I. Introduction

Skid Row and its alcoholic men have long been a subject of both curiosity and contempt in American society. Myths abound on the carefree, companionable life of “wino’s and bums.” The fact is, of course, that most alcoholics on Skid Row are sick, desperate people, who, unable to function in the normal workaday world, have retreated to a marginal life in run-down sections of our cities.

This report is about change on Skid Row. There occurred, first of all, a change in the attitude of New York City towards its Skid Row population. Out of that changed attitude has come a medical program of alcohol detoxification for men of the Bowery, New York’s largest Skid Row. This program is known as the Manhattan Bowery Project.

The first section of this report describes the Bowery and its men. The report then describes the process by which this new program came into existence, and the results of its first year of operation. In conclusion, this report considers whether the experiences of the Manhattan Bowery Project can be duplicated elsewhere.

II. The Bowery—The Problem

The Bowery is a broad, heavily travelled avenue in New York City. It extends north from Chatham Square in Chinatown to the Cooper Union Building, a distance of about one mile. Once the principal highway out of Dutch New Amsterdam to the farms (Bouweries) of mid-Manhattan, the Bowery is now a main access route to the Brooklyn Bridge. The Bowery is lined with dark, shabby bars, second-hand clothing stores, decaying commercial buildings, and the outposts of religious organizations. The lofts of the commercial buildings are called “Commercial Lodging Houses” by the City’s building code, and “flops” by the Bowery’s residents.

And it is, of course, for its residents that the Bowery is known. On any reasonably mild day, numbers of dirty, disheveled men, some bearded, others bruised, or on crutches, can be seen snuffling along, sitting on curbs or leaning against buildings. Typically, perhaps ten or fifteen men lie prone or slumped in doorways and on the sidewalks. In front of the New York City Men’s Shelter, a six-storied dark brick building on East Third Street just off the Bowery, small groups of men gather and occasionally pass wine bottles to each other.

On an average winter’s night, about five thousand men can be found sleeping in the Bowery’s flop-houses, in doorways, or on the street.6 Sociologists refer to these men as “homeless”; in other words, they are adults without substantial ties to families, to permanent jobs, or to any religious, professional, military, political or other social organization.4 They are men with little or no money or property. Even their clothes are sold off in warm weather or at times of financial hardship. Many, although by no means all, Bowery men are seriously debilitated alcoholics.

Most Bowery men face periodic health crises. Major illnesses and injuries of an obvious nature are treated in the City’s municipal hospitals. Less acute ailments, such as dental and eye problems and skin infections, mainly go untreated. Bowery men are too disorganized, and too sensitive to community hostility, to endure the endless waits and frustrating referrals of the City’s municipal health clinics; moreover, clinic personnel tend to be hostile to alcoholics. Virtually no Bowery men patronize private physicians.

By far the most acute medical need of the alcoholic Bowery man is for periodic “drying out” or detoxification. . . . Detoxification from a serious bender usually requires five days; full restoration of body functions may take weeks or months. Some liver and brain damage may be irreversible. Paradoxically, cessation of drinking may bring on symptoms as unbearable as those produced by the drinking itself—severe agitation, accompanied by tremors, nausea, anxiety, hallucinations, convulsions, and, in extreme cases, death. Few alcoholics can endure severe alcohol withdrawal in an environment where alcohol is available and medical assistance is necessary to mitigate severe withdrawal symptoms. . . .

The Skid Row alcoholic presents serious problems, not only to himself, but also to the people who live and work in the surrounding neighborhoods. Although overt violence by Bowery men against outsiders is rare, they do rob and attack each other, especially on “check days”—those days when Social Security and other pension and benefit checks arrive. Destitute alcoholics also harass the community in countless small ways. They panhandle. They lie semi-dressed in doorways and on sidewalks,
where they obstruct passersby. They wander into traffic. They carry vermin and communicable diseases such as tuberculosis, influenza, and pneumonia. They urinate and vomit in the street. Left unchecked, they are a source of constant irritation, as well as a health menace, to their neighbors.

. . . . Since community values will not allow these men to drink themselves to death in full public view on the street, and since community sensibilities are constantly irritated by their presence, the police are called on as the last resort to “get the bums out of the neighborhood.”

In New York City, the practice has been for the 5th and 9th Precincts’ “condition men” to sweep through the Bowery with a paddy wagon twice a day. Generally the police have ignored the sickest and most deteriorated men. Those who were standing or sitting in groups, or staggering slightly, were selected for arrest on minor charges such as public intoxication or disorderly conduct. These men have usually been brought to trial a few hours after their arrest, and in most cases found guilty by the judge. Obviously debilitated men have been sentenced to ten or fifteen days, but in about 80 percent of the cases, unconditional releases have been granted, and the men have been back on the streets within twenty-four hours.

The police policy towards derelicts in New York thus has amounted to little more than a harrying action, which each day has removed about fifteen men from the Bowery for a few hours, but has made no real impact on either the medical needs of the men or the unsightly neighborhood conditions. Longer sentences would, of course, mean fewer men on the streets, and, in fact, during the 1965 World’s Fair, judges increased sentences so dramatically that as one patrolman reported, “The Bowery was as clean as a china plate.” The practical fact is, however, that jails are ill-equipped to handle the medical aspects of withdrawal. Moreover, the process of jailing the men, far from “teaching them a lesson,” seems only to reinforce their attitudes of self-contempt and self-abuse.

The practice of police harassment of alcoholics is nationwide. Arrests of alcoholics on public intoxication charges accounts for 33.3 percent of all arrests in this country. Length of sentences varies from court to court, but most police and correction officials are anxious to turn responsibility for these men over to someone else.

III. Planning for Change

In May, 1966, Mayor John Lindsay, in consultation with the legal and social agencies involved with Bowery men, invited the Vera Institute of Justice to plan and develop a medically-oriented method for removing destitute alcoholics from the criminal justice system. Vera, as a private, nonprofit agency, could operate outside the City’s bureaucracy, unshackled by traditional chains of communication, and thereby obtain information and bring about decisions with all possible speed. The mayor requested that relevant City departments cooperate with Vera, and assigned a key assistant to expedite the City’s procedures wherever possible. The cost of

Vera’s planning efforts was financed by a grant from the Ford Foundation.

In searching for an alternative to periodic arrests of destitute alcoholics, Vera was forced to resolve conflicting theories of health administration and alcoholism treatment.

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A. The Project

From its first day the Project detoxification program has followed approximately the same routine:

Seven days a week from 9 am to 9 pm the Project’s two-man rescue teams patrol the Bowery in the Project’s unmarked police vehicles. One of the team members is a rescue aide, a recovered alcoholic, the other a police officer. When the team spots a man who is either prone or otherwise debilitated, the aide approaches him and offers him the chance to come to the Project to dry out. The plain-clothes police officer remains available to provide protection should the man become violent. In the event the man seems in grave medical danger, the police officer summons an ambulance. The Bowery man is free at all times to reject the team’s offer, or later to leave the treatment program.

If the man accepts the team’s offer of help he is escorted to the Fourth Floor of the Men’s Shelter where he is screened by a physician and signed into the Project by the plain-clothes correction officer on duty. The patient is showered and deloused by a team of medical aides. He is then put to bed in the Project’s “acute ward”—the bed area closest to the nurses’ station. The physician on duty obtains as much pertinent history as possible. He then performs a complete physical examination and orders appropriate medication. . . . For the next three days the patient is kept under constant supervision and is given further medication to ease the symptoms of alcohol withdrawal.

Most of the men are ambulatory after twenty-four hours. On the third day, if he seems well enough, a man is assigned a bed in the Project’s “recreational ward.” Here in an area farther removed from the nurses’ station, the man is given a hotel-type bed. He begins to use the recreation room where he eats, watches television, and takes part in the crafts and recreation program run by a case aide.

On his third day, the patient usually sees a caseworker and begins to make tentative plans for his aftercare. The caseworker presents the man’s case at a daily staff conference which is attended by the nurses, physicians, and staff psychiatrist. Pertinent information about the man’s physical and emotional condition is brought out. A tentative referral plan is suggested which the caseworker then discusses with the patient. If the patient approves the plan, the caseworker contacts the appropriate agency and tries to place the patient with the agency’s program.

The Project employs a variety of referral programs. The four most frequently used are the state hospital rehabilitation.
units, the general psychiatric wards of Central Islip State Hospital, Camp LaGuardia, and the Project’s own after-care clinic.

Most patients leave on their fifth day. Occasionally men with severe complicating illness, or those awaiting an opening in another program, are held longer. A key task of the Project’s street patrol is to transport discharged patients to their destinations whenever possible. This procedure is designed to ensure that a patient makes contact with the next agency, and also to give him a sense of continuity about his treatment.

IV. Conclusion
In its first year of operation, the Manhattan Bowery Project’s primary goals were to test (1) whether Bowery alcoholics would accept a voluntary program of alcohol detoxification; (2) whether such a program would be workable in a non-hospital setting; and (3) whether on completion of detoxification, the men would accept referral to other types of programs for ongoing care.

The results so far indicate that the majority of debilitated alcoholic Bowery men approached by a medically-oriented street patrol voluntarily agree to detoxification. Once in such a program, virtually all the alcoholics stay until completion of treatment. The Project has also found that Bowery men undergoing detoxification are manageable from both a medical and a behavioral standpoint in a well-staffed, non-hospital facility. Finally, experience indicates that at the completion of detoxification the majority of the patients are willing to seek further treatment.

The experience of the Manhattan Bowery Project raises the question of whether its results can be duplicated in detoxification programs elsewhere.

Regarding the voluntary aspects of the Project, the staff believes that this approach can be successful in other adequate facilities. The staff also feels that the voluntary approach is preferable to a compulsory program of detoxification. A patient would probably be more cooperative when he is undergoing voluntary treatment; moreover, a compulsory program would create a number of management problems. It would, for example, be difficult to prevent secret drinking. Alcoholics in a compulsory setting would also resist on-going care. Such a program also requires legal safeguards which are unnecessary in a voluntary situation.

The staff also believes that its detoxification program could be duplicated in comparable non-hospital settings, provided, of course, that the physical plant was structurally safe, the program adequately staffed, and provision made for sanitation and meal services. Buildings which could be used for this purpose are nursing homes, hotels, or schools. Naturally, the more a facility diverges from orthodox institutional settings, the more difficult it will be to meet licensing and certification requirements, and the more the support of a Mayor or other executive will be needed to obtain such licensing and certification.

The staff feels, however, that the Manhattan Bowery Project is only one of a number of alternative settings in which alcohol detoxification could be provided. Detoxification could be managed, for example, in a special ward of a hospital, or in a nursing care unit which transferred unusually sick patients to a hospital. Alcoholic patients could also be detoxified in general medical wards. Each of these solutions presents advantages and disadvantages in terms or therapeutic environment, cost, and access to specialized treatment and laboratory resources. The Manhattan Bowery Project’s staff feels that the advantages its program offers are: that it can treat many men who would otherwise require hospitalization; that its staff is trained for, and oriented towards, the handling of the difficult alcoholic personality; that it has greater flexibility of operation than is found in a hospital or other more traditional setting; and that the staff’s high level of professional training assures skilled evaluation and effective after-care planning. The program is, of course, more costly than a nursing program; conversely it is less expensive than an inpatient hospital program.

Finally, while many destitute alcoholics desire on-going care, the extent to which other detoxification centers could succeed in persuading their patients to seek after-care programs would depend in part on the skill of the staff in evaluating and encouraging the men; but successful referrals also depend on the availability of suitable resources. Insofar as society is prepared to provide these programs (not all of which must be expensive or long-term), the problems of homeless alcoholics could be mitigated, and Skid Rows themselves could gradually disappear.

Notes
1 Excerpted from VERA INSTITUTE OF JUSTICE, FIRST ANNUAL REPORT OF THE MANHATTAN BOWERY PROJECT (Vera Institute of Justice, 1969).
2 See Bahr, Homelessness and Disaffiliation, Columbia University Bureau of Applied Social Research, 1968, p. 43. According to Bahr, the Bowery population has been declining at the rate of 500 men a year since 1963. Whether this trend will continue is unknown.
3 See Bahr, op. cit, pp. 19–27.