

HOMELESS *in Springfield-*

PART IX

WE MUST REDEFINE COMPASSION



Many of you heard about Ahmad Verdell, the 47-year-old homeless man who spoke openly about his life at the Springfield city council meeting on September 17, 2019, where he endeared himself to many. Seven weeks later on November 8th, his body was found behind Walmart, unresponsive. He was later pronounced dead at Memorial Medical Center.

In Almad's seven-and-a-half minute talk at the city council meeting earlier, he spoke about the tragedy of losing his mother-in-law and his wife four years earlier, and then having his five children placed in foster care. "Dealing with grief is a tricky thing," he said, "...they weren't coming back. I didn't know I was getting sick. I didn't know I was descending into a deep depression. I needed help."

Ahmad was staying at Helping Hands, a local emergency shelter in town where he was safe and had access to mental health services before he disappeared one day. Most believe the grief and the stress of trying to earn enough money to get his children back weighed heavy on him. He turned to a chemical substance for relief. Inhaling a common type of aerosol spray—the same spray that had killed his wife—Ahmad failed to return to the shelter, and no one heard from him for days.

That choice led to his tragic death.

A few months later in February 2020, William Cailliera, a 72-year-old Springfield man was found dead in a garage behind a vacant house. The Illinois Times reported, "Caillier's younger sister, who's cleaned up after [his] troubles that include a prison stint and drug issues, says that she helped her brother get into his apartment, but he wouldn't stay. "The homeless," she said, "won't always accept help."

Tragic deaths like Almad and William's spark cries from our community for more compassion to be given to the homeless. Except compassion isn't the issue. The issue is their decision not to get help.

Both men thought they could handle life. Very different situations, but both became homeless after struggling with depression, loss, grief, addictions, and other health issues before their deaths. Each died alone and without help.

That saddens us. There's nothing service providers in Springfield want more than to help our clients and residents in need. However, by law, we cannot force people to receive help. They have to want it. The only exceptions to this are people who are seen as suicidal or those threatening to kill someone.

So for now, we have to accept the reality that a segment of our homeless will never get the help they need, nor will they get better. They are the **chronic homeless**. Also known also the **street homeless**, they float in and out of shelters, sleep outdoors in public places, or they find a deserted building or car to occupy.

Physical or Mental

In the early 1990s, homeless advocates across our nation disregarded the idea that most of our country's street homeless suffered from some form of mental illness, mental disability, and/or substance abuse. Rather, they decided it was a physical issue. They felt the street homeless didn't have enough physical resources to sustain independence. Therefore, they needed compassion and tangible help.

Programs were soon put in place to resolve the physical shortage in their lives. Money was allocated for three-month emergency shelters, work programs, cash payments, childcare, housing,

transportation, and the like. If more was provided, they assumed, the homeless would prosper.

This would become their primary approach.

Along with the physical aid, The Homeless Bill of Rights was created, and states like Illinois adopted it. This gives the homeless the right of free speech, free movement, access to public spaces and transit systems, and access to emergency medical care, privacy of personal property and records, along with voting rights.

Well, that seems like a wonderful idea because we all want basic rights. Yet for the chronically homeless, it has led to some unfortunate outcomes. Tent City, for one, and Springfield isn't the only community dealing with them. Tent cities have been popping up across our nation for years now. And in most places, the fight is on.

Homeless advocates fight for the rights of the individuals, while other members of the community fight for clean, safe access to the occupied areas and beyond. Each side has good intentions, and both want to help resolve the issues, yet neither has been able to provide what the chronic homeless really need.

Sleeping on a sidewalk at the public library, or even pitching a tent in a vacant parking lot is unsafe for the individual and the community no matter how many advocates claim the homeless deserve their "right" to take over a given location. And those demanding the homeless to be relocated out of sight aren't solving the issue either. Aside from sounding harsh and uncaring, removing the occupants from public view doesn't provide the help they need.

Alongside this fight, we have outside experts weighing in. They offer solutions and promise relief, yet their best practices are in constant flux and homeless individuals still reside on the street. The total number has decreased in some places, yes, but they are never eliminated for more than two years despite the claims.

A major issue is the funding. New programs and approaches are implemented with some initial success, but once the funding runs out, the street homeless return. When the solution is providing housing units and many other physical amenities, it becomes costly. Of course, the hope is that individuals get better and become self-sufficient, but the chronic homeless rarely do outside of a miracle from God. So more funding is needed to keep them housed and off the streets.

We are not implying there are no answers, but we will never be able to eliminate street homelessness until we take the advice of people like Charles Krauthammer. A psychiatrist and Pulitzer Prize winning columnist, he wrote a book entitled, *The Point of it All*. In that book, he wrote an article called, "They Die With Their Rights On."

Krauthammer tells the story of a man named Aaron Alexis who killed twelve people in the Washington Navy Yard shooting of 2013. Before the shooting, the man called the police and said he was hearing voices. He claimed three people were following him.

Krauthammer wrote this about the man, "Delusion, paranoid ideations, auditory and somatic hallucinations, the classic symptoms of schizophrenia," and he lamented, "Here is this panic-stricken person who is calling out for help, and what can be done for him? Nothing."

Krauthammer went on to explain that if it had been the 1970s, Aaron Alexis would have been brought to him at the emergency room in the Massachusetts General Hospital, and he would have

administered Haldol, the most powerful anti-psychotic of the time. This would have eliminated the hallucinations and allowed him to think clearer. Krauthammer said if Alexis would have had a support system to help him take regular oral medications, go to therapy, and help with follow-up, then he would have sent the man home.

But if Alexis would not have had a support system, then he would have admitted the man into the hospital to get the help he needed. If Alexis would have refused, then Krauthammer said he would have ordered a 14-day involuntary commitment.

Does that sound harsh? It may, but it's not. It is compassionate and caring.

We must redefine compassion.

Krauthammer went on to say, "For many people living on park benches, commitment means a warm bed, shelter, and three hot meals a day." It also means, "...for Aaron, the beginning of a treatment regiment designed to bring him back to himself..."

"That's what a compassionate society does," Krauthammer explained. "It would no more abandon this man to fend for himself than it would a man suffering a stroke. And as a side effect, that compassion might even extend to the potential victims of his psychosis."

Arguments continue as we speak, but psychiatric care has been devalued and underfunded for years in our nation, state, and community. The chronic homeless who are refusing treatment need the intervention of caring people to save them from their own inability to think or behave in a rational manner.

We can take a lesson from history. Between 1955 and 1994, mental health facilities were being closed due to many problematic issues, and 559,000 mentally ill patients were discharged. Many of these became the street homeless. No longer forced to take their medicines, they were unable to function in society.

We cannot be careless about the subject of committing someone to a hospital stay against their irrational will, but we should take a closer look into this. It will take time to develop a healthy system of admission and stay, but it is cruel and reckless not to help people with chronic mental illness. They are in dire need of services and a support system of caring people.

The answers are not simple or easy, but maybe as a community we can find them together.

Until next time,

Scott & Connie Payne



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