

T.A. 65T

2063

VERA INSTITUTE  
LIBRARY

ANNUAL REPORT

of the

MANHATTAN BOWERY CORPORATION

July 1, 1970 - June 30, 1971

CONTENTS

	<u>Page</u>
ADMISSIONS TO MBP	1-6
PATIENT POPULATION	7-8
MBP OUTPATIENT DEPARTMENT	8-10
TRIAL RUN AMBULATORY DETOXIFICATION PROJECT	11-14
PROJECT RENEWAL	15-16
COMMUNITY SERVICE	17-18
ACCOUNTANTS' REPORT	19

THE MANHATTAN BOWERY CORPORATION (also the "Manhattan Bowery Project" or "MBP"), a not-for-profit corporation, was developed by the Vera Institute of Justice at the suggestion of Mayor Lindsay and the Criminal Justice Coordinating Council to provide a medically-oriented alternative to the revolving door criminal justice approach to dealing with the chronic Skid Row alcoholic.

For the fiscal year July 1, 1970 to June 30, 1971 MBP was funded by grants from the New York State Department of Mental Hygiene and The New York City Department of Mental Health and Mental Retardation Services.

For fiscal year 1971-72 MBP has assumed from Vera the administration of a supportive residential work program, PROJECT RENEWAL, funded by the Manpower and Career Development Agency, and has begun what promises to be a gratifying relationship with MCDA and the Mayor's Urban Action Task Force.

The Project gratefully acknowledges the support and cooperation of the Vera Institute of Justice, the New York City Department of Social Services and the 5th and 9th precincts of the New York City Police Department.

The Manhattan Bowery Project notes with sorrow the passing on September 19, 1971, of Louis Schweitzer, founder of the Vera Institute of Justice and member of the Board of Trustees of the Manhattan Bowery Corporation. His contributions to a more humane and efficient criminal justice system will long be remembered.

THE MANHATTAN BOWERY CORPORATION

Officers

R. Palmer Baker, Jr., President, Chairman of the Board of Trustees;  
Partner, Lord, Day & Lord, New York.

John R. Newsom, Vice-President; former President, Earl Newsom  
and Co., New York, writer.

Frederick A.O. Schwarz, Jr., Secretary; Partner, Cravath, Swaine, &  
Moore, New York.

Kenneth A. Wolfe, Treasurer; Asst. Administrative Director,  
Manhattan Bowery Project.

Steven S. Manos, Administrative Director

Robert M. Morgan, M.D., Medical Director

Trustees

Kirk Ferguson, 1125 Park Avenue, New York, N.Y. Junior League.

William J. Grace, Director, Dept. of Medicine, St. Vincent's  
Hospital, New York.

Benjamin Kissin, Director, Dept. of Alcoholism and Drug Dependence,  
Kings County Hospital, Brooklyn.

Rosemary C. Masters, former Director, Manhattan Bowery Project.

Patricia G. Morisey, Professor, Fordham University, School of Social  
Service.

Albert Samis, Administrator, St. Vincent's Hospital, New York.

Herbert Sturz, Executive Director, Vera Institute of Justice,  
New York.

Harvey J. Tompkins, Director, Dept. of Psychiatry, St. Vincent's  
Hospital, New York.

ADMISSIONS TO MBP:

Except for a small number of referrals from St. Vincent's and Kings County Hospitals and from the "Deck" clinic at the Men's Shelter (about 240 men or 8% of this years total admissions) MBP patients are men who have been approached on the street by a rescue team member. The team patrols the Bowery three to four time a day seeking out those men who appear in greatest need of assistance, but capable of understanding the nature of the MBP offer of assistance and able to voluntarily accept or refuse it. An ambulance is called for any one who is unconscious or whose immediate medical needs require treatment that MBP is not equipped to provide. Previous refusals to accept assistance, a number of prior admissions or a poor history of sobriety between admissions are not sufficient grounds for denying a patient a bed. By early evening all 48 beds are filled.

Admissions have been averaging 60 per week or about 3,000 per year. Since its inception over 3500 persons representing well over 10,000 admissions have been admitted to MBP. Generally, about 75% of those offered assistance accept it. Of the total of more than 12,000 men approached since November 1967 there have been about 3,000 refusals of assistance and of the more than 10,000 admissions about 3,000 have refused any aftercare referral. This year over 80% accepted aid. This increase may well be attributed to the increasingly good reputation of the program along the Bowery.

The number of blacks who refuse assistance exceeds by a wide margin the number of whites who refuse. Of 2565 whites approached 187 (about 7%) refused assistance as compared with 281 of the 918 blacks (about 30%) approached. It has been suggested that the lower acceptance rates for blacks may be explained by a greater suspicion of arrest and/or of institutional contact, by the fact that there are presently no black rescue team members, and by the fact that they tend to be younger than the whites and appear less debilitated. The Bowery has not yet witnessed an influx of Puerto Ricans approaching in number that for blacks. However, the low acceptance rate for those Puerto Ricans approached may be due to some of the same factors believed to affect the acceptance rate for blacks. MBP's admissions have consistently conformed to the following pattern--about 80% are white, 17% are black, and 3% Puerto Rican.

	APP'ED	REF'ED	ADM'ED	%REF	% OF TOTAL ADMISSIONS
WHITE	2565	187	2407	7.3	79.7
BLACK	918	281	516	30.6	17.1
PUERTO RICAN	269	113	95	42.0	3.2
TOTAL	3752	581	3018		100.0

Only 15.4% of the number of men approached refused any assistance from the rescue team.

This year 347 men who were approached on the street were given other assistance.

In some instances it has been necessary to discharge a patient, temporarily or permanently, and to transfer him to a hospital for a particular treatment that is unavailable at MBP.

The following chart indicates the number of patients discharged within four hours of their admission to MBP during fiscal year 1970-71.

MONTH	NO. OF TEMP.		NO. OF PERM.	
	DISCHARGES	REASON	DISCHARGES	REASON
July 1970	1	-fractured rib	3	-mass near liver -severe abrasion on one part of body -severe skin discoloration and peeling
Aug. 1970	1	-fractured left arm	3	-ulcer -pneumonia -bloated abdomen, severe skin discoloration, sore
Sept. 1970	3	-info. unavailable -decubition on left buttock -lacerated elbow	1	-jaundice
Oct. 1970	2	-possible pneumonia -possible rib fracture	2	-right arm examined -low blood pressure "hepatic failure"
Nov. 1970	0		0	
Dec. 1970	2	-possible fractured ankle -fractured wrist	2	-abdominal pains -info. unavailable

MONTH	NO. OF TEMP. DISCHARGES	REASON	NO. OF PERM. DISCHARGES	REASON
Jan. 1971	5	-respiratory distress -hematoma of abdomen -swollen arm -(2) possible fracture	2	-gangrene of toes
Feb. 1971	1	-T.B. tests	3	-T.B. -jaundiced, cirrhosis -suicidal
Mar. 1971	2	-respiratory distress -possible intestinal obstruction	4	-(2) info. unavailable -gangrene of toes -neurological distress
Apr. 1971	1	-shortness of breath intestinal problem	0	-
May 1971	2	-history of blackouts -possible skull injuries	4	-ascending lymphangitis -cellulitis and edema of legs -emphysema and possible congestive heart failure
June 1971	2	-drug addict	2	-positive T.B. -irregular pulse mild anemia

For fiscal year 1970-71 there was one death at MBP but the cause of death was not alcoholism but rather was attributed to head injuries sustained by the patient on the street.



It is the hope of MBP that every patient will agree to accept assistance, for his alcoholism problem beyond detoxification. During the course of detoxification, normally on the third day of his stay, each patient discusses his plans with a caseworker, who encourages the patient to consider referral to an appropriate facility. For some patients, referral is to an alcoholism unit providing an intensive program of therapy, counselling and rehabilitation aimed specifically at the alcoholic; for others, referral is to Camp LaGuardia, where they may recuperate in a relaxed environment. Some patients prefer to make their own plans--some return to families or spot jobs, others, unfortunately, to drinking. The following chart describes referrals from MBP.

Manhattan Bowery Project Dispositions  
July 1, 1970 - June 30, 1971

<u>Referral</u>	<u>No.</u>
St. Vincent's Hospital.....	40
City Hospitals.....	105
Pilgrim State Hospital.....	33
Central Islip State Hospital.....	153
Salvation Army.....	40
Camp LaGuardia.....	677
MBP Aftercare (OPD).....	420*
Other Agencies.....	413
Leaving Against Medical Advice.....	89
Own Plans.....	1017
Other Disposition.....	1
<hr/> Total	<hr/> 2988**

\* Not all patients who agree to accept a referral to OPD actually attend the clinic. This factor explains why the number of patients admitted during the fiscal year 1970-71 is less than the number that appears above.

\*\* Twenty-six men were permanently discharged to a hospital within 4 hours of their admission to MBP and are not represented in the above chart of dispositions.

PATIENT POPULATION:

At the time of their admission to MBP all of the men are suffering from acute and chronic alcoholism. Nearly all are recruited in the Bowery, the catchment area of MBP's operations.

Statistics compiled between April 1, 1970 and March 31, 1971 provide the following additional information on the patient population.

Religion:

	<u>Percent</u>
Catholic	60
Protestant	35
Jewish	*
Other	2
None	1
Unknown	2

Ethnicity:

White	77
Black	18
Puerto Rican	3
Am. Indian	*
Oriental	*
Other	*
Unknown	2

Martial Status:

Single	54
Married	3
Divorced	14
Separated	18
Widowed	8
Unknown	3

## Education:

None	1
1-8	28
9-12	44
1-4 years College	17
Grad. School	1
Voc./Bus. School	*
Unknown	11

\* less than .5%

MBP OUT-PATIENT DEPARTMENT (OPD):

OPD operates as informally as possible to insure that the patients feel comfortable and take full advantage of the resources of the staff.

OPD offers closely coordinated nursing-psychiatric-social work services. Two full-time caseworkers and three nurses provide assistance in planning for continuing medical services and in resolving job, housing, and economic problems that arise. Supportive counselling assists the patients to cope with their periods of depression, agitation, anxiety, etc. Three psychiatric residents are available for individual psycho-therapy sessions four afternoons a week for a total of twelve hours. Psychoactive drugs are prescribed as required.

Nearly all OPD patients take antabuse - a drug which inhibits drinking because of the known violent physical reaction that occurs when alcohol is consumed. Antabuse, other prescribed drugs, and vitamins are dispensed by the OPD nurses.

The clinic is open Monday through Friday from 8 A.M. to 6:45 P.M. (until 6 P.M. during the summer months) and on Saturdays from 9 A.M. to 12:45 P.M.

From July 1, 1970 through June 30, 1971 there were more than 600 distinct OPD admissions by 364 different patients. The total number of clinic visits was 13,340. The average weekly enrollment was 95.

TABLE A: # OF MBP IN-PATIENT ADMISSIONS (1967 to date) BY 1970-71 OPD PATIENTS

ADMISSIONS	1	2	3	4	5	6	7	8	9	10	11	12	13
PATIENTS	37	57	35	26	18	22	13	12	17	12	16	5	5
%	21	16	10	7	5	6	4	3	5	3	5	1	1
ADMISSIONS	14	15	16	17	18	19	20	21	TOTAL				
PATIENTS	10	4	6	2	1	1	0	1	357*				
%	3	1	2	1	0	0	0	0	94				

\* All information for each patient admitted to OPD during fiscal year 1970-71 was not uniformly available. For this reason the number of OPD patients is not consistent for each table, and does not equal 364, the number of patients attending OPD during the year being studied.

TABLE B: # OF IN-PATIENT ADMISSIONS DURING 1970-71 BY 1970-71  
OPD PATIENTS

ADMISSIONS	0	1	2	3	4	5	6	7	8	9	10	TOTAL
PATIENTS	52	133	65	40	35	13	12	3	3	0	1	357
% OF SAMPLE	14	37	18	11	10	4	4	1	1	0	0	100

TABLE C: # OF DISTINCT OPD ADMISSIONS (1967 to date) BY 1970-71  
OPD PATIENTS

ADMISSIONS	1	2	3	4	5	6	7	8	9	10	11	TOTAL
PATIENTS	153	64	46	32	20	15	11	7	2	4	1	355
% OF SAMPLE	43	18	13	9	6	4	3	2	1	1	0	100

TABLE D: # OF DISTINCT 1970-71 OPD ADMISSIONS BY 1970-71 OPD PATIENTS

ADMISSIONS	1	2	3	4	5	6	TOTAL
PATIENTS	218	78	40	13	9	1	359
% OF PATIENTS	60	22	11	4	3	0	100
NUMBER OF ADMISSIONS	218	156	120	52	45	6	TOTAL 597
% OF TOTAL 1970-71 ADMISSIONS	36	26	20	9	8	1	100

TABLE E: MONTHS ENROLLED IN OPD 1970-71

MONTHS	0-1	1-2	2-3	3-4	4-5	5-6	6-7	7-8	8-9	9-10	10-11	11-12	12+TOTAL
PATIENTS	160	44	35	19	22	8	7	4	10	3	2	5	12 331
% OF SAMPLE	48	13	11	6	7	2	2	1	3	1	1	1	4 100

TRIAL RUN AMBULATORY DETOXIFICATION PROJECT:

The Bowery does not have a monopoly on the number of derelict alcoholics in New York City. Statistics of the number of arrests by the 14th and 18th precincts for public intoxication indicate that the Midtown area has a substantial population suffering from alcoholism and its effects (2167 arrests in 1969, 1748 in 1970). Because there is no room for expansion at MBP's present location and because there are more than enough men on the Bowery to fill MBP's 48 beds, an alternative was sought for providing treatment to the Midtown alcoholic population.

The establishment of a Midtown facility capable of duplicating MBP's work on the Bowery would be costly, probably running over \$1 million annually.

A Vera Institute of Justice program developer, in consultation with the MBP staff, raised as a possible alternative the operation of a non-bed limited care facility. Although MBP has developed a treatment model utilizing a five-day period of withdrawal and recuperation and although there is considerable medical evidence that for some individuals, perhaps the great majority, certain features of the withdrawal syndrome (such as convulsions) peak after two days, there was justification for proceeding. A number of facilities do provide short-term detoxification, apparently with an acceptable level of symptom amelioration. Moreover, arrangements for referral

of individuals to facilities capable of providing continuing care might offset some of the medical disadvantages. And any program which had the potential of bringing care to a badly underserved group seemed worth consideration.

Vera agreed to fund a four day trial run administered by MBP at the Men's Shelter. Although the disadvantages in transporting men from Midtown to the Bowery were considered, the unliklihood of finding a Midtown site for so short a trial period necessitated the use of a seldom-used room on the first floor of the Shelter. Because the high cost of running an in-patient detoxification facility was a prime reason for investigating the possibilities of providing ambulatory treatment, a barebones staffing pattern was agreed upon: round-the-clock coverage by one nurse and one medical aide and by one physician working part-time, making initial examinations and prescribing medicine. Limited accomodations (chairs but no beds, sandwiches, coffee and bouillon but no hot meals) were provided. Phenobarbital was the primary drug used to relieve withdrawal symptoms.

There was concern over the possible danger of administering sedatives to ambulatory patients but it was hypothesized that a drug which aided withdrawal was not less safe than the condition of acute physical distress and vulnerability which characterized the patient upon admission.



Nine men were brought back to the Men's Shelter on each of the four days. Nearly 64% of the 66 men offered assistance accepted it. This figure approaches the MBP's acceptance rate of about 80%. As with the MBP experience there was a lower acceptance rate for blacks approached than for whites (39% of the blacks approached as compared with 82% of the whites accepted assistance).

The average length of stay was 7.4 hours. Most patients left with medical sanction although 12 out of 32 (four left before being seen by a doctor) did leave against medical advice. The nurse reported that 29 of the 32 admissions about whom information was available appeared sufficiently alert to leave and 15 were considered no longer to be suffering from the symptoms of intoxication withdrawal upon departure. Masking of symptoms by phenobarbital was possible.

The patients were manageable in the ambulatory situation from both a medical and behavioral point of view.

The trial run indicated that there was a need for continuing social services as an adjunct to detoxification. Seven men requested post-departure treatment for alcoholism. Two men were referred to hospitals for problems other than alcoholism, two were referred to Bellevue Hospital for psychiatric treatment, and five were referred to facilities providing treatment for alcoholism (two were referred to MBP.). Thirteen expressed an intention to remain sober.

The major drawbacks to an ambulatory detoxification facility are that it cannot hope to provide its patients with needed comprehensive medical treatment and social services and that it may well fall short of its goal of adequately detoxifying patients. The trial run did point up the need for increasing health services to the often neglected alcoholic population and the potential for referring men to rehabilitative programs.

PROJECT RENEWAL:

On June 1, 1970 Project Renewal, a supportive residential work program for Bowery men, developed and administered by the Vera Institute of Justice, got underway. Support for the program came from the Mayor's Urban Action Task Force and funding from the Manpower and Career Development Agency. MBP was helpful in providing supervisory assistance and, through its out-patient department, in assisting in the recruitment and selection of trainees for the program.

Eligibility for Project Renewal is limited to men who were MBP in-patients and who ordinarily are out-patients at MBP's out-patient department, who have been sober at least one month, who express a desire to participate in the residential work-therapy arrangement, and who are believed most likely to benefit from and to contribute to the program. All men are required to take Antabuse (dispensed at OPD) during their first six months at the Project.

The men contribute a portion of their salary, earned for maintenance work at Urban Action Task Force playlots located throughout the City, to the rental and upkeep of a house in Brooklyn. In addition to providing financial support this work affords the trainees an opportunity to develop positive attitudes towards work and towards supervision. Opportunities are available to advance to positions of greater responsibility within the Project.

The Project was designed to accommodate ten trainees during the first year. Of thirty-one separate admissions three men remained with the program for the entire year; another five have been in the program for more than five months. Sobriety is a condition to remaining in the program. The largest number of Project drop-outs was attributable to a return to drinking.

As of July 1, 1971, MBP assumed responsibility for Project Renewal. The three men who remained with the program for the first year have been upgraded to staff positions, two as work supervisors, one as a social service aide. With added responsibility for new playlots, the size of the Project was increased from ten to fifteen men, and the men moved to a larger home on August 1, 1971.

Day to day supervision of the program is the responsibility of an Administrative Director at the Project. A Director of Social Services has been appointed with responsibility for running the daily therapy sessions, both individual and group. A special projects instructor from City University will continue to conduct both class and individual study sessions. The MBP out-patient department head nurse will continue, as in the past year, to bring the men their weekend dosage of antabuse and to participate in a group therapy session.

COMMUNITY SERVICE:

The nursing and social services staff contribute considerable time during and often outside of the work day to educating the public and professionals on alcohol detoxification and to providing supportive activities for the Bowery alcoholic.

MBP's Medical Director and the Director of Nursing, Miss Elizabeth Kiernan, lecture on alcoholism for the Recovery Institute of the Community Council of Greater New York.

In addition, Miss Kiernan is an active member of the National Council on Alcoholism's Committee of Nursing Standards and the Community Council of Greater New York's sub-committee on Professional Services. She estimates that at least 15% of her time (and that of her staff) is devoted to explaining MBP's model to public health officials and nurses who have visited the Project and have come from as far away as California, Louisiana, and Minnesota as well as from Massachusetts, New Jersey and upstate New York. Nearly every hospital in and around New York City has sent student nurses to MBP in order to familiarize them with the services that are currently available to the chronic alcoholic. Presently, MBP has permanent nursing student affiliations with Skidmore College, St. Vincent's Hospital, and Wagner College.

An MBP nurse and a caseworker attend meetings, provide instruction in public health, and bring medication to residents at the Salvation Army Memorial Hotel.

The OPD nursing and social services staff work together to plan and to coordinate diverse activities for their patients. The range of activities has included athletic competitions, museum visits, and day trips.

In addition, an out-patient group run by two caseworkers has been meeting one evening each week at the Salvation Army Memorial Hotel. The group has joined Hospital Audiences, Inc. As members they are able to obtain free tickets for many Broadway and off-Broadway offerings. The men who have attended have enjoyed what is usually their first theater experience while being afforded the opportunity to get away from the Bowery.

The MBP model, in whole or in part, has often been incorporated into new alcoholism units. In the last year a Boston facility, just beginning operations, relied to a considerable extent on MBP's experience and assistance.

J. H. COHN & COMPANY  
ACCOUNTANTS

NEWARK, N. J.  
NEW YORK, N. Y.  
SYRACUSE, N. Y.

ACCOUNTANTS' REPORT

To the Board of Trustees  
Manhattan Bowery Corporation

We have examined the accompanying statement of assets and liabilities of MANHATTAN BOWERY CORPORATION at June 30, 1971 resulting from cash transactions and the statement of cash receipts and disbursements and fund balances for the year then ended. Our examination was made in accordance with generally accepted auditing standards, and accordingly included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances.

In our opinion, the accompanying statements present fairly the assets and liabilities of Manhattan Bowery Corporation at June 30, 1971 resulting from cash transactions, and the results of its cash transactions for the year then ended on a basis consistent with that of the preceding year.

*J. H. Cohn & Company*

New York, New York  
August 9, 1971

MANHATTAN BOWERY CORPORATION  
 STATEMENT OF ASSETS AND LIABILITIES  
 RESULTING FROM CASH TRANSACTIONS  
 JUNE 30, 1971

	F u n d s			
<u>Total</u>	<u>General</u>	<u>Community Mental Health Board</u>	<u>State Department of Mental Hygiene</u>	
Assets:				
Cash	\$ 11,953	\$ 10,576	\$ 1,220	\$ 157
Loans and exchanges	75	25	50	
Totals	12,028	10,601	1,270	157
Deduct (add), liabilities and interfund balances:				
Notes payable (Note B)	32,500	32,500		
Payroll taxes payable	3,650	3,650		
Interfund balances		(27,288)	15,579	11,709
Totals	36,150	8,862	15,579	11,709
FUND BALANCES (DEFICIENCY)	<u>\$ (24,122)</u>	<u>\$ 1,739</u>	<u>\$ (14,309)</u>	<u>\$ (11,552)</u>