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.

**EDITORIAL STAFF**
Managing Editor: Patricia A. Morgan
Assistant Managing Editors: Nancy J. Hartmagel, John E. Ringle
Senior Editors: Eleonore Butz, Ruth Kulestad
Associate Editors: Martha Collins, Barbara Jasny, Katrina L. Keiner, Estith Meyers, Philip D. Szuromi, David F. Voss
Letter Editor: Christine Lohert
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; Caitlin Marshall, Marjorie Sun, Mary McDaniel, Barbara E. Patterson
Copy Desk: Lyle L. Green, Sharon Ryan, Beverly Shields, Anna Victoria
Production Manager: Karen Schools
Graphics and Production: John Baker, assistant manager; Holly Bishop, Kathleen Leno, Eleanor Warner
Covers Editor: Graeze Finger
Manuscript Systems Analyst: William Carter

**NEWS STAFF**
News Editor: Barbara J. Culilton
News and Comment: Colin Norman, deputy editor; Mark H. Crawford, Constance Holden, Eliot Marshall, Marjorie Sun, John Walsh
European Correspondent: David Dickson

**BUSINESS STAFF**
Associate Publisher: William M. Miller, III
Business Staff Manager: Deborah Rivera-Wienhold
Classified Advertising: Lyle L. Green
Membership Recruitment: Gwendolyn Huddle
Member and Subscription Records: Ann Regland
Guide to Biotechnology Products and Instruments: Shauna S. Roberts

**ADVERTISING REPRESENTATIVES**
Director: Earl L. Schraga
Production Manager: Donna Rivera
Advertising Sales Manager: Richard L. Charles
Marketing Manager: Herbert L. Burkard
Sales: New York, NY 10036: J. Keney Heneberry, 1515 Broadway (212-730-1050); Scotch Plains, NJ 07076: C. Richard Callis, 12 Unami Lane (201-889-4673); Chicago, IL, 60611: Jack Ryan, Room 2107, 919 N. Michigan Ave. (312-337-4973); San Jose, CA 95112: Bob Brindley, 310 S. 16 St. (408-998-4950); Dorset, VT 05251: Fred W. Duenenbach, Kent Hill Rd. (802-867-5581); Damascus, MD 20872: Rick Sommer, 24088 Stable Hill Ct. (301-972-9270).

Instructions for contributors appears on page vi 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 969082 SCHELAGO.

---

Science'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 evidence 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, tomorrow's problem will remain for tomorrow.—Richard J. Wyatt, Chief, Neuropsychiatry Branch, National Institute of Mental Health, and Intramural Research Program at St. Elizabeth's Hospital, Washington, DC 20032; Evan G. DeRenzo, director of admissions, Collingswood Nursing Center, Rockville, MD 20850

---

Scienceless to homeless
RJ Wyatt and EG DeRenzo

Science 234 (4782), 1309.
DOI: 10.1126/science.3787247

ARTICLE TOOLS
http://science.sciencemag.org/content/234/4782/1309

REFERENCES
This article cites 1 articles, 0 of which you can access for free
http://science.sciencemag.org/content/234/4782/1309#BIBL

PERMISSIONS
http://www.sciencemag.org/help/reprints-and-permissions

Use of this article is subject to the Terms of Service

Science (print ISSN 0036-8075; online ISSN 1095-9203) is published by the American Association for the Advancement of Science, 1200 New York Avenue NW, Washington, DC 20005. 2017 © The Authors, some rights reserved; exclusive licensee American Association for the Advancement of Science. No claim to original U.S. Government Works. The title Science is a registered trademark of AAAS.