Homelessness as Death Sentence: Findings from the House of Mercy

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Methods

Information was coded into a spreadsheet from the 866 funeral brochures, cards and obituaries which Sister Grace Miller had displayed on the walls of her office in the House of Mercy, a shelter for homeless persons which for roughly thirty years has welcomed all who have come to its doors. Dr. Harry Murray, Professor of Sociology at Nazareth College conducted numerous group interviews with the three most long-term House of Mercy (HOM) staff, which resulted in identifying 193 individuals who were homeless, either at time of death or at some point, between 1990 and 2017. Results were compared with other groups to contextualize the local findings.

Results

- The average age at death was 52.5 years, compared to life expectancies of 73.6 years in the 14621 Zip Code (in which the HOM was located for nearly all of this study) and 78.2 years for Monroe County as a whole.
- There was a significant difference between men and women. The average age of death for men was 55.0 years, while for women it was 42.2 years.
- The average life expectancy for men in Monroe County is 77.3 years, over two decades longer than average age at death of homeless men from the House of Mercy
- The average life expectancy for women in Monroe County is 81.7 years, nearly TWICE the life expectancy of homeless women from the House of Mercy.
- There was no significant difference by race/ethnicity in average age at death in the HOM sample.
- For both men and women in the HOM sample, average age at death increased somewhat over time. For men, it went from 51.3 in the 1990's to 60.0 between 2010 and 2017. For women, it went from 42.3 in the 1990's to 49.3 between 2010 and 2017. The prevalence of AIDS deaths in the earlier years might have contributed to this change over time.
- Within Monroe County, there is a significant negative relationship between the poverty rate in a zip code area and the life expectancy in that zip code. As the poverty rate increases, the life expectancy decreases.
- Studies of homeless deaths in Boston, San Francisco, LA, and Seattle (ranging in time from 1988 to 2015), indicate a range of average age at death from 43.3 to 56. Thus, the average age at death of the House of Mercy sample is within the range of findings from other local studies.
- In all of the studies cited, the average age at death for homeless persons is more than two decades lower than the average life expectancy in the United States.
- Out of 190 countries reported in the 2016 UN Human Development Report, only SIX have a lower life expectancy than homeless Americans in the House of Mercy sample: Ivory Coast, Chad, Central African Republic, Sierra Leone, Lesotho, and Swaziland. No country has a lower life expectancy than the homeless women in the House of Mercy obituaries.

Conclusion and Recommendations

Although immediate causes of death range from disease to violence to overdose, there is no question that the condition of homelessness shortens people's lifespans by over two decades. Homelessness is a life-threatening condition. Homelessness is, in effect, an extended death sentence. We, the citizens of Rochester, New York, have a moral obligation to do everything in our power to end homelessness.

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I. Introduction

Since 1985, the House of Mercy (HOM) has been a refuge for persons who have been rejected by almost every other group in the city of Rochester.   It has been a place where all are welcomed, a place where those rejected by the "mainstream" shelters – because they don't have ID, or are sanctioned by the County Department of Human Services which funds most of the shelters, or their behavior has been deemed "disruptive" – can find shelter.

Anyone who entered Sister Grace Miller's office in the old House of Mercy on Hudson Avenue could hardly fail to be struck by the fact that the walls were covered with funeral brochures and obituaries. Some of the brochures were stained and crinkly with age, deteriorating at the edges. Others were colorful and recent. The faces on the brochures reached out to the viewer – sometimes conveying great sadness and suffering; at other times, pure joy. If one looked more deeply, one often discovered that the image of the face came from years before the person's death, perhaps a high school photo of someone who died in their forties, the only image remaining by which to remember this person. Many of the papers, of course, had no photos; they were sometimes only prayer cards inscribed with name, dates of birth and death, and the name of the funeral home. Others were clipped newspaper obituaries, a brief, photo-less paragraph to summarize a human life.

The individuals on the wall each have a unique story, and it may be helpful to briefly describe a few of these persons before addressing the statistics which form the core of this report. One of the earliest to die was Woodrow Pugh, fondly known as "Papa Smurf" by those who knew him. He was a diabetic who died in his sleep at the House of Mercy at age 54 in 1991. He had moved to Rochester in 1959 after being discharged from the armed forces. Sister Grace gave his eulogy. The last death recorded in this research was that of Monica Sherman, a colorful woman of the streets whose body was found behind a business on Lyell Avenue on July 24, 2017. Although newspaper reports stated only that she had died "of multiple stab wounds," even the House of Mercy staff were shocked at the brutality of the murder and the condition of her body.

This research quantifies information from those brochures in a way that seemingly loses the humanity of the dead in a sea of numbers and yet, in another sense, provides another sense of significance to their deaths.   The report will provide estimates for the average age at death for this group of homeless persons in Rochester New York, look at factors affecting age at death within the sample, and provide comparisons with the rest of Monroe County, with other US cities, and with other nations.

The findings reveal that homelessness is not simply a matter of not having a roof over one's head – it is a life threatening condition which, on average, subtracts more than two decades from a person's life expectancy. The average age at death for homeless persons on Sister Grace's walls was 52.5 years. This is, in effect, a death sentence – slower than lethal

injection, but nearly as inevitable. And, shockingly, the situation is worse for women than for men.

II.   Methods

Two Nazareth College students - Rachelle Duroseau and Keilah Roberts – began the process of entering the data from the obituaries into an Excel spreadsheet a number of years ago. Harry Murray completed the process, adding around three years of data and double-checking the students' entries. Where available, name, birth date, death date, gender, race/ethnicity, relationship to the House of Mercy, location of funeral service, funeral home, and place of burial were recorded. Less commonly available, but also recorded, were cause of death, occupation, and veteran status. (These last three were not recorded often enough to allow for statistical analysis).

 During data entry, race and gender were primarily determined by photos.   Names also were used in making this determination of gender. When there were no photos, HOM staff were asked about race and gender. Gender was categorized as male and female. (No other genders were identified in the sample). Race was categorized as black, white, and Latino. Since there was no opportunity for self-identification, no one was categorized as "mixed race," although there may have been some who would have so classified themselves.

Age at death was calculated using the best available data in the following order:

1. If birth date and death date were available, age was calculated by comparing the two.
2. If only birth date and funeral date were available, funeral date was used in place of death date.
3. If age was mentioned in the funeral brochure, that age was used.
4. If only birth and death years were available, the years were subtracted to give an estimated age.
5. If none of the above were available, age was listed as missing.

After following this procedure, age was not determined for seventeen of the 866 cases (2%). These seventeen cases were dropped from the sample. Age was determined for all persons classified as homeless.

The obituaries had been collected, not for "scientific" purposes, but as a tribute to those associated with the HOM who had died; therefore, many of the obituaries were for persons who had not been homeless, but were associated with the House of Mercy in some other way. After sorting the obituaries by year of death, "focus groups" were conducted with the three long-term HOM staff – Sister Grace, Sister Rita, and CW Earsley - to get their consensus on the person's relationship to the HOM, whether the person was homeless, either at time of death or at some point, and, when remembered, cause of death. The sessions were held in Sister Grace's office, usually in the evenings, which meant that there were constant

interruptions – people needing money, people needing gas, people needing food, disputes within the House, etc. Each obituary was passed around. Many were recognized immediately. In other cases, staff looked carefully at the photo, examined who were listed as relatives, who were the pallbearers, who conducted the service, etc. In some cases, all that was available was a prayer card or a short newspaper obituary. If no one recognized the person, they were recorded as not homeless. Thus the homeless variable is actually defined as "HOM staff remembered the person as having been homeless." Some who were designated as not homeless may have been so at some point in their lives.

Staff were also asked whether the person was homeless at the time of death (or went into a hospital shortly before death). These responses were coded conservatively – the person was recorded as homeless at time of death only if staff were sure that this was the case – otherwise, the person was coded as homeless at some point in their lives. It is quite possible that this procedure underestimates the number who were homeless at time of death.

Staff were asked to categorize the person in terms of their relationship to the House of Mercy. For 291 cases, staff did not know of a relation to the House. (Most of these were probably obituaries give to Sister Grace by HOM community members to memorialize relatives or friends).   Of those whose relationship was known to the staff, 175 (31.3%) were homeless residents of the House; 109 (19.6%) were non-resident members of the House, visitors, or volunteers; 178 (31.9%) were relatives of HOM residents or community members; 48 (8.6%) were people who were known to HOM staff (e.g., other Sisters of Mercy or local activists); 26 (4.7%) were neighbors of the HOM; 9 (1.6%) were HOM board members or benefactors; 6 (1.1%) were persons who were buried by the HOM but who had no prior relationship to the House; seven were in other categories, no one of which constituted more than 1% of the total. Note that the number of homeless residents of the HOM is less than the total number of homeless persons in the sample because some homeless persons on the wall had not lived at the HOM.

Relatively few funeral notices noted the specific cause of death. The staff were asked if they remembered cause of death, and in a number of cases they did (particularly for violent deaths); however, data on this issue were still too sparse to be useful for statistical analysis.

III.   Results

A. Description of Sample

We identified 193 persons who were homeless either at time of death or at some point in their lives, according to HOM staff.   87.0% of the sample were black; 8.8% white; and 4.1% Latino. 80.3% were men, and 19.7% were women.   At least 15 of the 155 men (9.7%) were military veterans according to either the obituaries or House of Mercy staff. One, who died

at the age of 83, was a World War II veteran. There were no indications that any of the women were veterans.

**Demographic Distribution of the 193 Homeless Persons from the HOM Obituaries**

	White	Black	Latino	Total
Male	13	136	6	155
(% of total)	(6.7%)	(70.5%)	(3.1%)	(80.3%)
Female	4	32	2	38
(% of total)	(2.1%)	(16.6%)	(1.0%)	(19.7%)
Total	17	168	8	193
(% of total)	(8.8%)	(87.0%)	(4.1%)	(100%)

One can get a rough estimate of how representative the HOM obituary data is of homelessness in Rochester by comparing gender and ethnicity with two Point-in-Time (one night or PIT) counts which are roughly coterminous with the end points of the HOM data: the 1987 Center for Governmental Research PIT and the 2016 Rochester Continuum of Care Point-in-Time Count . The comparison is very rough, because PIT represents a single night count, while HOM is essentially an almost three decade long period count of deaths (although with no duplication since death is a singular event in a person's life).

A comparison of gender reveals that males are overrepresented in the HOM obituaries compared to the 2016 PIT count (80.3% to 38.9%) but underrepresented compared to the 1987 count (94.3%)

**Gender Distribution:
HOM Obituaries vs. Two Rochester Point-in-Time Counts**
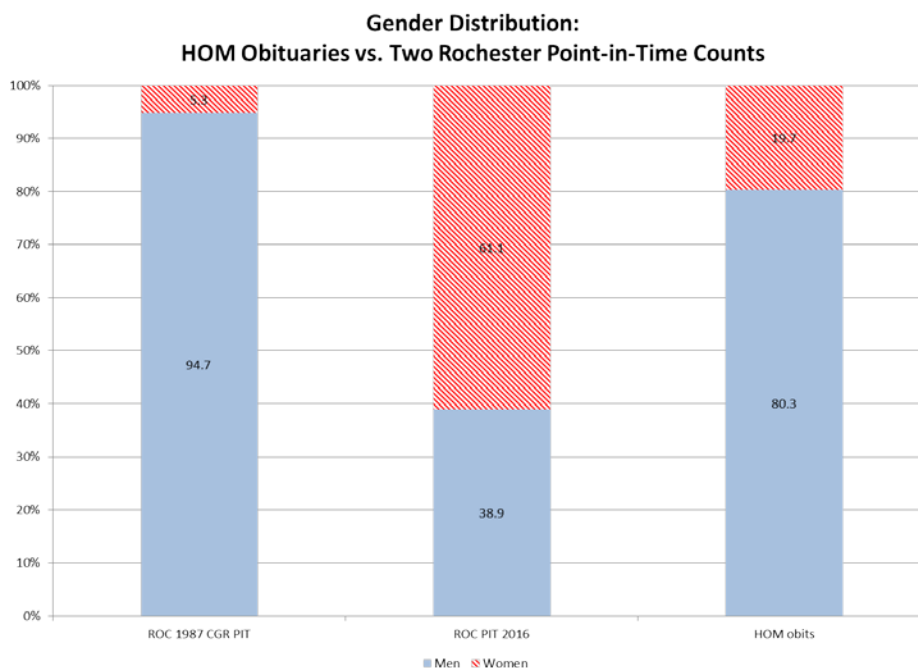
A comparison by race/ethnicity is more complex due to different tabulation methods. The 2016 PIT count, using a traditional US Census approach defines race (white, black, etc.) separately from ethnicity (Hispanic/non-Hispanic) as self-identified. The 1987 CGR PIT count listed white, black, and Hispanic as one variable. Since the HOM data came from the dead, there was no opportunity to ask for self-definition and so the "white, black, Hispanic" scheme was used. Given these limitations, the HOM sample has a much higher percentage of blacks (87.0%) than either the 1987 or the 2016 PIT counts (35.1% and 68.3%, respectively).

Racial/Ethnic Distribution: HOM Obituaries vs. Two Rochester Point-in-Time Counts
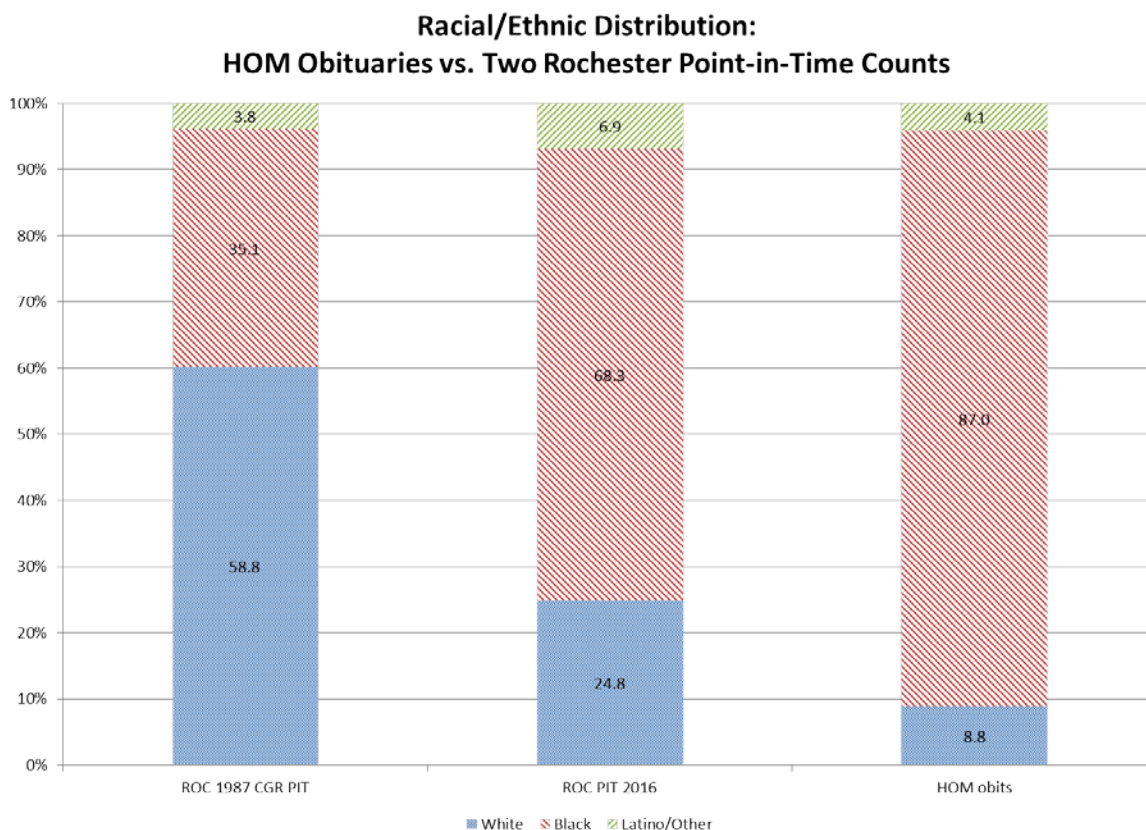
The low percentage of women in the HOM data compared to the most recent PIT estimate may be partially accounted for by the fact that these data stretch back in time to decades when the percentage of homeless who were female was lower, but also by a trend for fewer homeless women to come to the HOM. Women who come to the HOM have often been rejected by the more institutionalized shelters for women.   The high percentage of blacks in the HOM data is not accounted for by racial demographic changes over time, but rather by the location of the HOM on Hudson Avenue through most of this time period.   This is a predominantly black neighborhood and white homeless persons have sometimes commented that they didn't want to go into that neighborhood.

In sum, we cannot claim that the HOM sample is representative of Rochester homeless persons. Blacks appear to be overrepresented in the HOM data. More importantly, perhaps, the House of Mercy has long had a reputation of welcoming those persons whom most other shelters will not accept, including persons who are sanctioned by DHS and, therefore, are not eligible for DHS-funded shelters. Nonetheless, the HOM sample represents a significant proportion of Rochester homeless persons, and many HOM residents have spent at least some time in the more "mainstream" DHS-funded shelters.

B. **Correlates of Age at Death**:

For the 193 homeless persons, it was possible to analyze the relationship between age at death and several characteristics: whether known to be homeless at time of death, gender, race/ethnicity, and decade of death.

There was no significant difference between those identified as being homeless at time of death by HOM staff (average age = 55.0; N= 33) and those who were homeless at some point (often repeatedly) during their lives (average age = 52; N = 160). (T-test significance = .252).

The most striking finding was the difference between men and women. The average age of death for men was 55.0 years, while the average for women was 42.2 years (significant at the .001 level using the t-test). Although there were only 38 women in the sample, the fact that they died more than a decade earlier than the men is deeply disturbing and raises profound questions about the gendered nature of homelessness in Rochester.

Average Age at Death by Gender for HOM Homeless Persons, 1990-2017
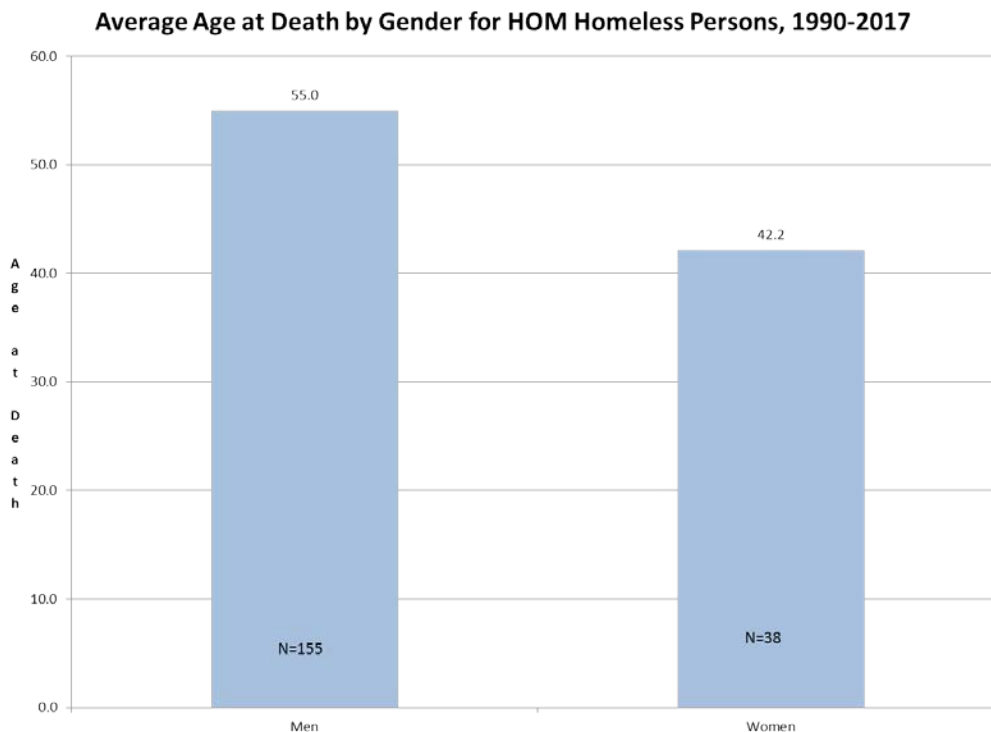
There was no significant difference in age of death by race/ethnicity: average age for whites was 57.4; for blacks, 52.3; and for Latinos, 47.3. (The t-test significance level was .174). Even when controlling for gender, the effect of race on age at death was not significant. Given the small number of whites and Latinos, however, this does not mean that a real difference would not be found with a larger sample.

Average Age at Death for House of Mercy Homeless Persons by Gender and Race/Ethnicity, 1990-2017
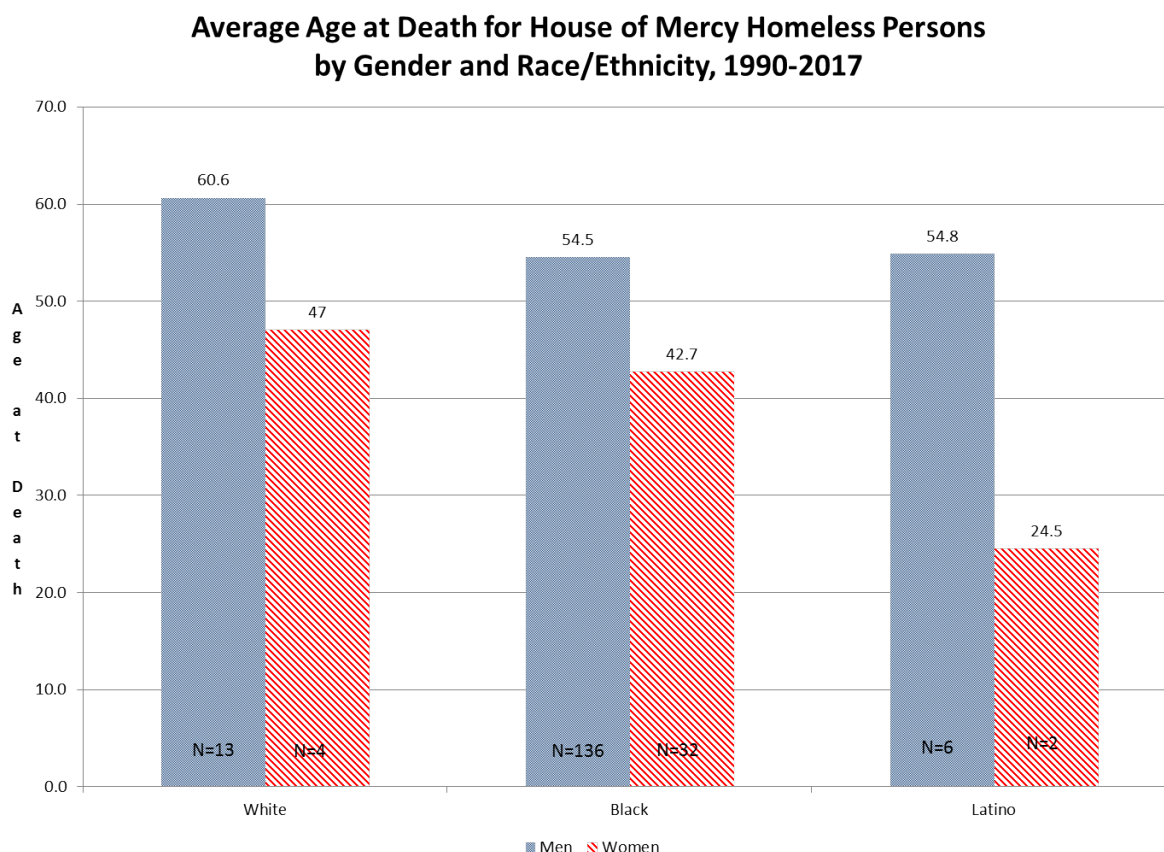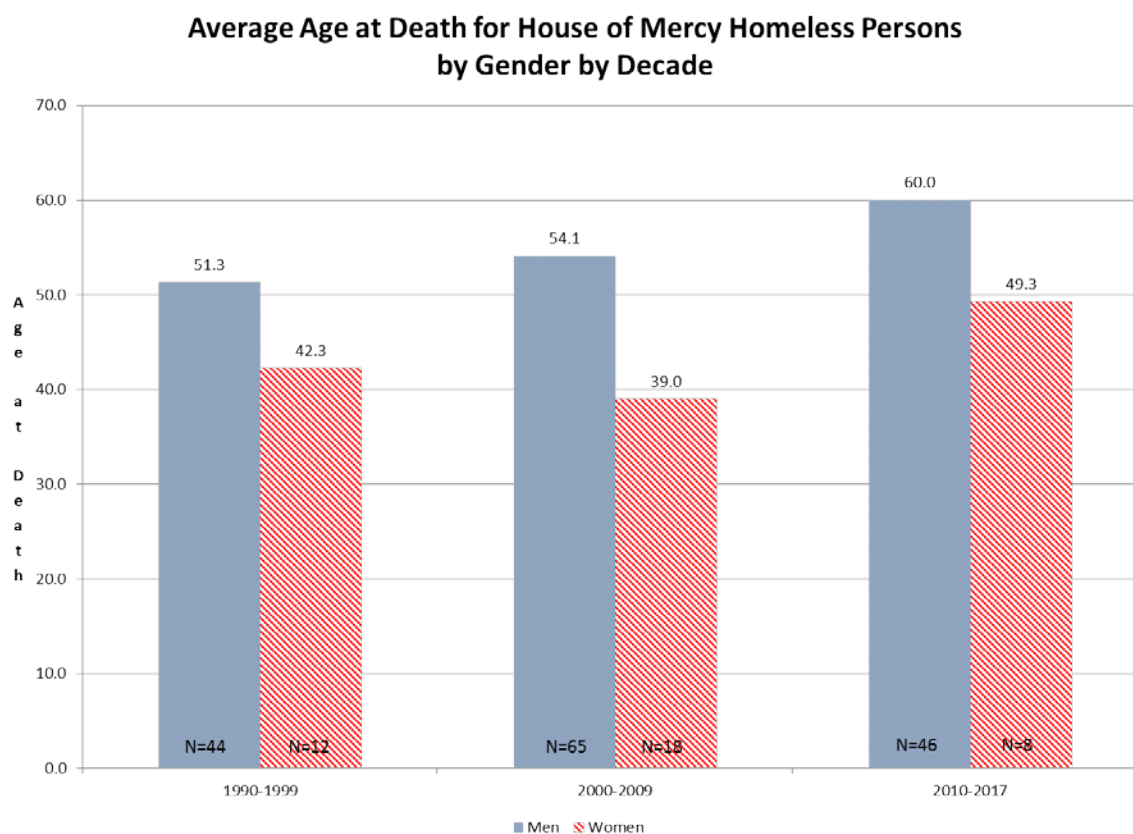

Age at Death by Decade

Because the sample size, particularly for women, is very small (sometimes zero) for any particular year, year of death was collapsed into three decades (the 1990's, the 2000's, and 2010-2017) and then age at death was compared across the decades, first for all homeless persons and then for men versus women.

For all homeless persons, average age at death increased significantly (<.001, F-test) over time – from 49.3 in the 1990s to 50.8 in the 2000s to 58.4 between 2010 and 2017.

For men, there is a steady rise in age at death by decade – from 51.3 years in the 1990's to 54.1 years in the 2000's and 60 years in the 2010's. For women, there was a decline from 42.3 years in the 1990's to 39 years in the 2000's, but then a rise to 49.3 years in the 2010's. There may be

many reasons for this, but I suspect a major factor is the prevalence of AIDS death in the 1990's. The decrease in AIDS deaths among homeless persons in recent decades may be the major reason for the increased life expectancy. Another factor may be the increase in health services for homeless persons, particularly over the past decade. However, even in the 2010's, the average age at death of homeless persons is still, for men, almost two decades below the Monroe County life expectancy. For homeless women, it is three decades below the Monroe County life expectancy.

Average Age at Death for House of Mercy Homeless Persons by Gender by Decade

Decade	Men	Women
1990-1999	51.3 (N=44)	42.3 (N=12)
2000-2009	54.1 (N=65)	39.0 (N=18)
2010-2017	60.0 (N=46)	49.3 (N=8)

■ Men ▨ Women

IV. Comparative Life Expectancies

In many ways, the data on homeless deaths speak for themselves. However, it is helpful to place these numbers in some larger contexts in order to fully grasp their significance. This report looks at four contexts, increasing in scope from the local to the global: other persons at the House of Mercy, local zip code and Monroe County life expectancies, other American cities, and international life expectancies.

A. With House of Mercy Nonresident Community Members and Neighbors

I compared homeless House of Mercy residents with two other groups which came off Sister Grace's wall: (1) HOM non-resident community members, volunteers, and regular visitors and (2) neighbors of the HOM.   These groupings were based on consensus of the HOM staff; however, there is a great deal of fluidity in them. Volunteers were grouped together with non-resident members because, unlike many shelters and soup kitchens, HOM volunteers are not drawn primarily from the middle class. Many persons who first came to the House of Mercy for aid remained to help, often for decades. Similarly, we began by distinguishing visitors from community members, but here the line was too ambiguous, and so these groups were collapsed into one. Neighbors were those who lived nearby and, perhaps, visited occasionally, so here too the dividing line was not always clearcut. Nevertheless, the categories provide a rough basis for comparison between those who were mostly lower class but housed and those who were, at least periodically, homeless. Gender was also accounted for in this analysis.

  HOM community members, visitors, and volunteers had higher life expectancies than HOM residents for both men and women, although the difference for men (59.6 vs. 55) was less than the difference for women (58.9 vs. 41.3). For men, the average age at death was the same as that for HOM community members and HOM neighbors. For women, however, neighbors had much higher age at death (70.8 years) than either HOM community members (58.9) or HOM residents (41.3). Thus, for both men and women, homeless HOM residents died earlier than other members of the HOM community and neighborhood – showing that homelessness decreases life expectancy, especially for women, even with this rough control for social class.

Average Age at Death for Persons with Different Relationships to the House of Mercy, 1990-2017
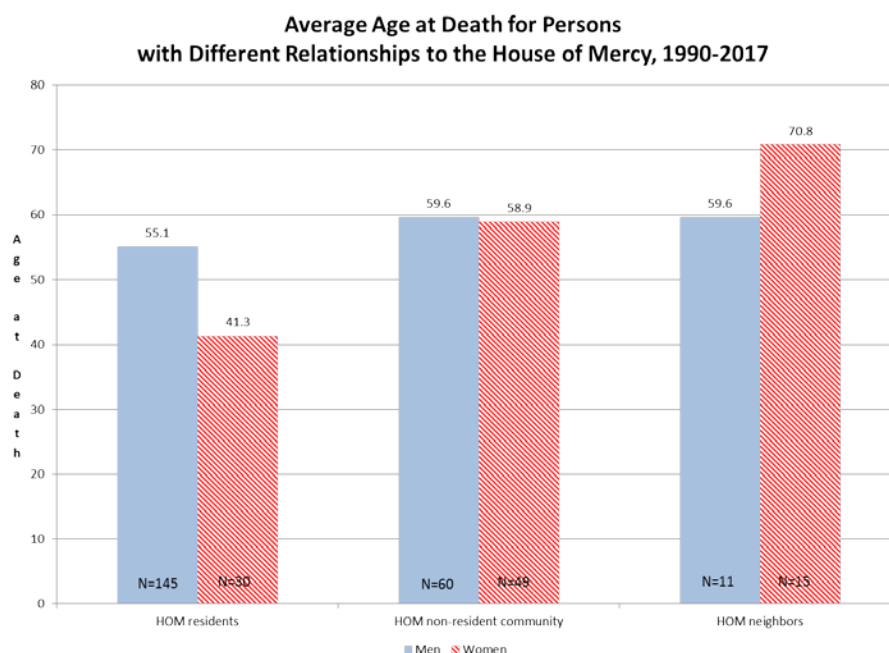
B. Local Life Expectancies

The average life expectancy for males in Monroe County is 77.3 years. For our homeless males, the average age of death was 55.0, a difference of over 20 years.

The average life expectancy for females in Monroe County is 81.7 years. For our homeless females, the average age of death was 42.2, just a little over half the life expectancy for women in the county.

Average Age at Death for HOM Homeless vs. Life Expectancy in Monroe County by Gender
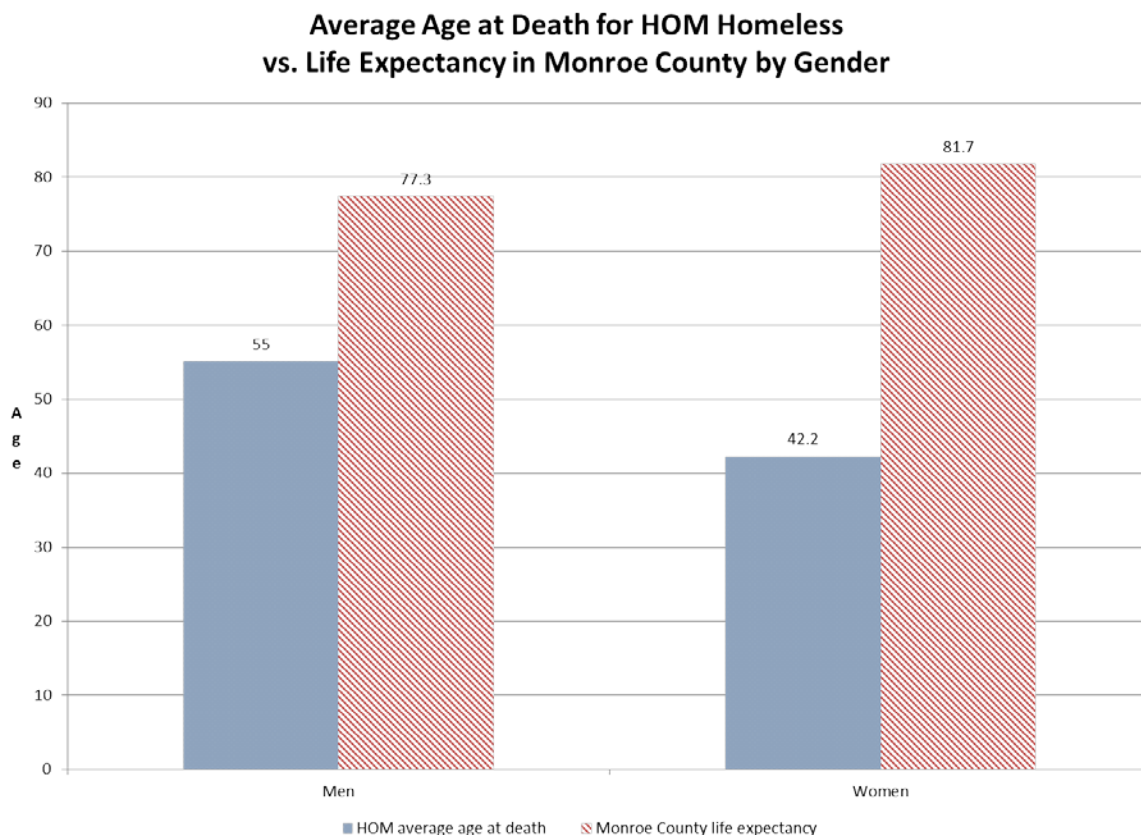
C. Zip Code Analysis

One can also look at life expectancy by zip code, which allows us to see the effects of social and economic structure on life expectancy. If one compares the average age of death for HOM residents with the life expectancy for 14621, the zip code within which the House of Mercy was located when it was on Hudson Ave (which covers the vast majority of cases in this sample), the discrepancy between those who are homeless and other residents of the zip code is striking: the HOM age was 52.5 years, while the life expectancy for 14621 was 73.6 years. Of course, 14621 covers parts of Irondequoit and so is not entirely an inner city zip code. The life expectancy for Monroe County as a whole was 78.2 years.

Average Age at Death for House of Mercy Homeless Compared to Life Expectancies in 14621 Zip Code and Monroe County
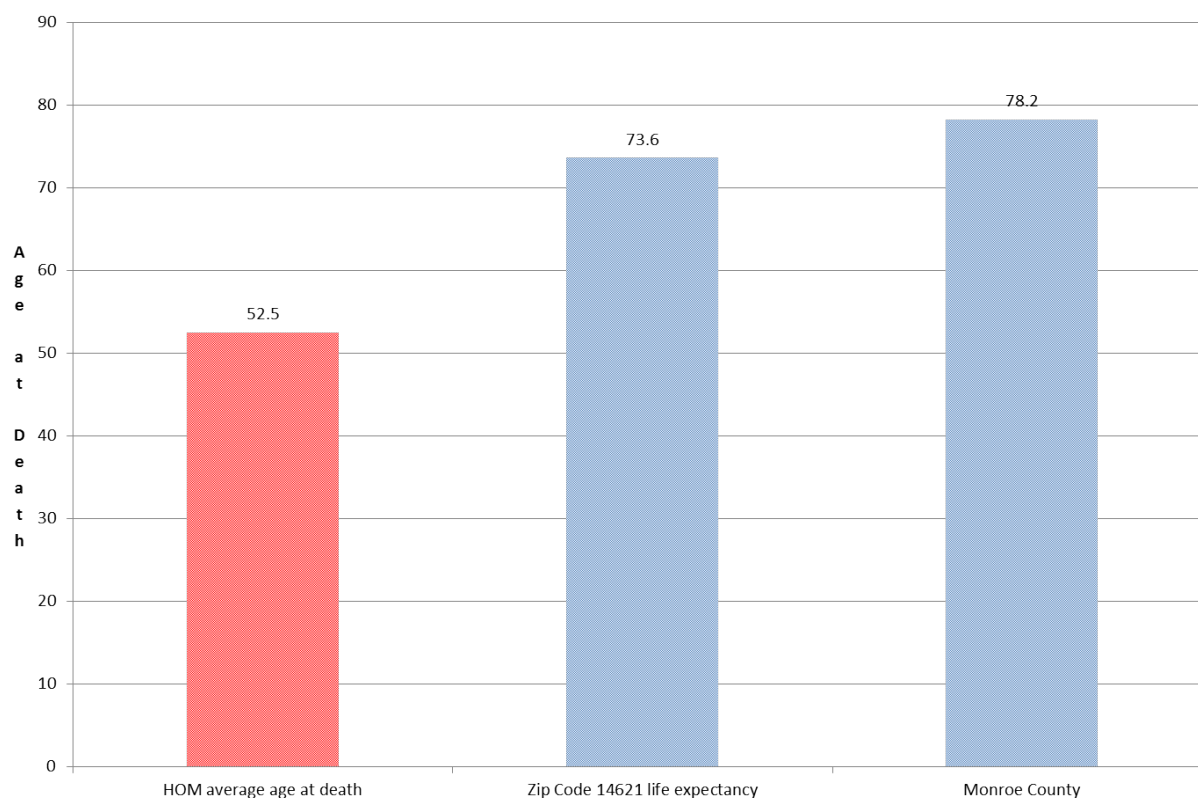

To set the House of Mercy data into its larger social and economic context, it is helpful to look at the relationship between life expectancy and poverty rates for Monroe County. Obviously, poverty is not the same as homelessness. Indeed, since poverty statistics in the US are generated by surveys of households, homeless persons are almost never included among "the poor." However, poverty is the most important source of homelessness. Sensational (and often apocryphal) news stories aside, one rarely finds a rich homeless person. Those who become homeless are almost always drawn from the ranks of the poor and working classes. Thus, looking at poverty can help set a context to interpret findings about homelessness.

The relationship between poverty rates and life expectancy can be shown at a neighborhood (zip code) level for Monroe County. For the 39 zip codes in the county, the correlation is -.854, significant well below the .001 level. Thus, the higher the poverty rate in a zip code, the lower the life expectancy tends to be. This relationship is illustrated by the maps and graph below.

In short, poverty decreases life expectancy and, even accounting for poverty, homeless decreases life expectancy even more.

Map of Poverty Rate and Life Expectancy for Monroe County, New York, by Zip Code
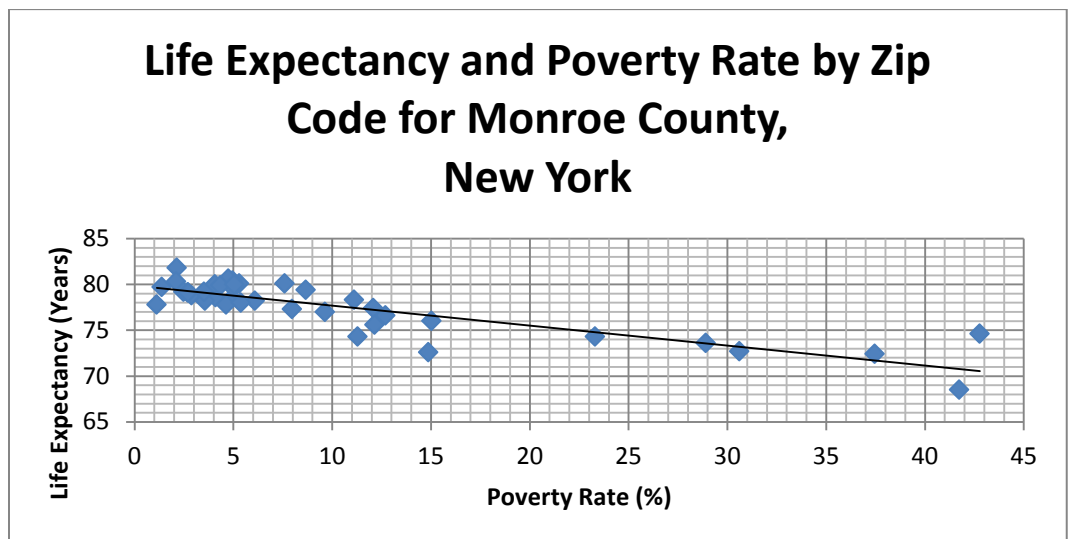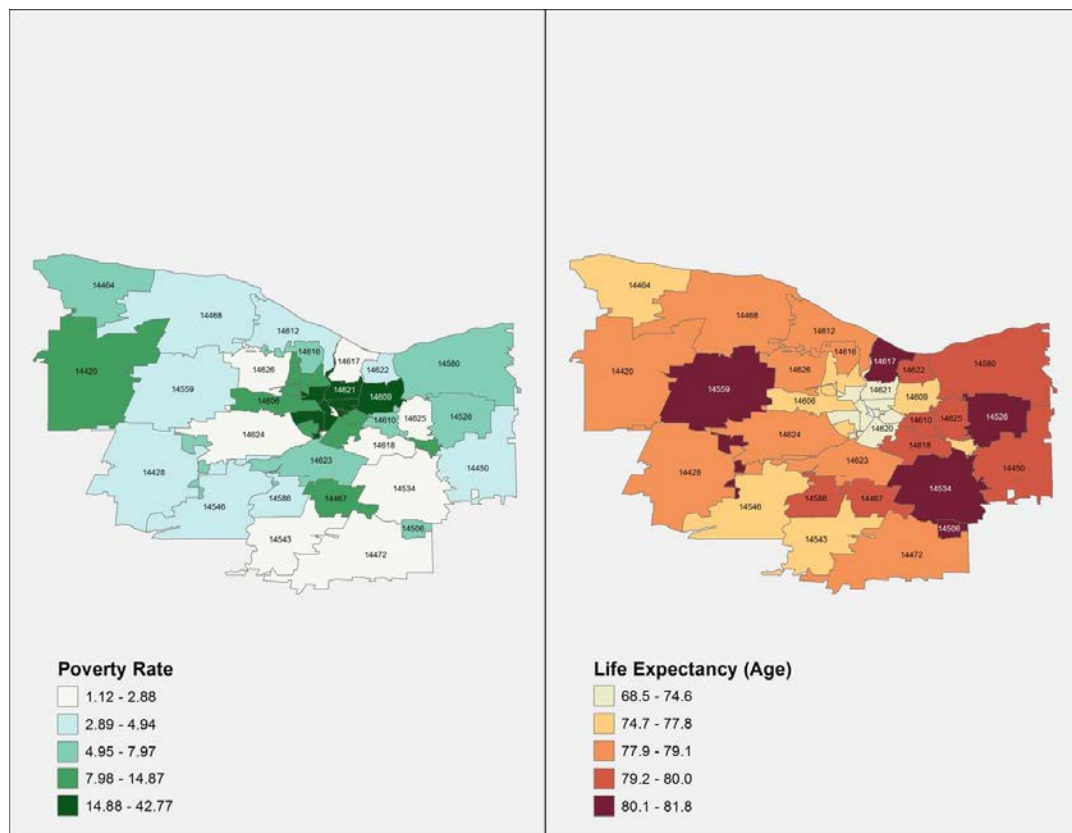
D. Comparison Across Cities

The average life expectancies for homeless men and women reported here are astonishingly low. However, they are not at all out of line with data collected in other cities.

As shown below, average age at death reported ranges from 43.3 in San Francisco in 1997 to 56, again in San Francisco, in 2015. Studies for the other cities all reported average age of death lower than that from the HOM obituaries. Thus, the HOM obituary data is not out of line with other local studies of homelessness and mortality.   Three other points are worth noting from the comparison.

First, both cities (San Francisco and Boston) which looked at age at death at two different time periods reported some increase in age at death over time.

Second, San Francisco in 1997, the only city to report age at death separately for men and women in the sources I have found, also reported a lower age at death for homeless women than for homeless men (38.4 vs. 44.3)

Finally, when you add in the comparison to the average US life expectancy, the conclusion is very clear cut: using a variety of samples from a variety of cities, the life expectancy of homeless persons is **over two decades lower** than that for the average US resident. The condition of homelessness is indeed a death sentence, on the installment plan.

Average Age at Death For Rochester (HOM) vs. Selected Cities and the US Average Life Expectancy
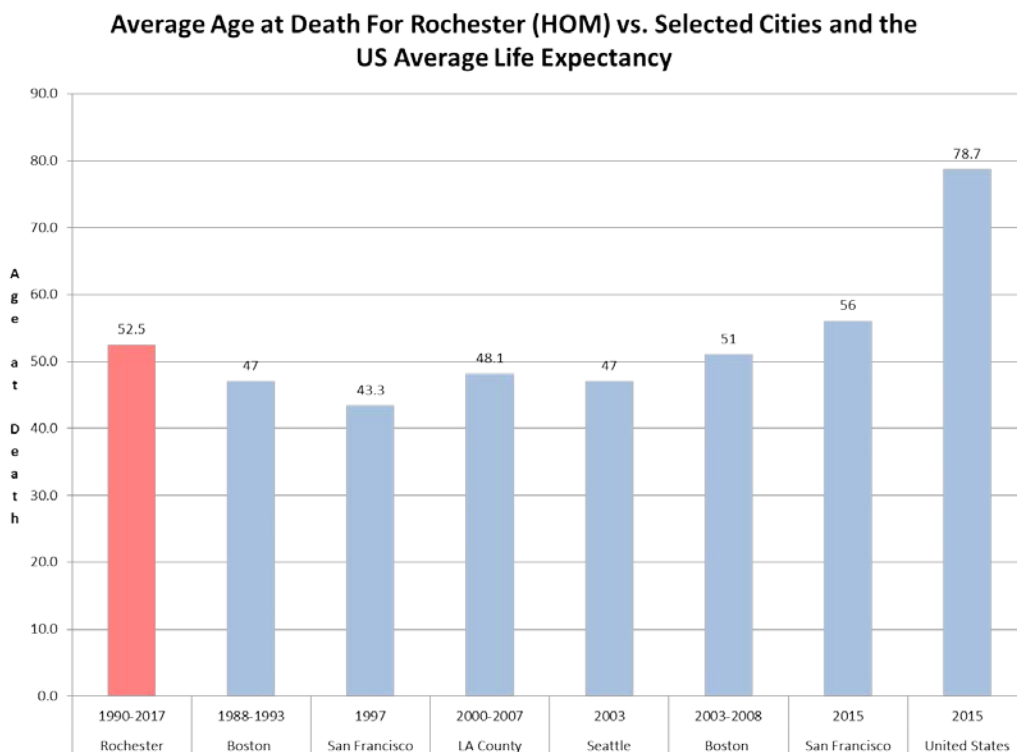
E. International Comparisons

To put the House of Mercy data in the largest possible context, I compared the average age of death to life expectancies in other countries. The United Nations 2016 Human Development Report lists average life expectancies for 190 countries across the globe. Only six countries – Chad, Cote D'Ivoire (Ivory Coast) , Central African Republic, Sierra Leone, Lesotho, and Swaziland – had lower life expectancies than homeless persons at the House of Mercy. The lowest life expectancy was Swaziland, at 48.9 years. Thus, *no country in the world has as low a life expectancy as homeless women in the House of Mercy sample!*

Just to emphasize the extraordinary nature of these findings, we can compare life expectancy with a few countries which we might expect to have extremely low life expectancies: homeless life expectancy in Rochester is lower than the national life expectancies for Pakistan, Yemen, Liberia, Afghanistan, Somalia, and Angola!

Average Age at Death for House of Mercy Homeless Compared to the Six Countries on the Planet with Lower Life Expectancies
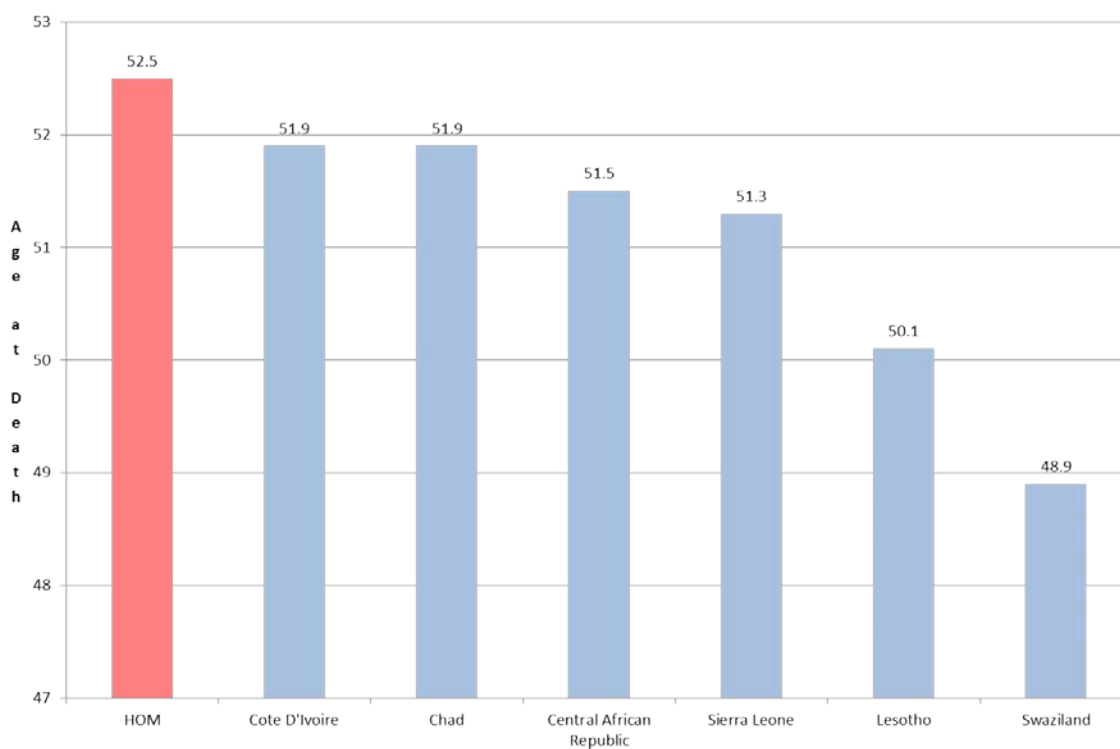
Average Age at Death for House of Mercy Homeless and Selected Other Countries
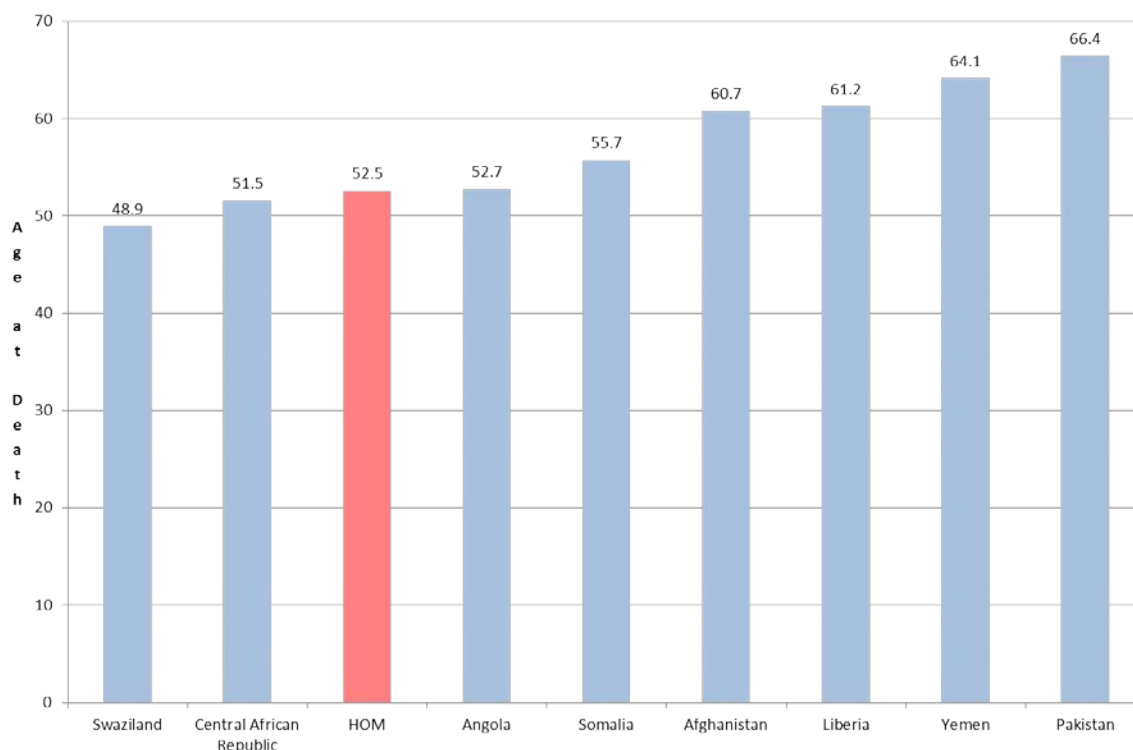
V. Conclusions and Implications

Homelessness is not just a matter of not having an apartment – it reduces the number of years one is likely to live – usually not by months or years, but by decades. This conclusion is supported not just by HOM data, but by studies of homeless mortality in other US cities.

The result that homeless women in Rochester have an average age of death approximately a decade less than that of homeless men is even more striking because it reverses the "normal" expectation that women will live somewhat longer than men. Homeless women in this sample lived to only slightly more than half the life expectancy for an "average" woman in this county. The issue requires further study: Are these results generalizable to all homeless women in Rochester? What are the specific causes of death? However, the number itself is a call to action. Something must be done.

It is not yet possible to identify a specific cause of death for the majority of persons in this sample, although I hope to do this in future research. The information that exists, in agreement with research in other cities, indicates a variety of causes – from diseases such as cancer, AIDS, and heart disease to murder, accident, and overdose. Given my own four decades of experience working with homeless persons in Rochester and Syracuse, I would argue that there are two aspects of homelessness that, while never listed as "cause" of death, contribute mightily to shortening the lives of homeless persons. The first is the precarity or precariousness of homeless

life. Being homeless exposes one to innumerable hazards – from the freezing winters of Rochester to vicious attacks by other human beings to being the pedestrian victim of a hit and run accident. Thus, homelessness is a situation which exposes people to more risks of death than are typically faced by someone who has a home. Secondly, homelessness is a stressful situation, in both psychological and physical senses. Not knowing where one's next meal is coming from or where one can safely spend the night generates tremendous psychological stress. People may "get used to it" over a period of months and years, at least on one level; however, on another, the stress never disappears. Homelessness also produces physical stresses – just the amount of walking a homeless person must do takes its toll on his or her feet and body in general. Exposure in all kinds of weather is physically stressful. Many persons who have been homeless over a long period look years older than they actually are. I have often been shocked to find that someone whom I had long assumed was my elder was actually my own age or even younger. The precarity and stress of homelessness are underlying factors which increase the likelihood that homeless persons will die young, almost regardless of the "formal" cause of their death.

Some will argue, I suspect, that homelessness is a choice – that those who sleep on the streets choose to do so and, therefore, they should bear the consequences of their decisions. However, it is vital to remember that all human choices are made within a certain context and that context almost always is shaped by relative social power. One may choose to sleep on the streets rather than in a shelter. Often those who make that choice are described as "the hard to house homeless" and their sole motivation is said to be that they want to continue using drugs or alcohol. Yet two sociologists who investigated "the hard to house homeless" (in Birmingham, Alabama) by spending some time living in both a homeless encampment and in homeless shelters concluded that, if they were actually homeless, they would choose to live in the camp rather than submit to the conditions of the shelter (Wasserman and Clair). Another sociologist (Wagner) argued that homelessness is often an act of resistance to unjust conditions in family, job, or social services. The homeless persons he studied in Maine chose to be homeless, but did so as an act of resistance to family, employment, and social service situations they found oppressive. The choice of homelessness was one made to preserve a sense of dignity in the face of oppressive social institutions. Anthropologist Elliott Liebow found that for women, homelessness was often a matter of being thrown out of a home because one lacked the power in the family or because one's family was too poor to be able to provide the resources necessary to remain housed.   As a society, we should not deprive persons of the ability to choose homelessness; however, we do have the responsibility to create a society in which the alternatives to homelessness are more inviting, less unjust.

The citizens of Monroe County have a choice. We can continue to allow conditions which rob fellow citizens of decades of life. Or we can choose to create social and economic conditions which do not force human beings into making the painful choice to live on the streets because they have realistic alternatives for shelter.   We need to construct affordable housing. We need to adopt a Housing First strategy on a county wide basis. We need to provide more emergency

shelter beds, including a county-run shelter. We need to stop the Department of Human Services from imposing sanctions on people when those sanctions would result in homelessness. We need to enact a $15 minimum wage. We need to drastically reduce the number of evictions. Some of these policies will require action at the state or local level. However, much can be accomplished at the city and county levels. We have the resources to do this. Witness the millions of dollars which have been thrown away in fruitless schemes to give money to rich corporations on the discredited pretense that jobs and housing will "trickle down" to the poor. This loss of life is preventable. It is a matter of what our priorities are.

VI.   Postscript

It is fitting to release this report on the Sunday, November 19, the first World Day of the Poor, proclaimed by Pope Francis. In his Message proclaiming the World Day, he stated: "If we truly wish to encounter Christ, we have to touch his body in the suffering bodies of the poor. . . . The Body of Christ, broken in the sacred liturgy, can be seen, through charity and sharing, in the faces and persons of the most vulnerable of our brothers and sisters. Saint John Chrysostom's admonition remains ever timely: 'If you want to honour the Body of Christ, do not scorn it when it is naked; do not honour the Eucharistic Christ with silk vestments, and then, leaving the church, neglect the other Christ suffering from cold and nakedness.'" Pope Francis was explicit about the causes of poverty (and, by implication, homelessness): "Poverty has the face of women, men and children exploited by base interests, crushed by the machinations of power and money." Although his words are couched in the language of Christianity, his message is one which all of us should heed, regardless of our spiritual beliefs.

(Note, November 21, 2017: An earlier version of this report double-counted one homeless person (a black man). This final version reduces the count of homeless persons from 194 to 193 and recalculates all statistics. The change did not affect any statistical conclusions and generally resulted in a change of age at death for men of a single decimal point. A few minor editorial changes were also made.)

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