Handout 10/2/89 from Azi HRC

THE CITY OF NEW YORK
Commission on Human Rights
52 Duane Street
New York City 10007

-- M E M O R A N D U M ----

Date: July 27, 1989

To: Ben Tucker, First Deputy Commissioner
Rolando Acosta, Deputy Commissioner for Law Enforcement
Keith O'Connor, Director, AIDS Division

From: Azadeh Khalili, SHRS, AIDS Division

Re: N.I.M.B.Y

Inroduction

During our recent meeting, you asked that I provide you with a short report about our experience with systemic AIDS-related community discrimination and some suggestions on what needs to happen.

AIDS-Related Discrimination

Ever since AIDS emerged as a public health emergency early in the decade, it has been shrouded in fear, misinformation and prejudice. These three factors have clouded the issues and complicated efforts to manage the crisis. We are actually dealing with two epidemics; the first is a medical epidemic and

the second, equally devastating, is one of stigma and discrimination. AIDS stigma is an interlocking web which draws on many of the underlying prejudices which plague American society. Those who are hardest hit in this epidemic are often already marginalized by race, gender, national origin, immigrant status, sexual orientation, drug addiction and poverty. Not surprizingly, this stigma affects not only individuals but families, neighborhoods and entire communities.

People with AIDS, people with ARC, people who have tested positive for HIV antibodies, and people who are perceived to be any of the above (because they are part of so called "risk groups" or are the family members or loving partners of a person with AIDS or because they provide services to people with AIDS) are suffering intensely from overwhelming discrimination. To date, the AIDS Discrimination Division (ADD) has received over 2,000 complaints of AIDS and AIDS-related discrimination.

AIDS-related discrimination is similar to other forms of discrimination in that people suffer consequences solely because of their real or perceived membership in a group or class of people. However it differs from other forms of discrimination in that prejudice and misinformation are not the only factors involved; deep seated fear of illness, disability and death play a crucial role in discriminatory behavior. In addition, AIDS-related discrimination often occurs in a crisis setting where the

provision of services is a matter of life and death. For these reasons, prevention and education efforts to avert AIDS stigma and bias are most effective.

Most times a person with AIDS cannot afford to wait the weeks or months necessary for a complaint to be filed, investigated and perhaps to proceed to a public hearing. These situations, irrevocably tied to a ticking clock, have required the ADD to adopt new, speedier and more creative problem-solving approaches to resolve complaints. Presently, over 80% of all cases are resolved through crisis intervention and mediation. In every case, not only does the ADD use every technique at its disposal to terminate the individual discriminatory practice and to remedy the instant situation, but there is a persistent effort to eradicate the problem at its core to ensure that it does not re-occur in the future. ADD staff have from the beginning provided education and training not only to specific respondents (people or organizations charged in a complaint) and respondent employees but also to the residents of local neighborhoods and communities.

Systemic AIDS-related Discrimination in the Community

AIDS-related discrimination has personally affected thousands; however the systemic impact of AIDS-related discrimination threatens to disrupt entire communities. The

affect of HIV disease on the poorest and most vulnerable communities is already devastating. The epidemic also impacts on the already meager social services and health care generally available in these communities.

Three percent of the over-2,000 complaints reported to the ADD were brought by community organizations (Minority Taskforce on AIDS, AIDS Center of Queens County, ADAPT, the National AIDS Hotline, GMHC, Women and AIDS Resource Network, etc.) that provide services to people who are HIV-infected ; physicians who treat large numbers of people with AIDS; and hospices and residence facilities for homeless people with AIDS (Bailey House, Jose Gonzales House, etc.). Approximately 60 such complaints have been brought to the ADD over the years since AIDS discrimination became a major factor in the lives of those who have or deal with AIDS. This may seem a relatively small number, but these organizations provide services to the vast majority of people with AIDS or ARC. Clearly, all of the city's public health efforts to "manage" the epidemic are dependent on a receptive social environment.

Some of these complaints were filed against landlords who refused to rent space to an AIDS-related organization, or against unions or other places of public accommodation which refused to provide services to these organizations. Other complaints involve organized efforts by entire segments of communities as well as "wolf pack" type bias incidents. In such situations,

Commission staff have had to both mediate and educate communities about HIV transmission, and have worked with individual local leaders and institutions to address their fears and counter their prejudices.

Background information on the NIMBY Project

a) Residences and scatter-site apartments for homeless people with AIDS

Two of the city's critical social problems intersect when people with AIDS become homeless or homeless people are diagnosed with AIDS. This situation is in large part a reflection of discrimination against people with AIDS, people of color, gay people, women and the poor.

Through HRA's Division of AIDS Services, the city plans to meet the needs of the growing numbers of homeless people with AIDS and their families in the next five years.

HRA plans to open approximately 12 residences for PWAs in the five boroughs. So far one residence, the Jose Gonzales House in the Bronx, has opened. There will surely be community opposition to the establishment of these new residences and to the large number of PWAs scheduled to reside in one building. Based on our experience with Bailey House, we expect that many HRA employees and their unions will refuse to work or make

repairs in such residences.[1]

In addition to these residences, HRA is expecting to expand its supportive housing program by signing contracts with six new AIDS community organizations (such as ACQC, Minority Taskforce on AIDS and the Volunteers of America) to become vendors of scatter-site housing for PWAs. These organizations will be in charge of renting and operating 140 scatter-site apartments for PWAs and their families. Based on our conversations with these vendors, we know that they plan to locate blocks of apartments in one building. The good news is that, since these sites are not owned by the city, politics will not be an obstacle in the location and rental of such apartments. However, many landlords may discriminatorily refuse to rent apartments to the AIDS organizations (vendors). Finally, if ten apartments are located in one building, these sites are likely to evoke an oppressive discriminatory response from neighbors and perhaps the community-at-large. Handling these types of discrimination may be complicated if we do not canvass the neighborhood to identify and speak with community leaders before news of the site is released to the media.

b) AIDS Community Organizations

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[1] Bailey House encountered problems when attempting to obtain service for its drainage system, elevators, hot water tanks and electrical wiring system. Plumbers, electricians and air conditioner repairpersons, all employed through HRA, refused to enter Bailey House or, once there, refused to service the equipment because of fear of contagion.

As the number of people affected by the HIV epidemic has grown in New York City, so too has the size and the number of organizations that serve them. Many of the older AIDS organizations had to relocate because their offices became too small to accommodate their staff and clients. In the process of seeking new space, they experienced AIDS-related housing discrimination and community opposition. For example, ADAPT -- which is a grassroot drug prevention program that provides services and AIDS-related education to IV drug users -- moved into a new office in the Boerum Hill section of Brooklyn. The ADD was soon contacted by Yolanda Serrano, the executive director of ADAPT, who reported abusive treatment, vandalism and bomb threats by angry neighbors who want them out of the area.[2]

This year, the New York City Health Department added about forty new organizations to its list of organizations that received grants to expand their programs to provide services to those affected by the HIV epidemic. These organizations face the formidable task not only of establishing programs to provide services to the HIV-infected, but preparing themselves to deal with AIDS-related stigma and discrimination stemming from the community.

c) Drug Treatment and Related Services and facilities

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[2] See attached NY Times article, "Suspicion and Anger Surrounds a Brooklyn Drug Program's Home", July 1st, 1989.

Due to the high incidence of HIV infection among the population in drug treatment facilities, there has been a tendency to overreact, require mandatory HIV testing and avoid meeting the needs of HIV infected addicts. Community opposition to drug treatment facilities -- a long-standing problem -- has been exacerbated by the terror surrounding the HIV epidemic. The need for intervention and education is imperative.

d) Services and Facilities for Mentally and or Physically Disabled People

People who are disabled may still be sexually active. This has created unique problems for care providers in facilities for the disabled. In addition, disabled people may be unresponsive or unable to comprehend the meaning of safer sex education programs. Staff, concerned about risk of transmission in the sometimes violent outbursts which occur in resident facilities, may also overreact and refuse to provide care for those who are HIV infected. Education has proven a successful response but the need to identify and respond to problems, before they get out of hand, is a critical component of any success.

Everyone will benefit from the N.I.M.B.Y. project

1. City government (City Hall and HRA) will benefit from not having to deal with the bad publicity and drain on resources

which will result from community opposition or violence directed against the staff or residents of facilities.

2. The NIMBY project is cost-effective to the city. The city loses large sums of money each time it plans to set up services for a group of people when the project is halted or the site is burned down (as occurred when the Queens home for boarder babies was burned out). One bad incident often leads to scrapping plans (and losing money spent) for development of additional sites

3. The Commission will benefit from this project. The use of a systemic approach which decreases the number of bias-related crimes at a particular site will decrease the overall number of individual discrimination complaints and therefore the hours of staff labor needed to deal with each case of discrimination.

4. The staff of AIDS organizations and PWA residences will benefit from this approach. Over and over, the staff of ADD are told by AIDS service providers that they are forced to spend 50% of their time dealing with AIDS-related discrimination as opposed to spending 100% of their time providing the services so desperately needed by people with AIDS.

5. People with AIDS, like any other group in our society, need to live with dignity. They are already overwhelmed by their health situation. Whenever possible, the Commission has tried to take the burden of discrimination off the back of the individual with AIDS. This work will continue that tradition.

6. The neighborhood and the community-at-large will benefit from NIMBY. Community resistance to policies implemented by government agencies is often well-founded on a history of disrespect and inadequate prior consultation with community. The NIMBY project can take a step toward breaching down some of the barriers established by this history by providing the community with a voice. History and civil rights experience has taught us that violence, hatred and discrimination can further disrupt the everyday life of communities already struggling with economic exploitation, poverty, crime, racial violence, drug use and lack of adequate government services for residents. The proposed program will hopefully provide community leaders and residents with some effective new models for negotiating controversey in their neighborhoods.

Also, the NIMBY project will benefit the community by providing them information about the existence and the role of the New York City Commission on Human Rights and the human rights law in general as well as increasing awareness about HIV transmission and AIDS-related discrimination.

NECESSARY ACTIONS

I. Within the Commission

1. **Staff**

Clearly the HRC especially the AIDS Division, the Community Relations Bureau and the Bias Response Team have

experience and a natural interest in these issues. This project will require the resources and cooperation of many components of the Commission. Staff who are capable, culturally sensitive and appropriate and interested will need to be identified and lines of cooperation clarified.

2. **Training**

The ADD staff would benefit from a training session provided by NSP/Bias staff. The training would cover community organizing and successful community mediation techniques. Perhaps NSP/Bias staff would also benefit from a training by the ADD. The interdivision cooperation would be beneficial for everyone.

II. Outside Resources

1. **City Hall**

A. We need the support and assistance of City Hall and the following: HRA, the Mayor's Office for SRO's and the Homeless, and the Mayor's special assistant for AIDS issues, Caryn Schwab.

B. Stan Brezenoff's office is coordinating a new panel called the NYC Taskforce on Public Dispute Resolution. Jeremy Travis is the key person on this taskforce. We could enlist their cooperation or, at the least, notify them of our plans and activities.

2. **Networking with the State Division on Human Rights**

Since 1983, The State and the City Human Rights Commissions have worked together on AIDS issues including community bias

situations. The State Division, like CCHR, has an NSP/Bias program. I believe there are only four staff members in the division, but we will need all the help we can get.

3. **Human Resources Administration**

By working with the director of HRA's Division of AIDS Services we can stay abreast of their plans. The types of information which will be needed are:

A. The exact location of each planned AIDS residence.

B. The date each residence is scheduled to open so that we can prioritize our work and schedule community intervention.

C. A list of staff and the name of each residence director, so that we can provide staff with at least two training sessions on AIDS-related discrimination. We would also enlist their help and input in approaching segments of the community or community leaders themselves.

D. Before each residence opens, we need to identify the unions and contractors which will service the site and provide them an HIV transmission training.

4. **NYC Department of Health**

We will require the assistance of the City Health Department's AIDS Education Unit to help us with HIV transmission issues and training sessions for community members, labor unions and contractors.

5. **NYC Planning Commission**

City Planning Commission has extensive information about all NYC communities as well as the capacity to create computer maps. We need, for example, a list of all the social service civic and religious organizations in the areas of communities where sites are planned in order to learn what services they provide and what their experience has been with the community.

Working with the Communities

With the help of NSP, we need to establish direct communication with communities before residences open. In an article in the NY Daily News, Louis Isaksen, the director of Jose Gonzalez House, stated:

> "I want to emphasize that it is really important to work with the communities in this sort of thing [communication with the community] from the very beginning on what type of residence it should be. The community should be given its own input. After all they know the neighborhood, and people in the community may see problems and have ideas on what should be done to overcome any problems."

SUGGESTIONS ON HOW TO APPROACH THE COMMUNITY

I. Research Community History

We must do extensive reasearch on the history of the community by beginning a dialogue with the groups listed below. Learning about the history of the community will give us a better idea of how the community will react to what it perceives to be a threat. Many communities (including the Lower East Side, East Harlem, Central Harlem, Bedford-Stuyvesant, East New York in Brooklyn, Jamaica in Queens and parts of the South Bronx) have

disproportionate number of shelters for the homeless, programs for the juvenille, the mentally ill and those who are leaving drug rehabilitation programs or prisons. This unequal distribution of such programs has added more distrust and bitterness toward efforts to open new programs.[3]

II. Identify Community Allies

SOCIAL SERVICE PROGRAMS

By interviewing the directors and staff of other social service programs in each community, we can learn what types of opposition if any they faced in the past as they tried to establish their programs. They can also assist us by directing us toward key allies in the community.

COMMUNITY BOARDS

Community boards have been the traditional locus of opposition in each community. They are also the most local government body, made up as it is of local citizens. From the outset, we must identify allies as well as opponents of residences at the community board level. We must speak individually with each community board member, hear his or her concerns, and provide a substantive response. A joint presentation by ADD and the DOH AIDS Education Unit might be appropriate for the group.

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[3] Please read the attached NY Times article, "New York's Poorest Neighborhoods Bear the Brunt of Social Programs", July 16, 1989.

RELIGIOUS LEADERS

We need to identify strong religious leaders in each community and enlist their aid in the expected struggle. Many religious leaders have taken up the cause of housing PWAs as a natural outgrowth of their work with the homeless. Religious leaders can be key allies. Of course, they can also be fierce opponents; more reason to meet with them.

CHAMBERS OF COMMERCE & MERCHANT ASSOCIATIONS

HRA might be able to hire many of the potential employees of the residences from the community. This will mean that the community will benefit from new jobs and therefore income.

BLOCK ASSOCIATIONS

SCHOOL BOARDS AND PARENTS AND TEACHERS ASSOCIATIONS

CITY COUNCIL MEMBERS

BOROUGH PRESIDENTS

Suspicion and Anger Surround a Brooklyn Drug Program's Home

By MICHEL MARRIOTT

A New York City drug prevention program that moved its headquarters to a tree-lined neighborhood of brownstones in Brooklyn this year has found itself suddenly at the center of a dispute marked by angry words and what its director says is vandalism.

At the heart of the issue are fears and suspicions that the Association for Drug Abuse Prevention and Treatment, which uses the acronym Adapt, is treating addicts in its office in the Boerum Hill section.

Adapt officials say that the office is used for administrative purposes only and that its outreach and treatment work is done elsewhere. They contend that there are racial overtones to the neighborhood opposition, which is being voiced mostly by whites. Most of the eight staff members in the office are black or Hispanic women.

"They're taking pictures of our staff and saying they are junkies because they see black and Hispanic people," said Yolanda Serrano, Adapt's executive director.

Neighbors deny that race or ethnicity is a factor in their opposition to the program, which is situated at 440 Pacific Street, between Bond and Nevins Streets. Some say they are fed up with a proliferation of social programs being placed in their area. Others say a drug program, like other kinds of businesses, simply does not belong in a residential area.

"We have many social services in our backyard," Fredric Reinis, a life insurance salesman who works at home, said. "No one is saying we bought homes in the suburbs and we don't want our share of public responsibilities."

'Same Old Thing'

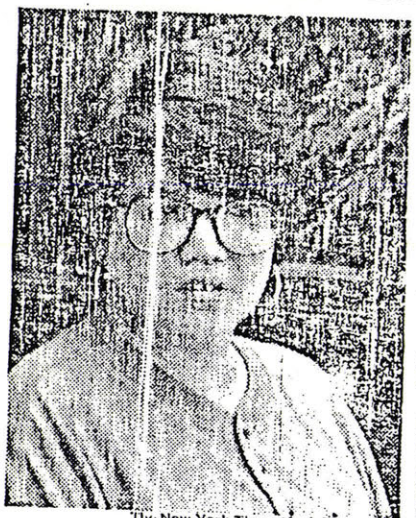
Those sentiments are being reflected across the city, especially concerning drug programs.

Earlier this month Harlem residents persuaded Beth Israel Medical Center to halt plans to place a methadone drug treatment center on 125th Street and Adam Clayton Powell Jr. Boulevard near a museum. Three weeks ago, Community Board 14 in Far Rockaway, Queens rejected a proposal for Daytop Village, a drug treatment center primarily for juveniles, to expand its 300-bed center by 100 beds.

"It's same the old thing of let's get rid of the junkies, but nobody wants it in their backyard," said a Daytop Village spokeswoman, who asked not to be named.

But Boerum Hill residents say their opposition to Adapt, which they say does not include vandalism, is not another case of a neighborhood refusing to accept its civic responsibility. Mr. Reinis said the neighborhood is peppered with city and private programs for the poor, the homeless, the jobless and the chemically addicted.

But Mr. Reinis said the discovery of the Adapt office, which is two doors from his home, is much too much. Besides, he said, the office, which opened in February, appears to be drawing criminals and vagrants to the neighborhood.



The New York Times/Jack Manning

Yolanda Serrano, head of the Association for Drug Abuse Prevention and Treatment.

Recently, he said, a disheveled man came out of the Adapt office and over to his house to ask for a broom and a job sweeping up. Mr. Reinis, who refused the man, said he was convinced the man could not have been an Adapt staff member.

"It made me suspicious," he said.

Ms. Serrano, the program's director, discounts the story and adds that she too is suspicious — of the neighbors.

Beginning early last month, she said, the office's burglar alarm system was repeatedly set off, sometimes in the middle of the night, its lawn has been littered with condoms and the window of a van rented by the program was smashed.

And two weeks ago, Ms. Serrano told the police that Adapt had received a bomb threat. The incident is under investigation.

Neighbors Have Been 'Abusive'

Recently, several neighbors have been verbally "abusive" to her and her staff, Ms. Serrano said.

Three weeks ago, police officers were called to the office after Ms. Serrano and a neighbor traded angry words about whether the program belonged in the neighborhood. Ms. Serrano, who is Puerto Rican, said the neighbor, a white woman, used racial and ethnic epithets describing her and her staff.

A police spokesman said the incident is being investigated by the department's bias incident unit.

"We understand their concerns," said Ms. Serrano, an outspoken advocate of distributing clean needles to the intravenous drug addicts to reduce the spread of AIDS. "But the bottom line is that it is racial."

David Shippman, a white resident who has lived in the neighborhood since 1966, said race is not the issue and neither is the fact that Adapt is a drug prevention office. The issue is the presence of a business in a residential area, he said.

"What we have is a zoning dispute," he said. "We wouldn't like it if it was a dairy farm."

Mr. Shippman said the street is clearly zoned for residential uses and should remain so.

A spokesman for the city's Building Department, Vahe Tiryakian, said that based on complaints from neighborhood residents, the department inspected the Adapt office and found it in violation of the area's zoning status,

> 'They're taking pictures of our staff and saying they're junkies.'

which permits an office to occupy only 20 percent of the space. The Adapt office uses half of its brownstone.

A hearing has been scheduled for July 24 in which an administrative judge will rule on the violations and determine if the building is now in compliance with zoning regulations, Mr. Tiryakian said. In the meantime, Adapt must stop using the Pacific Street office, he said Thursday.

Additionally, Mr. Tiryakin said, the building's owners have been ordered to hire an architect and an engineer to file plans for the alterations it has made to convert the property to an office. The owner will also have to obtain a building permit for the structural changes that have been made, he said.

"Nobody told us the office cannot be used," Ms. Serrano said later that day. "We've gotten no notification."

7/1/89

New York's Poorest Neighborhoods Bear the Brunt of Social Programs

N.Y. Times SUNDAY, JULY 16, 1989

Programs to Ease Social Problems Burden New York's Poorest Areas

By SUSAN CHIRA

The poorest sections of New York City have a disproportionate share of housing and programs for homeless people, the mentally ill and drug abusers, prompting neighbors to charge discrimination and contend that this influx will doom efforts to rebuild their neighborhoods.

The sections of the city with the highest concentration of such programs are East Harlem, Central Harlem and the East Side from Houston Street to the Gramercy Park area, according to an analysis of data from the city and state.Bedford-Stuyvesant and East New York in Brooklyn and Jamaica in Queens have high concentrations as well.

And while some affluent sections have a number of programs, there are virtually none in almost all of Queens, on Staten Island, in southwestern Brooklyn or a portion of the Upper East Side.

A Difficult Balance

People in poorer areas cite the concentration of such programs as evidence of both their political powerlessness and what they see as a conspiracy to drive out established residents so that their depressed neighborhoods can be gentrified.

The issue raises difficult questions of economic development, planning, class conflict and politics that are common to many American cities. How do municipal officials balance caring for the desperate against helping poor neighborhoods regain economic vitality? At a time when homelessness and drug abuse are requiring crash building programs of shelters and clinics across the country, do these programs actually hurt neighborhoods? And what will be the political consequences of the bitterness and mistrust created by the programs' unequal distribution?

"The homeless people set fires, went into the yards and stole the yard furniture, broke into homes and smashed car windows up and down the block," said Helen Murray, who lives in Harlem near a drug clinic and several buildings housing the homeless and mentally ill. "We have enough of our own — people who live in the community who are drug addicts — to contend with, and now we have even more."

The residents of the city's poor sections say they understand that homeless people or recovering alcoholics are not necessarily bad neighbors. But they see an increasing number of these troubled and destitute people moving into their neighborhoods. Instead of creating more programs in areas loaded with them, they argue, the city should convert empty buildings to low-income housing that could give the neighborhoods a strong economic base.

Continued on Page 25, Column 1

New York City officials say they recognize that many programs are concentrated in poor neighborhoods but deny they are discriminating against these areas or conspiring to overload them. They say they have little choice. Facing court-ordered deadlines to move homeless people out of welfare hotels, and besieged by overwhelming social problems like drug abuse, officials say they can move fastest and least expensively by turning to poor neighborhoods that have most of New York City's abandoned buildings and vacant land. Moreover, they argue, these areas need the social-service programs the most.

"The city has no deliberate policy of concentration, and the city worries a great deal about it," said Sylvia Deutsch, head of the City Planning Commission. "I believe if there is concentration, it derives from using opportunities as you find them and putting facilities where the need is."

But critics say that the city has not studied the impact of these programs on neighborhoods, that it does not keep track of which areas are overloaded and that it has not established a way to measure the saturation point.

Indeed, city officials do not have citywide studies or maps showing how such social service or health programs are distributed. Although New York City's Planning Commission has such information in its files, the commission assembles it only for individual neighborhoods where projects are proposed.

Like most New Yorkers, residents of poor neighborhoods object to living near jails, schools, halfway houses, bus garages and sewage treatment plants. The data analyzed for this article focuses on three such uses that urban planners say have the greatest impact on neighborhoods: housing for the homeless, programs for the mentally ill and alcoholics and drug treatment programs.

An Emotional Debate

Harlem Is Split By Fears and Needs

In Harlem, the prevalence of shelters and clinics is becoming an explosive issue.

One recent evening at the Emanuel African Methodist Episcopal Church at 37 West 119th Street, people spoke out against a plan approved by the city to house 56 mentally ill homeless people, some of whom are recovering drug addicts and alcoholics, in a building on 121st Street and Adam Clayton Powell Boulevard. The site is between two public schools and near the Mount Morris Park historic district, home to some of Harlem's most attractive brownstones.

"We have been the saviors of New York," Patricia Eaton, president of the Mount Morris Community Association in Harlem, said at the meeting. "We are also concerned about our babies in this community. We are asking the police to clear this block so we can have more positive images in our community. We want to know if there is any way we can turn our community around."

City officials and the project's director defended the programs as necessary to help Harlem people in need, but residents said the area already has so many social-service programs that any more would threaten what fragile stability they have built.

'We Have Problems Enough'

"We have problems enough in this area," said one woman who declined to give her name. "We do not understand how anyone could have ever dreamed of putting this project there, where we have all these children. We don't want it, we're not going to have it, and it was put there without our consent."

The emotional debate also revealed how the issue can split neighborhoods, pitting homeowners and better-off tenants against those who might welcome or need additional programs.

Harlem residents say few know better than they the need for programs to help those in trouble. But because Harlem has so many programs already, residents are placed in the uncomfortable position of opposing more that could help some of their neighbors.

One woman rose, her voice quavering, and said that her brother was a crack addict and that it was important to support those who seek treatment. "I expect to hear that he has died any day," she said, close to tears. "We have been the scapegoats here. I resent that we have to stand up in here and say we don't care about 56 people who want to be different, because the city doesn't give a damn about what we want."

This sense of grievance is not confined to Harlem. In the Bushwick section of Brooklyn, people living near a shelter for homeless women told stories of two women fondling each other on a picnic table and of another woman who tried to flag down cars by waving tampons.

In the Bronx and Brooklyn

In the South Bronx and the Brownsville section of Brooklyn, residents are fighting a city plan to build juvenile detention centers in their neighborhoods.

> 'We have enough problems in this area.'

The centers would replace the Spofford Juvenile Detention Center in the Hunts Point section of the Bronx, an outdated,

overcrowded facility. The proposed South Bronx site is on a commercial street where residents want to put up a cultural center, and the Brooklyn site is near two public schools.

Not only the residents of poor neighborhoods, but many experts on urban policy believe these areas end up with unwanted programs because they have less political influence than more affluent neighborhoods. "This is done because these areas offer the least effective resistance," said Peter D. Salins, a senior fellow at the Manhattan Institute for Policy Research and a professor of urban planning at Hunter College.

But city officials say available land and buildings, not political muscle, determine where these programs go. In most areas of Queens, for example, there simply is too little vacant land to consider placing such programs, said Robert Esnard, deputy mayor for policy and physical development. To the officials, the complaints are a variant of a familiar and vexing problem: everyone expects the city to house the homeless, rehabilitate drug addicts and build AIDS clinics, but no one wants them next door.

"There isn't a community board in the city that doesn't believe they have more than their share," Mr. Esnard said. "This is a difficult problem for them as well as for us."

The Process

Critics Charge Lack of Vision

Mr. Esnard and Ms. Deutsch said the city does try to address neighborhood concerns in its planning process. In most cases the uniform land use review procedure, known as Ulurp, applies. First the Planning Commission and then the Board of Estimate hold public hearings on a project, and each approves or rejects it after receiving a required environmental impact statement.

But in some cases the city may act without any public hearings, such as when the city moves homeless families into a building that is already occupied.

In any case, Mr. Esnard said, officials try to work with community boards to find alternative sites. But he said that the desperate need for more programs has often meant that the city has had to make unpopular decisions.

"We never try to concentrate," Mr. Esnard said. "We try to spread it out as much as possible. You do you what you can. It's much more important for us to get someone out of a hotel, to get someone legally housed, then if there's two programs on a block."

Yet neighborhood residents, local politicians, urban planners and some advocates for the homeless say that New York City failed to anticipate the extent of the flood of homeless people, the scourge of AIDS and the spread of drug abuse and then moved too slowly to address the problems. As a result, the city is facing court orders that dictate speed, making it more difficult to distribute such programs more evenly throughout city neighborhoods.

Genevieve S. Brooks, head of the MBD Community Housing Corporation in the Bronx, said the root of the problem is poor planning. "We feel the thrust of being targeted for these populations," she said. "It is my firm belief that if we had a vision for the entire city and we could really put that in place, then if there is a crisis with AIDS or homeless, we wouldn't have to overreact."

Ms. Deutsch said that the effort to replace Spofford was a perfect example of how difficult such planning is.

"Ellen Schall hunted with her staff all over New York City," Ms. Deutsch said, speaking of the city's Commissioner of Juvenile Justice, who oversees Spofford. "She found one site in Brooklyn, where 40 percent of the caseload is, and one in the Bronx. She had a hearing on it. But between the time she planned and the time it went through Ulurp, three homeless shelters and two drug treatment centers got approved. Does she reserve a slot and keep the board free from other programs? It's not a business you can predict."

And Mr. Esnard said officials went to great lengths to scatter 22 shelters for the homeless throughout the city, only to face fierce opposition from local politicians.

The Effect

Neighborhoods Feel Undermined

Whatever the reasons such programs end up concentrated in poor areas, many believe the result imperils the future of these neighborhoods.

"They are creating the ghettos of the future by piling up homeless families and thereby recreating the atmosphere of the welfare hotel," said Peter Smith, president of the Partnership for the Homeless, an advocacy group. "This is negatively impacting on neighborhoods trying to pull themselves up by their bootstraps and adding to their problems of deterioration." In particular, he said it was a mistake to fill up buildings only with homeless families.

Mr. Salins said an influx of such programs could hurt economic development. "It's definitely harmful and undermines the areas," he said.

Some contend, however, that properly supervised programs will not hurt neighborhoods, and that they may even help by taking drug addicts, homeless and mentally ill people off the street. "It is my clear opinion that these are not serious issues in terms of the rejuvenation of communities," said Donald H. Elliott, who served as chairman of the City Planning Commission from 1966 to 1973 and is now a partner in the law firm of Webster & Sheffield.

But to many people in these neighborhoods, the clusters of city-owned buildings filling up with homeless families, methadone clinics or alcoholism treatment centers spell trouble.

"It makes our lives very, very difficult," said Ms. Murray, who lives on Mount Morris Place between 122d and 123d Streets. Within a few blocks of her home are several brownstones being converted to house mentally ill people, a clinic for drug addicts, a halfway house for women discharged from prison and several buildings where the city is moving in homeless people.

"I'm talking about homeless people with serious substance abuse and psychiatric problems dumped without supportive services," she said. "They are merely housed, without any thought to teaching them how to live in an apartment again. They're non-productive drains on the economic system and are now destroying the quality of life in this community."

A Need for Support

Ann Thomas, of the Consolidated Block Associations, a coalition of Harlem neighborhood groups, said people there would accept such programs if they were properly supervised and put in areas where few other programs exist. Miss Thomas works with one of the single-room-occupancy buildings the city recently renovated to house homeless men on West 118th Street.

Mr. Esnard and Catie Marshall, a spokeswoman for the Department of Housing Preservation and Development, which is supervising much of the conversion of city-owned buildings to housing for the homeless, said the city screens tenants to keep out those who would be destructive. They also said the city will be providing more support services for the tenants, such as providing counselors and caseworkers.

Responding to the criticism of advocates like Mr. Smith, the department also changed its original policy of filling city-owned buildings entirely with homeless families; the new policy sets a limit of 50 percent.

Moreover, New York City has embarked on an ambitious $5.1 billion, 10-year plan to create 84,000 new apartments. A vast majority will be for low-, moderate- and middle-income people, although 15,000 apartments will be set aside for the homeless. Virtually all of this housing will be in the city's poorest neighborhoods.

Motives Suspected

Harlem residents, however, believe the number of new programs outweighs housing investment, leading them to suspect the city's motives.

"People perceive it as a plan on the part of the city to make our lives so miserable that we will flee and the city will be able to take our buildings," said Ms. Murray, in a comment echoed again and again by Harlem residents who believe that Harlem's proximity to Central Park and midtown makes the area vulnerable to gentrification.

City officials say they have no such plan in mind. But Ruth W. Messinger, the City Council member who is running for Manhattan Borough President, said she can understand why people would think so.

"These neighborhoods are not getting the kind of capital investment that would revive the neighborhood and balance out the service uses," she said. "It's hard for them not to think that the notion here is 'We'll redo a whole bunch of buildings for new luxury purchasers and destabilize stable blocks and we'll end up getting additional properties to give to developers.' It's important for city planning people to be careful not to encourage these tendencies."

The Future

Charter Panel Proposes Changes

Mr. Elliott, along with other planners, said the city used to keep better track of where shelters and clinics were. In 1969, a master plan advocated by the city but never adopted by it actually had a map showing where every institutional use was. Now, he said, New York needs to develop a way to measure saturation and coordinate the demands of separate city agencies.

If the Charter Revision Commission has its way when it submits a proposal for a new form of city government, these issues would be at the center of future city planning.

"The city doesn't have the resources or mandate to look at what they're doing," said Eric Lane, the commission's executive director and counsel. "They haven't been able to get hold of the problem."

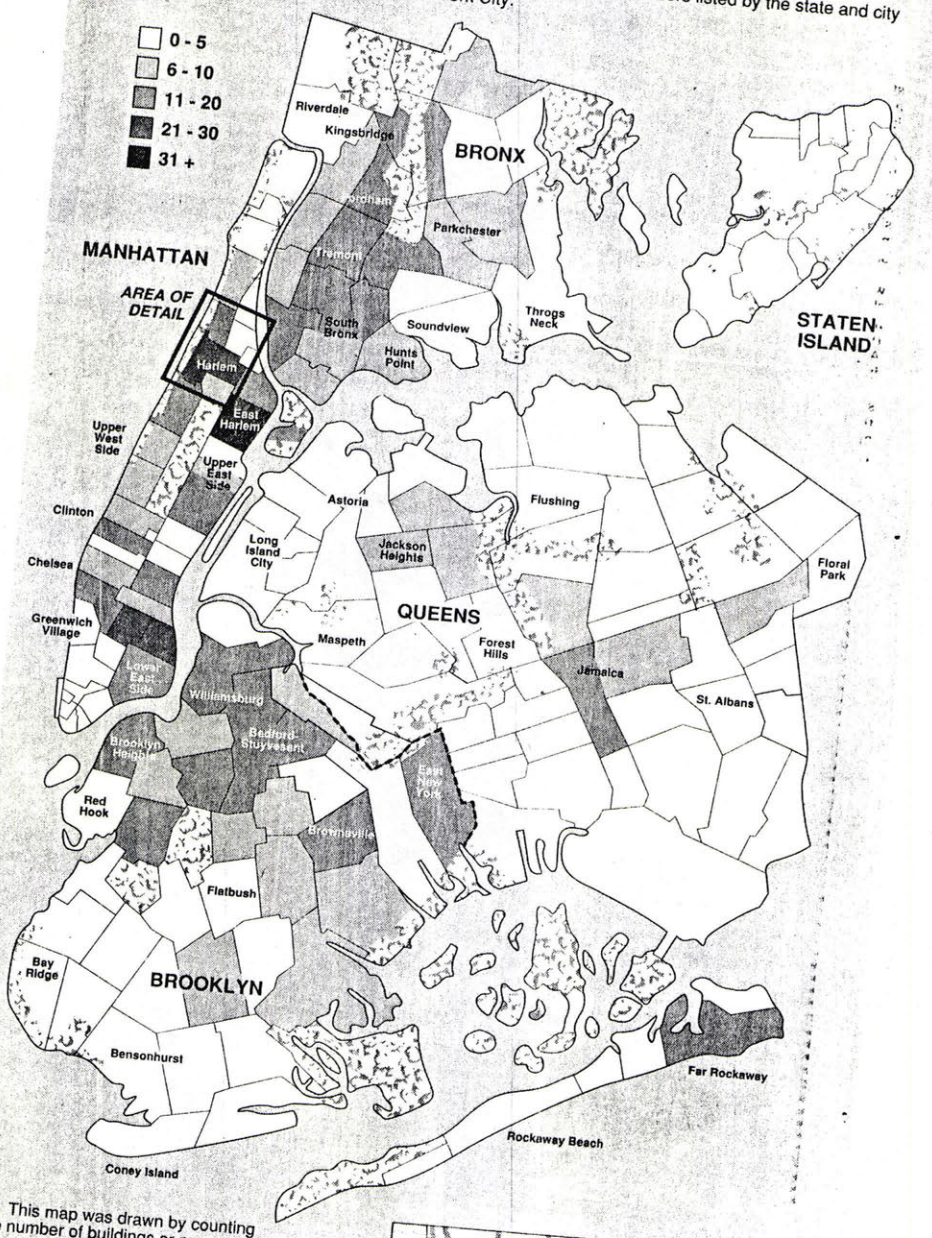
The commission has proposed that each year the city issue a master plan for the next two years, spelling out the anticipated needs — broken down by community board district, although not by specific sites — for new buildings and programs for all city agencies. Mr. Lane said the City Planning Department would also be required to draw up new criteria for a fair share plan, including the impact of these projects on neighborhoods and some measure of when areas are oversaturated.

The proposed plan, with maps showing the location of existing programs, would be open to public comment and then follow a similar land use review procedure, except that a new city council, rather than the Board of Estimate, would give final approval.

"The idea is that a standard of fair distribution will become part of the political dialogue of this city," Mr. Lane said. "It's a brand new experiment."

York Puts Its Problems

Number of programs for homeless people, the mentally ill and drug abusers listed by the state and city governments in each zip code area of New York City.



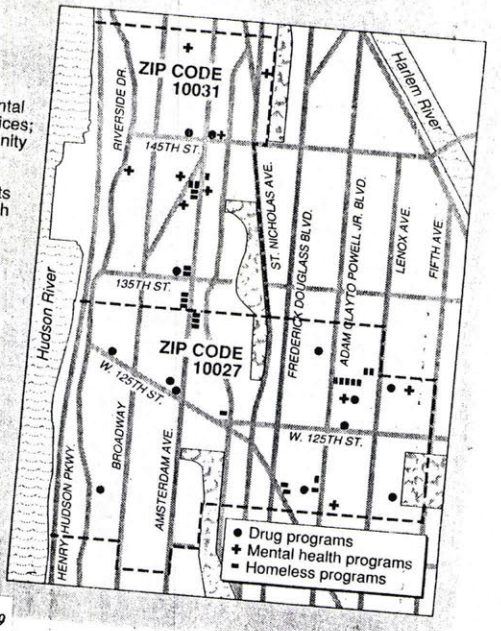
This map was drawn by counting the number of buildings or programs for each zip code area. These were gathered from lists supplied by the New York City Department of Housing Preservation and Development; New York City Department of Mental Health, Mental Retardation and Alcoholism Services; New York State Division of Housing and Community Renewal, and New York State Division of Substance Abuse Services.

Programs for the homeless include apartments or shelters for homeless people. They include both present and planned housing. In many cases, the buildings house low-income people as well as homeless people.

Mental health programs include sheltered workshops and community residences for the mentally ill. Several mental health programs also serve alcoholics, although there are other programs for alcoholics not included here.

Drug programs include substance abuse programs like methadone clinics, addiction recovery and preventive programs.

The map does not represent an all-inclusive listing of every program for homeless people, the mentally ill, alcoholics and drug abusers in New York City. If several programs for the homeless were in the same building, they were counted as one. If one building housed two different kinds of programs, such as one for drug abusers and one for homeless, the programs were counted as two.



The New York Times/Seth Feaster, Arnold Bombay/July 16, 1989

THE CITY OF NEW YORK
Commission on Human Rights
52 Duane Street
New York City 10007

---- M E M O R A N D U M ----

To: All of us

From: Keith

Date: 8/22/89

Re: PROBLEM WORK GROUPS

At today's meeting, I asked those present who would like to work on which of the three problem areas we have to tackle. There were absentees, so I'm asking anyone who didn't pick an area to pick one now. Here they are with the names of those who volunteered:

UNIONS

Nitza
Ernesto
Katy
Azi
Amber

ABORTION CLINICS

Chaz
Katherine
Katy
Jomal

DRUG TREATMENT FACILITIES

Azi
Katherine
Katy
Amber
Romeo
Jomal

Pick your project now; don't get left out.