

GMC NEWS



THE NEWSLETTER OF THE GEORGETOWN MINISTRY CENTER

SURVIVING IN RECORD SNOW

There was plenty of warning. The weather people were talking about it a week before, but we were still unprepared when 24 inches of snow fell on Washington in about 30 hours. We had two major goals for the weekend: keep the shelter open throughout the day, and keep the center open during the usual times each day.

I knew this was not going to be easy. I knew that the more the homeless needed us to be there, the harder it would be to get someone there. In the end it was heroic effort from a few staff people that ensured we were there for our charges.

Delores Jackson and Malissa Johnson-Bey both endured 48 continuous hours or more in the shelter during one or more of the three snowstorms we had this winter. It was a combination, I am sure, of duty and practicality. Once the storm had delivered its payload no one could go anywhere anyway. It did not make being shut in any easier.

Tobias Brown came across town, sometimes on foot, to open the center during and after the weekend snowstorm. Tobias traveled as much as two hours to get to the center.

Finally, get the image of Jessica Colman, our administrator, walking nearly a mile in the blizzard to get to the office. I had



GMC Staff Quan "Nick" Zhou and Jessica Colman

decided that this was too much to ask anyone to do but once out into the storm, she could not hear her phone ring and soldiered on through the knee-deep snow. Jess opened the center to the three people who showed up. The storm was so bad it is unimaginable that anyone made it to the center. As the day passed four more people showed up, among them people we had not seen before. When it came time for Jessica to go home we couldn't in good conscience ask the people in our center to

leave. We identified one among them who we felt could keep control and would be responsible, and we put him in charge. We crossed our fingers. As it turned out Omar did a spectacular job, and we are as appreciative of him as he was of having a warm place to sleep.

We enlisted the aid of nearby residents to support our staff and accidental volunteer. Kimberly Ludwig, who lives across the street, brought stew over that evening and then a hearty oatmeal breakfast. Kimberly, a member of Grace Church, also set up an urn of coffee from Grace's kitchen.

Finally, Nick Zhou, our bookkeeper, arrived a little after lunch that day and provided support to Jess who had been holding down the fort alone.

To understand the magnitude of these efforts, remember that the snowplows were pulled off the roads because of the whiteout conditions. The buses and trains had stopped running, and most importantly, the hypothermia vans had stopped going around picking up people from the city streets. There was no way to get homeless people to any of the shelters that exist out there. There was no way for staff to get to and from work except by walking, completely exposed to the horrid conditions.

Thank you Delores, Malissa, Tobias, Jess, Nick, Bram, and Kimberly. I don't know if you saved lives, but you made a huge difference. Thank you also to Joe (our new board president) and Mary Ryan for bringing sandwiches to the shelter as soon as the streets were passable.

—*Gunther Stern*

A COMMUNITY THAT CARES

When a group of Georgetown women encountered a homeless woman in a Georgetown park, they knew they had to do something. Even though the woman was surly and demanding, she reminded them too much of themselves to just walk away. They began talking to her, bringing her food and even the chocolate treats she demanded with the food. Though she was clearly mentally ill, she was also articulate and well educated.

Something had to be done, but what? This group of Georgetown residents was soon frustrated by "the system" that should be able to respond to this woman's needs. The issue is that there are limits: legal and ethical. When can you take people into custody against their will? *"A person who is believed to be mentally ill and who, because of such illness is likely to injure self or others if not immediately detained, may be*

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taken into custody without a warrant and transported/presented for involuntary emergency admission..." (Rule 22-7601: GENERAL PROVISIONS, DC Regulations)

The process is frustrating for most of us who understand that people living in parks for fear of irrational threats (such as "being poisoned by aliens") are not making a competent choice and are very likely putting their life in jeopardy. On the other hand, there is law that very specifically dictates who can be taken into custody and how. There is a complicated process that is intended to protect our civil rights but, as we have all witnessed, the result of this process is that very, very sick people are allowed to alienate themselves on our city streets in horrid conditions.

The people who execute these FD12 (involuntary hospitalization) forms are trained to respect legal protections, even for the most mentally ill people on the street. They are also taking into consideration that the next step of the process is an evaluation by a psychiatrist who may disagree with the hospitalization, sometimes vehemently. No mentally ill person behaves consistently. They are often able to mask their symptoms for short periods, long enough to make an emergency room doctor wonder why they are being detained against their will. For the mental health worker who initiated the FD12 process, reputation (and perhaps a job) is on the line.

If the process does continue and the patient is hospitalized, then hospital staff evaluate the patient. Homeless people with mental illnesses are often very difficult to treat. They're considered "chronic." Many mental health practitioners see efforts with these patients as futile and begin to look for ways to move them on. This is usually through a questionable discharge without a proper connection to the community such as a mental health program with housing resources or even a shelter.

The emergency outreach workers who are first called to evaluate a mentally ill person on the street have all this in mind as they consider the FD12 process. Being detained is a traumatic experience for a mentally ill person. He or she is required, by law, to be taken by the police, in handcuffs, to the hospital. The worker does not want to put them through this process without a reasonable chance of a successful intervention. Members of the Homeless Outreach Team from the Department of Mental Health often opt for process of engagement, in which they make repeated visits to try to win the person's trust.

The woman in question here was hospitalized twice this winter. She was held for much of the snow events this winter but she is back in the park, frustrating all of us who care for her well-being. We know that there is a life with family and friends, abandoned somewhere out there, waiting for a successful intervention. This is how it is for so many people on the street. The laws need to be changed so that it is easier to hold someone for treatment when it is really needed.

HEALTH CARE ON THE STREET

Steven, Donald, Greg, Russell, Peter, Christine, and many more over the last five years. What do they have in common? They were homeless men and women who died of preventable and treatable diseases.

It is sad enough that the homeless die of exposure during the winter and heat related or exacerbated illness during the summer. But they are also plagued by hypertension, kidney failure, stroke, heart attacks, hepatitis C, HIV, cancer, respiratory problems, poor dental care, and simple infections. These conditions are fairly easy to treat. The medical services available for street people are not nearly enough.

When we think of the homeless, we think of mental illness and isolation, but many of our clients smoke, drink alcohol, have poor nutrition, and suffer from chronic and debilitating diseases. This is why last year GMC entered into a partnership with Unity Health Care to have a family practice physician do rounds on the street one day a week. You met her in a previous issue of this newsletter: Dr. Catherine Crosland. Armed with the tools of her trade, she diagnoses and treats simple conditions and makes referrals. She is making a difference in the lives of many.

While we see a lot of our clients suffering from treatable diseases, we are pleased to see illnesses diagnosed on the street with a simple finger prick or a one-minute blood pressure check. Dean had no idea why he didn't feel well. The doctor was able to diagnose diabetes and get his attention. "Go straight to the hospital!" she commanded. She wanted to call an ambulance but he objected. He is now managing his illness very carefully.

Dr. Crosland is finding a new case of hypertension or diabetes just about every time she goes out with GMC staff.



We have made a good decision to hire Dr. Crosland and focus on health care on the street. Many of our clients don't want to go to hospitals; they are, like us, in a state of denial until reality calls. That lump on the neck or in the breast might go away if we don't pay attention to it. We all feel this way about our health, but for the homeless it is even more likely they will deny their illness and make excuses rather than be embarrassed. A man who has not bathed and has no clean clothes, whether mentally ill or not, still has some dignity and may not make an appointment for a physical examination because he feels dirty and smells bad. So we have to go to him.

The names in the first paragraph belong to people who were homeless and died of simple, treatable diseases. Finding someone a place to live is only one part of our mission; providing overall care is part of our mission, too.

—Ron Koshes, M.D.

SHELTER REPORT

The conclusion of the shelter in March is a sad occasion. Residents sulk as they face the reality of returning to the street. Staff are sad that we didn't make more connections with the clients. We wish we had been able to move more people off the street. We wonder what more we could have done.

This year the shelter came to a close with little in the way of resolution of the homelessness of our various residents.

In the closing days, staff and residents turned panic into action. After waiting for months for assigned providers to take on our residents, we flew into action. Nathan began calling programs for pregnant women and found a place for our pregnant resident. Roy began shaking the trees for our Middle Eastern refugee who is now in a small shelter on upper Connecticut Avenue near where he lived as a diplomat many years ago.

Over the years I have realized that success has many meanings and may take many years. The woman we were able to attract from her hiding place in the woods for almost the entire winter was a success building on a success. Last year just getting her to come into the shelter was a huge success, but she went back to her wooded hiding place after a few weeks. This year she stayed almost to the end of the shelter. Maybe next year will be her time to move off the street.

HOMES FOR THE HOMELESS!

We are midway through the city's ambitious 10-year plan to end homelessness. When it was first announced I could not imagine it was going to succeed. Two years ago I thought the same. Two years ago the Fenty Administration announced it would be closing Franklin Shelter at 13th and K streets, NW. They were going to house 400 people. In apartments! I didn't know what to expect, but I certainly didn't expect to see our population, the hard-core, street-bound homeless, affected. Nonetheless we wholeheartedly participated in the big homeless survey that spring.

All of us at GMC gathered each morning at 4 a.m. for three days in a row and then fanned out into the streets around Georgetown. We woke people up and asked them three pages of survey questions designed to determine how vulnerable they were. GMC staff surveyed over 70 homeless people. Many of them are now in housing. We have worked to ensure that everyone offered housing actually got it.

Another 400 units have been announced. I now believe we can end homelessness in the District of Columbia in 5 years.

HELP THE HOMELESS

This year we had another successful Help the Homeless event. Though we fell short of our goal of 550 walkers by almost 100, we were still hugely successful. We read stories at Hyde and Stoddert elementary schools. We led walks at Dumbarton United Methodist, Epiphany Catholic, Georgetown Presbyterian, Grace, Holy Trinity, and St. John's churches. We spoke at Georgetown Day, Holy Trinity, and Sidwell Friends schools.

We received our check for our Help the Homeless participation. We received two wonderfully generous partner grants that totaled over \$90,000! All of this earned us over \$20,000 in incentive awards and finally qualified us for \$18,000 from the general fund. We received our check for \$139,655!

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Epiphany Roman Catholic Church	Susan Gschwendtner Wonkook Park
First Baptist Church, Georgetown	Barbara Hargroves Vinette Saunders
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Georgetown Presbyterian Church	Alexander Bullock Tracy Davis
Grace Episcopal Church	Drew Davis Lenore Reid
Holy Trinity Catholic Church	Linda Formella Joe Ryan
Kesher Israel, Georgetown Synagogue	Jessica Ribner
Mt. Zion United Methodist Church	Essie Page
St. Paul's K Street	Joe Manson
St. John's Episcopal Church	Jocelyn Dyer
St. Luke's United Methodist Church	Dorothy Preston
St. Stephen the Martyr	Patrick Cody

And from the community...

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Community Representative	Beth Neilsen
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Consulting Psychiatrist	Ron Koshes, M.D.
Development Director	Claire Spencer-Spears

CAFE SPACE UPDATE

By the time you are reading this we will have moved our administrative functions out of our center at 1041 Wisconsin Avenue. We have new space right across the street, donated by a very generous friend who would prefer the exact details not be publicized. This frees up the space in the center for purely program uses.

Our new Cafe program will be up and running in a few short months. We have drawings for a new configuration that will provide a safe and nurturing environment for homeless people in a respectful and thoughtful way. There will be coffee, sandwiches, computers, books, and friendly staff. We are looking at the clubhouse model for our program, a model that encourages respect for the “members” and equal standing in much of the day-to-day workings of the program. Staff would still be there and would provide guidance and ultimately be responsible for a safe and friendly environment.

We are getting help developing the plans for the Cafe from a volunteer team of local architects and designers. Thank you all. We can't wait!



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