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**Justifying Violence: Discourses about Homelessness in San Antonio during the COVID-19
Pandemic**

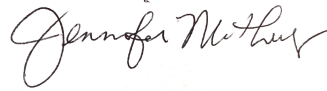
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A departmental senior thesis submitted to the Department of Sociology
and Anthropology at Trinity University in partial fulfillment of the
requirements for graduation with departmental honors.

April 22, 2021



Thesis Advisor



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Pandemic**

Gabriella Garriga

2021 Sociology and Anthropology Honors Theses at Trinity University

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For as long as I can remember, my family has always emphasized the value of education, and they have continuously encouraged my desire to learn and explore. They have shown through example the importance of giving back and supporting your community. I hope that this

project will serve as the start to that journey for me. Without your support, faith and sacrifice, none of this would have been possible. Thank you.

This research does not seek to blame any one person or organization. Instead, I hope that my findings serve as a catalyst and reminder that a strong community with robust social services is critical, especially now. I am nothing without my communities, and I hope that as a city we can support each other in the same way. Thank you for reading.

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ABSTRACT

In my analysis, I show that social power (proximity to policy change) is the most important determinant of how those involved in this research thought about homelessness and the resources needed to address the unhoused community's experiences with the COVID-19 pandemic. Those closest to high levels of social power demonstrate discourses of hierarchy of trauma and control most often to justify their actions. Those with low levels of social power invoked the superhero discourse. Most notably both groups exhibit benign neglect to explain the response (or lack of response) in aiding unhoused people during the pandemic. Though the discourses are different, all roads lead to the assumption that the unhoused community is well-served and unscathed in the pandemic. As described in the data, this assumption is very likely untrue. This analysis illuminates how discourses about homelessness allowed my informants to justify the inadequate resources available to unhoused people during the pandemic, relinquishing them of their responsibility to support all community members.

INTRODUCTION

Pandemic and Homelessness Background

In the United States, the effects of the COVID-19 pandemic have been worsened by poor communication and insufficient government action. For a year, the United States, like the rest of the world, has been overrun with COVID-19, and its destruction has been documented in various news stories and academic studies. The United States recently surpassed half a million deaths caused by the virus (Geller 2021). Though COVID-19 is a highly communicable virus spread easily through aerosol droplets, the social policy response (or lack of response) has undoubtedly led to higher rates of infection, hospitalization and death (The Urban Institute 2020). Without social policy designed to give people the ability to stay home (through supplemented income, job assurance, widely available healthcare, etc), already vulnerable populations have been left in an even more dangerous position throughout the pandemic. Because of this, the virus is not affecting all people equally. Biologically, the virus has a worse effect on those who are elderly, immunocompromised, and who have underlying conditions. However, the disease's effects are highly social, and the most impacted populations include not just the at-risk groups, but also people of color, low-income individuals or families, and people experiencing homelessness (Center for Disease Control 2020).

My research project will explore the ways in which assumptions about homelessness and unhoused people affects and limits policy creation and implementation on the city level. This research is informed by data that describes how COVID-19 has affected people experiencing homelessness in the United States, specifically in San Antonio. Although local news media (Stoeltje 2020) and the city (City of San Antonio 2020) have paid some attention to COVID-19's effect on other vulnerable populations, including elderly people in nursing homes, there is little

data readily available on the effects of COVID-19 for people experiencing homelessness. Though this is, in part, due to the difficulty associated with tracking those experiencing homelessness in general, it is also indicative of larger problems with San Antonio's ability to care for its homeless population. As the pandemic continues, it becomes easier to see which populations have more resources than others in terms of access to medical care, personal protective equipment, information through the leverage of social capital, and the protection of social institutions. Though much attention has been paid to rental stoppages and evictions (Blasi 2020), less attention has been focused on how those who were already experiencing homelessness before the pandemic are faring now. My project will investigate how less visible and more stigmatized populations, specifically those experiencing homelessness, are imagined during the COVID-19 pandemic. I interviewed twenty-one informants who were involved in providing services to people who are unhoused in San Antonio. This analysis will reveal how these discourses affect the unhoused population's access to critical resources.

Homelessness in the United States

Across the nation, researchers estimate that about 13.5 million Americans have been homeless at some point in their lives, and the country's homeless population on any given night ranges from 250,000 people to 3.5 million people (O'Connell et al 2010). In Texas, researchers estimate that about 25,000 people experience homelessness every night with significantly more people experiencing homelessness in cities than in rural areas (Adeline and Garnham 2019). The rate of homelessness by demographic varies by city, but it is fairly consistent across the country. People of color and men are more likely to experience homelessness (Wiltz 2019). Further, homelessness is highly correlated with incarceration as people who have been incarcerated are

ten times more likely to be unhoused (Couloute 2018). Homelessness is also more prevalent among those with mental health conditions (Wiltz 2019).

People that experience homelessness at higher rates often find themselves in urban settings. Worldwide, the total urban population passed the total of rural population in 2008, and this trend continues today (Connell 2020). Though difficult to capture, a 2017 study indicates that the number of tent cities in the United States has increased 1,342% since 2007, and there are encampments in every state and in the District of Columbia (Malson and Blasi 2020). Due to the increased visibility of the homeless, many city governments have imposed punitive actions to discourage the formation of encampments. Reducing the visibility of unhoused people can occur in many ways. Frequent and regular “cleanings” (practices that require people to move their possessions from a specific area or risk them being thrown away) are typically enforced by police, a practice that persisted even during the pandemic in San Antonio (Williams 2021). Cities also build hostile architecture around parks and other public spaces to deter unhoused people from living in encampments (Johnson and Beletsky 2020). Cities also partner with local organizations and even fund nonprofits to support the unhoused population. This is the case with the City of San Antonio as it funds 4.5 million of the 20 million dollar budget for Haven for Hope (the largest homeless shelter in San Antonio which supplies limited beds, free clinic services and food) (Oak 2019). All of this is in an effort to preserve the local economy as unhoused people are believed to deter business and tourism (Flores-Paniagua 2010).

The COVID-19 Pandemic

COVID-19 was first recorded in December 2019 in Wuhan, China. Since the first cluster of cases appeared, as of March 31, 2021, there have been 128,540,982 cases and 2,808,308

deaths (World Health Organization 2021). Over the past year, the world has learned that the use of facial masks and social distancing (remaining six feet apart from others) can dramatically reduce the spread of the virus. For a year, national leaders have imposed restrictions on travel and social gatherings and mandated the use of facial coverings to reduce the spread of the virus in their countries. As of April 1, in the United States, there have been 30,277,908 cases, and 549,098 deaths (Center for Disease Control and Prevention 2021). As of April 1, 2021, there were 64,397 current cases reported in the last week¹ (Center for Disease Control and Prevention 2021). In comparison to the rest of the world, the United States is in the top 20 countries with the highest rates of death when controlling for population differences (Ritchie et al 2021). In China, the country in which the outbreak began, the daily number of confirmed deaths per million people is less than .01 deaths per million people. In the United States, the rate is 6.14 (Ritchie et al 2021).

The disease has been this deadly in the United States because there are limited national restrictions aiming to curb the spread. The recommended restrictions to curb the spread of COVID-19, according to the Centers for Disease Control and Prevention (CDC), are to limit your interaction with other people outside of your household, double mask when within six feet of someone outside of your household, practice social distancing, and keep surfaces clean (Center for Disease Control and Prevention 2021). The decision to implement restrictions has largely been left up to states. The federal government did not mandate any restrictions (aside from limited travel restrictions) until President Biden came into office in 2021. Following this transition, President Biden created executive orders that aim to restrict the spread, including requiring masks for interstate travel, ramping up testing and manufacturing, and establishing a

¹ Whenever possible, I will use death data to compare regions and countries because this will eliminate the barrier of testing to record case numbers that many countries still face.

health equity task force (Weiland 2021). Outside of these restrictions, many states are allowed to operate freely as they see fit, leading to drastically different rates of infection and death across the country.

In Texas, Governor Abbott has been lax about COVID-19 restrictions, citing the need for businesses to remain open to support the economy and Americans' "right" to refuse to wear a mask. In October, Abbott implemented some restrictions to slow the spread. Under the October restrictions, bars were allowed to be open at 50 percent capacity, but if the percentage of COVID-19 patients went over 15 percent of the hospital capacity in a region for a full week, bars had to close down (Samuels et al 2020). Other businesses like movie theaters could operate at 75 percent capacity. However, if the number of cases went up, restaurant occupancy had to be reduced to 50 percent (Samuels et al 2020). There was also a mask mandate in Texas until March 2, when Abbott lifted the mandate and opened all businesses and facilities to 100 percent capacity (Office of the Texas Governor 2021). Previously, the order required Texans in counties with more than 20 cases to wear a face covering while in public buildings and outdoors when social distancing was not possible (Svitek 2020). Since Texas started recording cases, as of March 25, there have been 2,769,264 in Texas resulting in 47,877 deaths (New York Times 2021).

San Antonio and the COVID-19 Pandemic

Historically, San Antonio is one of the most economically segregated cities in the United States (Yi et al 2019). As shown in Image 1 (taken from the latest COVID-19 Monthly Epidemiological Report for January 2021) in the appendix, this economic segregation largely mirrors the case count in different ZIP codes (City of San Antonio 2021). The pandemic has hurt the people who were already in vulnerable positions before the virus arrived, including people of

color and those who are low-income. Overall, according to the city's website, 205,777 people have become infected with the virus as of April 1, 2021 (City of San Antonio 2021). According to the COVID-19 Monthly Epidemiological Report for January 2021, when looking at the cases in which race/ethnicity data are available, Hispanic individuals are disproportionately represented in the cases compared to their overall population in the county (City of San Antonio 2021). However, it is important to keep in mind that only 60 percent of cases have race and ethnicity data available, which means that these patterns may not be generalizable to the city's full population.

Not coincidentally, people of color are also disproportionately represented in the unhoused population. According to the most recent Point in Time Report, in 2020, of the 2,932 people experiencing homelessness in San Antonio, 72 percent of those experiencing homelessness were white (this includes Hispanic individuals) and 24.4 percent were Black (more than three times the corresponding ratio of Black individuals in Bexar County). In terms of gender, San Antonio's unhoused population is 59 percent male, 40 percent female, and 1 percent transgender or non-conforming (South Alamo Regional Alliance for the Homeless 2020). Additionally, 57 percent of people experiencing homelessness are sheltered and 43 percent are unsheltered. It is important to note that Haven for Hope's courtyard is considered unsheltered in this count. Additionally, 27 percent of those experiencing homelessness are at least 50 years of age, making them more vulnerable to the negative effects of COVID-19 (South Alamo Regional Alliance for the Homeless 2020).

In response to the pandemic, the city has relied heavily on large existing homeless shelters to support those experiencing homelessness with the resources and the education needed to curb the spread of the disease. Haven for Hope is the best example of this city and nonprofit

partnership in San Antonio. Haven for Hope is one of the largest homeless shelters in the United States and services the most unhoused people in San Antonio. As mentioned before, the City of San Antonio funds 4.5 million of the 20 million dollar budget for Haven for Hope (Oak 2019). Haven for Hope was created as a solution to remove unhoused people from the downtown area, and focuses on the shelter model instead of a housing first model (Smith 2017). In centering the shelter model, Haven for Hope, and by extension, the City of San Antonio, concentrate resources to remedy the effects of homelessness but not necessarily the root problem. By giving people temporary shelter, some of the negative consequences of homelessness can be fixed, including the negative impact on tourism and business. In contrast, the housing first model, which typically includes wraparound services, would solve the root problem by providing unhoused people with permanent housing. As I will discuss later on, the creation of Haven for Hope allows the city to abdicate its responsibility for those who are unhoused. This abdication is supported through a general application of the following discourses: benign neglect, hierarchy of trauma, superhero, and control. I have defined benign neglect as a discourse that informants use to signal confusion generated by bureaucracy, reliance on Haven for Hope's position in the city, or a vague notion that unhoused people are not negatively affected by the virus. Hierarchy of trauma is another discourse that describes the process people who are unhoused are subjected to when trying to receive resources. Superhero describes how those who are unhoused are believed to have a natural and imaginary biological immunity to COVID-19 because the population lives outdoors. Finally, control is a discourse used to describe the unhoused community's need for control and advocacy as well justify the practice of control through policing. All of these discourses work together to justify the lack of dedicated resources available to this population.

However, the city has created some services for those experiencing homelessness. The most significant of these is the Isolation Care Facility (ICF) in which people who are unable to quarantine themselves after exposure or a positive test result are given temporary housing for two weeks or until they test negative for COVID-19. In addition to this resource, the city has also been involved in supporting Haven for Hope's sheltered population on a larger scale. In March, Haven for Hope rented out a hotel, now coined "Hotel Haven," to relocate their most vulnerable populations (about 300 people), including those who are at least sixty five and those who have underlying conditions. At the same time, Haven closed their doors to new clients, remaining at their capacity of about 1,200 clients.

Due to a lack of wide-scale testing among those who are unhoused, there is limited data to support assertions about the community's wellbeing. As discussed later on, those involved in high-level policy development, particularly as city officials, still tend to assume that the community is relatively unharmed by the virus. However, the available data suggest that these assumptions are largely incorrect.

During the first large spike in the pandemic in March 2020 (which has since been surpassed by the July and January peaks), there were 829 unhoused people who asked for services at a variety of city-sponsored and established shelter response sites. Using data gathered from the South Alamo Regional Alliance for the Homeless (SARAH) between March 13 to May 21, I analyzed the types of services and resources available to those experiencing homelessness at the start of the pandemic. These data have been synthesized in Table 1 in the appendix. Of the 829 people who asked for services, 52 were younger than age 5, 22 were ages 6-11, 15 were ages 12-17, 36 were ages 18-23, 307 were ages 24-44, 182 were ages 45-54, 203 were ages 55-69 and 12 were over age 70. According to the Point in Time Report for 2020, the median age of the

aggregated count of unhoused people in the San Antonio area was 39. According to this data, 47.89 percent of the unhoused individuals who requested services were 45 and older, meaning they were overrepresented when compared to the overall aging unhoused population that is 50 and older which represents 27 percent of the population. Further, most people who received services, received these services at Haven for Hope. Of the 2,932 people experiencing homelessness, 566 (an increase of only one individual from last year) were staying in Haven for Hope's Courtyard. At the start of the pandemic, 820 people received services at Haven for Hope (including through H4H Master ES, H4H Courtyard OSSA, H4H CY COSA DRP ES, H4H Pre-Intake SSO, H4H Hotel ES). Only four people received services at SAMMinistries and five people received services at the ICF. In terms of gender, 281 individuals (33.9 percent) who received services identified as female and 548 (66.1 percent) identified as male. According to the PIT data, overall, 59 percent of the total count of the homeless identify as male. 40 percent of the count identified as female and one percent identified as transgender or gender nonconforming. This means that individuals identifying as male were overrepresented in the data tracking services requested. In terms of race and ethnicity, 399 people (48.13 percent) identified as Latino or Hispanic, 599 identified as White (72.26 percent) and 220 individuals (26.54 percent) identified as Black. According to the PIT data, 47 percent of the overall unhoused population identifies as Hispanic, 72 percent of the total individuals experiencing homelessness are white and 24.4 percent of the total population identified as Black. In this way, those requesting services are comparable to the overall unhoused population, with both Latino and Black individuals slightly overrepresented.

At the start of the pandemic, less was known about the virus and people were beginning to be advised to wear masks. This is reflected in the data. By far, obtaining a face mask was the

most common request from this dataset as 403 people requested one. Second, 124 people requested a night bed at the ICF and the data does not describe whether this request was granted. The next common request was for in-house isolation (108 people requested this). Next, 60 people got a clinic referral. Fifty-seven people were released from the location where the data was taken. Medical services were much less common. Only 16 people were tested for COVID-19 and 15 people had a temperature over 100.4 degrees. Twelve people got follow up appointments with the clinic, 13 people got EMS transport to the hospital, 12 people tested negative for COVID-19 and 9 people refused services. This dataset describes the critical services needed at one of the peaks of the pandemic and reflects the limited resources available in the city. At the start of the pandemic, there was limited knowledge about the effectiveness of facial masks, and there was a shortage. There was also a shortage of tests, not just in San Antonio, but across the United States and Texas. In March 2020, when this data was collected, there were about 700 tests performed in the state overall (Root et al. 2020). In the following paragraphs, I will investigate how accessible critical services like testing were to San Antonio's unhoused community.

This project's aim is to investigate how stigma and stereotypes about people experiencing homelessness affect access to resources among this population. There is very little data available regarding San Antonio's homeless population and their rate of positive COVID-19 infection. Even so, many have been quick to tout the unhoused community's success in avoiding infection. Haven for Hope, even reported a one percent positive test rate in April to the news media (Dimmick 2020). Despite these perceptions, the data that is available speaks to a different reality. According to data obtained from Dr. Junda Woo, Medical Director for the City of San Antonio's Metropolitan Health District, as of August 17, Haven for Hope had cumulatively tested 268 exposed or symptomatic staff and clients, with 31 clients and 27 staff positive, meaning the

organization had a 21.642 percent positive rate, far more than one percent. Even more striking, the organization likely had an even higher rate given Haven for Hope was not doing surveillance testing of asymptomatic persons. In comparison, on August 9, the city's overall positivity rate was 9.9 percent (Herrera 2020). Further, as of September 23, Haven for Hope had cumulatively tested 345 exposed or symptomatic staff and clients, with 33 clients and 29 staff positive, meaning the organization had a 17.971 percent positive rate. To conduct the testing, San Antonio's Metropolitan Health District partnered with SAFD to provide universal assessments and targeted testing at shelters, testing all exposed contacts, according to Dr. Woo. In comparison, on September 14, there was a 6 percent positive rate in the city overall (Herrera 2020).

As mentioned earlier, the other major resource that the city is providing is access to the Isolation Care Facility (ICF). According to Dr. Woo, as of mid-July, 597 unique unsheltered individuals had been housed at an Isolation Care Facility. Data obtained from a high-level official at the Department of Human Services (DHS) described ICF statistics for March 1 through October 6. During this time period, 650 individuals had accessed the ICF. Of these individuals, 318 were individuals or families registered as unhoused (370 total individuals). Overall, since its opening, 56 percent of the occupancy was made up of unhoused individuals or families. People were referred to the ICF by word of mouth, according to an employee at the Center for Healthcare Services who interacts with unhoused individuals who have mental health conditions. This process can be confusing and create barriers as will be described in my discourse analysis. Additionally, according to an employee at the Haven for Hope Clinic, ICF referrals also come from hospitals, jail, shelters, the city's COVID-19 hotline and homeless hotline. This employee also provided data about Haven for Hope's clinic. At the start of the

pandemic, testing was very limited in San Antonio. However, in the month of July, the clinic tested 1900 people, and the majority of those asking for tests were community patients (not classified as unhoused and not clients of Haven for Hope). In June, the clinic tested 900 individuals. Out of these individuals, 106 were unhoused. In September, the clinic tested 533 individuals and 257 were unhoused (these individuals were from Haven for Hope's campus and other locations). In October, the clinic tested 1772 patients and 991 were unhoused. In this group tested in October, 31 percent of those tested were from campus and 22 percent were from other shelters or encampments and 40 percent were not homeless. Of all the tests conducted at this site (5,157 tests), the positive test rate was about nine percent. However, many of these people were not unhoused as explained above. Overall, in the months of August, September, and October, the positive test result was 3-6 percent. The highest test rate occurred in June and July. In June, there were 983 people tested and in July there were 1,913 people tested, culminating in a positive test rate of 12-13 percent.

The data in San Antonio, including the fact that the positive test rates at Haven for Hope among clients and staff members were at one time 21.642 percent and 17.971 percent, demonstrates that the notion that the unhoused community was safe or somehow insulated from the pandemic is not completely sound. Further, since the ICF's opening, 56 percent of the occupancy was made up of unhoused individuals or families. Knowing this, the city government should be able to account for why little attention and few resources have been given to the unhoused population. Using the discourses of benign neglect, hierarchy of trauma, superhero, and control, I analyze how these discourses uphold negative assumptions about homelessness and release city governments from the responsibility of mutual and community care.

LITERATURE

This section will make connections between homelessness, eviction, and COVID-19, elaborating on how these connections influence perspectives on housing rights, the housing first model, and distinctions between chronic and temporary homelessness. I will highlight common assumptions and biases about homelessness which influence policy among politicians and policymakers. Finally, I will investigate the relationship between the government and nonprofit sector. This section will give background and frame the rest of my analysis in which I will argue that the discourses invoked by my informants creates normalized violence (Garcia and Denard 2017) and positions unhoused people as an unimagined community (Nixon 2010).

Homelessness, eviction, and COVID-19

Renters and housing activists have been calling for an end to evictions long before the outbreak of COVID-19 (Blasi 2020, Desmond and Gershenson 2017). However, now, evictions are being recognized as a public health concern, and every day, more cities are creating temporary rent stoppages to curb the spread (Blasi 2020). On September 4, 2020, the CDC issued a moratorium on eviction (Centers for Disease Control and Prevention 2021). Under the order, a landlord, owner of a residential property, or another person with a legal right to pursue eviction or possessory action, should not evict. The CDC's emergency action does not provide rent relief to tenants in the form of canceling rent or providing financial assistance to pay rent (The Eviction Lab 2020). Under this order, tenants still must pay what rent they can, and the order does not preclude landlords from charging late fees, penalties, or interest that results from non-payment or partial payment of rent as specified in the lease. Tenants will be responsible for all unpaid rent that accrues during the moratorium, and the moratorium is effective until June 30,

2021 (Centers for Disease Control and Prevention 2021). On a local level, there is also an effort to prevent current tenants from being evicted. The City of San Antonio has a rent assistance program to help those who are on the verge of eviction, enabling them to maintain their current housing (City of San Antonio 2021). However, for those who were evicted before the moratorium or who were unhoused before the pandemic, there are fewer resources to support housing stability.

The COVID-19 pandemic has made homelessness more visible as neighborhood leaders either ignored or organized with those experiencing homelessness when shelters around the country closed or limited operations to enforce social distancing. Many neighborhood organizers have taken action when local governments refused to. Some activists occupied vacant or unused homes to provide the policy solution public health experts agree works best: housing the unhoused (Johnson and Beletsky 2020). The CDC continues to advocate for social distancing and remaining at home to curb the effects of COVID-19, but the unhoused are left with few choices. Homeless shelters are often high-density, with people housed indoors in bunk beds and cramped quarters. Because of this, following CDC guidelines is not an option for the unhoused. For these reasons, the projected rate of infection for those experiencing homelessness in major urban cities is about twenty-five percent (Mosites et al 2020).

According to the literature on homelessness, implementing a housing-first approach is the best way to support the unhoused population. By providing stable housing, people can maintain a job, see doctors, have an address which is required to receive many forms of government assistance, and obtain emotional support (Hulchanski et al. 2009, O'Connell et al. 2010, Roy et al. 2020). The housing-first approach can be achieved through a range of measures, including canceling rent and mortgages, making vacant properties available as permanent housing, and

reallocating public funds to build low-income housing (Johnson and Beletsky 2020). This housing-first model should also include wraparound services like access to healthcare, job opportunities and case workers (Fowler et al. 2019, Kar et al. 2020). Researchers have also found suggest that the best response to homelessness comes from the government level (federal, state, and local) because this institution has the highest capacity to address the issue (Benavides and Nukpezah 2020).

Studies show that the best way to combat the effects that COVID-19 has on the unhoused population is for local homeless-centered government offices to partner with hospitals and human services to establish: 1. a testing site for homeless individuals and 2. a medical plan for the isolation of COVID-19 positive homeless individuals discharged from hospitals (as was done in Dallas, Texas) (Benavides and Nukpeza 2020). The CDC and housing activists are also advocating for cities to allow unhoused people to remain where they are in sanctioned encampments if cities are still refusing to provide housing (Malson and Blasi 2020, Blasi 2020, Mosites et al. 2020, O'Connell et al. 2010). Even city residents strongly support ending the criminalization of homelessness and allowing people to sleep outside and in their vehicles without fear of arrest as a strategy to slow the spread of the coronavirus, according to Johnson and Beletsky (2020).

Outside of being a public health hazard during the international pandemic, being unhoused also negatively affects one's mental and physical health. Even before the pandemic, people experiencing homelessness have always been more likely to experience health issues (O'Connell et al. 2010, Hwang 1997, Kar et al. 2020). A Philadelphia study found that adults who were unhoused were 3.5 times more likely to die than the overall population in the United States (O'Connell et al 2010). Experiencing homelessness is a risk factor for chronic stress

conditions that weaken the immune system. Further, people living in shelters are twice as likely to have a disability and, generally, people experiencing homelessness have higher rates of chronic illnesses, like HIV, diabetes, and heart disease (Johnson and Beletsky, 2020).

Additionally, in previous pandemics of SARS and influenza, the rate of infection, numbers of cases, and mortality rates were higher among those who are unhoused than in the housed population (Banerjee and Bhattacharya 2020).

How policymakers talk about homelessness

As a country, we have many assumptions which form a set of discourses that we use to evaluate the actions and circumstances of unhoused people. These discourses have historically influenced national and state policy (Emerson 1962). Today, discourses about homelessness continue to influence social policy, and I argue that on a city level, the discourses held by my informants work against the best interest of unhoused people. Overall, the rise of neoliberalism in the United States has led to a focus on individualism and moral failures in the realm of homelessness (Krzyżanowski 2016, Rothe and Collins 2016, Toft 2014, Willse 2010). Below, I have focused on several mainstream discourses which are prevalent throughout my research and the research of Teresa Gowan (2010) which reflect these neoliberal values.

In her ethnography, *Hobos, Hustlers, and Backsliders*, Gowan follows the lives of about 38 unhoused people living in San Francisco (2010). The book explores the historical and political decisions that led to a large number of people experiencing homelessness in the country and San Francisco in particular. Gowan sets out to understand the role of political discourse in creating policies that affect the ways unhoused people are expected to live, survive, and “prosper” (Gowan 2010). Throughout the book, there is an emphasis on how those with power

(elected officials, police, social workers, etc) view and use these discourses, and how those experiencing homelessness perceive and form counter-discourses around these primary ways of speaking about the “issue of homelessness” (Gowan 2010). For my purposes, it is important to understand these discourses which those with power create (Gowan 2010). These discourses explain how the unhoused are criminalized and blamed for their “moral failure” to maintain housing. These discourses include “sin-talk,” “sick-talk” and “system-talk” (Gowan 2010). “Sin-talk” describes how those with power perceive unhoused people’s position as a moral failing due to addiction to drugs or alcohol (Gowan 2010). “Sick-talk” describes how those with power believed that mental illness was a root cause of homelessness, leading them to believe that medication is the best way to solve it (Gowan 2010). “System-talk” is an acknowledgment that homelessness is caused by a multitude of factors that harm the most vulnerable in our society, so homelessness must be fixed through an overhaul of the system (Gowan 2010). Gowen found that those with power used all of these in tandem and with different degrees of salience.

Relationship between nonprofit organizations and government agencies

A large part of my research project focuses on the notion of institutional neglect and normalized violence (Peltonen 2004). Overall, institutional neglect and tunnel vision have operated throughout the pandemic, and harmed unhoused people in San Antonio. This process occurs when resources are created without an understanding of the unhoused experience, leading to unintended barriers. In the city of San Antonio, it is unclear which department or organization is responsible for caring for the unhoused. In this vacuum, no one takes up the responsibility. In particular, Haven for Hope’s position in the city justifies the lack of available resources dedicated to people experiencing homelessness. To fully understand how this occurs on a

municipal level, I will give a review of the literature which analyzes the prevalence of normalized violence especially among government and nonprofit partnerships, the diffusion of power and responsibility across department hierarchies, the confusion prevalent in the use of data systems to count homelessness, and the overall harmful effects that bureaucracy has on the vulnerable.

In the literature, there is a notion that bureaucracy harms people who are vulnerable, even those that the organization aims to help. Through no fault of the individual actors, there is a diffusion of power and responsibility that occurs on the federal, state, municipal, and organization levels (de Graauw 2015, Hess 2005, Perrow 1991). In Garcia and Denard's research on social workers, many public service employees are employed in a bureaucratic system in which they are "overworked, underpaid, and not adequately trained and lack supervision" (2017, Perrow 1991). Entry-level employees are responsible for an overwhelming number of cases, and the practices at their organizations are confusing and not well-defined, leading to diffusion of responsibility, which ultimately harms the clients. Further, the power wielded by different members in an organization differs widely. Clients and entry-level employees have less ability to make important decisions and high-level suggestions (Garcia and Denard 2017, de Graauw 2015, Hess 2005). This understanding will become important in the description of my informants' discourses which is influenced by their varying degrees of social power.

In regard to government and nonprofit partnerships, there is a robust literature about their tenuous and strained relationship due to differences in perceptions of the problem and desired solutions (Knutsen 2017 and Salamon and Toepler 2015). In addition, the diffusion of responsibility that occurs as government and nonprofit partners attempt to combine interests negatively impacts the implementation of large-scale change and accountability (Knutsen 2017,

Lecy and Van Slyke 2013). Weber's concept of bureaucracy posits that bureaucracy is the mode through which continuous rationalization and economic growth occur (Tidy 1959). In contrast to this theory, much of the literature on bureaucracy in the government and nonprofit level demonstrates that the process of creating and distributing social services is often disjointed and ineffective (Perrow 1991 and Knutsen 2017). Even more concerning, most of the resource allocation falls to nonprofit organizations who take on quasi-governmental roles by supplying social services and maintaining the social safety net (Perrow 1991). In many cases, nonprofits even work on behalf of politicians and governments for powerful individuals' interests (Domhoff 2009 and Hess 2005). As I will discuss later on, these same issues of tunnel vision and diffusion of responsibility are prevalent in San Antonio, especially in the relationship between the city and Haven for Hope.

Policing and homelessness

Outside of the specific literature on policing and homelessness (Dum and Weng 2017, Robinson 2019, Dozier 2019, Toft 2014, Robinson 2019), there is extensive research demonstrating that police enact violence against people of color, specifically Black and low-income people for the benefit of those with power (Brown 2019, Brunson 2007, Dottolo and Stewart 2008). Especially in the Southern United States, the police were created to target Black people to maintain private property (in the form of chattel slavery and plantations), and by extension, capitalism (Brown 2019). As "Broken Windows" policing became normalized in the 1980s, patrol police were encouraged to use their power to address any people that appeared "suspicious." Under the guise of reducing crime and working with the community, police could systematically profile people with little fear of legal consequences (Brown 2019). Today, Black

people are disproportionately overrepresented in jails and arrests even though this population does not commit more crimes than the white population (Dottolo and Stewart 2008).

There is also a strong connection between incarceration and homelessness. According to a national study, homelessness and incarceration increase the risk of each other; if you have been incarcerated, you are more likely to become unhoused and if you are unhoused, you are more likely to be incarcerated (Greenberg and Rosenheck 2008). According to Marxist criminology theories, crime is defined and controlled by the ruling class to divert attention from the capitalist system's exploitative nature (Matthews 2014). Police and prisons are then used to quell those groups whose existence calls into question the mode for appropriating human labor (Matthews 2014). Policing the unhoused is an example of how this theory plays out.

There is extensive literature describing how police violence against the unhoused is closely tied to maintaining property (Hartmann et al. 2013, Robinson 2019). Police play an important role in the process of maintaining control over homelessness because they enforce anti-homeless laws and regulations (Dum et al. 2017, Hartmann et al. 2013, Robinson 2019). The police most directly criminalize the unhoused through arrests, citations, and destruction of encampments (Dozier 2019). Herring shows how those with access to private property use the police to remove unhoused people by arrest, or more often, by displacing encampments (2019). The article describes how police units approach homelessness in this way to satisfy city leaders who cater to constituents (Herring 2019). Through this process, unhoused people become isolated from the nonprofit and mental health community's resources, leading to more suffering (Herring 2019). As illustrated by this specific example, police departments' aim is to protect private property to maintain elites' power. The unhoused are ultimately controlled through fear and the threat of violence.

METHODS

In the fall of 2020, I conducted in-depth interviews with twenty-one informants involved in providing services to people who are unhoused in San Antonio. From September to December, I interviewed nonprofit, city, and medical leaders involved in mitigating the negative effects of the COVID-19 pandemic for those who are unsheltered. Due to the ongoing pandemic, all of my interviews were conducted through Zoom and most were recorded with my informants' consent. Interviews ranged from 30 minutes to 90 minutes, with most lasting approximately 60 minutes. In preparing for the interviews, I created a list of questions that evolved throughout the study. I started with questions about the logistics of the resources that were available to unhoused people. As I learned more about the resources available and the main actors involved in this social sphere, my questions changed. I became more interested in the discourses that the actors used to describe the way the pandemic is affecting people who are unhoused. My approach was mostly inductive because I did not have a hypothesis going into the interviews. However, after a handful of interviews, I realized that many actors were using similar discourses to explain what the pandemic was doing to unhoused people in San Antonio. Because of this, I made my questions more pointed, trying to get my informants to analyze the justifications that they used. My questions were normally the same for all informants (regardless of their position).

I began my study by contacting nonprofit and shelter leaders, with a particular focus on Haven for Hope, to learn about their rates of infection among clients. I was also interested in learning how their services changed due to the pandemic and recommendations for social distancing. In most cases, these informants referred me to city officials more involved in policy changes or programs which were credited with producing the low recorded infection rates among the unhoused population. I spoke to city officials involved in the Department of Human Services

(HUD), Neighborhood Services, and council representatives. I also spoke with public health officials, including epidemiologists involved with tracking the virus' transmission among shelters and those who are unhoused. I interviewed doctors at relevant medical institutions, including San Antonio Metro Health, the medical clinic at Haven for Hope, and hospital volunteers. I also spoke with informants at an organization that was involved in allocating CARES Act funding. Finally, I spoke with members of the San Antonio Police Department's (SAPD) Homeless Outreach and Positive Encounters (HOPE) team who provide ID recovery for unhoused people. In the interest of confidentiality, I have not named nonprofits city, and public health employees throughout this paper, and all identifying information has been omitted. Table 2 summarizes the relevant information about all 21 informants.

I coded my field notes from each interview. After coding for different kinds of discourses, including benign neglect, hierarchy of trauma, superhero and control, I took a more in-depth look at the most salient interviews. I used the transcription which I downloaded from Zoom and coded these interviews thoroughly. After I had the material coded, I developed my framework of social power as a determinant of which discourses my informants used most often. This framework helped ground me in my argument.

DISCOURSES

Overview

In my analysis, I will show that proximity to social power is the most important determinant of how my informants thought about homelessness and the resources needed to address the unhoused community's interaction with the COVID-19 pandemic. Haven for Hope is the most powerful and important actor in the homeless arena in San Antonio. Much of my analysis centers on Haven's position in the community and how its existence influences the discourses and lack of city response in San Antonio. Because I want this research to be useful and a catalyst for change in the community, I will not anonymize Haven for Hope's name. The organization is an important actor and its position should be scrutinized and thought about critically. I do not think this can be done effectively without using its name. In the interest of confidentiality, I will only refer to my informants by their relative position in the organization. As the material in this paper is critical, though it focuses on institutional rather than individual problems, I will refer to organization positions to preserve my informants' anonymity. I want to emphasize that my informants are not uniquely at fault for the discourses analyzed in this section. As described by Foucault, all social structures have apparatuses which are not easily changed (Peltonen 2004). In this way, my informants did not create the discourses described, though their engagement with and use of these discourses legitimizes them and has lived consequences for unhoused people in San Antonio. The pandemic has strained the resources of cities across the country and world. Though I acknowledge that authorities are operating with limited funds and human resources, it is still important to understand that the discourses and images these leaders employ are prevalent and inflict harm. Once we recognize this, it can be changed.

My informants' proximity to social power determines the type of discourse that they use. As I will discuss throughout this section, I have found that those closest to high ranking positions, meaning those having more power to change policy and create resources for unhoused people, demonstrated benign neglect, hierarchy of trauma and control most often to justify their actions. These individuals usually included hospital or clinic directors, city officials and shelter leaders. In contrast, those with less power, including some smaller nonprofit leaders (excluding Haven for Hope), social workers, lower-level government officials, and hospital volunteers, invoke benign neglect and the superhero discourse to justify their actions or the inadequate response toward the unhoused community. Significantly, I find the benign neglect discourse in both sets of actors as I have divided them. Using these discourses, actors justify and rationalize their actions and organizations' response to the pandemic in different ways, coming to the same conclusion. Though the discourses are different, all roads lead to the idea that the unhoused community is well-protected and unscathed in the pandemic. As described in the data, this assumption is almost certainly untrue. This analysis will shed light on how assumptions concerning homelessness and unhoused people influence available resources and funds. My analysis will end with recommendations on how the City of San Antonio and similar cities can improve their pandemic responses for those who are unhoused.

Social Power

Throughout this paper, I will use the concept of social power to frame my analysis of my interviews. This term seeks to provide an organizational framework, so I may analyze how hierarchy (which describes one's professional position within an organization) influences the types of discourses that my informants use to justify the lack of support that unhoused

individuals have experienced during the pandemic. Social power is based on Marxist theories of social power, but I have extended this concept to help organize the findings of my interviews. Further, there are similar concepts that have helped guide my understanding of this behavior. In behavioral psychology, social power is a concept used to describe how one's personality, hierarchical position in an organization and situation dynamic "combine to predict social power's effects for harmful or beneficial behavior" (Fiske and Berdahl 2007). Though similar to my term, this psychological term is useful in attempting to understand *why* people behave in certain manners (partly based on their position within an organization). Instead, the term social power, in the way I have defined it, will help me make sense of the varying discourses across these groups. Social power builds on Bourdieu's foundational concepts of social capital, symbolic capital and power (Ganti 2014). Social power extends these elements but makes the importance of hierarchical position within an organization explicit. I define social power as the relationship between social capital and social hierarchy which produces power that gives one the ability to make structural policy changes. As I have found in my own interviews, one's proximity to policy-making power or influence forces an informant to invoke different discourses to rationalize the reality that the unhoused population in San Antonio has been inadequately supported during this crisis. Table 2 summarizes the amount of social power possessed by each respondent.

Social power builds on the work of current theory, bringing the literature into the field of housing and occupational hierarchy. Marx's notion of social power in the context of media provides foundational understanding for social power in this context. According to Grossberg, a Marxist theorist, social power based on one's social experience defined and by class position (1984). In this way, social power is strongly based on one's social class, and I will extend this

concept to my thesis which is concerned with hierarchy within an organization. As described throughout this paper, the discourses invoked by each informant were tied to their proximity to policy-changing power (which is also tied to class and status). Power is of course dynamic and dependent on a combination of many factors, but proximity to create policy change through occupational position is what I have found to be most salient in this study (Roscigno 2011). I have based these distinctions of high or less social power on my informants' positions within their organizations and the organizations' positions within the housing sphere in San Antonio. Importantly, Emerson's concept of a power-dependence relation demonstrates that power is not an innate quality that is prescribed based on individual factors, but power occurs when in relation to others or "power resides implicitly in the other's dependency" (1962). With this understanding, the significance of social power as an organizing theory resides in the fact that those with higher social power have more influence over policy decisions that would impact the homeless landscape in San Antonio. Thus, similar to the power-dependence theory, social power is significant because it affects others who are dependent (in this case, those who are unhoused).

As described above, my informants' proximity to social power determined the discourses that they used. Those closest to high positions, meaning those having more power to change policy and create resources for unhoused people, demonstrate benign neglect, hierarchy of trauma and control most often. Those with less power demonstrate benign neglect and superhero to justify their limited support of the unhoused community. This concept is echoed in prior literature which problematizes bureaucracy in the government and nonprofit sectors (de Graauw 2015, Hess 2005, Perrow 1991). Many entry-level or low-level employees of government agencies are unable to make large-scale changes that will effectively overcome the systemic barriers that people face. Because of this, many of these actors utilize a set of discourses that

allows them to distance themselves from the negative consequences of the existing system, demonstrating benign neglect and using the superhero discourse to help them cope with the woefully inadequate attention and resources dedicated to the unhoused population during the pandemic. On the other hand, those with social power must create a different set of discourses that allow them to rationalize the current state of vulnerability that unhoused people are experiencing. By demonstrating benign neglect, hierarchy of trauma and control, those with more social power can justify their lack of large-scale action to support those who are unhoused. The study of discourses and practices which justify harmful actions is common throughout the field of Sociology. For example, discourses surrounding affirmative action in the United States can justify racist hiring practices and discrimination against non-white applicants as found by Berry and Bonilla-Silva (2004). Similarly, the discourses found in my thesis act to justify problematic practices during the pandemic and insufficient housing policy in the city overall.

Benign Neglect

During my interviews, a member of the COVID-19 Congregate Settings Response Team, a high-level official at Department of Human Services (DHS), a high-level official at CENTRO San Antonio, a high-level official at Haven for Hope, an employee at Metro Health, an employee at the Haven Clinic, an employee at San Antonio's Epidemiology Team, and a social worker who used to work for Haven for Hope all displayed the discourse of benign neglect. Throughout this section, I will use the term benign neglect to signal how informants referred to the confusion generated by bureaucracy, Haven for Hope's position in the city, or a vague notion that unhoused people are not being affected by the virus, to justify both the lack of widely communicated resources dedicated to the population and an indifference to the "housing is healthcare"

argument. Of those listed above, I have classified four of the eight informants as having high levels of social power due to their positions within the system and the city's overall pandemic response. I will expand on why this is important later in the section.

There were a few main elements that allowed my informants to abdicate responsibility for community care in regard to homelessness and the pandemic. The first is a heightened focus on Haven for Hope. Throughout my research, informants consistently referred to Haven for Hope when discussing homelessness, as it is the largest homeless shelter in Bexar County and in Texas. Because the center receives city funding and special support during the pandemic (with the creation of Hotel Haven), the conversation about the state of unhoused people in San Antonio always began with Haven. A social worker who used to work for Haven for Hope said that the city has always expected the center to support everyone experiencing homelessness in San Antonio because it is city funded. It has been easy for the city to push the issue of homelessness entirely off to this powerful actor because it is so expansive. In doing this, perhaps unintentionally, the city relinquishes its responsibility for its unhoused residents. Ultimately, Haven has become what we do about homelessness in San Antonio.

It is clear from my interviews with multiple high level city officials, including a member of the Congregate Settings COVID-19 Response Team and a high-level employee at DHS, that there is little understanding of how unhoused people outside of Haven for Hope (about 1,500 unhoused people according to the 2020 Point in Time Report) are faring in the pandemic. The lack of information on those in encampments or in other shelters is due to the lack of widespread outreach and mass testing by the city. This is despite the fact that community leaders, including one of my informants who was a member of San Antonio's Public Health Transition Team, have called for these measures. "I don't believe anyone is actually doing [mobile testing]... which is

also why we've recommended to the city multiple times to send out mobile units... it's passive versus active public health. Passive is we wait for you to come to us when you're sick. Active is we're going out and looking for cases, so we can prevent the spread." In this way, the city is passively taking care of its unhoused population, and this is also reflected in the city's overall housing sphere.

There are a multitude of reasons and systemic problems which cause homelessness and encourage it. Because the issue is multifaceted and far-reaching, the city must work to create affordable housing and wraparound services to support those who are unhoused. Though San Antonio has plans in the works to transform housing, as stated in "San Antonio's Housing Policy Framework" (2018), historically and especially in this current moment of crisis, much of the work is being relinquished to Haven for Hope. One informant echoed this understanding that Haven's work must be supplemented with city reform, saying "You know, I like [Mayor] Nirenberg he's a good guy, and I like that he put together the housing policy task force that was two or three years, probably three years ago now. And frankly, the city hasn't done shit to increase capacity of affordable housing. In fact, they continue to provide incentives to developers to develop downtown... And so they're prioritizing the wrong thing... But the reality is we had three years to prepare for COVID not knowing it was coming. If we would have started building the stock of affordable housing and doing the things upstream interventions that we need to do, we wouldn't be in as much a crisis situation as we are. Unfortunately, we didn't do that, so the crisis is coming."

Haven for Hope was initially designed to support those who are chronically unhoused and need a multitude of services at once (housing, food, childcare, healthcare, etc). However, especially during the pandemic, this organization has become the primary municipal resource for

large numbers of impoverished and vulnerable individuals and families. Haven for Hope, or any organization like it, is unable to “fix” homelessness because it does not have the resources to upend the systemic city and nation-wide oppression that causes homelessness. Further, as an organization, Haven is beholden to the city, state, and federal funding guidelines that determine the measurements of “successful” homelessness solutions, and these measurements may not be based in providing long-term transitional services to housing. In contrast, the city government is beholden to the people of San Antonio who can vote for significant changes in housing policy and the funding that is needed. In this way, Haven or a select number of programs are unable to “fix” homelessness, though they may be successful in hiding visible homelessness from mainstream view. Thus, the city’s reliance on Haven for Hope as the principal actor in this pandemic is woefully inadequate and irresponsible.

Nevertheless, Haven for Hope assumes this responsibility. A high-level official at Haven for Hope said that at the start of the pandemic, Haven worked closely with the city to see how San Antonio could support Haven for Hope: “Haven pushed. We saw what we needed and went to the city and petitioned the department of human services [and] the city manager. We did what we did internally whether it was the temperature checks or masks or closing intake or the separation area. Some of it was really pushing and some was organically working together with what the city is doing and what we’re doing.” Though serving less than half (around 1,400 individuals) of the documented unhoused population in San Antonio, Haven for Hope receives enough authority from the city to represent and speak for the entire unhoused community. According to a social worker that used to work for Haven, this sense of authority has existed since Haven’s creation: “Once Haven sort of came on the scene, there was a sense that we’re going to be the end all be all around homelessness. Everybody stepped back out of our way. And

the reality is, you're right, it's a community issue. But it's really easy if you've got a leader in the community that's doing it, so you say 'Yup, you go forth and do it.'" Deferring to Haven for Hope releases the city from their responsibility to provide community care. At the same time, the city is spared from the public outcry of doing absolutely nothing to support the unhoused community.

Secondly, there is an assumption that unhoused people are not becoming infected with the virus because of their "lifestyle." According to an employee at the Haven Clinic, there are aspects to homelessness that make it easier for unhoused people to isolate, thus, "protecting" them from the disease. This widely-shared idea makes it easier for officials to not think of those without housing as vulnerable or needing immediate assistance. During the interview, the informant explained this idea, saying, "You would think this is a more vulnerable population, but they're not. What are they doing to protect themselves? What we all should be doing" (maintaining social distance from people they do not live with). This sentiment was echoed by a high-level employee at Haven for Hope. They described how homelessness is a more solitary existence, saying that the fact unhoused people stayed outside and away from the mainstream population enabled them to fare well during the pandemic. A high-level official at CENTRO San Antonio also expressed the same sentiment, saying "Unsheltered people are sheltered because they isolate anyway. They support each other the way a family would, and from the large public they are insulated. Our job is to make sure we aren't bringing COVID to them [when we provide services]." In this way, this informant assumes that unhoused people are not getting COVID-19 because of their "lifestyles." In a similar way, another informant who is an employee for San Antonio's Epidemiology Team felt that there was no reason to assume that unhoused people (who are innately in more vulnerable positions) would be at a higher risk for getting the virus.

This informant said, in response to a question about the unhoused population's rate of infection, "I wouldn't say any disease among those without housing is more prevalent because each of us has our own level of immunity innately [as we are all exposed to differing levels of disease or toxins that lead to underlying conditions]. So the real question is how much is this exposure?" In this way, by ignoring the level of vulnerability that unhoused people do face, the informant could justify the lack of testing which has led to a still unknown infection rate among the unhoused.

However, there is a robust body of literature describing how the burden of disease differs based on social factors (Link and Phelan 1995, Ezzati et al. 2004, Darrow 2015), meaning unhoused people are in a uniquely vulnerable position during highly communicable disease outbreaks (Feske et al. 2014, Hwang 1997, Leung et al. 2008, Mosites et al. 2020). As demonstrated in all of these articles, disease distribution is not based on just biological vulnerability (i.e. underlying conditions), but it is more significantly linked to whether one is in a vulnerable social position due to their occupation, exposure to environmental pollution, gender, race, etc. Most importantly, for this research, one's level of housing security is also a powerful determinant of one's vulnerability to disease (Feske et al. 2014, Hwang 1997, Leung et al. 2008, Mosites et al. 2020). For example, in past outbreaks of tuberculosis, even when transmittance was reduced among those who are housed, unhoused people still bore a disproportionate burden of the disease. Researchers found that the prevalence of tuberculosis among unhoused individuals mirrors the rate of tuberculosis found pre-industrialization in the United States (Feske et al. 2014). In this way, the assumption that unhoused people in San Antonio are uniquely safe from contracting COVID-19 is likely untrue based on past literature.

By assuming that people who are unhoused are isolating, remaining away from crowded spaces, and social distancing, these informants deflect the harm that homelessness inflicts,

repositioning it as a benefit. As evident in my analysis of the data available describing the rate of infection for those at Haven for Hope, unhoused people are becoming infected with the virus at a higher rate than those who invoke this discourse assume. Not only is the basis of this discourse incorrect, but this discourse also does harm by insinuating that being unhoused is a choice and sometimes beneficial. Though there are social structures and support systems among those who are unhoused, by positioning the unhoused community as independent from the rest of the city, these officials can relinquish their responsibility to care for those who are unhoused on a policy-level. Evident in the quotes, this discourse also helps officials view homelessness as an issue that does not need immediate attention during the crisis, which erases the unhoused population's experience with the pandemic, and significantly influences the provision of services available to this population.

When informants with power demonstrate this discourse, it becomes easier to think of homelessness as an afterthought when creating pandemic-specific resources. For example, major city programs, including testing available at the clinic on Haven's campus, the Isolation Care Facility (ICF), and homeless resource hubs, are created without an understanding of the homeless experience. To make appointments, users must go online or call ahead and get their own transportation to the locations. Further, to access many types of federal benefits (social security, VA benefits, unemployment, etc) and most temporary shelter housing in San Antonio, one must have a state-certified identification card. In this way, though publicized as primarily for unhoused people, many services are meant for and directed towards everyone in San Antonio, leaving unhoused people with few dedicated viable resources during the pandemic.

Finally, the idea of autonomy and choice also plays a role in most directly justifying the actions of powerful actors. One of my informants was an employee for Metro Health and helped

move people from Haven for Hope to the “Haven Hotel” over the summer. When explaining why those who experience homelessness are not infected with the virus, he used a combination of the superhero discourse and benign neglect, saying “you would think they have a higher immune system.” In this way, he references an imaginary natural biological immunity that those who are unhoused have due to living outdoors. This justification is the notion of the superhero which I will discuss in a later section. Later in the interview, this informant was more forthright in their thoughts on homelessness, saying “that’s their thing, it’s what they want to do is live on the street.” In this way, neoliberal ideas of personal responsibility and a negation of the systemic causes of homelessness leads to the existence of homelessness and few resources of support. This informant’s statement negates the structural reasons that homelessness exists, and by situating homelessness as an individual choice, the informant can view homelessness as “natural”, requiring little if any government intervention. Ultimately, this point of view serves the city because by denying institutional forces that cause homelessness, the city has no responsibility to support unhoused people who “choose” to experience homelessness.

In this discourse, there is a clear story of institutional neglect and tunnel vision. Throughout this section, I’ve talked about how this discourse occurs — by focusing on the perceived power of Haven for Hope, relying on the confusion of bureaucracy, and maintaining or a vague notion that unhoused people are not affected by the virus though this is contrary to the data. When new resources are created, there are new rules put in place regarding access which leads to barriers. This is especially true in regard to the ICF, homeless hubs, and free testing at Haven’s clinic. These rules are bureaucratic and are uninformed by the realities of homelessness, assuming unhoused people have access to the internet, a phone and transportation. Of course, in this process, there is more diffusion of responsibility. As the pandemic continues and the United

States passes 500,000 deaths, this process will undoubtedly have harmful and deadly effects on those who are experiencing homelessness.

Hierarchy of Trauma

This discourse describes the process people who are unhoused are subjected to when trying to receive resources. Additionally, this section will speak to how unhoused people are separated into different groups (chronic and temporary), thus, subjected to different expectations and moral judgments. A high-level official at a nonprofit organization that provides housing solutions for people across South Texas and a high-level official at a major nonprofit organization that provides housing assistance in San Antonio use this discourse most directly; both of these informants have been categorized as having high levels of social power. Another informant who works at a nonprofit that supports San Antonio's unhoused population speaks most directly to the separation of unhoused people into different groups (chronic and temporary) which will become an important piece of my analysis. This informant has been categorized as having low social power. The hierarchy of trauma discourse involves a process by which unhoused people are required to disclose their traumatic experiences to strangers which are then recorded in a virtual ranking system, resulting in a number. This number controls an unhoused person's ability to get resources from organizations and the state, including housing. I will argue that this ranking system is problematic because it purposefully pits unhoused people against each other while forcing them to relive traumatic experiences in the hopes of achieving their basic material needs. Some of these ranking systems are state mandated while others are organization specific.

Many institutions and organizations that provide services for people experiencing homelessness also are required by HUD to use databases that rank unhoused people in regard to their need and vulnerability. The most popular form of this ranking system is Homeless Management Information System (HMIS) and is led by HUD, but organizations also create their own. HMIS collects data from clients about their experience with housing and need for housing, and this data is supposed to be used to make policy decisions (in particular funding priorities). Shelters that receive funding through federal through the Continuum of Care, Emergency Shelter Grant, and Runaway and Homeless Youth programs must use an HMIS system to satisfy HUD's standards. HUD's use of a national ranking system can be considered a biopolitical project relying on discipline and surveillance (Willse 2015). The categories and structure of HMIS directly informs a discourse that some of my informants use — that of a hierarchy of trauma.

The high-level official at a nonprofit organization that provides housing solutions for people across South Texas spoke about the prevalence and the organization's use of their coordinated entry system which aims to give resources to those deemed the most vulnerable by the system. The resources at stake are connections to shelters that have beds or rooms available. As in most cities, there are not enough resources (especially housing) to give to unhoused people, so people are placed on a waiting list. According to my informant, this list grew longer after COVID-19 hit San Antonio in March and many people lost jobs and some were evicted (even with the eviction moratoriums). To sign up to be on the list, one must access the website using the internet and fill in their contact information and trauma history. If the account has not been accessed in 30 days (which is likely to happen because unhoused people do not have reliable access to the internet or cell phones), the application will be deleted, and others will move up on the list. In this way, only those who are the most vulnerable and who have been on

the list for the longest time will access basic resources like housing. My informant defended the system, arguing that if people were not prioritized by vulnerability first, organizations might not be able to address the long-term homelessness in the community, meaning help those who are labeled as chronically homeless. This system is problematic for the reasons I stated above, but especially during a national pandemic, this system is deadly and allows the city to rationalize the lack of resources available to chronically unhoused people, normalizing the violence that unhoused people experience during this waiting process and in being forced to describe and relive trauma.

This issue was also prevalent at a major nonprofit organization that provides housing assistance in San Antonio. One of my informants is a high-level official at this organization which also used this system. Their ranking system was called the “I spedat” which produced a vulnerability index after those in need of housing were scored based on their traumas and perceived need. For those with the highest score, they “get” to have housing first. Right now, there are 6,000 people on the list waiting for spots across San Antonio to open up. For reference, Haven for Hope is currently serving 1,200 people. My informant also defended this system, saying “it wouldn’t be fair to have someone not on the list get off the street first.” Again, this language focuses on the wrong issues that diffuse responsibility — not why so many people are unhoused or why there is a lack of resources, but instead what is “fair” in the distribution of limited resources. This allows this organization to rationalize and normalize the violence that unhoused people face in this system.

Further, nonprofits in San Antonio have been applying and competing for federal and city funding in order to increase their operations. When San Antonio received \$270 million from the CARES Act in 2020, the funds were under the control of the San Antonio government, the Bexar

County government and the Texas state government through the Emergency Solutions Grants (ESG) from HUD which funds emergency shelters, street outreach, prevention to keep people in their homes and rapid rehousing. A high-level official at a nonprofit organization that is designated as the continuum of care lead agency for San Antonio and Bexar County told me that funding allotments from the state and federal government are based on an organization's prior success, measured in quantitative data. The goal of this nonprofit, said my informant, was to obtain as much funding as possible in order to distribute it to other local nonprofits who applied and competed for it, "We do the competition locally, recommend people for funding and then monitor their performance." Because the goal is to gain funding, the measurement of success used in the funding scheme can greatly condition this organization and other smaller organizations' behavior and priorities accordingly. One way in which this is accomplished is through the coordinated entry system, "It used to be if you were seeking homeless services you would have to go from place to place and kind of self navigate and figure out where there was availability, but now there's a coordinated assessment process and outreach, and there's a consistency with all of our partners with how they enroll people and connect them to services." As discussed, this system forces those who are unhoused to retell their trauma in order to be eligible for services. Whether or not an organization is able to participate in this system well enough can be an element in determining funding allocation. In this way, funding schemes can greatly shape the vision of policy-makers who want to find the most "efficient" solution ("doing good" for the least amount of money) to solve the problem of visible homelessness.

Superhero

The notion of the unhoused superhero was a surprising and prevalent finding throughout my research. This discourse was only used by the informants that I classified as having less social power. Three informants, including an employee at Metro Health, an employee and medical doctor at a nonprofit that supports San Antonio's unhoused population, and another employee at the same organization used this idea to explain the widespread idea that the overall unhoused population is faring well (have a low infection rate) in the pandemic. Again, as shown in previous data, this is likely untrue.

As discussed in a previous section, the employee at Metro Health was the first informant to discuss the notion of the superhero. In their explanation of the state of the unhoused during the pandemic, they used a combination of the superhero discourse and benign neglect, saying "you would think they have a higher immune system". This phrase illustrates the superhero discourse. When informants believed that those who are unhoused have a natural and imaginary biological immunity to COVID-19 because this community is assumed to live outdoors, they were using the superhero discourse. One informant, an employee and medical doctor at a nonprofit that supports San Antonio's unhoused population, inspired the discourse name, saying "it's amazing how well [unhoused people] heal. They are resilient. They have been exposed to so many pathogens that they're like superheroes." Very clearly, this informant assumes that unhoused people have some level of an inherent immunity to the virus because they are experiencing homelessness. Though admitting that not all of the unhoused people they work with wear masks, this informant maintained that there has not been a large outbreak in the virus among those experiencing homelessness. Another informant, an employee at the same nonprofit that supports San Antonio's unhoused population who is also a graduate student, said that "most people's assumption is that they have stronger immune systems and extended amounts of vitamin D

because they're outside all the time and most [unhoused people] wear masks." This informant echoed the same perspective that unhoused people have a natural level of immunity to COVID-19 because they may have higher levels of Vitamin D acquired from their time spent in the outdoors.

As all discourses do, this point of view has lived effects on those experiencing homelessness. Though two of the three instances in which this discourse is specifically displayed in one organization, this discourse is still produced by a medical doctor, an employee at the city's health department, and a graduate student, meaning they should be knowledgeable about the disease and have access to resources to learn about it. This discourse is observed among those who have less social power. However, the superhero discourse is still impactful because its existence reflects the fact that my informants' assumptions about homelessness are ill-informed. Though these informants are unable to create policy decisions which would be informed by this discourse, the assumption still impacts those unhoused people that they do interact with and their own behavior. As all of these informants are serving vulnerable populations, this discourse is extremely dangerous. Further, discourses are not created by one person and passed along. They are created by underlying assumptions and cultural discourses about homelessness. As described in my literature review, the cultural discourses specific to the United States about homelessness rely on the belief that homelessness is an individual moral failing, not a public issue.

Control

The final discourse that was prevalent throughout my thesis was control. As described in my literature review, unhoused people are seen as deviant to the American ideal that hard work will lead to greater resources, so they are often subjected to control as a response (Matthews

2014). This social control can come in the form of policing or through the nonprofit sphere (de Graauw 2015, Hess 2005, Perrow 1991). I found that control was most popular among those who have high levels of social power, including a high-level official at CENTRO San Antonio and two members of the San Antonio Police Department (SAPD) Homeless Outreach and Positive Encounters (HOPE) unit.

CENTRO and control

Using this discourse, my informants with high levels of social power tended to position themselves as morally superior, thus justifying their control over unhoused people and their position in this field. For example, the high-level official at CENTRO San Antonio positioned themselves as an “advocate”. It is important to note that the primary purpose of CENTRO San Antonio is “to create a more beautiful, playful, welcoming, and prosperous Downtown.” This mission inherently conflicts with the presence of unhoused people (Flores-Paniagua 2010). This informant repeatedly referenced the way in which they acted as an advocate who “is responsible for speaking up for them.” They mentioned that sometimes unhoused people need “handholding” for meetings and advocating. The language is not only condescending but positions the unhoused person as someone less savvy of the social sphere and unable to navigate it on their own. Further, though my informant has the ability to get the client needed resources, she did not mention advocating for the unhoused to gain testing when I asked about the prevalence of testing. In a similar manner, members of the SAPD HOPE team also positioned themselves as advocates, again, using the discourse of control. This next section will describe how the control discourse occurs among police and manifests into action.

HOPE and control

Many institutions criminalize homelessness, but the police are the most powerful and immediately relevant institution that does so while enacting violence. As in most urban areas, the unhoused are subject to arrests, citations, and destruction of encampments throughout San Antonio. “Cleanings” of encampments are still being performed now during the pandemic through DHS and with the support of SAPD (Williams 2021). The pandemic has also limited social services that were available before the virus. Federal funds (in the form of social security, disability benefits, and VA benefits) have become unavailable because national offices closed at the start of the pandemic (Konish 2020). Now, offices are overwhelmed with funding requests, and people cannot get new certification cards (specifically for social security). For many people who are experiencing homelessness, this could be their only source of income. Not only this, but to qualify for all of these federal benefits and most temporary shelter housing in San Antonio, you must have a state-certified identification card. For those without permanent housing where they can keep important documentation, maintaining IDs is a challenge. Worse, requesting an ID through the state of Texas is complicated and confusing. The only group in the city that supports ID acquisition in an official and efficient capacity is the SAPD HOPE team. Throughout this section, I will describe how the SAPD HOPE team, which I define as having high social power due to their proximity to change policy in their unit, uses a discourse of control when justifying their interactions with unhoused people.

The SAPD HOPE team is made up of two officers, and I will refer to them as “the founding police officer” and “the newer police officer”. The HOPE team was formed in 2015 and is one of the two outreach police teams in SAPD. Before the pandemic, the HOPE team had about 20 officers helping in a less official capacity and ten regular volunteers. Now, the HOPE

team has about ten officers and five volunteers. The HOPE team's goals are multifaceted, as described by the members. The unit aims to reduce stigma between the police and the unhoused while also hosting an in-person ID recovery assistance day once a week. Before the pandemic, the team managed about 75 cases at a time, and now they handle about 25 cases. As described below, the SAPD HOPE team is able to change their mission at will and, in many ways, exists outside the mainstream police department. In this way, they have much more autonomy in their interactions with unhoused people. I conducted two interviews with the SAPD HOPE team. The first was in-person when I attended an ID recovery session at the "Homeless Hub" downtown. The second was an hour-long virtual interview conducted over Zoom.

Though having the same history and overall tactics of police departments, the HOPE team's evolving understanding of the causes of homelessness is better informed. In explaining the causes of homelessness, the founding officer recognized that institutional factors lead to homelessness, especially in regard to the pandemic. He said, "Now you throw this pandemic in, and it's a whole other group of people. And maybe they were living paycheck to paycheck making ends meet, but all of that got wiped out for several months." However, at times, the new officer also tended to blame individual actions, saying "Some of us aren't as organized as we should be, and when you're making ends meet on a daily basis, and you don't have a plan for 'what if' and 'what if' happens, then that's when reality hits. And that's a lot of people that we're seeing now." Though the officers expressed some neoliberal tendencies of individualization, for the most part, they had nuanced understandings of homelessness and aspirations of helping. The desire to help, however, came into conflict with their discourse and belief in the need for control.

Inflicting fear to maintain control was a common tactic present throughout my interviews with the HOPE team. For example, the physical arrangement of the "Homeless Hub" and the

number of officers in the room were intimidating. Clients were placed on the lower level floor while officers, who outnumbered the clients, stayed above the stairs, so they were physically higher than the unhoused. This dynamic was intentional. When I asked the founding officer why there were so many officers, he said they did not need them to do processing work for the number of ID cases they had that day. However, they served as “more of a visible presence to intimidate any unruly characters,” according to the new officer. Clients were socially distanced in chairs placed strategically around the room. At multiple times throughout the morning, people waiting for IDs were confused about where to sit, so they were directed loudly by the newer officer. They always immediately followed directions. When reflecting on the morning in our second interview, the new officer said, “you were actually lucky you left when you did because after, someone came in causing problems, so we had to make him leave.” As illustrated by these interviews, the HOPE team, especially the new officer, still uses traditional police crowd control and intimidation tactics in their work. In this way, they are not unlike conventional police units trained to be loud and create fear (Welsha and Abdel-Samadb 2018). By framing their clients as deviant and needing control, as illustrated above, the HOPE team justifies their presence within this community as not only needed but beneficial.

The connection between the police and the unhoused has been studied extensively (Dum and Weng 2017, Robinson 2019, Dozier 2019) and focuses on the police violence directed at this community. This understanding was apparent in the HOPE team. When the HOPE team began, they did not have any clients for the first year as they tried to repair trust and reduce stigma between the police and the unhoused. When they started doing ID recovery, they saw a massive increase in clients, and demand for this service is still growing. Because they are the only group in San Antonio working on providing IDs, they are the only option if unhoused individuals want

services that require IDs. These services include access to the large shelters and any services that receive state funding. However, the HOPE team viewed the influx of clients as proof that they were building rapport with the community. The founding officer admitted to having a rocky start to the unit, saying, “No one would talk to us. The community wasn't there,” meaning there was a lack of mutual trust between the groups. However, when word spread that this was the way to get IDs, and more people came, the founding officer viewed this shift as a change in the culture of policing with the unhoused, saying, “you would think that they wouldn't want help from the police, but the homeless now know us and actually trust us.” Though it is difficult to ascertain what caused this shift, HOPE was honest in saying not everyone viewed them in this positive light. In the description of the stories of clients who trust and follow the police, many were people with jobs or who recently became unhoused, “[There was one man who] was retired living on his retirement benefits, worked his whole life, never been arrested. Somebody stole his bag and all his documents, everything so security card and everything was in it. And then after like two or three months after trying to do it on his own, he was going to get evicted. His water had been shut off, and you know, so he reached out to us.” Thus, people exposed to SAPD's treatment long-term may not have reacted in the same way. When discussing why this shift occurred, the founding officer said, “Lots of times we're the only ones that can get them to listen to us. People feel like they have to follow the police.” Though accidentally, HOPE's presence may still be associated with control due to their existence within SAPD. By perpetuating this discourse that unhoused people need control or should be controlled, SAPD can justify their treatment of those who are unhoused during the pandemic. During several instances, they turned away unhoused people because they were closing, and they did not direct them to other services. In this way, the HOPE team can normalize the violence that unhoused people face.

Overall, the HOPE team maintains a level of control throughout this community (whether desired or not). They describe themselves as saving this population, thereby justifying their control in the community. In this way, the violence that they enact in their everyday interactions with those who are unhoused during this pandemic becomes normalized. In their eyes, the fact that this small unit of SAPD officers is responsible for supplying the entire unhoused population with IDs is acceptable because the team is the only group that can properly maintain control. Further, and perhaps more importantly, the discourse that unhoused people must be controlled justifies the violence that SAPD as a whole enacts against those who are unhoused through “cleanings”, for example (Williams 2021). During the COVID-19 pandemic, these practices are especially harmful and can reinvigorate the spread of the virus among unhoused people who are displaced from their communities.

CONCLUSION

This research project makes it clear that the City of San Antonio must do more to support its unhoused residents. As shown in my discourse analysis, informants involved in all levels of the institutions responsible for supporting those who are unhoused during the pandemic use various discourses to justify their inability to provide support for people experiencing homelessness. Significantly, my informants' proximity to social power determines the type of discourse that they use. Those holding more social power (ability to create resources and policy-level change) demonstrate benign neglect, hierarchy of trauma and control to explain their failure to support unhoused people. In contrast, those with less social power use the notion of benign neglect and superhero to justify the lack of support for the unhoused population. In both cases, the actors inevitably fail to assist those who are experiencing homelessness, creating different discourses to rationalize and normalize the same violence that unhoused people have and continue to endure during the ongoing pandemic.

In addition to the valuable discursive analysis that this project provides for the field, I have also developed a conceptual framework that will be beneficial to any social field in the future. Building on the already developed Marxist concept of social power, I have shown the analytical value of conceptualizing social power in connection to one's placement within an organization. Social power has not been applied to analyze the nonprofit and government sector or been used to analyze discourses surrounding homelessness. By doing so, scholars can gain a better understanding of how social capital and proximity to policy change forces informants to justify a lack of resources in different ways. For example, due to their proximity to social power, informants with high levels of social power may demonstrate hierarchy of trauma because they must convince themselves that unhoused people should be deserving of the resources that these

informants have the power to provide. Similarly, those with high levels of social power that employ the control discourse justify their positions in the field by convincing themselves that unhoused people should demonstrate their ability to receive resources (i.e. their proof that they do not need to be controlled). For informants with less social power, by employing the superhero discourse, they can explain to themselves why their organizations are not taking care of this population — because scientifically (and therefore objectively) they do not need to. Together, both groups can easily justify their positions and actions in this realm through benign neglect by diffusing responsibility and putting the onus for change on other groups (i.e. Haven for Hope). This is much easier than analyzing how we each contribute to the systemic and normalized violence that unhoused people experience. In this way, this framework of social power allows readers and researchers to think more critically about the role that social capital and occupation play in power production and normalized violence.

The actors I interviewed were not the first to create these discourses and will not be the last to use them. The discourses prevalent in this study will continue to evolve, reacting to the different realities that my informants experience and that those who are unhoused experience. These discourses (ways of rationalizing violence) do not have to exist. They can be changed through a change in our system and actions. We can imagine a world in which violence against unhoused people does not exist, and this can be accomplished now. Housing activists, housing researchers, and unhoused people have been calling for and naming the changes that the City of San Antonio can make. Here are a few: acknowledging that housing is healthcare, implementing a housing-first model, and employing unhoused people to create solutions to homelessness. In acknowledging that housing is healthcare, the importance of housing as a necessity will be reinforced, and thus, efforts to obtain housing for unhoused people will be better supported. A

housing-first model ensures that unhoused people will have their basic material needs met, allowing them to maintain other resources and responsibilities. Finally, by employing unhoused people to create solutions to homelessness, these programs and policies will be better informed by lived experience, making them more likely to succeed in the long run.

Overall, this research aimed to illuminate how violence against unhoused people is occurring during the pandemic and how it is normalized. There were of course limitations to my study. First, I was unable to speak with people who were unhoused even when my research was concerned about this population's wellbeing. Surely, this perspective would have added much needed nuance about their resources and support during this time. I also had to conduct all but one of my interviews through Zoom for the safety of myself and my informants. This format must have limited the sincerity of my interviews and connections that I made with my informants. Finally, I also was not able to obtain more empirical data about the infection rate of COVID-19 among the unhoused in San Antonio which did not allow me to effectively question my informants' discourses in our interviews. Further research may investigate how the limited resources provided by the city were utilized, whether they protected unhoused people from infection, and how the vaccine distribution is reaching those experiencing homelessness. Following the pandemic, when more data is available, it will be important to revisit who was utilizing the ICF and distribution centers and whether other cities handled this crisis differently.

APPENDIX

Image 1:

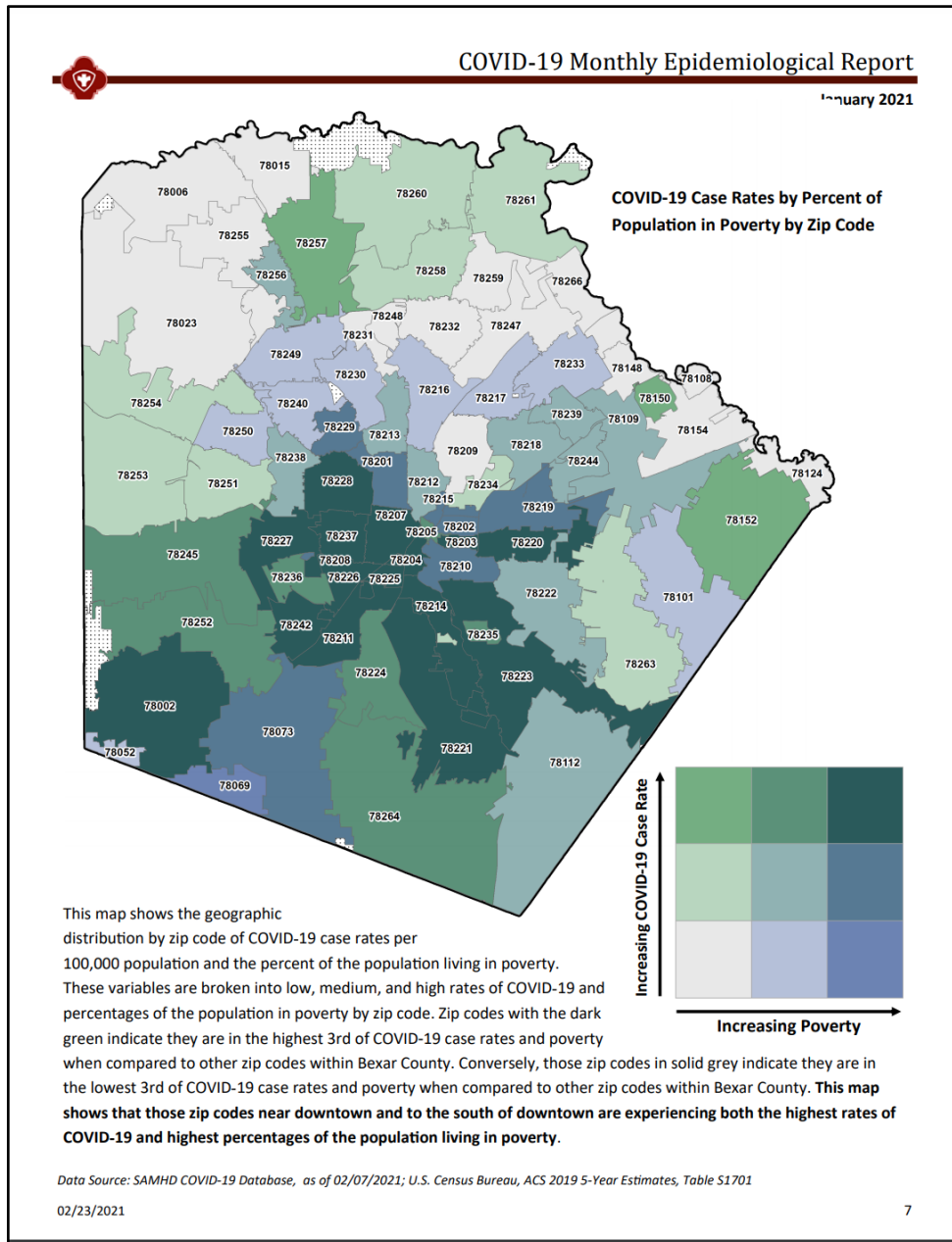


Image taken from the latest COVID-19 Monthly Epidemiological Report for January 2021.

Table 1:

COVID-19 Services Data from SARAH						
Age	Service Received	When service was received:	Where people got the service:	Ethnicity / Race	Gender	
Recipient was younger than 5	Recipient got face mask	March 13 - March 31	H4H Master ES	Latino / Hispanic	Female	
	52	403	211	263	399	281
Recipient was 6-11	Recipient got clinic referral	April 1 - April 30	H4H Courtyard OSSA	White	Male	
	22	60	505	413	599	548
Recipient was 12-17	Recipient got in-house isolation	May 1 - May 21	H4H CY COSA DRP ES	Black or African American		
	15	108	113	43	220	
Recipient was 18-23	Recipient got follow up appointment		H4H Pre Intake SSO			
	36	12		80		
Recipient was 24-44	Recipient got released		SAMM CoC Housing First III PSH			
	307	57		2		
Recipient was 45-54	Recipient got bed night		SAMM CoC Housing First IV PSH			
	182	124		2		
Recipient was 55-69	Recipient had temp over 100.4		H4H Hotel ES			
	203	15		21		
Recipient was over 70	Recipient refused services		COSA ESG COVID-19 ICF At Risk ES			
	12	9		5		
	Recipient got tested for COVID					
		16				
	Recipient got EMS transport					
		13				
	Recipient tested negative					
		12				

Data taken from SARAH showing March 13 - May 20, 2020 data.

Table 2:

Title:	Organization:	Level of social power (high or low):
Member	COVID-19 Congregate Settings Response Team	High
High-level Official	Department of Human Services	High
High-level Official	CENTRO San Antonio	High
High-level Official	Haven for Hope	High
High-level Official	San Antonio's Neighborhood Services	High
Member	San Antonio's Public Health Transition Team	High
High-level Official	A nonprofit organization that provides housing solutions for people across South Texas	High
High-level Official	A major nonprofit organization that provides housing assistance in San Antonio	High
Coordinator for religious organizations that support people who are unhoused	City of San Antonio	High
High-level Official	San Antonio's Epidemiology Team	High
High-level Official	CENTRO San Antonio	High
Newer police officer	Part of the HOPE team (homeless task force team)	High
Founding police officer	Part of the HOPE team (homeless task force team)	High
Doctor	A mental health clinic that serves unhoused people	Low
Hospital volunteer and doctor	Volunteered with San Antonio's health department	Low
Employee	San Antonio's Health Department	Low
Employee and medical doctor	A nonprofit that supports San Antonio's unhoused population	Low
Low-level official	A nonprofit that supports San Antonio's unhoused population	Low
Employee	Haven for Hope Clinic	Low
Employee	San Antonio's Epidemiology Team	Low
Social worker	Used to work for Haven for Hope	Low

This table describes the positions and relative social power that each of my informants holds.

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