnutrition and the need for nursing care.

(b) There is a need to both build bridges between existing community service resources and an increasingly isolated and alienated SRO population, and to strengthen the existing support systems within SRO's. Outreach workers in consort with agency services and increased peer support systems are suggested as a service delivery model.

## 3. LEGISLATIVE PROPOSALS

(a) Outreach services to SRO residents should be mandated in such programs as title XX of the Social Security Act, National Institute of Mental Health, the Older Americans Act, HUD, and pertinent others.

(b) Legislation developed by Congress and the administration for full employment should:

- (i) Provide specifically for SRO residents to aid in the provision of outreach services as paraprofessional workers, and
- (ii) Consider the need for part-time supplementary work.

(c) Changes in both medicare and medicaid must be considered which allow for reimbursement of various professionals working in the SRO away from the clinic setting and without the presence of a medical doctor. This would allow, for example, for the payment of nurse practitioners doing screening services and the payment for home treatment for mental health and alcoholism by psychologists, psychiatric nurses, social workers, and others.

## CONCLUSION: THE SRO CHALLENGE

The national executive board believes that continued neglect of the needs of this little-noticed population may lead to its demise. Knowing that much of this housing stock is substandard, but realizing the necessity for housing suited to an individual's needs, the board finds an urgent need for the development of a well-founded policy for SRO accommodations and the occupants they house.

## Part III

### EXCERPTS FROM STATEMENTS AT SECOND CONFERENCE ON SINGLE ROOM OCCUPANCY

Thirty-five localities and 24 professions were represented at this conference, sponsored on May 15-16, 1976, by the Institute of Applied Gerontology, St. Louis University.

The conference brochure described elderly residents of SRO's as a population unique in themselves, "which deserves to be treated with that consideration by planners, practitioners, and researchers."

Excerpts from the conference sessions follow:

#### 1. INTRODUCTION

IRA F. EHRLICH, DIRECTOR, INSTITUTE OF APPLIED GERONTOLOGY,  
ST. LOUIS UNIVERSITY, MO.<sup>1</sup>

. . . we cannot be concerned about programs for the aged without being also vitally concerned with the milieu and the total environment in which these people live. By opening up what should be a national concern with assistance from such cooperative agencies as the Special Committee on Aging, U.S. Senate, and the Mayor's Office of SRO Housing, New York City, there hopefully will be increased consciousness raising for effectively dealing with, if not eliminating, the frequently deplorable living conditions of this individualistic, neglected group of elderly. In this manner, the leadership of this conference will fulfill its role as a catalyst for change, and a "gerontologizer" of those who can improve the quality of life for one special population group—the SRO elderly.

So, although it is true that the elderly SRO's are a minority generally in proportion to other SRO groups, they are truly "the invisible of invisible people" and least capable of self-advocacy and planning for change. They need social advocacy which will assist them in improving their living situation.

As a number of researchers and practitioners have noted, middle-age SRO individuals tend to become functionally aged in their daily lifestyle. Thus, younger age SRO's may also need this social advocacy assistance. It seems reasonable, therefore, that to work toward policy change for better SRO housing for the elderly will tend to improve housing and services as well for all who choose the SRO environment as home.

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<sup>1</sup> Presently chairman, Division of Social and Community Service, Southern Illinois University, Carbondale, Ill.

## 2. IDENTIFICATION

### A. THE TARGET POPULATION: WHO ARE THEY?

PAUL BOHANNAN, WESTERN BEHAVIORAL SCIENCES INSTITUTE,  
LA JOLLA, CALIF.

It is significant, I think, that one of the earliest books on the SRO's—and that one is only a few years old—is called "Communities of the Alone." That very phrase, however, is misleading to middle-class Americans because it conjures up for them a kind of fate that might befall any of us who are not able to keep our social networks intact by our own efforts. Although it is true that some of us may end up lonely, I think very few of us—the kind of people who attend conferences on SRO's—will end up in an SRO.

SRO residents are populations of psychically and physically handicapped—not to say maimed—people who have nevertheless found a situation in which they can make it. Their difficulties may have arisen from industrial accidents, birth defects, traumatic childhoods, faulty education, alcoholism, many other sources. Many are old—but that is just one more disadvantage. They have in common only that they need an environment that does not make too many demands. In the SRO's they have found that environment—and they are willing to put up with the difficulties of the rundown neighborhoods that constitute that environment because they find that easier and more rewarding than putting up with the difficulties imposed by "better"—but more demanding—environments.

SRO's are important precisely because they provide an environment in which such residents can cope. If these people sound as if they are living troubled—but more or less normal—lives, it is because in this context they can do so. The most prized personality quality that these people find in themselves and others is independence—not the autonomy of the psychoanalysts, but the independence of the loners. It is an old-fashioned American virtue, in their eyes.

The first thing to note about loners is that comparatively few of them are misanthropes—although a few are. They have been, as we see it, hurt so badly in their lives that they want much reduced interaction with other people. They keep their social relationships to a minimum, and those they must engage in often have an undertone of rage, sometimes masked as depression. We know a few of these people—obviously, none of them well. Most of the loners however, are anything but misanthropic—and many of them are quite gregarious. It is not social relationships that they avoid—it is intimacy and responsibility. That does not, of course, mean that they are irresponsible—it means that they need and have found a lifestyle in which responsibility plays no part.

Thus, because loners may be gregarious, there is a social structure to be found in the SRO's—what is lacking, by and large, is intimacy. Even close friendships, by their own claims, are based on such interests as sports or gambling or drinking. Although friends are far from fungible, nevertheless they remain distant in the sense that they seldom allow each other very close into their lives.

Comparatively few of the San Diego SRO residents are linked into kinship networks. Many actively resist their kinsmen—one man told us that he would leave his money to his two nieces—but that was all, and he had no intention of seeing them before. Another told us that his son had had the bad judgment to come to see him during a televised football game, and he found this annoying because “the kid” should have known he would have preferred to see the game. A few, particularly the alcoholics, have a kinsman in the background who sometimes appears when needed, but it is the exception. They are, by and large, alienated from their siblings, many do not know—and some say they do not care—whether siblings are alive or dead.

On the other hand, we have examples of residents using the family and kinship idiom to describe their present involvements. One man told us that the woman who runs a lunch counter nearby was his mother, that the manager was his father, and “old Frank,” for whom he often did runs, was his brother. He also named other siblings and cousins. None of these people, needless to say, knew that he was so describing them, and none had any special relationship with any of the others. One alcoholic woman in her fifties talks about adopting a number of sailors and refers to them as “my boys.” We have other examples of pseudo-families, though rarely as developed as in woman’s prisons. Our fieldworkers have occasionally been addressed by kinship terms.

SRO residents spend a lot of time in bed. Some of them up to 14 hours a day. This is in part because they are old and ill. But it is also in part because they are bored. But perhaps most of all, the bed is the only place in most of the rooms in which one can be even remotely comfortable.

We asked them in the diaries if they slept well, but it was a naive question for us to ask. The response indicated not how well they, in fact, slept, but reflected their ideas and feelings about themselves. The responses to how well they slept and the rating on the scale of how their spirits were that day almost always coincided—the two are, apparently, ways of asking the same question.

Interestingly enough, San Diego SRO residents seldom form eating groups. Although they sometimes meet in restaurants and eat together—usually not by appointment—they almost never leave the hotel together to go out to eat. Occasionally it happens, but it surprised our middle-class observers that it happens so seldom.

It may be true that there is some undernourishment among our SRO inhabitants, but we are convinced that it more often arises from carelessness or ignorance than from lack of funds. Those who eat badly spend as much as those who eat well—but they spend it on pie and coffee and doughnuts rather than on protein and vegetables. The complex of lending money means that few people have to go hungry for want of money, although some go to the missions where they can get a meal after sitting through a service, or to the 50-percent lunch run by the Presbyterian Church. There is a sandwich line in the neighborhood, run by the local Catholic Church. About 3 in the afternoon, sandwiches—usually peanut butter and jelly—are handed out of a small window, one sandwich to each person in line. Anybody who wants more than one sandwich returns to the end of the line and gets it if there are enough sandwiches made up. Some few men take advantage of this line often; most of them never. But this kind of “iron rations” is available.

ROBERT JORGEN, DIRECTOR, OFFICE OF SPECIAL HOUSING SERVICES,  
NEW YORK CITY

. . . our present population . . . [finds] it most difficult to deal with society and its systems and are most likely to have insufficient financial, medical, and psychiatric care. Added to the elderly that I have described came an increase in the problem populations that most often require the interest and services of my office. They are not the benign elderly. They are simply former addicts, exconvicts, alcoholics, the mentally ill, or physically disabled people who have grown old. Age itself is not chronological. Some of our clients appear to be 70 when they are actually in their forties. Many of them do not fit into senior citizen centers nor other programs for the elderly. They recognize this and are not inclined to even try to use services where they feel unwelcome. They are regarded as a greater threat to the surrounding community.

ELAINE BERLIN, DIRECTOR, MAYOR'S OFFICE ON SINGLE ROOM  
OCCUPANCY HOUSING, NEW YORK CITY

It also helps to understand the SRO elderly who are not our benign gray-haired grandmothers and grandfathers. The alcoholic also gets old, the violent get old, ex-mental patients get old. Consequently, the elderly SRO population has more than just the expected problems associated with age.

## B. WHERE DO THEY LIVE?

ROBERT JORGEN

. . . [In] my first experience with the SRO population . . . I learned that an SRO is a building in which apartments have been converted into multidwelling units with community kitchens and bathroom facilities. In the common usage of our world, it includes literal SRO's as well as roominghouses and lower priced hotels; in fact, all lower priced, single-room dwelling places occupied by poor people.

The growth of the current SRO problem is multifaceted, and I believe that it relates in New York to the movement of a middle-class hotel population out of the city, resulting in high vacancy rates, general deterioration, and in no funding, planning, or interest in planning or providing decent housing for the single person. On the west side of Manhattan particularly, small roominghouses were bought up to be turned into apartments or one-family homes.

While the greatest number of these buildings are physically sound, their deterioration is usually nonstructural. Peeling paint, bad plumbing, infestation, and filth are the common denominators. The weaker the tenants, the worse the conditions.

Experientially, and in the studies that we have done in the office of special housing services, of which I am the director, we have found a key factor is hotel management. It is management's decision as to whom they will accept in their hotel. There is a definite correlation between a hotel that is selective in choosing its residents and the physical conditions in the building. The selective manager will have a better run and better maintained facility. The nonselective manager

will take advantage of all the weaknesses of his tenants and provide the least possible service and security. He may even be a part of criminal activities, which emanate from or take place in the hotel. In the worst hotels, there is a large trafficking in drugs as well as in wine and liquor. Usury is a common practice.

SHIRLEY SILVERBERG, SPECIAL ASSISTANT FOR COMMUNITY AFFAIRS, TO THE EXECUTIVE VICE PRESIDENT, ROOSEVELT HOSPITAL, NEW YORK CITY

The failures that I have experienced in SRO projects resulted from the landlords' unwillingness to cooperate with the project. And since the staff are guests in a privately owned building, no service plan can operate when the door is closed. I should also mention that management can be extremely helpful in the planning stage of a project. The desk clerks and the maids can usually identify with extreme accuracy those who occupy leadership positions and those who are most in need of services. They can supply background material which becomes very important to the program planner—material, not as case history, but rather as an indication of the interest and needs of the tenants.

So the first requirement, as I see it, for a service model for a problem SRO needs to be a long-time commitment for the project and, as a second proviso, let me suggest that—it's axiomatic—no such project can be successful without the active cooperation of management. I emphasize "active cooperation" since token cooperation may be even more destructive than no cooperation at all. Active cooperation means that both want to improve the climate of the hotel and are willing to sit down and see how this can be accomplished.

SISTER JEAN PATRICE GOLDEN, COUNCIL OF SOCIAL AFFAIRS, SENIOR CITIZENS OFFICE, CALGARY, ALBERTA, CANADA

We constantly try to work with the managers of the buildings, and we also try to find out who the owners of the buildings are. Then we sit down and talk to them and try to get them to bring their buildings up to the city standards; in some we have been very successful. In one of the buildings the owners spent \$60,000 in bringing it up to code level. In the building that I mentioned before, they spent some money but only on things that are absolutely necessary. For instance, the city had the gas company shut off the gas as the situation was dangerous—so they put in new lines.

PAUL BOHANNAN

Perhaps the most important single fact of the SRO hotels is that the hotel staff itself—the formal organization of the hotel—provides the backbone of most social relationships. Some SRO dwellers found their hotels because they needed the kind of security and dependability that having somebody "at the desk" provides. One woman SRO dweller came into the hotels 12 years ago because she became afraid in her apartment. To her, the fact that there are sometimes robberies and muggings in the area, and even in the hotel, is of less importance than the security of having somebody who will answer the telephone if she picks it up and can provide immediate assistance.

In short, the hotel staffs provide the kind of formal organization

that can take responsibility for many of the aspects of the life of the SRO resident.

The people who work in these hotels have two major sources of rewards, besides their salaries: They have a lot of opportunity to help their "guests," and they have a lot of power over them. The manager can be, and often is, a source of stability, of credit, and of emotional support. But managers are also seen sometimes to be capricious. The manager can refuse to let you continue to stay on—and that means that you have to find somewhere to go. The manager can and may control whom you see, the hours of your visitors, and even the hours of your coming and going. In the retirement hotels that we have studied as control groups for our SRO's—and they contain many more women than men—the old women tend to be afraid of the managers, to stay out of their way, and to make themselves as scarce as possible.

The maids in the hotels come into firsthand contact with the guests, and they spread a great deal more information than do the clerks—if one can put it so; their standards of maintaining everybody's business separately are not as high as those of clerks. But, then, perhaps they also have more intimate details about the lives of the residents.

### 3. LINKING UP WITH ESSENTIAL SERVICES

ELAINE BERLIN

Social services, specialized unique services geared with particular attention to the special needs of this population, are the single most important factor in improving the lifestyle of the SRO population. I would suggest that you make a survey of the services available to the SRO tenants in your city. These may include programs for the elderly, recreational programs, and medical services. Investigate how these programs are being utilized by the SRO tenant, and if they are not—why not? We have found that programs only a few blocks from where SRO tenants live are not utilized. Frequently the SRO tenants are unsightly, dirty, may show signs of drinking. Consequently, they are poorly treated when they attempt to avail themselves of services. Often they are simply not able to deal with the established routine or bureaucratic requirements. In general, SRO people mistrust the system and make no attempt to deal with it. These factors contribute to the recognition of the need for onsite services. Even with service programs right in their own buildings, tenants do not always take advantage of them. The workers in every program do intensive outreach.

Since most of these tenants can benefit from assistance in various aspects of their lives, there is an unlimited variety of services which can be brought to them: practical help with SSI, welfare, or pension checks; medical and mental health services, recreation, counseling, alcoholic counseling, assistance into a rehabilitation program for addicts. Workers in programs respond to the specific needs of the tenants in a given building. It is a long process with setbacks, disappointments, and frustration. It takes a long time for tenants to develop trust and confidence in the workers. Our programs have been in existence long enough to now evaluate their enormous success and the extent to

which they improve the life of the SRO tenants. We only regret that our resources do not permit us to establish onsite programs in every SRO. Onsite service programs with various components are the ideal, but they are not always possible. We have other types of service programs. In Murray Hill and in Brooklyn Heights, there are centers set up in a central location near a concentrated group of SRO's. They do not sit and wait hopefully for SRO tenants to find them, but go into the SRO's to do outreach; they help the tenant recognize that they are there to either provide services or to assist them in utilizing other nearby services. Since they are geared primarily to the SRO tenants, and both of these programs primarily to SRO elderly, they work to overcome the problems which discourage SRO tenants from using conventional services.

It is necessary to explore, to reach out, and again to educate groups who can provide needed services for this population. The hospitals in New York, working in onsite programs, provide excellent services, but in many instances the emergency room treatment received by the SRO tenant in that same hospital may be another matter.

#### ROBERT JORGENSEN

Often our established programs are underbudgeted by the local or Federal welfare system, and this must be negotiated for them. They begin by working with the hard problems of the individual tenants, including the need of professional medical and psychiatric care. Doctors, nurses, and professional counselors are provided. Project coordinators act as a liaison between landlord and tenant, pressuring landlords to make needed repairs and provide necessary services, while helping tenants to maintain the improved conditions when repairs are made. This is a population that does not believe in promises.

We believe in a generalist team approach which includes a full-time project coordinator working with multiagency interdisciplinary team members. A visiting nurse may turn out to be the best counselor for one individual's particular problems; it may be the social worker who can convince the client to take prescribed medication or accept medical care.

#### SHIRLEY SILVERBERG

Theoretically, meeting the service needs of the SRO is possible and at not too great a cost. Practically, however, our society has other priorities. We do not always have the backdrop against which we would like to see our services take place. For example, I believe that one of the major service needs of the SRO tenant is decent housing. It is very difficult, as you have seen in the Endicott movie, to bring health services to a population that is plagued with leaks, cockroaches, and stuffed up toilets. And so I suggest that what we need to do as workers is to look at what may constitute good, obtainable housing for the elderly SRO tenant. And, incidentally, to rid ourselves of prejudices since good housing may not always be the apartment-type housing to which we have become accustomed.

However, I will add that every SRO worker needs to pay attention to the housing problems the SRO tenant experiences. The worker needs to be aware of what tools exist to remedy these problems.

And those tools range from administrative and legislative remedies to the workers' own relationships and the programs's clout with the landlord.

Since no program answers all the needs of the elderly, anyone planning or implementing an SRO program should look at existing resources, how and to what extent the resources can be expanded, and the particular problems to which the program wishes to respond. There is more than one existing model and the different models serve different purposes. Therefore, we begin, as we do all other programs, with two main questions: What do we want to accomplish? What will we accept as a mark of that accomplishment?

Once the need for such a treatment model has been decided, I should like to suggest a series of provisos that go along with it. It's almost impossible to take on such a program on a time-limited basis. The SRO buildings—the SRO tenants who need such programs—suffer from chronic problems that can't be handled in 6 months or a year. So the decision to sponsor such an SRO program is a longtime commitment, and if funding is limited to short periods—possibly 1 year—this is not a model to adopt.

I should like to briefly describe a team operating out of Roosevelt Hospital not designed solely for SRO tenants but easily adaptable to that set of needs. It is essentially an intervention team which includes social workers, psychiatric nurses, paraprofessionals, alcoholism counselors, and a psychiatrist (serving an entire catchment area). The particular staffing with its emphasis on mental health may not be the particular staffing you will require.

Your focus may be on physical rather than mental health, in which case you will require the services not of a psychiatrist but a primary care physician. In any event, you will probably need an outreach team that can respond to problems, assess the situation, bring the necessary services, or arrange for access to that service. The benefits of such a model are many: You can serve many SRO's, provide service over a wider geographical area, and, if you wish, function with narrow eligibility requirements. In such a program, prime contacts are briefer, though, and necessarily less meaningful; the team which is used for crisis intervention may limit contacts to a period of not more than 3 weeks, but the contacts with the same SRO resident may be repeated for varying crises over a longer time period. You'll probably need less support, at least psychologically, for your staff members, and it may be a less cumbersome program to administer. I'm not going to spend time talking on how to publicize such a program. I'm sure you are all aware of how to do this. The problem of getting existing resources to respond is a more difficult one. Nor can I suggest sure-fire ways of doing this.

How do you get the medical doctor to go out to an SRO when he doesn't even make the usual house calls? You begin to make connections in many ways. You may start by using the semiretired or retired physician, or the medical student who, as part of his training, is expected to do a home visit. The hospital chaplain or social worker may serve as interpreter of the health needs of the elderly SRO resident. And with the mobile team—the kind that I've described—the worker who brings the patient to the local hospital or the welfare office or the settlement house or the social agency begins to make

staff liaisons and, more important, to do his share of professional conscious raising. This is the beginning.

In the problem-ridden SRO such as I have been describing, the tenant population has so many diverse needs—problems of poor housing, income maintenance, poor health, physical and mental isolation and loneliness, difficulties with the problems of daily living—that it is my opinion that no one agency can answer all the needs. I am firmly convinced that the most effective way to service such SRO's is through a consortium of agencies which have not only expertise in different areas, but often mandated responsibilities for certain services. Along with a consortium, and what may seem to be directly contradictory, I do believe that the staff of these different agencies can work most effectively if they work as generalists and not only as experts in their own narrower fields.

For the SRO tenant, there are different kinds of patterns. I know, for example, in one SRO we had about six or seven tenants who moved out to some very good housing for the elderly where they also had social services as well. It had a senior center in the main part of the building.

Those people moved, oddly enough, and came back because they were lonely. And I suddenly realized that in an SRO people live in the hallways and in the lobbies. That's where life goes on. Whereas in an apartment house, life really goes on behind a closed door.

#### SISTER JEAN GOLDEN

As we began to work in the area we found that hospitals really did not realize the conditions to which these people were returning. This became one of our first jobs, to explain to hospitals that the elderly coming from our area have absolutely no one to care for them when they are released. We began a program of always contacting the hospital social worker if one of our elderly people was in the hospital to describe the conditions this patient would be returning to. This contact got hospitals to reciprocate by notifying us when the patient was going to be released. We can then make the necessary interagency arrangements to care for them when they come home.

ROBERTA SPOHN, DEPUTY COMMISSIONER, DEPARTMENT FOR THE AGING, NEW YORK CITY

SRO aged need life support services—income, health, and housing assistance. It is essential that staff be totally familiar with the entitlements for all income support and health benefits in their communities. Their clients should apply for SSI and medicaid. They should insist on fair hearings when disability is challenged. They should have a backup legal service to represent their clients.

The goal of integrating the mentally frail or disturbed acting-out aged into a community-based nutrition program should be carefully explored. In one community a domiciliary care facility for mental hospital dischargees introduced many of its residents to a local nutrition program. There were difficult adjustment problems for the residents and considerable anger and resentment from the members. We suspect that it requires careful programing to support such a venture. It may also be that the more intact well aged may be driven out of the

program. We have received requests for training from our sponsors in handling the severely disturbed aged who no longer are hospitalized in State institutions and are receiving no public support from the mental health community.

For you who are committed to providing services for the aged SRO population, it is essential that you know the Older Americans Act, particularly titles III and VII, as well as titles XIX and XX of the social security law and the income support programs in your State. The State department and its local departments of social services must develop an annual plan for title XX money. There must be a public hearing. Older Americans Act moneys are generally administered through area agencies on aging which operate under a similar mandate for planning and public hearings. Under title XX, 50 percent of the services must go to SSI or welfare eligible populations. Case management, counseling, and protective services may all be funded under this act. In addition—and this has been particularly valuable in New York City—senior centers which include nutrition, recreation, socialization, and information and referral can be funded under title XX. The Older Americans Act provides for nutrition programs in congregate settings under title VII and social services under title III. Strong advocates of services to SRO's should submit proposals for AoA funds for their clients.

In closing, I must reemphasize the advocate role of program developers. If you are determined to provide services for the SRO population, you must divert funds or utilize programs from many sources. Community, mental health, alcoholism, drugs, nutrition, medicaid, medicare, title XX, title III, title VII, and on and on must be mined. Integrated services and joint funding is the only way to develop a comprehensive program.

#### 4. THE SRO AS PART OF A COMMUNITY

ELAINE BERLIN

My office, the Mayor's Office on SRO Housing, was created in 1972 with the following purpose: "Coordinate the work of social service agencies, local health care facilities, housing departments, the police, and courts, to aid the residents in SRO facilities by providing on-site services and upgrading living conditions."

To the best of my knowledge, New York is the only city with a government office devoted exclusively to the SRO's and their tenants. How did it all begin? It was the result of intense community pressure from concerned, informed citizens who recognized not only the negative impact of the SRO's on a community, but also the tragic lifestyles of the people living in these buildings.

At first, many community people saw the SRO's and their tenants as a danger and a threat to be eliminated. Fortunately, there were a few who recognized this as a population in need of help and services. These few people were able to interest others—to involve local legislators and, in some instances, to motivate the media to recognize various aspects of the SRO problems and the needs of the tenants in these buildings.

The Endicott Hotel, which you saw in the movie today, came sharply to public attention in 1967. Crime problems were growing

and spilling into the surrounding neighborhood. The hotel housed drug addicts, alcoholics, and prostitutes. Homicides were commonplace; there was a demand for the city to close the building as a public nuisance. The director of the nearest welfare center, Lillian Zerwick, decided that a concentrated effort should be made to improve the social conditions in the hotel, rather than to close it and displace the hundreds of people who lived there. She recognized what closing the building would mean to those tenants who were the most vulnerable. This noncriminal population, who had suffered most from living side by side with the more dangerous, antisocial population, would also be the ones who would suffer most if forced to relocate. She also recognized that closing the building did not solve the problem, but simply would reestablish it in another area. Ms. Zerwick began an intensive recruitment and educational process. She enlisted the help of those few community people who had already come to understand that this was not just a blight on the neighborhood, but a sad and difficult living situation for the tenants themselves. Her belief convinced others that an intensive, concentrated service program could radically improve this situation. She met with representatives from the community and from other agencies—city and private. Out of their efforts came the first multiservice, on-site program in a New York SRO. This first major step came about because one woman was determined, informed, and effective, and was able to recruit others. The program was and is a success.

For any effective progress to be made it is always important to keep in mind the two needs of the SRO population: housing and service. Both aspects must be dealt with. Social problems are not solved by better living conditions alone, but substandard housing exacerbates the frustrations and discouragement of the tenants and will be reflected in their antisocial behavior. Recognition is the essential step. The SRO facility and its population exist and will continue to exist.

Start with your own agency. Look to local community groups who are directly affected by the problem: private and/or public agencies, churches, good government groups, civic organizations and, if all else fails, two or three people.

The media may also be a helpful tool in bringing the entire problem into focus. Newspapers and television news may cover newsworthy events, but will often focus on the sensational aspects. It is up to you to enlist aid in presenting the SRO's, and the problems of the population within, in a realistic manner. How you work with local media people will depend to a great extent on who you are and what you are trying to accomplish.

Housing standards in New York City are governed by various codes and laws. One thing you will need to do is familiarize yourself with comparable codes and regulations in your city. In examining the local codes and regulations, be sure you look in two directions. One is for those laws which exercise jurisdiction over the physical conditions of the buildings, and the second is for any laws which guarantee rights to tenants. In New York we have both rent control and rent stabilization which do protect certain rights and are applicable to most SRO tenants. If such laws exist, legal services lawyers often represent SRO tenants.

Once you are familiar with the existing codes and which city agency is responsible, it is then necessary to bring pressure on these agencies to give their attention to the SRO's. You cannot assume that a routine call with a complaint will be sufficient. Again the pressure group is of major importance. If you do not get the desired response from a given agency, then go to the head of that agency or, if need be, to the mayor. If there is a total lack of cooperation, a community group might want to bring that to the attention of local media. I am sure every city has a body of codes and regulations which, if enforced, could improve the physical conditions of the buildings. The first priority is to bring pressure which will result in enforcement and, second, to lobby for additional codes which will impact upon the SRO problems.

As inadequate as most of the SRO housing is, it is at the present all that exists. The single biggest problem seems to be the closing of SRO buildings. This is usually done suddenly with little or no thought for the tenants of these buildings. They are often literally pushed into the street, as if they were less than human. Each such closing causes hardship and lowering of the standard of living for the tenant because the next place is usually more expensive. Their rent goes up but their income does not. We are confronted regularly with conflicting and legitimate problems. An area may be designated for urban renewal and the SRO buildings and their tenants stand in the way. Problems emanating from the buildings may become too much or too concentrated for a community to live with. A landlord, finding that he can make better use of this property in another manner, may close the building. What do we do? There are no simple answers or formula. Each city, each area, and each building presents its own unique set of circumstances. Sometimes all we can do is minimize, to whatever extent we can, the trauma to the tenants forced to relocate. The answers must lie in long-range planning for this population for a variety of alternative housing plans which include the planning for social services.

We must use all the available expertise and allocate the necessary resources to attack this problem. The educational process may begin with a few people in each of our communities, but it must expand until the needs of the SRO population are understood by local, State, and Federal agencies who can solve the problems and meet the needs of this helpless, vulnerable population.

SISTER JEAN GOLDEN

. . . [We have a] responsibility to reeducate the community to the needs of the elderly. No one knows that the SRO's really exist—that is why we call them the invisible elderly. If I talk to people outside of our area, they are startled to find out that there are people living in the old hotels or living over the stores in which they shop. This never comes to their attention and they have never thought about the living that goes on there. So I see the necessity for a real dedication and acceptance of a responsibility to see that we who are working with the SRO elderly are ready to talk about it; to take the opportunity to speak before civic people; to talk before churches and any groups that will listen. Our office never refuses to speak. We also never refuse to give an interview—we have spoken on TV and radio stations

a number of times. Any time a newspaper contacts us we are very willing to talk about SRO's.

#### SHIRLEY SILVERBERG

We were involved again in a very detailed study of what happens to the elderly when they are relocated to the same neighborhood and, indeed, to the very same block. When a tenement house was destroyed—and new housing was put up on the same block—we looked at what happened to the elderly people who moved from their old building to the new building. We found some very destructive things happening. They just could not get used to new spacial arrangements. Even though it was the same block, there was a terrible adjustment problem and there was a higher incidence of deterioration than may have occurred if they had been left where they were. . . .

#### ROBERT JORGENSEN

From the inception of the program, the community is involved. Block associations and community boards are contacted. We seek the assistance of churches and charitable groups. Usually, we are able to bring one or two sympathetic members of the community in to see the hotel and slowly they and other kindly neighbors see the tenants as the victims of society rather than as victimizers. In one particular hotel, the local block association provides dinners and parties for all holidays . . . . As the self-image of tenants improves and as the community begins to accept them, there can be and is an integrating of this population into the block and the neighborhood.

### 5. HAVE SRO'S A FUTURE?

#### PAUL BOHANNAN

Perhaps the most important thing we have learned about this population is that they exist, that they are disabled, and that they are coping. It is important to repeat that not just anybody can become an SRO. Middle-class people who discover the SRO and empathize with the inhabitants and fear for their own future had better look a little more closely, for few of them will ever end up there. The SRO residents are populations of the psychically or physically handicapped. They are by and large people to whom life has been unduly harsh.

By far the largest proportion of SRO dwellers that we know are people who cannot or will not invest themselves in other people. They are incapable of—or at least unwilling to—establish intimate relations, with anybody.

But, the people in the SRO's have found a place where they can cope, at least minimally—or, failing that, where somehow or other they will be taken care of.

We need to know how many more senior Americans might choose SRO's, modified a little perhaps, but with its choices left intact—choices about where I live and who I talk to and what and where I eat—so that one can still have the dignity of making one's own decisions and, no matter how poverty stricken, of paying one's own way out of pensions or social security.

## ROBERT JORGEN

In no way do we feel that we can "cure" or totally change our clientele. The future SRO tenant as I have described him or her, is not going to disappear. As we sit here together, they are now being born in the slums of this country with family and social problems that defeat them at birth and guarantee they will end up in a backroom of a building unfit for human habitation. In the sixties, we had hopes that by developing outreach service programs, we could modify the lifestyle of SRO's and that we could expand our services and make life at least liveable for these unfortunate people. We have made strides in this direction and we have been able to make certain hotels acceptable to the community and liveable for its tenancy.

## ELAINE BERLIN

While we concern ourselves with the day-to-day improvements of the SRO tenants' lives, we must keep in sight longer range goals. Historically, there has been almost no planning done for the single population. At the turn of the century, lodging houses were built for the young workingman migrating to the city. YMCA's were built to serve the same purpose and for low-cost accommodations for a temporary stay in the city. For the slightly more affluent, there were residential hotels. There has never been real planning or building for the less-than-affluent, nonyoung, nonworking population. Federal housing programs have always been geared to the family. Only in recent years has more attention been given to the elderly population. As a result, the single, poor population has been forced to live in housing built for another purpose, after it has deteriorated so that it is no longer adequate for its original purpose. Logically, it is not adequate for the purpose it now serves.

## SHIRLEY SILVERBERG

Certain SRO buildings have become catchalls for problem people in the neighborhood. You can get a conglomeration of all the difficulties that exist in our society in an SRO.

We don't have to change the lifestyle of the SRO tenant, but maybe we have to change his housing stock or some of the things that go with it.

## 6. THE FEDERAL HOUSING PROGRAM AND ITS RESPONSE TO THE NEEDS OF THE SRO ELDERLY RESIDENTS

One of the major concerns of the second SRO conference was the responsiveness of Federal housing programs toward meeting the needs of the SRO resident.

A state-of-the-art paper was presented by Carroll Kowal, office of special purpose housing, Housing and Development Administration of New York City.

Reacting to Ms. Kowal's comments were Helen Holt, Assistant to the Secretary for Programs for the Elderly and Handicapped, U.S. Department of Housing and Urban Development; Diana McIver, professional staff member, U.S. Senate Special Committee on Aging;

and Peter Paulson, director, Northwest Pilot Project, Portland, Oreg. Their comments focused on the departmental, legislative, and community perspectives respectively.

Excerpts from this session follow.

#### A. HOUSING GOALS AND HOUSING PATTERNS

CARROLL KOWAL

For 100 years of housing history the existence of tenants in furnished single rooms has been documented and studied. Throughout this long history, first in the housing reform movement and then through all of the subsequent progression of emerging housing codes, slum clearance, urban renewal, community development, and the proliferation of subsidized housing programs, these tenants were always the evictees and relocatees as their housing was eliminated. The furnished room population and their pattern of shelter to this day remain outside of the mainstream of housing programs. This single, low-income population reside in the furnished rooms of rooming houses, hotels, or apartments converted to single rooms—buildings which have come to be known as SRO's (single room occupancy buildings). Hence the term "SRO population."

The elimination of the only existing housing appropriate to meet the needs of SRO elderly is a widespread trend across the country, accepted and encouraged by public policy based on the myth of "transient" and "substandard." The prohibition on use of Federal funds for SRO housing, combined with the forces of public renewal, private redevelopment, and new local codes (all programs aimed at "upgrading" housing and neighborhoods), make it virtually impossible to stem this trend. It is, therefore, a matter of urgency that our housing programs, local and Federal, be reassessed from the standpoint of this group of elderly—heretofore ignored in the evolution of government housing programs.

The Housing and Community Development Act (HCDA) of 1974 gives us new tools. We must look at these opportunities closely and begin to take advantage of them while we, at the same time, join forces in a national coalition to remove from our Federal housing laws the remaining vestiges of discrimination against SRO tenants and SRO housing. What are the relevant provisions of this law, how can they be utilized, and what further changes in public policy are required?

HELEN HOLT

In 1949, the Congress declared that the general welfare and security of the Nation, and the health and living standards of its people, require housing production and related community development sufficient to eliminate substandard and other inadequate housing and bring about the realization, as soon as feasible, of the goal of a decent home and a suitable living environment for every American family. Neither the Congress nor the Department of Housing and Urban Development has ever waivered from that declaration. In fact, it has been reaffirmed many times by both the legislative and executive branches of our Government.

The problems of aging in general, and the myriad housing needs of the elderly in particular, are continual concerns of my Department. And if our Federal housing policies and programs may be described as not encouraging the use of SRO facilities as an alternative housing resource, there are, I believe, sound reasons for this. However, that is not to say that our policies in this respect are not open to review and debate.

The mandate of my Department is to work toward the provision of a decent housing and a suitable living environment. We have interpreted this to mean a quality living environment—one which does not impinge on the basic dignity to which each individual, regardless of his economic capacity, is entitled.

We, therefore, feel our obligation is not to subsidize or encourage the establishment of a housing environment which is in any way inferior in those standards of quality which our society has come to expect from the public as well as the private sector.

PETER PAULSON

The nature of dignity, in my opinion, requires a place—a sanctuary—we can call our own. It does not mean privacy, but a place where we can withdraw from the world and find our rest.

In speaking to the housing problems of the so-called single room occupant, we need to be mindful that such citizens do not own estates, stocks, or precious possessions. What possessions they have are often carried with them. To "own a room," however, where rent can be paid with dignity, and where institutionalism is not involved, can be most precious to an individual.

## B. THE HOUSING ASSISTANCE PLAN: A TOOL FOR ACTION

CARROLL KOWAL

The 1974 act, for the first time in the history of housing legislation, requires local communities to identify and specify the housing needs of low-income families, and to formulate a plan of how the local community will meet that need. Unless this is done, a community may not receive block grants for community development. This housing assistance plan must include reference to the elderly, identifying their specific needs by type of housing and location. The requirement is for a plan which:

- (A) Accurately surveys the condition of the housing stock in the community and assesses the housing assistance needs of low-income persons, including elderly;
- (B) Specifies a realistic annual goal for the number of dwelling units or persons to be assisted, including (i) the relative proportion of new, rehabilitated, and existed dwelling units, and (ii) the sizes and types of housing projects and assistance best suited to the needs of lower income persons in the community; and
- (C) Indicates the general locations of proposed housing.<sup>2</sup>

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<sup>2</sup> Housing and Community Development Act of 1974, title I, sec. 104(a)(4).

The Federal Government has opened the door. It rests with local communities concerned with the elderly in SRO's to go through that door. Through the process of citizen participation, also required by HCDA, it is now possible to bring to the attention of local governments, the special needs of SRO elderly, the kind of housing they require, and the geographic areas in which that housing should be planned. As local governments prepare their housing assistance plans, it is up to the advocates for housing for the elderly to see that the long-neglected group who live in SRO's are also included. Although in most cases the HAP will specify housing type only in terms of new construction or rehab, the required community hearings can be used as a political platform for demanding the commitment of local governments to reverse policies aimed at eliminating a type of housing that meets a continuing need—the furnished room.

In connection with this, another significant feature of HCDA is the amendment to the national housing goal. The act of 1974 adds to that goal the preservation of existing housing and neighborhoods.

The Congress further finds that policies designed to contribute to the achievement of the national housing goal have not directed sufficient attention and resources to the preservation of existing housing and neighborhoods.<sup>3</sup>

Congress, therefore, directed greater effort "through such measures as housing preservation, moderate rehabilitation and improvements in housing management, and maintenance in conjunction with the provision of adequate municipal services."<sup>4</sup> Structurally sound SRO's, whether they be downtown hotels or roominghouses in residential areas, do not need to be eliminated and replaced by new construction, nor do they need to be converted to self-contained apartments. At far less cost, these buildings can be upgraded and improved, but continued as SRO's because they meet a housing need that will always exist among some of our aged citizens.

The first battle then is a matter of local public policy: To identify within the local housing plan the needs of elderly in SRO's and, further, to specify the upgrading of SRO's in certain geographic areas as the plan for meeting that need, as against total destruction of this housing stock. This first step is crucial since section 213 of HCDA specifies that no Federal funds for housing low-income persons will be approved by HUD unless the application for those funds is deemed consistent with the local HAP.<sup>5</sup>

#### DIANA MCIVER

Obviously our past Federal policy of demolishing inner-city housing has been devastating to SRO residents, and the preservation emphasis added in the 1974 act should be of some relief. I fear, though, if we leave this conference talking about the problems in SRO's, the Federal reaction will be that all SRO's are bad and must be demolished—and we will return to the old policy of dealing with these "undesirable neighborhoods" through their demise. We must make clear the point that while SRO residents do not choose to be

<sup>3</sup> HCDA 1974, title VIII, section 801(2)(b).

<sup>4</sup> HCDA 1974, title VIII, section 801(2)(c).

<sup>5</sup> See footnote 9.

poor, ill-housed, and hungry, most of them choose to live in single-room quarters.

### C. SECTION 8—ARE SRO's IN ITS FUTURE?

CARROLL KOWAL

HCDA, in 1974, introduced a new concept of rent subsidy, whereby eligible low-income tenants in units leased by local housing agencies pays 25 percent of income for rent and the Federal Government subsidizes the rest. Section 8 can apply to either existing housing or to new or rehabilitated housing. First let us consider what might be done in existing housing using section 8. One of the dilemmas facing SRO landlords is that the operating costs have escalated, whereas the rent-paying ability of elderly tenants has remained very limited. Certainly the economic constraints of social security and SSI are well known. What is not so clearly known is that operating costs of SRO's are increasing at a faster rate than other types of housing because of the labor-intensive factor of hotel service (desk, telephone, linens, cleaning, etc.). Caught in a bind, landlords may begin to defer maintenance, but even more probable is a reduction in services, since what is unique to the economics of SRO's is the cost of services. When these are cut, the very nature of this type of housing compounds the burden for the tenant.

To illustrate, take linen service as an example. This is an area of services that frequently gets cut to reduce cost. Not only is the laundry an expense item, but the labor cost of maids to deliver linens is a factor. When this service is eliminated, the elderly tenant, who usually has no linens of his own, must first make a purchase out of his meager, fixed income. Then, since the facilities for laundry do not exist in buildings designed for nonhousekeeping use, the tenant must find commercial laundries. In some neighborhoods—particularly downtown areas—this becomes difficult without carfare. Thus, a service which was included in rents is now discontinued and the entire financial cost and physical burden is shifted to the tenant least able to cope. Obviously, the solution is not to rip the building down. However, without a system of rent subsidization to allow the continued operation of SRO's on a viable economic base for low-income persons, we can expect to see an increasing number of these buildings sold and demolished or converted for other use. Section 8 for existing housing offers a potential for the necessary flexibility in rents to meet current costs. It also affords a potential incentive for landlords to make repairs and maintain services in order to qualify for leasing under the section 8 program, thus guarantee continued occupancy of stable tenants at necessary rents.

In addition to existing housing, section 8 may be used for rehabilitation. For upgrading to comply with new codes, modernization of mechanical equipment and plumbing facilities, or other capital improvements to improve housing conditions, section 8 provides a mechanism for restructuring the rents to pay for those improvements without forcing out the low-income tenants. Furthermore, the painful process of relocation during such renovations can be avoided if the rehabilitation does not require the total conversion from rooming units to self-contained apartments.

However, the regulations for section 8 preclude the use of this Federal rental assistance program for single-room-occupancy buildings. Under the regulations for existing housing, units must be "decent, safe, and sanitary" in order to be eligible for leasing. These units are then specified as "dwelling units"—that is, self-contained apartments with sanitary facilities and cooking facilities for each unit—unlike the rooming unit of single room occupancy. Thus, SRO's are ineligible for section 8—existing housing.

For rehabilitated SRO housing, section 8 is also prohibited by regulations which require that such housing meet HUD minimum property standards. Not only does the MPS require self-contained units, but the standards in other respects are such as to virtually preclude the use of existing SRO's without major or gut rehabilitation, which is both costly and contrary to the goal of providing the kind of housing that most appropriately meets the needs of elderly persons in furnished rooms.

The only exception to the requirements under section 8 are in the case of congregate housing. Congregate housing is particularly encouraged for elderly. However, congregate housing is defined in law as meaning housing that provides central dining, in which case individual kitchens are not necessary. If we are talking about developing housing in keeping with the lifestyle of SRO elderly, the central dining requirements are contrary to that goal. For the typical roominghouse population, accustomed to eating in neighborhood restaurants or cafes, the requirement of eating in a central dining room as part of a room-and-board package is as inconsistent as is the housekeeping requirements of the self-contained unit.

Thus, a second effort in order to preserve and improve appropriate housing for SRO elderly must be directed toward the Federal Government, to both HUD and Congress, to modify housing standards to allow the use of SRO's under the section 8 subsidy. In part the problem is regulatory; in part it is statutory. Both HUD and Congress must address their attention to the fact that SRO's are a necessary type of housing for those who choose and need that kind of living. Our definitions of housing and our concepts of standards must acknowledge this need.

HELEN HOLT

One of the program features of section 8 (and all other HUD-FHA programs as well) which is of particular relevance to our discussion here today, is the provision of congregate facilities. We use the term "congregate housing" to refer to projects in which some or all of the dwelling units do not have full kitchens—where the residents are served by a central kitchen and dining facility. This arrangement permits some of the conveniences and economies of communal living to be built into HUD-assisted rental projects. It also recognizes the importance of proper nutrition to the physical and mental well-being of older persons.

Another important program feature is that eligibility for section 8 assistance has been expanded to include two or more unrelated elderly or handicapped persons.

Finally—and this is very important—there are provisions within the section 8 program for single room occupancy. At the present time, the

Department's general policy is to require a private bathroom for each unit. But as I said earlier, our policies are open to review, and the policy and technical standards personnel from our Production Division are planning to undertake a review of the current minimum property standards requirements, with particular emphasis on what changes may be necessary in order to facilitate the use of HUD programs to provide group housing for unrelated persons. I am referring here specifically to group homes for the mentally retarded; but we also plan to include a further review of such policies and standards with regard to facilities that might be used for the SRO.

A word of caution, however: no changes in the minimum property standards will be permitted if they would result in an unacceptable compromise of the right of the individual to a quality housing environment.

DIANA MCIVER

Recently, during consideration of the Housing Amendments of 1976, the Senate adopted provisions which would allow single, nonelderly persons to participate in section 8 and public housing programs. Although this was a breakthrough to some degree, it still lays out clearly the priorities: while it allows single, nonelderly persons to be eligible for public housing and section 8, it also makes perfectly clear that first priority will be given to single persons who are elderly, handicapped, or displaced, and, further, that single persons (other than those listed above) cannot occupy more than 10 percent of the units.

Even if this provision becomes law,<sup>6</sup> in most communities single, nonelderly persons will not be housed under these programs.

Further, although the Congress approved congregate housing in the 1970 Housing Act, language that would have also permitted dormitory facilities, shared bathrooms, and other savings unfortunately was deleted from the final report that accompanied the 1970 bill.

HUD has defined minimum property standards. While these may have more flexibility than has been demonstrated, HUD policy in funding programs has been to fund self-contained units with exceptions only for facilities with congregate dining. To make these standards truly functional for SRO's, you will need to: (1) Convince HUD to apply a more liberal interpretation to the MPS—by allowing shared bath and kitchen facilities or, possibly, no kitchen facilities, or (2) get legislation through the Congress to change the standards for such construction or to encourage waivers.

#### D. FINANCING IMPROVEMENTS IN THE PHYSICAL STRUCTURE

CARROLL KOWAL

Section 8 takes care of the necessary rent subsidies for low-income persons in improved housing. But the money to pay for the improvements must be obtained from other sources. Direct Federal loans and mortgage insurance are available from HUD for housing for the elderly. Currently 100-percent loans are available only to nonprofit sponsors through the 202 program for new construction or for acqui-

<sup>6</sup> Public Law 94-375, August 1976.

tion and rehabilitation to provide housing for elderly and handicapped. For owners who wish to maintain their property, the FHA insurance program offers the possibility of using commercial financing. In 1974 Congress liberalized the mortgage insurance program to allow, at the discretion of the Secretary, insurance on multifamily housing in which units are not self-contained. Unfortunately, this is contradictory to the HUD minimum property standards, which (except for congregate housing) require complete units. In any event, since either of these methods of financing are at market interest rates, it is necessary to have rent subsidies through section 8. This brings us back to the problem of the regulations for section 8, which are geared to the dwelling unit.

DIANA MCIVER

There is a strong case in terms of costs to be made for the rehabilitation of hotels with community kitchens and shared bathing facilities. In Seattle, for instance, they have estimates on several hotels which can be renovated at the cost of \$3,000 to \$6,000 a unit; in Portland, Peter Paulson has an estimate of \$100,000 for the rehabilitation of a hotel with 88 units. Compare this to the new construction estimates which HUD is using under the section 202 program—\$25,000 to \$30,000 per unit of self-contained housing—and the savings is readily recognizable.

Also, when a hotel is renovated from single room units into self-contained units, you lose approximately 50 percent of your units. Consequently, two rooms renting for \$60 each would be converted into a single self-contained unit—automatically raising the rent to \$120—with even further rental increases for the improvements. The low-cost unit can be retained through "cosmetic rehabilitation" (to include meeting safety requirements); it cannot be retained if units are to meet the requirements for self-contained units, the only type of rehabilitation authorized by HUD.

CARROLL KOWAL

In rural areas, the Farmers Home Administration provides financing for new construction under section 515. In addition, section 504 rehabilitation loans are available for modernization and repair of existing units. Elderly persons are assisted in these projects where financing for low-income residential units receive interest subsidy down to 1 percent. However, the cost of these units, even with this assistance, is often too high for older persons. Attempts to couple section 8 subsidies with this program presents a complex and difficult problem. Thus, in rural areas the problems of minimum property standards and section 8 regulations are compounded by dual administration of HUD and FmHA. Separate section 8 allocations should be available for administration under the Farmers Home Administration.

DIANA MCIVER

The 202 program which provides long-term direct loans to non-profit sponsors of housing for the elderly is by far the most popular program of the day. In fact, the Congress has recently approved a \$2.5 billion increase in the borrowing authority—offered by the chair-

man of our Subcommittee on Housing for the Elderly, Senator Williams. However, section 202 is not applicable to the population of SRO's since the applicants must be over age 62 or handicapped. Both the minimum property standards and the eligibility requirements would have to be changed to use this housing program for SRO's, unless, however, you wish to rehabilitate a hotel strictly for the elderly, in which case only the MPS would have to be revised.

HELEN HOLT

Last month the Department funded section 202 applications for 136 projects, totaling nearly 13,000 units. These projects will provide an assured range of necessary services for the occupants, including those for health, continuing education, welfare, homemaker, counseling, and referral services, as well as transportation, when necessary, to facilitate access to social services.

The 202 projects need not be confined to new construction, and you may be interested to note that among the approved applications was one for a retirement hotel, thus assuring its elderly occupants a substantially better living environment than they previously enjoyed.

PETER PAULSON

Our efforts in Portland are to provide such opportunities for older Americans to find rooms of their own—freed from any flavor of institutional care. Friends have purchased an old hotel downtown, refurbished it with their own money, and built a community kitchen on each floor in order to provide not only rooms in which citizens can dwell in sanctity, but an atmosphere where citizens can make their own decisions. Some days they may decide to break bread together with a friend in the community kitchen. Other days, they may decide to eat out like anyone else. The decision is theirs.

We, the Northwest Pilot Project, are experimenting; we are demonstrating; we are working with the private market as well as with the government because, to me, the only way we can resolve the problem is to broker in the industries—the Georgia Pacifics that build your big high rises, the Benson Hotels, the Hilton Hotels—to a sense of responsibility to their community and help them recognize that this community will only be as strong as the resident who lives in that downtown community.

#### E. SUPPORTIVE SERVICES: THE NECESSARY LINK

CARROLL KOWAL

The law states that in public housing for the elderly or handicapped there shall be "quality services and management consistent with the needs of the occupants."<sup>7</sup> In nonprofit housing developed through 202 loans there must be:

... an assured range of necessary services for individuals occupying such housing (which services may include, among others, health, continuing education, welfare, informational,

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<sup>7</sup> HCDA 1974, title II, sec. 208.

recreational, homemaker, counseling, and referral services, transportation where necessary to facilitate access to use the services and facilities available to them). . . .<sup>8</sup>

The significance of this concept of linking supportive service to housing is obvious. The problem lies in how to pay for these services. Title XX, community development funds, and HEW grants have all been suggested. But for all of these the issue is continuity. Funds for services that are allocated on a year-by-year basis cannot be pegged to long-term housing. Eventually, we must establish a mechanism for financing supportive services for the life of the mortgage or the section 8 lease if these services are to be guaranteed as part of the housing program for populations with special needs.

In New York City we have, for many years, advocated the inclusion of at least a minimum of social services within the rent structure as an operating cost in SRO's. The pattern already exists in SRO's of including hotel services and security services within the rent. Many housing projects for the elderly, particularly congregate housing with central dining, have established charges for the service package over and above the rents. The ultimate question for the Federal Government will be whether supportive services in conjunction with elderly housing will be paid for through the housing system of rent subsidies, through the income maintenance system, or through the social service funding system.

#### DIANA MCIVER

The concept of providing "more than a roof" by bringing supportive services into housing, especially for the elderly, has been endorsed by the Congress as Carroll points out.

Unfortunately, the instability of our current service programs, the piecemeal approach that communities must take, and the reliance on Congress and State governments to come back each year with necessary funds makes it difficult to provide services in a fairly reliable fashion.

In order to deal with the urgent need to provide such services to elderly persons who have grown older in public housing, and who may be institutionalized unnecessarily if such services are not provided, the committee is currently drafting legislation designed to provide a congregate package of services to public housing residents.<sup>8a</sup> If this approach proves successful, there is no reason why it could not be modified to accommodate other housing programs, including SRO housing.

#### PETER PAULSON

When we started our meals-on-wheels program several years ago, I was delivering a meal on a referral from a social work agency and I found that the 84-year-old landlady had already made some soup and taken it to the lady. I said to myself, "That soup is a lot better than this meal-on-wheels," and I put the meal in my bag, walked in and talked to the woman and walked out. These are the natural sys-

<sup>8</sup> HCDA 1974, title II, sec. 210(f).

<sup>8a</sup> On Mar. 8, 1978, Senators Harrison A. Williams, Jr. and Frank Church introduced S. 2691. This bill would provide funding directly from HUD to public housing agencies for congregate services.

tems. We must not only just preserve them, but bring life back to them—the elderly landlady—so that she can be subsidized to provide the home-cooked meal.

**F. SECTION 815: DEMONSTRATIONS COULD DETERMINE VIABILITY OF SRO'S AS HOUSING ALTERNATIVE**

CARROLL KOWAL

A provision was enacted into Federal housing law in 1974 that, for many of us working in the field of SRO's, was a hard won achievement. Section 815 of title VIII of HCDA authorizes HUD to undertake:

... special demonstrations to determine the housing design, the housing structure, and the housing-related facilities and amenities most effective or appropriate to meet the needs of groups with special housing needs, including the elderly, the handicapped, the displaced, single individuals . . .<sup>9</sup>

Yet 2½ years later this authority granted HUD by Congress has yet to be implemented. For cities that are faced with the destruction of the only housing they have that meets the needs of SRO elderly, time is running out. When we consider the desperate need of our aging citizens whose only wish for housing is to remain where they are; when we consider the rapid elimination of housing that is both sound in structure and functional in design appropriate for special needs; when we consider the plight of our cities unable to get funds for alternative suitable housing, perhaps we can no longer wait for demonstration projects in one or two cities to point the way for what might be duplicated many years from now in other cities.

HELEN HOLT

... our Office of Policy Development and Research is anticipating awarding approximately 47 demonstration grants under section 815 of the 1974 act.

DIANA MCIVER

Section 815 . . . most closely represents the one Federal program under which the SRO community could qualify today. There is one problem with this program, however, as it exists now. It cannot provide construction or rehabilitation funds. To provide for this within a demonstration, the research and development people at HUD must work with the Housing Production and Mortgage Credit branch to provide the construction funds. However, the "Catch 22"—you then are dealing with Federal construction under which you must meet the minimum property standards.

For the coming year, the 815 program will fund group living experiments for the handicapped. Section 202 will provide the construction funds for these demonstrations, and HPMC is working on revisions for the MPS which will accommodate this type of setting with shared kitchens and baths. They justify this waiver by pointing out that for this population, these are improved living settings.

<sup>9</sup> Public Law 93-383.

HUD has indicated a willingness to consider SRO as a possibility under the 815 program next year—however, there will have to be a similar receptiveness by the HPMC people to waive or relax the MPS if this is to be done.

I would suggest that a tremendous lobby effort be mounted to get the 815 program in fiscal year 1977; I see it as the one real possibility for action in the near future.

#### G. CLOSING

The conference ended with the establishment of a national executive board and the adoption of certain goals described earlier in this paper.

As Phyllis Ehrlich, conference coordinator, summarized:

At the final session of the second National Conference on SRO elderly, the issue was the very volatile subject of the lack of appropriate housing legislation which would allow for the maintenance of the SRO lifestyle in a dignified, humane manner. Such legislation for this population must have as its foundation the integrated components of housing and service needs designed to assist a distinct population which will continue to "age in," not disappear through the loss of buildings or destruction of neighborhoods. Advocacy for a population tolerated only so long as it remains invisible was the charge presented to the group.

## APPENDICES

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### Appendix 1

#### SRO UPDATE—A CALL TO ACTION<sup>1</sup>

One year later SRO activity is virtually at a standstill. Standing still in terms of SRO's can only mean moving backwards as buildings continue to be torn down and single, marginal people lose their opportunity to age in their own distinctive lifestyle.

During this period at national meetings, some education about this neglected population has continued. The time for education alone, however, is long since past. The policy issues of SRO's must be addressed by the local leadership (professional and civic), by AoA, HUD, and certainly the Special Committee on Aging of the U.S. Senate. I will briefly focus on each of these populations and issues.

I urge all concerned professionals to continue the pattern of presenting "consciousness raising" SRO papers and workshops at national and local meetings. The leadership of these bodies should follow in the footsteps of the NCOA which published "The Invisible Elderly" by placing SRO's on their meeting agendas. The knowledgeable speakers are available throughout the country; with cooperation of organizational leadership we can continue to bring the SRO elderly message to the local service deliverers.

Education, for service delivery, though important is not enough. I regularly receive requests for advice and information from workers throughout the country (even as far as Alaska) concerned about working with this population. It is vital that those local service deliverers understand that the policy issue here is one not only of respect for the preservation of a lifestyle but the preservation of a type of housing stock as well.

In spite of this apparent heightened consciousness level, as far as I know, only workers in New York have seen that there was even mention of SRO's in its community housing assistance plan. The Housing and Community Development Act of 1974 provides the opportunity through the required housing assistance plan to bring forth the SRO situation in each community. Let me remind the local worker that there is little value in working to provide services to a population while ignoring the reality that their type of housing is coming down around them. Use the hearings for the housing assistance plan to make "SRO" a "household" word in your community.

Further and replicative research on SRO elderly living patterns and needs must be conducted on a national scale. All data collected to date (see references) strongly indicate national trends in the find-

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<sup>1</sup> Prepared by Phyllis Ehrlich, Nov. 1, 1977.

ings. Only the St. Louis pilot study was replicated in Syracuse and the findings were shockingly similar.

It seems apparent that funding for this more definitive type of national study should be under the aegis of the Administration on Aging which has taken the leadership in encouraging applied research to improve the quality of life for all elderly.<sup>2</sup> It is time that AoA declared an interest in this population and support for the researchers and service deliverers working in this area. Let's make this a cooperative effort.

At the time of the writing of this update, it has been confirmed for me that HUD will be publishing an RFP on SRO's shortly. Considering that it is very clear that the basic SRO issue is the choice of a lifestyle that requires a distinct housing mode this could be considered a real breakthrough. I hesitate to be so optimistic. The RFP as I have heard will include both a 1-year study on the SRO lifestyle across generations and a demonstration project. It seems difficult considering what we know today about SRO's to see this small study and one demonstration as a major contribution from HUD to the solution of the housing problems of the nonfamily oriented, marginal income person. HUD should see this as only a first step and not an ultimate contribution to the solution. As a first step it is an important breakthrough for HUD and one we should support.

If the theme of the above appears to be the need for cooperation in pressing for solutions to the policy issues relating to SRO's then the leadership for this can rest in the Special Committee on Aging of the U.S. Senate. Legislative changes are needed—moral persuasion to Federal agencies based on making it known you are aware of the issues is invaluable.

I urge the committee to serve as a catalytic force for change through the holding of national hearings on SRO elderly. These hearings can combine the talents of legislators, Federal administrators, and researchers to improve the quality of life for one distinct but, to date, neglected elderly population.

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<sup>2</sup> "A recent 4B proposal" was submitted by Western Behavioral Sciences Foundation.

## Appendix 2

### NATIONAL SRO EXECUTIVE BOARD

Elaine R. Berlin, cochairman, Mayor's Office of SRO Housing, 51 Chambers Street, New York, N.Y. 10007.

Paul Bohannan, University of California, Santa Barbara, Calif. 93106.

David Carlson, Northwest Illinois Area Agency on Aging, 201 N. 6th, Oregon, Ill. 61061.

Richard Cromwell, Office of Special Housing Services, Human Resources Administration, 250 Church Street, New York, N.Y. 10013.

J. Kevin Eckert, Western Behavioral Sciences Institute, 1150 Silverado, La Jolla, Calif. 92037.

Phyllis Ehrlich, cochairman, Southern Illinois University at Carbondale, 323 W. Walnut, Carbondale, Ill. 62901.

Robert Jorgen, Office of Special Housing Services, Human Resources Administration, 250 Church Street, New York, N.Y. 10013.

Diana McIver, National Center for Housing Management, 1133 15th Street N.W., Washington D.C., 20005.

Jack McKay, San Francisco Council of Churches, 227 Lawton Street, San Francisco, Calif. 94117.

Horace L. Browder, Commission on Aging, San Francisco City and County, 1336 Willard, San Francisco, Calif. 94117.

Gilbert C. Murphy, Seniors, 837 S. Grape Street, Denver, Colo. 80222.

Peter H. Paulson, Portland-Northwest Pilot Project, Inc., 2944 S.W. Bennington Dr., Portland, Oreg. 97201.

Daniel Rubenstein, Syracuse University, 215 Locksley Road, Syracuse, N.Y. 13224.

Sister Suzanne Wesley, Cardinal Ritter Institute, 8301 Washington, St. Louis, Mo. 63114.

### NATIONAL EXECUTIVE BOARD MEETING AND WORKSHOP<sup>1</sup>

#### ADDITIONAL INVITEES

Dr. Vernon Balster, Sutter Clinic, 819 Locust, St. Louis, Mo. 63101.

John Lane, Cardinal Ritter Institute, 7147 Waterman, St. Louis, Mo. 63130.

Diane Lebedeff, Housing Development Administration, 100 Gold Street, New York, N.Y. 10013.

Sister Betty McGrath, Lafayette Retirement Center, 590 E. Lockwood, St. Louis, Mo. 63119.

Peggy Seeley, U.S. Conference of Mayors, Task Force on Aging, 1620 Eye Street, N.W., Washington, D.C. 20006.

<sup>1</sup> This workshop was funded by the St. Louis Community Trust Foundation and the Western Behavioral Sciences Institute.

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## Appendix 4

### EDITORIAL AND ARTICLES FROM THE NEW YORK POST AND NEW YORK TIMES

[New York Post, July 16, 1977]

#### EDITORIAL: LOWER DEPTH "HOTEL" SCANDAL

Single room occupancy hotels catering to welfare recipients continue to plague the city, threatening the stability of neighborhoods where the clients have been arbitrarily dumped.

The city is spending nearly \$22 million a year housing the clients in the hotels, but seems to be doing little else to insure their safety or preserve tranquility in the area. Some landlords are thriving on the indifference.

New York pays \$35 a week, \$152 a month for the rooms no matter how tiny, shabby or poorly serviced. And it needs as many as it can get, for there is a steady stream of clients out of the welfare centers and mental institutions. There is no other place for most of them to go.

In a series published this week, Post reporter Joseph Berger has taken us into the decaying, crime-ridden hotels, interviewing desperate tenants, concerned neighbors and perplexed city officials. The situation is clearly no better than it was five years ago when the city launched "a major drive" against the hotels.

That drive turned out to be more of a publicity stunt than a substantive effort. What is needed is a major counteroffensive with teeth and commitment.

New York should be able to demand more from the landlords it is subsidizing, such as better maintained and serviced rooms and security guards. Like any other tenant, the city should be able to withhold rent from landlords who are letting their facilities disintegrate.

At the same time, inspections of the hotels should be stepped up. Officials also should be more selective in choosing the hotels, and more sensitive to neighborhood tensions.

Above all, New York cannot let the squalid business as usual go on.

[New York Post, July 11, 1977]

#### CITY BUYS ITS OWN DECAY

#### HOTEL OWNERS REAP WELFARE DOLLARS

(By Joseph Berger)

Because government policy makes it profitable, landlords are buying up hotels and allowing them to become dirty, unsafe nuisances, while they fill the hotels with welfare clients, a Post investigation shows.

City and State agencies provide a ready supply of tenants and guarantee \$35-a-week rent, but do little or nothing about health and safety standards in the hotels.

One real estate partnership traced by The Post controls at least 19 low-priced hotels in Manhattan, eight of which cater primarily to welfare clients. Business associates of those partners control another nine hotels. Other landlords whose names recur in searches of real estate records have smaller chains of four and five hotels.

"We don't make a lot of money but it's sure," said Steve Tzolis, a part-owner of five hotels and the manager of a sixth. "I have working people in one of my hotels and some are three or four weeks behind in their rent. But with welfare, the check comes in every two weeks. If you can handle it, it pays to take in welfare."

Many of the city's 264 low-priced hotels are heavily populated with alcoholics, drug addicts, ex-convicts and released mental patients. They are blamed for much of the crime, noise, litter and bizarre or vulgar behavior that troubles their neighborhoods. The more vulnerable hotel tenants—the aged, mentally-ill or infirm—are often brutally beaten, and robbed by the tougher ones.

Hugo Wolff, the principal figure in a landlord group that controls 14 low-priced hotels in Manhattan, admitted he only ventures up to four hotels he owns on 94th and 95th Streets every two years.

"If you want to go up there and get killed, you go," he snapped during an interview in his office on W. 73d St. and Broadway. The manager of his Montroyal at 315 W. 94th St. was killed in a holdup two years ago.

And Jerry Dick, who has been associated with a number of low-cost hotels, carries a .38 revolver when he visits his properties.

Yet, with government unwilling to pay for more decent, supervised housing, the landlords are performing a needed service.

The city has a \$35 a week, \$152 a month, ceiling on single rooms, and that has become the going rate, no matter how tiny and shabby the rooms, or how poor the services. About \$21.8 million a year is spent on housing single welfare clients in hotels.

The landlords are assured of a steady supply of tenants. State institutions, for financial and philosophical reasons, have released 50,000 mental patients over the last decade with little attention paid to where they live. Many of those whose families are unwilling to care for them end up in cheap hotels, where their housekeeping responsibilities are minimized and their peculiar behavior tolerated.

The city's welfare centers refer thousands of ex-convicts, alcoholics and addicts to the hotels with scant concern about their accommodations or the impact on the neighborhood or other hotel tenants.

Of the 45,000 people who live in hotels that charge less than \$50 a week, almost 12,000 receive welfare—city home relief to the unemployed or federal Supplemental Security Income to the aged and disabled.

There are three times as many infirm, mentally ill, alcoholic or drug addicted persons as elderly SSI recipients living in hotels.

Many hotelmen reserve their more rundown, marginal hotels for welfare clients. As a result, the city's hotels seem to fall into two groupings—70 or so hotels where most tenants receive welfare, and the others with elderly pensioners and working people where only a handful are on welfare.

Wolff's hotels are a good example. His real estate-lawyers, Benjamin Pulier, and Pulier's son-in-law, Solomon J. Freedman of 60 E. 42 St., are partners in seven of Wolff's 14 hotels and separately control another five.

City officials believe the network of 19 hotels is the largest chain and is valued at \$6.2 million. Business associates of the three men—Tzolis, Sam Domb, Louis Pappas and Al Schneider—own or lease another nine hotels.

The Wolff-Puiler-Freedman operation includes some faded, but still genteel hotels: the Commander at 240 W. 73d St., the Arlington at 18 W. 25th St., the Lexington Residence at 120 E. 31st St., and the Irving at 26 Gramercy Park South.

But they also own old dank buildings whose hallways give off an odor of garbage, whose plumbing often breaks down, whose rooms typically are 9x12 ft. cells furnished with narrow cots, frail dressers and chairs. Even when the maintenance is good—and some managers like the one at the 127-year-old Bond Hotel at 125 Chambers St. seem to work hard to keep up their hotels—the general effect is one of shabbiness and decay.

These hotels include the Whitehall at 250 W. 100th St., the Montreal at 315 W. 94th St., the Continental at 330 W. 95th St., the Pennington at 316 W. 95th St., the Elton at 101 E. 26th St. and the Barbour at 30 W. 36th St. Almost all the tenants are single men and women on welfare.

The Continental, a 1976 Human Resources Administration survey shows, had 190 tenants, 162 of them on welfare. The Pennington had 146 tenants, 136 on welfare.

Hotels with heavy populations of addicts and ex-convicts often become warrens of crime. During the first five months of this year, the W. 100th St. precinct reported seven robberies, nine burglaries, four felonious assaults and an attempted murder at the Continental.

Most of the victims were other tenants.

Wolff said he turns the leases or management of the hotels over to others and is not responsible for what occurs in them.

Jerry Dick owns the Ridgefield Hotel at 255 W. 92d Street. Neighbors complain of frequent robberies, of prostitutes soliciting and drug pushers peddling in front of the hotel, of men urinating in the streets, of vulgar insults shouted by tenants loitering on the steps of the hotel and of menacing demands for handouts.

Police statistics show that there were 15 prostitution-associated complaints or arrests at or in the immediate area of the hotel during the first four months of this year. There were also 11 robberies and an arrest for attempted murder.

Dick denied he is running a prostitution house. "If a guy walks in with his girlfriend, how am I supposed to know what they're going to do," he says. "I dump them out one after the other. I don't want the headaches."

Dick was evicted last month as the leasee of the 60-room Park Hotel at 110th St. and Park Av. in East Harlem, according to the property's owner, Phillip Edwards.

"Dick turned the place into a rathole by filling it with dope addicts," Edwards said. "Jerry Dick is a typical milker. He doesn't care what type of tenant he takes in as long as he gets paid for it."

Jerry Nussbaum and his wife Susan own the Penn View at 320 W. 34th St., the Palmer at 321 W. 33d St. and the Rutledge at 161 Lexington Av. and they lease the Belmore at 61 Lexington Av. The Belmore was closed last year by a State Supreme Court judge who declared it a haunt for prostitutes.

Ralph Miller leased the once-fashionable Hotel Albert at 23 E. 10th St. until his Greenwich Village neighbors, incensed by the prostitutes, pimps and addicts living at the hotel, found a buyer willing to turn it into an apartment house.

Miller has owned the 350-room Monterey at 215 W. 94th St. for the past 20 years. The hotel, which charges \$40 and up a month, was the scene of 25 robberies, 21 burglaries, 10 serious assaults, a rape and 36 other crimes during the first six months of this year. Nearby merchants recently held a meeting to discuss the menacing loiterers, the drug sales and the crap games on the steps of the hotel, and the garbage flung from the hotel to the sidewalk below.

Miller, who also owns the well-kept, more selective Capital Hall at 166 W. 87th St., says the Monterey is plagued by a "dozen bad apples" who he is trying to evict.

#### AN OUTPOST OF SKID ROW GROWS AMID GENTILITY

On any mild day, a Skid Row scene unfolds in the middle of a West Side neighborhood of stately apartment houses.

There are eight shabby hotels on W. 94th St. and W. 95th St. off Riverside Drive and the residents spill out of their airless rooms onto the sidewalks, slumping indolently on the stoops, swilling cheap wine or beer, quarreling noisily with each other or staring impassively for hours.

"This is the ghetto," says Herbert Goodnight, 22, who has lived at several of the hotels, "These hotels are as low as you can go."

Every day or two, a robbery or burglary takes place and less often there are fistfights and stabbings. Most of the victims are other hotel tenants.

"The garbage, the public drinking, the unsightliness has meant a decline in the stability of the neighborhood," says Ethel Sheffer of Blocks for a Better Broadway. "The hotels are destroying the neighborhood."

#### WHERE THE BLIGHT SPREADS

There are 264 low-priced hotels in the city but most are concentrated in a few neighborhoods.

Manhattan has 220. The Upper West Side alone has 65 with a total of 15,000 rooms. The central midtown area north of 14th St. has 54, Greenwich Village has 17.

One street—W. 94th St.—is said to have low-cost hotels with 1,800 tenants, most of whom receive welfare.

Those who steadily live in hotels do so for a variety of reasons. The poor can't afford the furniture or security deposits entailed by a long-term lease apartment. The feeble need help in cleaning their rooms. Some like the camaraderie that springs up in lobbies and communal kitchens. Others prefer the anonymity of a constantly shifting population.

[From the New York Times, Mar. 13, 1978]

## A TIMES SQUARE HOTEL Now HOME FOR THE ELDERLY: PROJECT FIND OFFERS RENOVATED ROOMS AT \$115 A MONTH

As late as about three years ago, the police would not venture into the lobby of the Woodstock Hotel on West 43d Street in Manhattan without a backup team outside. Drug addicts mixed methadone and wine in the lobby. Prostitutes loitered in the hallways. Alcoholics and panhandlers gathered outside. Fires and break-ins were common.

Now, groups of elderly citizens sit comfortably in overstuffed chairs in the lobby and watch theater patrons strolling down the street or play cards in a new center on the second floor.

Despite continuing financial problems, Project Find, a community group working with the elderly, has begun to transform the former "welfare hotel" into a not-for-profit residence for some of the estimated 1,200 elderly residents of the Times Square area—many of whom live in decaying, substandard and sometimes dangerous housing.

Their efforts have been highly praised by Alice M. Brophy, Commissioner of the Department for the Aging, and questioned by planners who hope to preserve deteriorated buildings in the area as a "land bank" for future commercial development.

Using donated supplies and the labor of 35 trainees hired under the Federal Comprehensive Employment and Training Act, the group has renovated 187 rooms in the 13-story, 300-room hotel, and upgraded its heating and electrical systems.

An abandoned second-floor ballroom has been turned into a modern kitchen, dining room, library and game room, where federally subsidized, low-cost meals are prepared and served five days a week.

The elderly residents, many of whom were referred by public and private social services agencies, pay an average of \$115 a month for refurbished, freshly painted rooms with modest furnishings, fresh linen and maid service once a week.

They pay 35 cents for hot lunches in the cafeteria, where cut-glass chandeliers—relics of the hotel's golden age—hang from a modernistic textured ceiling and cast cool shadows on the rust and tan walls.

"I've lived in these rat holes for 25 years, and I feel lucky to be here," said Thelma Moore, an elderly woman who played an old upright piano in the senior center the other day. "Where I used to be, the pimps and prostitutes trafficked right in the front door. This is a gorgeous place."

But work on the hotel is not yet complete, and heating and mechanical problems have placed a hardship on many of the elderly residents. Garbage on some floors is piled high in empty rooms. Walls are charred and corridors blackened by smoke from a succession of fires over the years.

A fire that broke out in a pile of garbage in January caused more than \$25,000 in damage and put a newly rebuilt freight elevator out of service. Periodic flooding in the basement has caused days-long disruption of service by the only passenger elevator in working order.

"The food is good here, but I had a coronary a few years ago and when you start walking up 12 flights of stairs it's not too good for you," said Ben Fischer, an 82-year-old resident who works several hours a day for a midtown messenger service, a job he has held since his "retirement" 17 years ago.

Elizabeth Trebony, executive director of Project Find, said the difficulties at the hotel were largely the result of financial problems. Although the salaries of the CETA workers are paid for by the Federal Government, "brick and mortar costs" must come from rents and donations.

Local churches, synagogues and some foundations have donated \$130,000 to the project, but \$200,000 more is needed to complete renovations. The project cannot break even until nearly all 300 rooms, in the Woodstock are rented, Mrs. Trebony said.

"We have 50 names on a waiting list and 17 rooms waiting to be rented, but we can't afford the furniture," she said.

"They went into that building on a wing and a prayer, and they are doing a fabulous job," said Mrs. Brophy of the Department for the Aging. She said that \$1,500 had been allocated by her department for the installation of supplementary electric heaters in the library and game room and that Federal funds might be made available to further improve the heating system.

Under a proposal being considered by the New York Bank for Savings, Project Find is seeking an \$880,000 mortgage to finance the rest of the rehabilitation and to provide for the purchase of the building, which it now leases.

## Appendix 5

### ARTICLE FROM THE "JOURNAL OF HOUSING," NATIONAL ASSOCIATION OF HOUSING AND REDEVELOPMENT OFFICIALS, JUNE 1976

# HOUSING NEEDS OF SINGLE PERSONS:

## WILL FEDERAL PROGRAMS MEET THEM?

by  
**Carroll Kowal, Office of Special Purpose Housing,  
Housing and Development Administration, New York City**

Despite the fact that the housing problems of low-income single persons have repeatedly been called to the attention of the federal government and despite the fact that single persons have always been recognized as a significant portion of the population, the housing dilemma of "ineligible singles" continues. Federal housing programs for low-income people were originally designed for families only. The definition of "family" was gradually amended and broadened, first to include single elderly, then single handicapped, and, in 1970, single "displaced." However, the majority of single persons remain ineligible, for they are nonelderly, nonhandicapped, nondisplaced. In 1975, the Section 236 interest subsidy program was amended to eliminate the restriction on single persons but the major programs for low-income housing—public housing and Section 8—remain locked into the

"family" as the social unit that determines eligibility for subsidy.

Eligibility for low-income housing should be based solely on need, defined in terms of income, not on marital status. It may be appropriate to establish priorities for certain subgroups of the low-income population to meet particularly acute demand but no low-income groups should be ineligible. The fact that single persons are ineligible is blatant discrimination on the basis of marital status. It is time for Congress to bring housing policy into line with the reality of the nation's population trends, for certainly one of the significant changes taking place is the growth in the number of single persons. In 1960, roughly 15 percent of the country's households consisted of single persons; in 1970, about 20 percent; by 1975, the number of primary individuals (heads of households who live alone or with non-

relatives) went to 22 percent of the total households and represented almost 16 million persons.

In 1974, the Community Council of Greater New York released a report entitled "People Who Live Alone in New York City." The opening statement clearly states the problem of one city: "New York City is becoming a city composed, more and more, of one-person households. Their number has risen sharply during the 1960's—by nearly 40 percent . . . By 1970, they constituted one-fourth of all households in New York City.

" . . . Some 27% of all people living alone were counted as poor by the Census in 1970.

" . . . while one-person households paid almost as much as households with two-or-more persons for housing, their median

Table I  
Total Households and Primary Individuals, 1970 and 1960

|                     | Nationally |            | New York City |           |
|---------------------|------------|------------|---------------|-----------|
|                     | 1970       | 1960       | 1970          | 1960      |
| Total Households    | 63,449,747 | 53,023,875 | 2,836,872     | 2,654,902 |
| Primary Individuals | 12,469,122 | 7,996,805  | 793,107       | 601,991   |
| % of Total          | 19.7       | 15.1       | 28            | 22.7      |

Table II  
Primary Individuals by Age, 1970

|                 | Nationally |         | New York City |         |
|-----------------|------------|---------|---------------|---------|
|                 | Number     | Percent | Number        | Percent |
| Total           | 12,469,122 | 100     | 793,107       | 100     |
| Under 25        | 1,096,053  | 8.8     | 53,226        | 6.7     |
| 25 - 64         | 6,153,912  | 49.4    | 469,562       | 59.2    |
| 65 years & over | 5,219,157  | 41.8    | 270,319       | 34.1    |

Table III  
Primary Individuals by Sex, 1970

|        | Nationally |         | New York City |         |
|--------|------------|---------|---------------|---------|
|        | Number     | Percent | Number        | Percent |
| Total  | 12,469,122 | 100     | 793,107       | 100     |
| Male   | 4,627,249  | 36.8    | 304,448       | 38.6    |
| Female | 7,841,873  | 63.2    | 488,659       | 61.4    |

Table IV  
Median Income of One-Person Households, 1969

|  | Nationally |         | New York City |         |
|--|------------|---------|---------------|---------|
|  | Number     | Percent | Number        | Percent |
|  | \$2986     |         | \$4241        |         |

Table V  
Gross Rent as Percentage of Total Income for One-Person Renter Households with Incomes Less than \$5000, 1970

| Income        | Nationally |         | New York City |         |
|---------------|------------|---------|---------------|---------|
|               | Number     | Percent | Number        | Percent |
| Total         | 3,897,081  | 100     | 348,881       | 100     |
| Less than 20% | 263,737    | 6.8     | 17,833        | 5.1     |
| 20-24%        | 268,146    | 6.9     | 22,365        | 6.4     |
| 25-34%        | 596,248    | 15.3    | 49,737        | 14.2    |
| 34% or more   | 2,281,169  | 58.5    | 224,521       | 64.4    |
| Not computed  | 487,781    | 12.5    | 34,425        | 9.9     |

income (\$4,241) amounted to less than half of that (\$9,484) for two-or-more person households."

This is a national picture as well as a local one. Although cities like New York have always attracted large numbers of single persons, national census figures show remarkable consistency, comparatively speaking, with those of New York City (see tables, left). The tables give both United States and New York City statistics that show a population group that is sizable, steadily increasing, predominantly middle-aged and female, low-income, and paying a disproportionate amount for rent. The tables are based on either one-person households or primary individuals. Actually, the total numbers are very similar for the two groups, since about 90 percent of primary individuals live alone.

From the figures shown in Tables I through V, the housing demand is obviously both sizable and critical for low-income single persons. What is the nature of this population and why has it been excluded from housing programs? Undoubtedly, a portion are disabled and, as such, qualified for federally-subsidized housing. Unfortunately, the absence of census data on the handicapped prevents separating out the disabled by single-person households. However, rough estimates indicate that 10 to 15 percent of the single nonelderly may be handicapped. The other 85 to 90 percent are simply working people who are single. They are clerks, postal workers, restaurant workers, young academicians, writers, musicians, actors. They are the marginally employed, the seasonal or migrant workers, immigrant men, young adults entering career ladders in urban life, middle-aged widows or divorcees. Their only commonality is that they do not live with relatives. Because of this alone, they are ineligible for federal housing programs, regardless of income or need.

This exclusion seems to be, in part, oversight in a family-oriented society; in part, a historical anachronism of federal housing law, with its original goals of rehousing poor families; and, in part, a concern about the stability of single persons as tenants of subsidized housing, based largely on stereotyped attitudes. If change in housing statutes and policy is to occur, it is necessary to look honestly and analytically at the supposition of instability. The concern seems to revolve around three supposed types of single individuals: "undesirables," transients, and students.

**"Undesirables:"** The stereotype of singles as "undesirables" stems largely from the experience of urban renewal programs. Because many of the areas being renewed were skid row areas or rooming house districts, a good deal of attention focussed on the single population living in those areas. The predominant

## NAHRO SURVEY OF SINGLE HOUSEHOLD NEEDS

Public and Nonprofit Agencies • February 1975

TABLE I: POPULATION CHARACTERISTICS

|                       | Seattle  | Pittsburgh  | Denver  | Philadelphia                                       | New York City   |
|-----------------------|--|---|---|--|---|
| Age                   | Median: 40.5,<br>49% elderly                                     | 77% under 62  | Median: 45  | 56% under 60                                       | Average: 45,<br>23.8% over 65   |
| Sex                   | 95% male   | —   | 95% male  | 70% male   | 70.5% male  |
| Race                  | 52.3% nonwhite   | 65% nonwhite  | 90% white   | 80% white  | 58.1% white;<br>6.3% Spanish-speaking   |
| Education             | 11.4 years   | —   | 7 years   | —  | High school or less   |
| Income and employment | Low income;<br>91.3% unemployed<br>82.1% in work force           | Low income;<br>80% Social Security, SSI, or welfare | Estimated mean monthly income: \$175;<br>unskilled employment | Low income;<br>54% unemployed                      | Low income;<br>SSI or welfare;<br>25% unskilled employment  |
| Social problems       | 20% alcoholic;<br>5% physically handicapped;<br>Victims of crime | Mental health,<br>Physical handicaps                | Alcoholism  | Alcoholism;<br>Medical problems;<br>Mental illness | Mental illness;<br>Medical problems;<br>Physical handicaps;<br>Alcoholism;<br>Drug addiction;<br>Victims of crime |

TABLE II: FEDERAL PROGRAMS

|                             | Seattle  | Pittsburgh  | Denver   | Philadelphia   | New York City   |
|-----------------------------|--|---|--|--|---|
| Suitability of programs     | Section 8  | Low-rent housing, congregate housing, college housing                                       | Public housing, rent supplement 236                            | —  | Section 8, community development funds  |
| Barriers to use             | Design standards;<br>Definition of family  | Definition of family  | Central feeding should be permitted.<br>Definition of family   | —  | Design standards, Definition of family, Allowances for operating costs  |
| Changes required            | —  | SRO housing program for non-elderly, including meals and social services                    | Rent subsidies, shared apartments, financing of food services  | Coordination of housing programs with alcoholism programs                    | None until demonstration with waiver of design and eligibility  |
| Federal responsibility      | To provide housing for all special user groups;<br>Increased cost through failure to act | No other resource through private or public channels for providing housing needed for SRO's | Cannot continue to ignore the problem which will only increase | Responsibility for all citizens; must demonstrate what can be done for SRO's | Loss of SRO housing result of federal action; no longer exclude when demand increasing; responsibility for new programs |
| Research required           | Sufficient information;<br>Planning grant  | Sufficient information  | Total research;<br>Evaluation of needs                         | Develop special group housing and monitor effect                             | Assessment and evaluation of new housing  |
| Would City Use Section 815? | Yes  | Yes   | Yes  | Yes  | Yes   |

TABLE III: HOUSING FACTORS

|                                       | Seattle  | Pittsburgh  | Denver   | Philadelphia  | New York City   |
|---------------------------------------|--|---|--|---|---|
| Needs                                 | Comprehensive range;<br>shelter facility;<br>independent living;<br>semi-institutional;<br>congregate living (shared facilities) | Range: low-rent housing units, congregate housing (with meal service), small apartments, rooming houses.  | Rooms with central feeding and other services              | Group living: boarding houses, domiciliaries                                  | Full range: individual apartments; small group homes; semi-institutional; upgraded SRO (shared facilities)                                  |
| Problems                              | Loss of SRO housing through redevelopment and code compliance; no other source of housing  | Loss of SRO housing through renewal and stricter licensing; no replacement  | No federal programs for this population                    | Lack of specialized housing and lack of SRO housing                           | Loss of SRO housing through economic changes and redevelopment; no alternative housing; no federal program; lack of specialized housing     |
| Programs                              | Municipal shelter; assistance in upgrading to codes  | Relocation; efforts to develop SRO housing killed   | Relocation   | Operation of sheltered boarding homes; planning SRO housing                   | Efforts to develop SRO demonstration failed; work on legislation to get federal program   |
| Planning: design, location management | Single rooms with shared facilities; Accessibility to all community services; Maid service, 24-hour coverage; tenant services    | Privacy and protection; built-in furniture; fireproof, vermin-proof; accessibility; meals; health services; mobility from one facility to another | Highrise; downtown; nonprofit management by service agency | Urban and rural; use of existing buildings; privacy; available services; food | Flexibility and range of type of units; dispersal and accessibility; nonprofit sponsor; resident manager; social services; mixed population |

concern was about social problems; deviant behavior of all kinds but particularly alcoholism. Although continual emphasis was given to single individuals' ineligibility for subsidized housing, since the majority were nonelderly, in reality the problem was that no housing programs existed that were geared to the social needs and patterns of living of such individuals. Thus, even if they had been eligible for subsidized housing, it would not have been suitable. Every evidence indicates that this group preferred to continue in the type of housing that suited its circumstances, i.e., nonhousekeeping units—furnished accommodations with hotel services. Very few of these persons would have been interested in standard, unfurnished, family-centered, housekeeping apartments, regardless of subsidy eligibility. Thus the concern about "undesirables" seems largely mythical when one considers the natural self selection process based on lifestyle and personal habits.

**Transients:** Concern about transients also evolved from the urban renewal period. The elimination of hotels, single room occupancy (SRO) housing, and roominghouses was and, largely, still is public policy. Since the majority of tenants of such buildings are single nonelderly, they are ineligible for publicly-assisted housing. However, on top of this legal ineligibility was imposed a social stereotype: transient. The fact is that the concept of transiency stems more from classification of buildings than from the actual nature or practice of tenants. Buildings that provide single furnished rooms without cooking and sanitary facilities are usually classified as "transient units." The label of units then gets transposed onto tenants and this population is considered "transient," regardless of the length of occupancy. In fact, reports and statistics show a very low mobility rate. Many persons remain in one furnished room for 20 or 30 years. Those forced to move tend to relocate within a small geographic area.

A study of an SRO in New York City, "The World of 207," undertaken in 1964, revealed the following facts on residency:

*Length of time in city:* average, 26 years; range, two months to 60 years.

*Length of time in neighborhood:* average, four years; range, one week to 42 years.

*Length of time in building:* average, three years; range, one week to 35 years.

Unfortunately, available mobility studies do not differentiate sufficiently on population subgroups to provide national data. However, the probability is that a single person in a furnished room, regardless of geographic location, does not have a particularly high mobility rate. For those who do prefer mobility, the subsidized apartment with leasing requirements is certainly not their housing choice.

**Students:** The third type of single individual—students—is more problematic, since the very nature of student life is transitional. For this reason, programs for student housing have always been separate from family housing, which is geared to long-term occupancy, with emphasis on minimizing turnover and maximizing tenant stability. The temporary or short-term nature of student living arrangements, geared to the academic term, would seem to be incompatible with subsidized housing. However, there are students whose housing remains permanent for an entire term of consecutive undergraduate and graduate education—perhaps six years or more. There are other students, particularly older students or married students, who, after completion of educational programs, continue in the same residence. These more permanent students could actually be an asset to housing projects, creating a healthy population mix in subsidized housing. The differentiation between the temporary and long-term student applicants could be accomplished quite simply through leasing requirements.

It appears that concerns about "undesirables," "transients," and students could be handled administratively rather than through statutory eligibility standards that exclude all single persons. Most importantly, the majority of single persons do not fall into any of these categories. The Community Council study of people who live alone indicates that only about 10 percent of this population is in single room occupancy. Of this 10 percent, certainly a significant number does not fall into the social deviant or transient categories but is made up simply of low-income working people who lack eligibility for subsidized housing and are locked into the furnished room as the only low-cost housing available. The other 90 percent of single persons live in apartments or homes in which, often, they have lived for many years. Some of these may be people who have always been single and, with rising costs and marginal incomes, are now being priced out of the housing market. Others are persons formerly living as a family unit but due to death or divorce, are now alone. The changed marital status frequently results in lowered income and decreased rent-paying ability. If these persons are to continue to live in decent housing, eligibility for subsidy programs is a necessity.

To continue to deal with basically administrative issues through statutory policies that discriminate against a whole section of the nation's population is obviously unwise. The time has come to redress this discrimination. What is required is an open and just system of subsidized housing that ensures every American family—or individual—the right to a decent home.

## HOUSING NEEDS OF SINGLE PERSONS

### IN ST. LOUIS: AN EXPERIMENT IS UNDER WAY TO TRY TO MEET THEM

by

Thomas P. Costello,  
Executive Director

St. Louis Housing Authority

The St. Louis Housing Authority has long held the position that single adults should be eligible for low-rent public housing.

As far back as 1962, the authority requested a waiver from the Public Housing Administration to house such persons; then, subsequently, requested one from the Housing Assistance Administration; and, finally, one from the Department of Housing and Urban Development. In each instance, we were advised in a three-line letter that such a waiver was in violation of statutory requirements. No attention was paid to the reasons we had documented to substantiate and justify the need.

St. Louis conventional public housing, as I am sure is the case elsewhere, is overloaded with one- and two-bedroom apartments. Of the 8055 units built in St. Louis under this program from 1941 to 1967, 5520 (68.5 percent) were one- and two-bedroom units. How this could happen can only be answered with hindsight and it is, therefore, best left unsaid.

In 1962, 80 percent of our vacancies were in one- and two-bedroom apartments. As of this date, 14 years later, units this size still account for 80 percent of our vacancies in the conventional public housing program. Records indicate that when the single elderly became eligible for low-rent public housing in the mid- or late 1950's, the authority was successful in attracting them during the initial occupancy of a development but that they did not remain in occupancy for three primary reasons, at least in St. Louis: (1) the planners' and architects' thoughtless placement of a small unit in the midst of large family units, which makes peaceful occupancy by the elderly person or couple impossible; (2) the rise in crime, particularly against the elderly, that occurred every-

where, not just in public housing; (3) the advent of buildings designed specifically for the elderly.

In early 1967, when our last conventional public housing development was being completed, the then executive director stopped the construction of the last building at the foundation because it was to contain 146 one- and two-bedroom units and at that time we had 602 units of those sizes vacant in our other developments. As a result, in our entire family Turnkey program, there are no one-bedroom units and only 30 two-bedroom units.

In the hearings on the proposed amendments to extend eligibility for assisted housing to single individuals, Senator Proxmire (D-Wisconsin) refers to "the long waiting list we have everywhere in our big cities" as a reason for not housing the single working poor. This is a sad statement, in that it appears our legislators are being fed total figures, not break-outs that would give them real insight as to who is in need of housing or the type of housing needed. In St. Louis, there is a waiting list as sizable as that of any authority comparable in size and in area served. However, when broken down, the waiting list only exists for the elderly buildings and the three-plus-bedroom units. As a matter of fact, we discontinued taking applications for large apartments two or three years ago because we had 900 families in occupancy who needed to be transferred because of overcrowded conditions. By utilizing our vacancies as they occurred for transfers of these residents, we have reduced this number to 600. Because of this, our waiting list is not a true indicator of the unmet needs for the elderly and for large apartments.

A year ago, we had 416 vacancies in one and two-bedroom apartments in our highrise conventional public housing program. Today, that number has been reduced to 319, mainly due to our experiment in housing the single working poor, which includes offering close-by units to adult sons and daughters of resident families to relieve overcrowding, to contribute to upward mobility of the young adults, and to put the units to good use. This experiment has not resulted in or created a situation in which any elderly, displaced, or handicapped person has been replaced by the single working poor. Frankly, these units would still be standing vacant, if it were not for our experiment. Further, we have not been promiscuous with our use of the experiment as can be seen by the number of vacancies reduced. If anything, our screening of the single working poor is more intensive than for families.

It is also most important that everyone realize that every conceivable attempt was made to make these units marketable prior to our decision to enter into this experiment. However, when an authority does not have the money to put long-

standing vacancies into rentable condition, it must look to persons of an age level with the strength and stamina who can paint the apartment and do minor repair work that will make the accommodations livable and a good deal better than the quarters in which they are residing.

With receipt of funds from various sources—for example the Target Projects Program, the community development agency, and Downtown St. Louis, Inc.—we are still optimistic about our ability to develop an over-all marketing plan for these vacancies but, at the same time, we are not deluding ourselves. It is our belief that there is no way we can make the units in the highrise conventional program acceptable to the elderly, disabled, or handicapped.

The St. Louis experiment, we believe, is a reasonable and sensible solution to the only real vacancy problem in conventional public housing. We also think it is about time that what passed as acceptable in 1937, in 1948, and in 1954, is now downright housing discrimination against the single working poor.

them to low-income nonelderly single persons in urgent need of housing within their means.

At the time of the 1970 census, there were 15,831 nonelderly, single-person households in Baltimore that met income requirements for admission to public housing but were ineligible because they were not 62 years of age or older. This figure represents a 57 percent increase over the 1960 census statistics. Since 1970, the national trend has been for more and more single households to be established. By 1980, if past trends continue, it is expected that Baltimore will have approximately 24,800 single-person households meeting income limits for public housing but ineligible unless present federal requirements are changed.

The additional public housing units coming into the program in recent years have been built for the "elderly" or for families with children. I believe that some new approach is necessary so that single, nonelderly low-income families can have adequate housing at rents they can afford to pay.

While I am in agreement that single elderly, handicapped, or displaced persons should be given priority over other single persons, I do not believe that this group of single-person households should be arbitrarily denied access to public housing. It is my hope that, in addition to permitting entry by eligible, nonelderly, single persons, regulations will one day be issued reducing the age of 62 years, which presently is the age qualification for housing in developments designed for "elderly" occupancy, to, say, 50 years of age. There are single persons in this age group who express great interest in these developments and who could be assets to these communities. It is sometimes difficult for us to rent apartments on the upper floors of the highrise structures, since some elderly persons are afraid of heights. A few of these dwellings could be offered to carefully selected and screened nonelderly (50-year-old) single persons, whose backgrounds would ensure that they would not disrupt or interfere with the lifestyles of the elderly residents of the development.

While legislation introduced under the cosponsorship of Senators Javits (R, New York) and Mathias (R, Maryland) is not as far-reaching as I would have wished, I am delighted that some progress is being made to meet the housing needs of low-income single persons. It is significant that interest has been stimulated in providing housing to low-income single persons at rentals they can afford to pay. However, the 10 percent ceiling on such occupancies and the fact that the amendment (see page 265) permits HUD to issue regulations defining these "single" persons may prove to be restrictive and of little help to a local housing authority in this endeavor. It is, however, a step in the right direction.

## HOUSING NEEDS OF SINGLE PERSONS IN BALTIMORE: A GROWING PROBLEM

by

**Robert C. Embry, Jr.,  
Commissioner,  
Department of Housing and  
Community Development,  
Baltimore**

At the present time, the Baltimore program consists of more than 15,000 dwelling units, of which 1774 0-bedroom and 1129 one-bedroom apartments are designed for occupancy by the elderly; all of them are in highrise structures. The remaining 2673 one-bedroom dwellings are in family developments in various sections of the city and in our rehabilitated housing program. Single elderly families occupy 1254 of these units, representing about 50 percent of our one-bedroom apartments in the nonelderly developments. Many of these apartments can be regarded as being unsuited for occupancy by the elderly because of their location in walk-up structures. However, present law prevents us from offering

## Appendix 6

### IMPACT OF J. 51 ON SRO's<sup>1</sup>

J. 51 is a program originally designed to assist private owners of multiple dwellings in renovating or upgrading their property. It does this by allowing tax abatement to a maximum of 90 percent of the reasonable cost of the improvement, and exemption from an increase of the assessed valuation which would otherwise occur because of the improvement. In recent years, J. 51 was extended to include conversion of various types of buildings into multiple dwellings. With this amendment, it became financially advantageous for private developers to begin conversions of SRO buildings.

The purpose of J. 51 was to provide an incentive for upgrading housing in New York City, and to this end it has been successful. An unanticipated side effect has been a negative impact on SRO problems. Since J. 51 was extended to SRO's, 10 buildings with a total capacity of 3,918 people have been closed for purposes of conversion.

Since tenants in New York City are protected from arbitrary eviction by rent stabilization and rent control laws, SRO landlords have frequently resorted to brutal, gestapo-like techniques to "empty" buildings they wish to convert.

While the conversion of buildings is very profitable, the SRO tenants forced to give up their homes do not benefit, and in fact receive little or no financial help in relocation. Tenants who have lived in the same place for many years will be forced to pay higher rents they can ill afford. Their standard of living, already very low, will be lowered still. Even without financial hardship, the traumatic impact of relocation on the elderly is well known.

As buildings close in one neighborhood, the SRO population shifts to other neighborhoods which often already have a high SRO population. As these problems increase in certain areas of the city, community groups and residents express the view that their neighborhood has become a "dumping ground" for people with bizarre, antisocial, or dangerous behavior. Stable communities find it increasingly difficult to coexist with the severe problems accompanying high concentrations of SRO's.

These problems reemphasize the importance of long-range planning for the housing and service needs of the SRO population in ways that are compatible with urban redevelopment and revitalization.

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<sup>1</sup> Submitted by Elaine R. Berlin, director, Mayor's Office of Single Room Occupancy Housing, New York City, Feb. 23, 1978.

## Appendix 7

### NEWSPAPER ARTICLE FROM THE COMMERCIAL APPEAL, MEMPHIS, TENN., MAY 17, 1978

#### JELlico HOTEL FIRE TAKES SEVEN LIVES

JELlico, TENN. (AP)—Fire swept through an aging residential hotel Tuesday, killing seven persons, officials said. A mother tossed her infant daughter from a third-floor window into the father's waiting arms, then jumped to escape the flames.

The fire apparently began in the lobby of the 76-year-old Jenkins Hotel, officials said, and brought down its roof and upper floors. Officials have not yet estimated cost of the damage to the hotel.

Cause of the fire was not known.

"The woman who ran the place told me she had a fire in the fireplace in the lobby, which had wood floors," said Jess Hodge of the State fire marshal's office in Knoxville.

Fire fighters spent much of the day looking among charred bed-springs and floorboards for four missing guests. But Hodge said investigators determined that none of the missing guests was in the hotel when the fire began.

"So that's it, so far as we know," he said of the death count.

A spokesman for the hotel and motel inspection section of the State department of tourism said the building was inspected March 3.

"Toilet and baths needed repair, the toilet room needed self-closing doors and the hotel construction was in bad condition—we're talking about walls, ceilings and stairways," Ed Puckett said. Inspectors asked that smoke detectors be installed and scored the Jenkins more than 80 points on a 100-point scale.

Jim Barton, 24, son-in-law of hotel owner Nanny Duncan and its night manager, said he knew of no violations, but agreed there were no smoke detectors.

"Everybody on the first floor got out," Hodge said. "Most of the fatalities were dead before they ever knew there was a fire, I think. We found some of them in bed, indicating they died of smoke inhalation."

He identified the victims as Iva Marie Brookman, 77; James Miller, age undetermined; Miller's 3-year-old son, whose name was not given; J. T. Hopkins, Nancy Perry, Harry Gilreath, and O. L. Hampton.

Eleven persons required hospital attention and six were admitted for treatment of smoke inhalation or injuries sustained in their escape. Police Chief Charles Bruce said he believed 29 persons, many of them elderly, were registered Monday night.

Authorities said a caller reported the blaze at 1:10 a.m. Memphis time. Fire departments from nearby communities responded to the blaze, which also damaged an auto parts store and a Trailways bus station in the same block.

## Appendix 8

### NEWSPAPER ARTICLE FROM THE SUNDAY OREGONIAN, PORTLAND, OREG., DECEMBER 11, 1977

#### OLD ESTATE HOTEL FACES BRIGHT FUTURE IN LOW-COST HOUSING PROJECT

BY SANDRA M'DONOUGH

Of The Oregonian Staff

After years in the housing information and referral business, Portland's Northwest Pilot Project is stepping into housing management.

The project involves the old Estate Hotel at N.W. 3rd Avenue and Couch Street, which will be converted—at an estimated cost of \$90,000—to permanent, low-cost housing for Portland residents on fixed incomes. Managing it is Bill Saenger, a director of the pilot project's housing programs.

The Northwest Pilot Project is a non-profit social service agency that has operated in Portland 7 years. It is funded by the United Way and includes several programs, including housing aid.

"We will be unique in the United States," Saenger said. "I don't know of any other private program that will be so involved in housing."

"Right now, we're just waiting for some legal dust to settle," he said, adding that the pilot project's Estate Hotel program should get under way within the next couple of weeks.

The legalities are in the hands of Portland schoolteacher Mary Maletis and her sister, Georgia Miller, a North Carolina resident. The two are in the process of purchasing the hotel building, which also contains their 56-year-old family business, the Maletis Brothers Grocery and Delicatessen. Once all the necessary papers are signed, Northwest Pilot Project will be able to move into the hotel.

Miss Maletis said her family will continue to operate their store, but she and her sister will turn management of the hotel, which occupies the top three floors of the four-story building, over to the pilot project.

For the first couple of years, as the program gets on its feet, the venture probably will mean a monetary loss for the sisters. However, that does not worry Miss Maletis, who called the program a worthwhile and necessary one for Portland's core area.

"There is a need for dwellings in the inner city for people on pensions," she said.

Too often, Miss Maletis said, old hotels are torn down and the people who lived in them are left homeless. She believes businessmen should consider restoring the old buildings to create low-cost housing for people who can't afford modern apartments.

"We should make sure there are rooms for people who want their own homes—even if it is just one room in the core area," Miss Maletis said.

According to Saenger, 160 such rooms will be available in the Estate Hotel when all the remodeling is complete. To make the hotel more livable, he said, a community kitchen will be built on each of the three floors. Rent in the restored hotel will be \$60 a month.

"We want to make this into a real home for the people," Saenger said. "Instead of catering to the transient population, we will be looking for permanent residents."

Residents of the old Estate Hotel, which had 177 rooms, included a large percentage of people who rented by the day or the week instead of by the month. Eventually, Saenger said, those people will be phased out of the hotel in favor of people who rent monthly.

However, he added, nobody will be forced out of the hotel during the renovation. Instead, residents will be moved onto one floor while the other is being restored, he said.

Saenger hopes he can encourage other Portland businessmen and community groups to take on core-area housing projects like the Estate Hotel. Already, he is working with a Portland church on the purchase and renovation of another hotel near the Estate.

"This kind of thing helps a lot of people," Saenger said, noting the people the housing is designed to serve usually must live on social security payments or other small pensions. They choose to live in the downtown area because of its convenience and low rent, he said.

"They're usually retired or disadvantaged people who are alienated and have no friends or relatives they can go to," Saenger said, "We are interested in renting to people whose biggest problems are health, age and money. They're the people nobody else wants."

Many such people are aided by the Housing Authority of Portland, Saenger said. But when that public agency's buildings are full, the people must turn to private sources like the Northwest Pilot Project.



