

American Association for the Advancement of Science

Science serves its readers as a forum for the presentation and discussion of important issues related to the advancement of science, including the presentation of minority or conflicting points of view, rather than by publishing only material on which a consensus has been reached. Accordingly, all articles published in *Science*—including editorials, news and comment, and book reviews—are signed and reflect the individual views of the authors and not official points of view adopted by the AAAS or the institutions with which the authors are affiliated.

Publisher: William D. Carey

Editor: Daniel E. Koshland, Jr.

Deputy Editors: Philip H. Abelson (*Engineering and Applied Sciences*); John I. Brauman (*Physical Sciences*); Gardner Lindzey (*Social Sciences*)

EDITORIAL STAFF

Managing Editor: Patricia A. Morgan

Assistant Managing Editors: Nancy J. Hartnagel, John E. Ringle

Senior Editors: Eleanore Butz, Ruth Kulstad

Associate Editors: Martha Collins, Barbara Jasny, Katrina L. Kerner, Edith Meyers, Phillip D. Szurimi, David F. Voss

Letters Editor: Christine Gilbert

Book Reviews: Katherine Livingston, *editor*; Deborah F. Washburn

This Week in Science: Ruth Levy Guyer

Chief Production Editor: Ellen E. Murphy

Editing Department: Lois Schmitt, *head*; Caitilin Gordon, Mary McDaniel, Barbara E. Patterson

Copy Desk: Lyle L. Green, Sharon Ryan, Beverly Shields, Anna Victoreen

Production Manager: Karen Schools

Graphics and Production: John Baker, *assistant manager*; Holly Bishop, Kathleen Cosimano, Eleanor Warner

Covers Editor: Grayce Finger

Manuscript Systems Analyst: William Carter

NEWS STAFF

News Editor: Barbara J. Culliton

News and Comment: Colin Norman, *deputy editor*; Mark H. Crawford, Constance Holden, Eliot Marshall, Marjorie Sun, John Walsh

Research News: Roger Lewin, *deputy editor*; Deborah M. Barnes, Richard A. Kerr, Gina Kolata, Jean L. Marx, Arthur L. Robinson, M. Mitchell Waldrop

European Correspondent: David Dickson

BUSINESS STAFF

Associate Publisher: William M. Miller, III

Business Staff Manager: Deborah Rivera-Wienhold

Classified Advertising: Leo Lewis

Membership Recruitment: Gwendolyn Huddle

Member and Subscription Records: Ann Ragland

Guide to Biotechnology Products and Instruments: Shauna S. Roberts

ADVERTISING REPRESENTATIVES

Director: Earl J. Scherago

Production Manager: Donna Rivera

Advertising Sales Manager: Richard L. Charles

Marketing Manager: Herbert L. Burkland

Sales: New York, NY 10036: J. Kevin Henebry, 1515 Broadway (212-730-1050); Scotch Plains, NJ 07076: C. Richard Callis, 12 Unami Lane (201-889-4873); Chicago, IL 60611: Jack Ryan, Room 2107, 919 N. Michigan Ave. (312-337-4973); San Jose, CA 95112: Bob Brindley, 310 S. 16 St. (408-998-4690); Dorset, VT 05251: Fred W. Dieffenbach, Kent Hill Rd. (802-867-5581); Damascus, MD 20872: Rick Sommer, 24808 Shrubbery Hill Ct. (301-972-9270).

Instructions for contributors appears on page xi of the 26 September 1986 issue. Editorial correspondence, including requests for permission to reprint and reprint orders, should be sent to 1333 H Street, NW, Washington, DC 20005. Telephone: 202-326-6500.

Advertising correspondence should be sent to Tenth Floor, 1515 Broadway, NY 10036. Telephone 212-730-1050 or WU Telex 968082 SCHERAGO.

Scienceless to Homeless

America's homeless crisis began in 1963 when deinstitutionalization became law through enactment of the Mental Retardation Facilities and Community Mental Health Centers Act. Hundreds of thousands of disabled patients with schizophrenia, affective disorders, alcoholism, and severe personality disorders were released from large institutions to the streets. Once deinstitutionalized, these individuals created their own communities of isolation, alienation, hopelessness, and despair. By law, the former residents of structured institutions became the homeless.

This situation occurred because a social welfare movement, based on virtually no scientifically gathered data, became public policy. Remarkably, only one controlled pilot study performed in England was available at the time the law was passed. The country undertook a noble, but unfeasible, and ultimately unjustifiable project because the essential research had not been done. Once the decision to deinstitutionalize was in place, a sense of urgency prevailed. Patients became caught on colliding tectonic plates, pushed and stretched in all directions by psychiatrists, unions, nurses, psychologists, and social workers. The legal system, legislators, and the media all thought they knew—or at least gave the impression that they knew—what was wrong with our mental health system. Few, however, were able or willing to provide the requisite care.

There is no reason to believe that our current concerns for the homeless, and our inadequately conceived solutions, will not create new problems. Again, inexplicably, there are essentially no controlled studies to show us how to handle the problem.

Designing well-controlled studies for evaluating community programs is difficult. Such studies do not fit into a traditional paradigm. It was not until last year that the first approximation of a controlled study of widespread community care was published.* Schizophrenic patients, after discharge from psychiatric hospitals, were followed in Vancouver, British Columbia, and Portland, Oregon, cities with decidedly different aftercare profiles: Vancouver has many aftercare facilities; Portland's are fewer, and they are less well staffed and coordinated. Schizophrenic patients in Vancouver had fewer relapses, a greater sense of well-being, and a higher degree of employment than those in Portland. Although there are problems with the study—it examined fewer than 60 people and those from Portland may have been more severely ill—it shows that such studies can be performed.

We must ameliorate the miseries of our homeless mentally ill. But in doing so we must not make the situation worse. Today, it is inconceivable that a new medication would be introduced before large-scale clinical trials were conducted among diverse patient populations. Furthermore, once the drug became widely available we would continue to monitor its effectiveness and potential toxicity. If the new medication turned out to be less effective or more toxic than originally thought, it would be removed from the market, or at least its usage would be narrowed. Controlled clinical trials of medications limit the risk to a few.

Why do we not have similar criteria for our social experiments? In the case of deinstitutionalization, no large-scale efficacy trials were performed. Toxicity and adverse consequences were not monitored. We are only now beginning to identify who the homeless mentally ill are. Well-designed and replicated controlled experiments are necessary. Without such studies we will repeat our mistakes. And we are certain to cause new, unforeseeable hardships. Before we prematurely institute new public policies, we should collect the necessary data to rationally initiate social welfare system changes. By calling for careful studies, we do not advocate inaction until all the answers are known; we must deal with today's difficulties today. But unless we invest time, energy, money, and our good minds toward a solution, today's problem will remain for tomorrow.—RICHARD JED WYATT, *Chief, Neuropsychiatry Branch, National Institute of Mental Health, and Intramural Research Program at St. Elizabeths Hospital, Washington, DC 20032*; EVAN G. DERENZO, *director of admissions, Collingswood Nursing Center, Rockville, MD 20850*

*M. Beiser, J. H. Shore, R. Peters, E. Tatum, *Am. J. Psychiatry* **142**, 1047 (1985).