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“I still daydream,” replies Teddy, looking a bit embarrassed as Jimmy rolls his eyes. “And that helps. When things don’t look good, I can still dream and I feel good.”

Sometimes the depression can also become anger and take a suicidal or violent turn.

“I don’t know why,” says Frank, “but sometimes I feel like climbing the Brooklyn Bridge and jumping off, or getting a gun and going into a grocery store and blowing everyone away.” He has found himself walking toward the bridge in a melancholy daze, only to wake and go for his gun. “One of these days I’m gonna do something bad. I can feel it. Sometimes I hope they get me before I get them.”

One evening as the sun is setting we climb to a rooftop. Frank passes around a bottle of Johnny Walker Red. Within an hour, as darkness arrives, the group is pensive.

If you had one wish, what would it be? I ask them.

“I wish my mother would come back,” Teddy says immediately.

“I’d change the world so there would be a place for us,” Carlos answers. “A good place where we would have real freedom and not live in a hole.”

“I’d like to blow my head off,” says Frank, looking down between his knees.

Others object, and Frank is persuaded to revise his wish. “I’d change things in myself if I could. You go to prison and you get this ‘fuck you’ attitude, and it stays with you all the time. You resent every fucking thing in the establishment. You forget how it is not to be angry all the time.”

Someone points out that Frank has never been to prison.

“You ever been to reform school?” he demands. “That’s prison.”

Jeff joins the wishers. “I’d want to go back to when I was nine, and know the things I know now, so I wouldn’t make the same mistakes,” he says.

And I remember what Dolly once said: “I wish I’d never been born.”

Rather than leave it there, I ask them what’s the best thing about being on the streets?

“The freedom,” says Jimmy.

“Just being alive,” says Monica.

“Hope,” says Carlos, who after a moment tries to explain. “Sometimes I get on this depression-suicide trip like Frank. But then I think there’s a person I’m gonna miss if I leave now. There’s a place I should see that I wouldn’t see. There’s too much I want to do before I go. There’s someone I want to meet.”

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THE RUNAWAY COMMUNITY DISBANDED SOON AFTER THAT. I DON’T know why. I found a handwritten note from Teddy under a rock, but the smudged penciling is illegible. The only other remnant was a tube of forgotten lipstick under an old chair. I went back to the rooftop where we had all watched the sunset, and I dreamed that they were all finding that someone or someplace or something better that they all hoped for.

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Tunnel Outreach

IN SEPTEMBER 1990, THE METROPOLITAN TRANSIT AUTHORITY authorized funds for a program to provide outreach and referral services to homeless people living in and around subway tunnels and train tunnels. Among other things, the aim was to obtain information about the homeless in the transportation system of New York, and to improve the safety and cleanliness of the system. Preliminary estimates showed that 80 to 85 percent of the homeless were substance abusers, so the Metropolitan Transit Authority hired ADAPT (Association for Drug Abuse Prevention and Treatment), a nonprofit organization partially funded by the New York Health Department, to provide outreach in the tunnels of the Grand Central and Penn stations. After almost a year, ADAPT counted 6,031 homeless in the system, far more than any authority had anticipated, with one-third to one-half of them living directly under the Penn and Grand Central stations.

The following year, however, the Metropolitan Transit Authority went a different route in an effort to cope with the growing tunnel homeless problem. Instead of ADAPT, it contracted with the controversial Homeless Emergency Liaison Project (HELP), a mobile outreach organization that provides crisis psychiatric services to the mentally ill. Some studies have found anywhere between 25 and 60 percent of the aboveground homeless to be mentally impaired, but the ADAPT project reported that only 10 to 15 percent of those they encountered had mental problems. The Metropolitan Transit Authority's choice of Project HELP (rather than continue with ADAPT) surprised many in the field until it was recognized that Project HELP offers a service no other outreach unit could provide. It has authority to physically incarcerate a mentally ill person if he or she is considered "imminently at risk to himself or others." Those people can be taken to hospital emergency wards for psychiatric evaluation and held without their permission for as long as a team of psychiatric workers deems necessary.

Put bluntly, only Project HELP can forcibly eject the homeless from the tunnels on grounds of mental illness and commit them to hospitals. "And that was the MTA's primary goal," says Michael Bethea, ADAPT's outreach director. "Subway and train ridership was down, and the Metropolitan Transit Authority didn't want commuters to see these homeless people, to smell them, to feel threatened by them. In addition, the Democratic Convention was coming to town in a few months, with all the national press, so the Metropolitan Transit Authority did what it had to do.

"In fairness, MTA also has a responsibility to the homeless people in the tunnels who were getting hit by trains," he says. Almost a hundred such victims were counted the year before. In addition, more than eighty fires had occurred in the tunnels in connection with homeless living along the tracks, endangering commuters, workers, and firefighters. Sometimes their campfires would get out of control; other times sparks from the third rail would ignite their flimsy clothes and bedding near the tracks.^[6] (/read-267812/?page=32#n_6)

However, ADAPT workers complain that the Metropolitan Transit Authority's strategy of using Project HELP risks lumping all homeless individuals, including those who are not mentally ill, into the same category and permits even those who are not mentally ill to be rounded up. Moreover, it neglects the larger needs of this destitute community.

"Our fear is that they [Project HELP] are going to mistakenly perceive someone strung out from crack or heroin as being mentally sick and commit him or her. Then, that person is lost," complains Bethea. "We found that they do have difficulties making that distinction." In addition to the addicts, there are also physically ill people with tuberculosis, HIV, and AIDS in the tunnels, "and there's just plain people who are homeless. All of these have to be dealt with separately, not approached through mental illness," he says.

"MTA wants quick fixes," adds ADAPT's executive director Yolanda Serrano. "What underground homeless need is time to develop relationships with outreach workers down there, so, when the homeless come up from the tunnels, they come up for good, not just for a few days in a hospital, after which they run back down to a new tunnel." ADAPT's tracking statistics find that almost all tunnel dwellers who go through detoxification programs, which usually last five to seven days, go back down underground afterward.

"The attitudes and behavior that took them into the tunnels don't change overnight," she continues. "Sometimes they don't change even after residential treatment programs that last two years. It takes time and acceptance. Even a 'normal' person has to quit smoking five or six or more times before it sticks. And here we're talking about some people who have used mind-altering substances for five to ten years."

Project HELP is well aware of its strong-arm image. "We've got the nasty reputation on the homeless grapevine," admits Dr. Sam Tsemberis, a young but seasoned psychologist and the new director of Project HELP. Tsemberis has a more liberal tinge and announces to me early on that, when he came to interview for the job, he told his interviewers up front that he was not sure he believed in the very premise of Project HELP. He looks forward to changing its image, though it has existed since Project HELP's founding. However, as he sees the homeless situation in light of his new position, he better understands where Project HELP comes from and is not so quick to make changes.

"We're always the last people they want to see, the bad guys who come and take people away. People see our van and run. Other units that can't handle certain homeless persons call us to do their dirty work. I didn't like that at first, but, after seeing some of the things I've seen out there with Project HELP, I recognize that there is a need for this type of organization," Tsemberis says, looking concerned.

Project HELP was created about a decade earlier after the celebrated case in January 1982, when Joyce (aka Billy) Boggs, a sixty-one-year-old homeless woman living in a cardboard box on the street died of hypothermia after refusing help several times. She had been a psychiatric patient who was on the street for eight months, since her public assistance benefits were revoked for "failure to appear for

recertification.” She died, despite last-minute efforts by medical personnel, just a few hours before authorities secured a court order to permit authorities to take her to a hospital against her will.

Only the so-called “STIPSO” statute applied at the time. An acronym for short-term involuntary protective services order, it required that a physician must certify that the person would die within seventy-two hours if not hospitalized, find a judge to declare the person incompetent, and then return to locate the homeless person, who usually had moved on.

The Boggs case, coming amid signs of a rising homeless population on the streets that seemed made up overwhelmingly of mentally ill people, pushed New York to establish Project HELP under New York State’s Mental Hygiene law. The statute states that Project HELP may provide services that are voluntary or involuntary for the patient. The criteria for involuntary provision of services is that the person be mentally ill and a danger to himself or others.

“At first I didn’t believe in Project HELP,” says Tsemberis. “I thought it was a fascistic, Koch [former Mayor Ed Koch] program to get people off the street involuntarily, using psychiatry for social control, but I’ve concluded there is a need to take people off the streets when they are really in a bad way.” He admits that homeless people who are not mentally ill may be taken to Bellevue Hospital. He contends that, even when an error is made, the homeless are helped by the basic care they get at the hospital.

Mental illness deals with idiosyncratic behaviors that may or may not be indigenous to the individual, he says, but there is a great difficulty separating what is innate to that individual and what comes from the underground life they have been living.

“These people we take to the hospital, you wouldn’t believe what they look like,” Tsemberis says. “Some have toilet paper wrapped around their heads because they don’t want their ideas flying out or new ideas flying in. And after a week in Bellevue, eating and sleeping four or five nights, they go before a judge and they say, ‘I don’t know why I was brought here, your honor. I just want to get out and get a job.’”

Tsemberis is also frustrated, like others who work with the homeless, by lack of resources. He believes that the most effective outreach program would include three types of medical specialists—one for physical health, one for mental health, and one for addiction. More crucial is the lack of programs to keep homeless off the streets and out of the tunnels after treatment. This would primarily require housing—after detoxification, rehabilitation, and psychiatric counseling—to allow time for attacking the root causes that drove the homeless individuals underground in the first place.

As it is now, says ADAPT’s Bethea, fewer than 15 percent of the underground homeless make it back aboveground to a relatively normal life.

Bureaucratic provisions, particularly those requiring children to be taken from addicted parents, keep many of the homeless from seeking help. Bethea recalls a woman who lived in the tunnels with her daughter and wanted drug counseling but feared the authorities would take the child. ADAPT encouraged her to enter a rehabilitation program and promised to do their best to help her keep her daughter. “But the child is in a foster home,” says Bethea, shaking his head. “The mother has finished rehab and is doing fine, but they still won’t give the child back to her.”

ADAPT has sought to cut other red tape that hinders aid to the homeless. “Many people we deal with have no identification,” Bethea says. “But in order to access a treatment program or apply for social services or welfare, they need at least two forms of ID, plus a place of residence. We had to learn where we could get a quick, temporary form of ID that is valid, or at least accepted by the social services.” ADAPT workers often shelled out \$10 or \$15 from their own pockets to get the less-than-legal IDs when the project lacked funds.

ADAPT complains that not only did the Metropolitan Transit Authority shift to the mental health focus of Project HELP, it also rejected ADAPT’s statistics on the homeless population. “They didn’t want to scare the public, while we didn’t worry about that aspect of it,” says Bethea. The Metropolitan Transit Authority authorities changed the definition of homeless to reduce the population figures, says Bethea. “They decided that a person is not homeless if he or she is not lying down or sitting outside of a designated sitting area. If a person is standing, even with garbage bags, they are not in violation (by that definition) and so not counted, overlooked. Our numbers were always higher than the Long Island Rail Road police would have liked, for example, although we have very good relations with the police. It was just that once they sat in a board room, things started to look different. The homeless population just became a political game of numbers.”

From their very first trips into the tunnels, ADAPT’s workers were shocked not only by the number of homeless they found, but also by the sometimes elaborate living quarters and “conveniences” underground. There were dwellings with wallpaper, pictures, and posters hanging from walls. Running water, showers, heat, electricity, and even a microwave oven helped make life in the tunnels a bit more bearable.

“Seven stories under Grand Central,” says Bethea, eyes still widening at the memory, “we found families. Mother, child, and a male. We brought up two pregnant women our first month. One had her baby and went back down without the baby. The baby’s in foster care now.”
