**On the Streets: A Terrible Sinus Condition, Indeed**

The tall, muscular man, dressed in a tattered tee shirt and dirty shorts, appears to be doing push-ups in the City Plaza Shopping Center’s driveway on Harbour Street, where a small stream of water runs in the gutter though it has not yet rained today. I soon discover he isn’t exercising after all, but drinking from the rivulet of dirty water. Passersby are slowing down to observe. They point at him, sneering, even openly laughing. A woman covers her young child’s eyes, shouts, “That’s a sin!” and I wonder, is the sin his – as I think she means – or is it ours?

No one approaches this unfortunate soul, not even I, who should be bringing him a bottle of water and telling him about the shelter we run. Only later, I’m abashed to admit – reflecting on the tragic scene and how dismaying it was to hear people laugh (nervously, for all I knew) at his desperate thirst, his madness, maybe, his obvious poverty – did it occur to me: Why *didn’t* I buy a bottle of water and talk to the man?

A trip to downtown Port Antonio gives me a chance to catch up on personal business like banking, shopping, gassing up the truck. Sometimes, through Portland Rehabilitation Center and our board, I’m able to reach out to some of the roughly 35 souls who call the streets home… I’ve taken to calling them my flock. Last week, for example, accompanied by two outreach workers, Kayon and Geraldine, I encountered a terribly unkempt man in front of Essie’s Department Store. When I asked if he had ever been to our shelter, he said he wasn’t aware of it.

I launched into my customary sales pitch: Come on up for a meal! If you like I can call you taxi! He was friendly but skittish, and said he heard scary voices telling him he was a terrible person. So we chatted a while; I asked if he had been hospitalized or received medication, and if it had helped. In fact, he was in Belle View years ago, but received no follow-up care and no longer had any medication to take.

“Did they say at Belle View that it was schizophrenia?’ I asked him. “No,” he said, “they told me it was sinusitis.” That’s one helluva sinus condition, I thought, and Kayon, Geraldine and I shared a rueful, empathetic laugh.

Homeless people regularly come up to us on the street, usually with an outstretched palm, shyly or brusquely asking for money or something to eat. All too often, I’ve learned, such monies as I might provide end up being spent on drugs instead of food. In a town as small as Port Antonio, I still find it shocking that cocaine dealers are so easily found by addicts who can ill afford to pay for their poisons, and that those dealers are so cynically willing to sell to them. Are the police and citizens doing enough? Even if I don’t suspect that someone will buy drugs or alcohol, I seldom give money any more, for the sake of my wallet as well as my peace of mind.

My time and schedule are such that I’m rarely able to buy someone a meal, to sit down with them and watch them eat, although I still do that from time to time. I might offer a meat pattie or remind them that the Red Cross provides a good lunch downtown every day. But it has become easier for me to say “no” lately, because I’m able to follow up with a positive invitation: “I don’t give out money on the street, but you can come up to the shelter and get a breakfast, a dinner, a shower, a clean set of clothes a bed with clean sheets, if you wish to stay the night. Come on up and see what we have there.”

You see, our rehab center and shelter are actually up and running now. Many street people do take me up on these invitations. Some have been introduced via a taxi ride or, as happened when we had a group of music therapists visiting some weeks back, by way of the back of a pick-up truck. The passengers were much more in need of a pattie and a fruit drink than a music program, but you should have seen how enthusiastically they sang hymns and pounded on the percussion instruments we had with us. It was as if the blind and mute had been granted sight and burst into song!

The musicale made one of our guests, a young lady, burst into tears. She was nauseous, and the snacks we had on hand only seemed to make her worse. She also had a terrible rash — one of the worst cases of scabies I had ever seen. Over the objections of the Poor Relief office and the matron of the public nursing home infirmary, Kayon argued hard for admitting her and finally won out. Her rash was almost gone in a week; the nausea, itching and self-excoriation resolved, but comfortable as she now was, she ignored our entreaties to stay longer and left, never to return.

There is a definite overlap in the services delivered by the homeless shelter and the infirmary. As a rule, however, our guests at the shelter are younger and more likely to be suffering from a mental illness such as mania (bipolar disease) or schizophrenia (scary delusion or hallucinations). There are exceptions, of course. Some weeks ago, the Poor Relief officer asked the shelter to house a 75-year-old man because there was no extra bed, nor even room to place one, at the infirmary. This man – on the streets for months, sad and anxious that his money and property had been taken from him in a squabble with his family – was complaining of chest pains. Twice we sent him to the emergency room for an evaluation, although I was astonished to learn that they never bothered to perform an electrocardiogram.

I noted that his blood pressure was high, and modified his medication to include a beta blocker. He didn’t seem to be in cardiac distress or have any chest pain when he walked briskly up the hill to see us; other than the hypertension, his physical exam was normal. Hopeless and lost, he was probably seeking attention and reassurance. He has made a great client, and I hope he never has to go to the infirmary. Blessed with a sharp mind and strong body, he helps with grounds maintenance and responds positively to our friendship and assistance. We monitor his blood pressure carefully, renewing or changing his medications as required, and he helps out by keeping a close watch on the shelter and the other guests.

Some weeks ago we made a most unusual exception to the kind of client we house at the shelter. A visiting pastor doing ministerial outreach around the world on behalf of a Christian foundation in Las Vegas, Nevada, became “homeless” while on assignment here. She had been unable to pay her bill at a Port Antonio hotel because the funds had not yet been wired by her church. Neatly dressed, 40 years of age, she quoted Jesus or the Bible impeccably with her every utterance and spoke passionately about her calling, saying she would go and serve “wherever the Lord leads.” Her plans seemed a bit unrealistic, but I withheld judgment until she began referring to “million-dollar deals” she had made with major companies in Africa, and her expectation that Jimmy Buffet, Mr. Margaritaville himself, would be sending a plane to take her back to Vegas.

This highly intelligent and religiously committed woman was suffering from delusions of grandeur, and was probably manic. Soon I was receiving e-mails from a Mr. Ginsberg affiliated with her church (a name I would normally expect to be associated with a synagogue, but no matter; as a Jew myself, I have often supported Christian charity work at Jamaican infirmaries. I greeted him with Shalom! each time we corresponded.) beseeching us to house his bemused pastor at our shelter. We did so reluctantly, concerned that her occasionally overzealous preaching might agitate some of our sensitive residents. After a night’s stay we arranged a transfer to Kingston, where the American Consulate made arrangements with her church to put her on a flight home. I considered following up with Mr. Ginsberg, curious to know if his intervention was for real or merely a shrewd ploy she had concocted to get what she needed, but no matter…no harm, no foul.

One of the biggest threats to the wellbeing of our clients seems not to come from the potential attacks of other mentally ill patients but rather from the abuse of “normal” people on the streets, and sometimes from the Port Antonio police themselves. One client was stabbed by youths who were angry that a “madman” had approached their goat (!), and another had his head severely beaten for a minor theft. The latter was hospitalized briefly, and tranquillized so powerfully that he had virtually no memory from one minute to the next. He also suffered acute muscular tremors, similar to Parkinson’s syndrome. Back at the shelter, he kept asking me for the bicycle I said we would get him once he was better, but his condition wouldn’t allow him to ride yet — he could hardly stand or walk. Nonetheless, I haven’t forgotten my promise. When he’s better enough to navigate the world on two wheels, a bike will be found.

Engaging people of the streets has its humorous aspects; among them is the behavior of passersby. Their reaction to people in need is mostly nonverbal: necks craning to stare while pretending not to, heads swiveling abruptly to refrain from gawking or making eye contact, eyes rolling, hurried steps or sidesteps to avoid – what? Do they suppose what they’re observing is contagious? There are surprising verbal outbursts, as well: “Don’t talk to him! He filthy!” Such almost comical, kneejerk reactions to appearances outside the norm only increase my resolve to speak with as many souls as I can. Even the homeless who become guests at our shelter are wary of the mentally ill with whom they share our facilities. “Don’ want ‘im ‘round me because ‘im mad!” is a typical remark, often made by someone whose grip on reality is probably not much stronger.

We have more work to do in vetting our clients and helping them to be more hospitable to one another. Building a community takes time. I used to get annoyed when, for example, a client with elephantiasis refused to stay awake long enough to help us form a quorum for a music therapy session. The music therapist was volunteering *his* time, yet this client – for whom I regularly bought haircuts, shaves and bandages – was unwilling to grant this one small favor. I’ve had to learn what a positive thing it is for such a man, despite his dire malady, to have a free will of his own, to make decisions for himself. My “gifts” need to be made without strings attached. And that leads me to the essence of this article.

We have learned that faith in what we are doing, believing that our work will help some, even if it can’t help all, and that hospitality, friendship, respect and finding what is strong and good in our clients’ lives — all these are the magical ingredients of a homeless program. After much struggle to open the shelter, first at the Salvation Army, beginning in November of 2008, then at the Rehab Center in May of 2009, we are finding that clients will in fact seek us out for a meal, a bath and a bed, that many are comfortable and familiar with us, and that we *like* our clients, find them interesting, and enjoy befriending them. Personally, I wasn’t sure if I would like this work. I knew it had to be done and that it *could* be done, but I have been pleasantly surprised by its relative ease, by the satisfaction I feel working with Kayon and the volunteers who help support her and the clients…and by the small miracles we witness at the shelter each and every day.

**The Ingredients of a Successful Homeless Program:**

**We have them all here, already, in Portland**

There is nothing quite like having experts in your field validate what you do. Sharing time and stories, and hearing lectures from professionals who have made caring for the homeless their life’s work is inspirational and encouraging. Having an extra set of hands, eyes and ears along when we’re doing outreach or engaging clients may also be invaluable, but what we learn at a conference on homelessness can make our work easier and more sensible. Such were the benefits of attending the Fifteenth Annual JAFIS Conference with CUMI at the Burchell Baptist Church in Mobay on June 18th and 19th.

Social worker Ken Kraybill reminded us that we have the social skills and ability to help people motivate themselves toward a better and more comfortable lifestyle, as long as there are resources in the community that can accommodate our guests and clients. We teach our clients, but remember that in educating them – according to the true meaning of the word “educate” – we are eliciting and drawing upon what is already there. Overcoming clients’ resistance to change, more often than not, is a matter of respecting them, talking with them, asking sincerely for their thoughts and opinions: “Tell me what’s going on in your life? Is there anything you need?” In this approach, known as Motivational Interviewing, it’s more important for us to listen than it is to speak: When people who are accustomed to being regarded as marginal members of society have an opportunity to hear *themselves* speak, they literally talk themselves into changing. And when we truly listen, we get a stronger sense of what it’s like to walk in their sandals.

How do you connect with someone who is isolated, fragile, even broken? According to Reverend Craig Rennebohm, you start by building a relationship. “We do feel the pain of others,” he said, “that’s how we are made. Healing and recovering from pain happen in relationships.” The first step is hospitality: establishing a safe place like the one we have at PRM, offering nourishment, respite, sharing, encouragement. Conversing with our guests, passing the time, breaking bread with them — these are active ingredients of a recipe for change and wellbeing. As we do these things, it’s important that we do them as neighbors, walking side by side rather than taking the lead, and – again – *listening*. Listening enables them to see themselves and their situation, their past and their future.

“The healing power is coming towards us,” Craig said. “Be alive to the healing spirit and witness the healing power.” He shared something of his own personal odyssey of pain, dejection and major depression. He recovered through grace, and the kind of treatment that he now espouses with conviction. Although we may be slow to admit it sometimes, most of us can relate to his suffering; we are all, to some extent, among the walking wounded. Compassionate people who have come out the other side of their troubles thanks to the love and support of families and friends can draw on their personal “woundedness,” their vulnerability, as a motivation to help others.

Joy Crooks, a psychiatric nurse and administrator with the Committee for the Upliftment of the Mentally Ill (CUMI), recounted her organization’s history, which began with weekly meetings in 1999, having worked out of a simple tent as far back as 1991. Their task starts immediately after a client is discharged from the psychiatric ward at Cornwall Regional Hospital, “to sustain all that was achieved in the hospital…to help you take charge of your recovery and manage your illness so that you can get on with your life.” CUMI rehab center clients form a community, organized with “a time for everything…bathing, dressing, praying, eating, cleaning up after meals, keeping house, board games, recreation, exercise and so on…and we motivate the client to develop life-coping skills.” Of the 2,000 clients who have passed through CUMI since its inception, 1,200 completed rehabilitation and live with family or friends, and one-quarter of that number are gainfully employed. Many, if not most, of the homeless clients who remain on the street struggle with drug addiction and other challenges that require – but don’tt necessarily get – the intervention of NGOs, government, police and the medical community.

Joy honored a CUMI graduate, Ms. Sarah, a nursing home resident who had gained notoriety as one of 32 homeless people who were chained and trucked (with the approval of the Parish Council, Police Department and duty-free merchants association) and dumped at a toxic red-mud lake in Westmoreland Parish as part of the infamous 1999 Street People Scandal. Police actually accused Joy of ordering this illegal maneuver – a false charge that jeopardized both CUMI funding and her very life – because she and CUMI founder Elizabeth Hall had pressed for an investigation and would not let go.

At this year’s annual Calabash Literary Festival at Treasure Beach, Sarah read a poem she had written about homelessness and CUMI. She also taught at the festival. Quite a change of fortunes for an erstwhile, psychotic denizen of the streets who built cardboard castles in Sam Sharp Square — which had caught the attention of then-Prime Minister P.J. Patterson just before the scandal that dragged her into the public eye. We missed an opportunity to meet her in person during the group tour of CUMI that followed Joy’s presentation, as she had already concluded her classes there for the day.

Donette showed us around CUMI’s facility and its lovely gardened grounds, which are on a par with the Portland Group’s Rehab Center. She spoke about the collaboration of CUMI, the Parish Council’s shelter program and Cornwall Regional Hospital that makes it possible for patients who have been evaluated at Cornwall to receive their injections of antipsychotic medication on the street. We were pleased to see how well CUMI clients get along with each other, while we enjoyed a nutritious mid-day bowl of soup on the veranda.

Dr. Purnell Bell, a clinical psychologist and Chairperson of CUMI, explained that schizophrenia, mania and post-traumatic stress disorder are the primary diagnoses associated with the CUMI’s homeless clients. In 2003 Dr. Bell began using voluntary talk therapy, which helps clients adopt a healthier way of thinking about themselves and teaches them relaxation. We are similarly fortunate at PRM to have volunteer health care professionals who can deliver structured talk therapy and foster peace and contentment. Rehabilitation is a way of thinking. Once we establish a patient’s diagnosis, we continue to evaluate and re-diagnose, drawing on cognitive therapy to make use of more positive self-awareness. As we teach our clients about the sanctity of life – that “everybody is a somebody” – we strengthen our own selves and souls in the process.

The 50 or so students at the conference (poor-relief officers, matrons, mental health officers, a mayor and a slew of nursing students) attended each of the three small group workshops with Joy, Ken and Craig. Participants felt that they got to know the teachers at the same time that they were learning how to approach people who struggle with homelessness and mental illness, and how to communicate with them more effectively. Among the memorable quotes:

KEN: We don’t want to wrestle with people. We want to dance with them.”

“In your talking with clients, invite story…avoid questions that elicit yes or no answers. Instead of ‘Are you having a good day?’ say, ‘What was your day like?’”

“Help people convince *themselves* to make a change.”

JOY: “We engage people in a rehabilitative process. We let them know that they may be living with mental illness, but that illness is not the center of life.”

“Ninety-nine percent of our clients speak of not feeling loved. They feel beaten, never loved, not supported, and they are unaware of how to set up a support network.”

“We go back to the restructuring and extended family.”

“Persons can turn around if you involve them and respect their opinions.”

“They are as afraid or uncertain of you as you are of them.”

CRAIG: “Brain cells communicate with one another through chemical messenges.”

“In major depression, the ferry boat is stuck in port. In mania, too many boats are coming into dock. In schizophrenia, the boats are all misdirected, causing hallucinatory sounds and visions or delusional thoughts and feelings.”

“We are created to be sensitive to one another, to feel concern and compassion, but we are usually taught, or conditioned by society, to ignore our sensitivity.”

“As we tell our stories, people calm down. They gain a better sense of themselves, of their own stories and how to share them.”

“It is a gift just to listen to another person. Listen to what is positive and good in the person. Listen to the soul story. Ask, ‘What is most deeply important to you?’”

CATHY of the Open Heart Mission:

“If each business [in Kingston] adopted *one* homeless person, there wouldn’t be any left.”

FLOYD PATTERSON Mayor of Port Antonio, who has helped the homeless through his church and the military: “…we had brought someone back from the brink of catastrophe like a miracle.”

KAYON: “[Our clients] are endearing and tender souls who, even in their struggles, illness and poverty, see hope for comfort and a better life.”

“A person may be living with schizophrenia or mired in the depths of depression, but they have a sense of what they need.”

Many others acknowledged the power of music and love to bring about healing. The spiritual nature of the conference emboldened our faith and belief that God is Love.

Among the participants were several clients of CUMI, including one who had recovered from schizophrenia there, now works as a cook, and has reunited with his son, who had long thought that he had no father. This man greeted Craig by grasping both his hands and shaking them warmly and affectionately. We concluded the day likewise holding hands in a large circle of care and singing the Jamaican National Anthem, prepared to return to our communities enriched, and better able to share.

**The Portland Rehabilitation Center** was constructed and consecrated to help the mentally ill street people of Port Antonio in 1999. However, for reasons that are painfully plain – primarily fear, indifference, lack of political will, and sabotage born of insecurity and jealousy – this lovely and expensive building sat dark and empty as a fallow field for nearly a decade. Finally, following the winter and spring of 2008-09, Eugen Calciu and Michell Cameron, volunteers of JAFIS, launched a successful pilot project to provide shelter, meals and outreach on the street. The Portland Rehabilitation Center Management Group (PRM) then established its shelter and programs in the building.

Our thanks to Major Bernabe of the Salvation Army for opening his building as a temporary shelter for the homeless. Special thanks also go to Mayor Floyd Patterson for facilitating these steps and entrusting PRM with the authority to act. Now, just as we would at our table at home, we join in the following prayer – compiled and adapted from a blessing in *One Hundred Graces* – to bless our new home for the neediest:

*There is only one caste, the caste of humanity.*

*There is only one religion, the religion of love.*

*There is only one language, the language of the heart.*

*I slept and dreamt that life was Joy.*

*I awoke and saw that life was Service.*

*I acted and behold: Service was Joy!*

*May our home, the Portland Rehabilitation Center, be made Holy, O God, by your light and through our compassion in action.. May the light of love and truth shine upon us all, as a blessing from You. May our table and our extended family be consecrated by your Divine Presence each day at our center. Bless our work together.*

*Amen*

P O S T S C R I P T

From its inception in November, 2008, our homeless shelter program housed and fed an average of six individuals nightly. Now up to 14 people can be taken in. We continue to appeal to the citizenry and visitors of Port Antonio for financial support.

Our progress has been hearteningly rapid, but the joy of caring for our clients and the prospect of seeing them grow stronger and prosper is still undercut by society’s stubborn lack of understanding and mystifying lack of compassion.

Recently, while taking delivery of some lumber we needed to retrofit a couple of freight containers that would expand our shelter’s capacity, I was pleased, at first, by the deliverymen’s interest in the project — until I noticed how they either disregarded or disdained the presence of a homeless man I had invited to come take a shower and get a change of clothing. Their sour faces and squinting eyes were clear expressions of disgust, based on nothing more than an uneasy suspicion that this man was somehow different, not like them, not clean or whole. One of them actually gave voice to his distaste, as if to justify it, and called my new client a “batty man,” Jamaican slang for a homosexual. I erupted. Whether he was “batty” or not was of no concern to anyone, I growled — then I booted them off the premises with an expletive-laced warning never to treat one of my guests like that again.

Such cruel and unnecessary judgments are much too common, and the toll they exact on our social fabric, individually and collectively, can bring me to tears. Consider the case of a man whose body odor was so foul he became known to everyone in town as “Stinky.” His malodor came chiefly from holding his pants up with a length of rope that dug into his fleshy stomach, causing the noxious infection that kept almost everyone at a distance. He had no place to live or seek treatment. Portland’s mental health officer, Mr. Lawson, had been trying to secure a place for Stinky at the rehab center when the poor man was found dead on the street, his throat slit like a slaughtered animal. The murderer was never found, though Mr. Lawson doubts that a proper investigation was ever conducted.

Might Stinky’s death have been prevented, and his mental and physical ailments treated, had people in authority engaged volunteers to do outreach in the streets and opened the shuttered rehab center? To what extent are the authorities who chose *not* to accept volunteers, *not* to open the center, *not* to build the shelter that had been planned for and funded so long ago…to what extent are these people responsible for the murder of this isolated and neglected man? How many more of Port Antonio’s homeless have suffered or died needlessly because the “system” determined that a solution was not *sustainable*, “not yet ready” to begin?

There is a passage in Deuteronomy that discusses the lawful obligation to return something that has been lost or stolen to its rightful owner. Dignity and comfort are being denied, through no fault of their own, to the people we seek to serve, and our volunteers work hard to restore these qualities to their rightful owners. Richard, one of those rightful owners, is standing beside to me as I watch the conversion of two unsightly freight containers into attractive housing.

“I guess I might stay there until I find something permanent,” he says.

I smile. Richard, whose schizophrenia is being managed with antipsychotic medication, is one of our successes. He takes good care of himself and keeps our makeshift shelter tidy. He’s already working, washing cars, saving money and planning for a more self-driven future. He hopes to find a small place of his own soon, and no longer need our shelter. With our help, I believe, he will.

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