

Who's mining the mint?

Your tax dollars reimburse pols for crucial expenses like 'The Complete Book of Puns.'

by MICHAEL DALY

If you think the Abscam scandal threatens Rep. Frank Thompson's prestige among his colleagues, visit the office of the House Administration Committee. Chaired by Thompson, it clears congressional expense accounts. Study some of the claims that were approved last year and you will see that nothing short of a genocide conviction would dent Thompson's popularity in Congress.

These reimbursements include:

- Rep. Robert Garcia (D-N.Y.), \$513 a month for rental of a Pontiac Bonneville.
- Rep. Carroll Hubbard (D-Ky.), \$1,012 in sympathy cards for the families of those appearing in local newspaper obituaries.
- Rep. Barry Goldwater (R-Calif.), \$2,744 for "business" lunches, \$1,359 for soda and hot chocolate for constituents visiting his district office.
- Rep. Robert Bauman (R-Md.), \$4,525 for commuting between his office and his Maryland home.
- Former Rep. B. F. Sisk (R-Calif.), \$8,800 in stamps, purchased a week before his retirement.
- Rep. Peter Rodino (D-N.J.), \$40 for a book on Watergate.
- Rep. Charles Diggs (D-Mich.), \$10 for "The Complete Book of Puns."
- Rep. Tom Bevill (D-Ala.), \$21.75 to frame autographed pictures of Richard Nixon and J. Edgar Hoover.
- Rep. John Hinson (R-Miss.), \$32 for engraving his name on a Man of the Year plaque presented to him by the freshmen congressmen.

- Rep. Nicholas Mavroules (D-Miss.), \$750 for gold lettering on the door of his district office.

- Rep. Michael Synar (D-Okla.), \$1,300 for a film about the legislative process narrated by Rep. Michael Synar.

- Rep. Charles Stenholm (D-Tex.), \$1,250 for a film about the legislative process narrated by Rep. Charles Stenholm.

- Rep. Jerry Huckaby (D-La.), \$3,454 for blood-pressure checks for constituents.

- Rep. Jerry Huckaby (D-La.), \$307 for dinner honoring nurses who administered blood-pressure checks for constituents.

- Rep. Louis Stokes (D-Ohio), \$801 for dinners eaten by Rep. Louis Stokes.

- Baltasar Corrada, delegate from Puerto Rico, \$1,380 for 3-foot photographs of Baltasar Corrada.

- Rep. Bill Nichols (D-Ala.), \$8,500 for 55,000 unofficial letters.

- Former Rep. Newton Steers, \$332 for Maryland law books, a month before retiring and opening a law practice in Maryland.

- Thomas Petri (R-Wis.), \$325 for news clippings about Rep. Thomas Petri.

- Rep. Edward Madigan (R-Ill.), \$5 for one-day rental of a stopwatch to time travel from his office to the Capitol.

All told, the House Administration Committee approved \$40 million worth of office expenses. This averages out to \$90,000 a congressman, or almost twice what the average Abscam target was offered. □

July 20, 1980



Mike Wallace (see page 12)

OPENERS

2

At the top

Your tax dollars reimburse pols for crucial expenses like "The Complete Book of Puns."

by Michael Daly

4

A face in the crowd

The woman behind Elvis Presley Day.

by Joyce Wadler

5

Crowd pleasers

Lady killer Billy Dee Williams is ready, willing and Gable.

by Carol Wallace

FEATURES

4

Science

Recent developments in the scientific field. A monthly feature.

by Edward Edelson



6

Bess vs. Liz

See On the cover

by Jane Perlez



On the cover

Once upon a time, Bess Myerson elbowed aside 70,000 bathing beauties to hear Bert Parks croon: "There she is, Miss America . . ." Now Myerson finds herself in another contest, the New York senatorial race where she would settle for beating just one woman, Elizabeth Holtzman. News reporter Jane Perlez looks at the bitter battle shaping up between the distaff contenders, who have overshadowed their male counterparts, John Lindsay and John Santucci. Page 6.

COVER ILLUSTRATION BY BRUCE STARK

12

But that's not what I asked you, sir . . .

Q and A with Mike Wallace

by Jacquin Sanders

14

House and Garden Bikinis

Bras and panties, the new outerwear for at home.

by Priscilla Tucker

22

Psycho City

Over 40,000 mentally ill patients roam the streets of New York.

by Georgette Bennett

DEPARTMENTS

Changing scene 9

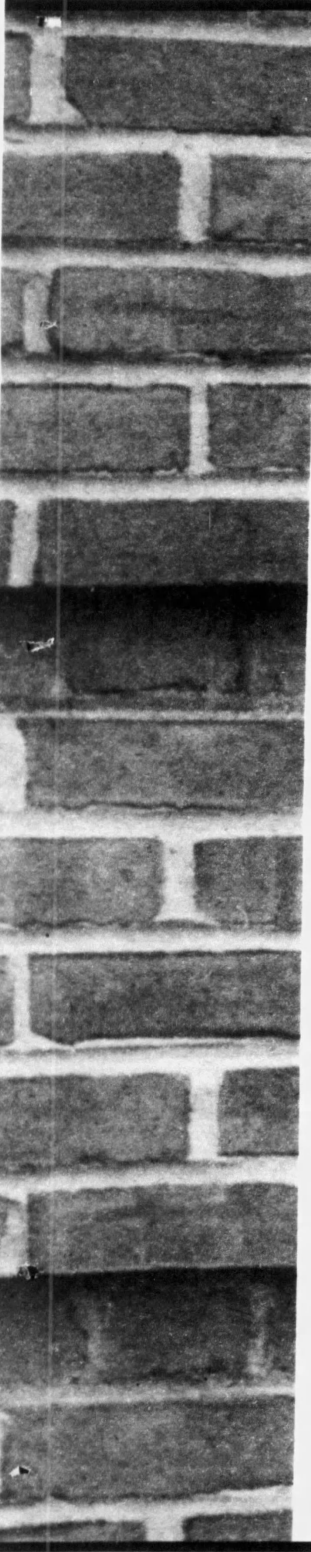
Crossword puzzle 27

Great Sayings

"The medium is the message."

Who said it? When? Where? See page 26.

MAGAZINE EDITOR: Jacquin Sanders ASSOCIATE EDITORS: Dave Hirshey, Pucci Meyer EXECUTIVE EDITOR SPORTS COLUMNIST: John R. Vergara ART DIRECTOR: Robert Clive STYLE EDITOR: Andy Port COPY EDITOR: Edward A. Jardim WRITERS: Bob Lardine, Frank Lombardi, Joyce Wadler SENIOR ART DIRECTOR: Michael Coli ASSISTANT ART DIRECTOR: Richard Mozzanica ART ASSISTANT: Mark Kseniak EDITORIAL ASSISTANT: Barbara McKenna PHOTOGRAPHERS: Tom Arma (CONCEPTUAL PHOTOGRAPHY), Mel Finkelstein, Ken Korotkin, Roy Morsch



Over 40,000 mentally ill patients
roam the streets of New York.
Are we turning into...

PSYCHO CITY

by GEORGETTE BENNETT

A barefoot young man jumps a turnstile in a subway. A Transit Police Officer, Seraphin Calabrese tries to stop him. The suspect, Lawrence Harris, wrests the officer's gun away and kills him with it. When Harris is caught, he says he's a visitor from another galaxy. He is a former mental patient released from Rockland State Hospital.

Police are called to a disturbance in a Bedford-Stuyvesant tenement. Five officers arrive on the scene where Luis Baez is cutting up a linoleum floor. When he spots the officers, he lunges at them with a pair of scissors. The five officers open fire. Twenty four bullets later, Baez is dead. Baez is a released mental patient.

Elizabeth Mangum is a local eccentric. Neighbors say she does strange things—like placing vinegar-soaked bread in the hall outside her door. One day police are called to her Brooklyn apartment. When they arrive, she is brandishing a fold-out knife with a six-inch blade. As a sergeant tries to take her away, she slashes him in the upper arm. A second officer fires one shot. Elizabeth Mangum dies. She, too, is a former mental patient.

Nassau County police get a call. But all they hear on the phone screams. When the call is finally traced, they find Ewa Berwid dead at home. She had been knifed to death by her estranged husband, Adam. Adam Berwid is a mental patient on weekend furlough from Pilgrim State Psychiatric Center.

These cases are *not* typical. Yet it is cases like these that make many New Yorkers afraid of the mental patients who roam city streets. It is a fear of the unknown, the unpredictable . . . a fear that these are walking time bombs about to explode.

The fear is real. And there's more reason to be afraid now than there used to be. New research shows that released mental patients do tend to be more violent and have more arrests than other people. But their violence is not always physical; sometimes it's just an assault on the sensibilities of others. You may find a mental patient urinating in the street on Flatbush Avenue . . . or shouting at no one in particular on Astor Place . . . or plucking a non-existent violin on the Grand Concourse.

Such "assaults" take place mostly in areas that have cheap housing for the poor, the lonely and the mentally ill. The East Village, West Harlem, The South Bronx, South Jamaica.

It is the upper West Side that houses the city's greatest concentration of released mental patients, perhaps 3,000. Lenore and Dan Benson (not their real names) live there with their two daughters. Their block, Broadway and 94th, is saturated with eight of the single room occupancy (SRO) hotels where many released patients live.

The Bensons used to love the upper West Side. It's been

Dr. Georgette Bennett, a criminologist, has worked as personal consultant to the police commissioner, NYPD.

home for twenty years. Lenore and Dan considered themselves typical West Side liberals with a strong social conscience—both employed, both educated, both live in the community. Now fear has entered their lives and created a rift between them. Dan wants to leave the upper West Side. Lenore wants to stay. They blame the schism on what the ex-patients and SRO's have done to their once-safe neighborhood.

"In a sense," says Lenore, "I see the whole block as an institution. Always taking the people who are at the bottom, trying to help them, and probably if it works, losing them. There's a lot of resentment about that. We all feel we've done our time. Somebody else should have to deal with it now."

Over 40,000 chronically ill mental patients walk the streets of New York. The big push to get them out of hospitals is over, since there are very few left in state hospitals to push. Yet, of those left, it is expected that 20,000 will come to this city in the next five years. In all, it represents less than 1/100th% of this city's population, a tiny fraction, but a highly visible one. For though the State reports that 65% of released patients go back to their own families, the streets and SRO's are the only refuge of the homeless, friendless patients. As a result, they are often more terrified, more victimized than the "normal" citizens their presence alarms.

Nobody keeps accurate tabs on where these patients go after release. But it's assumed that at least 35% have no families to receive them. Often, they have no skills, no incomes, and no place to go, either. These are the ones with whom Lenore Benson and her neighbors live.

Ray Schwartz used to be a neighbor of the Bensons. He lived on 95th Street for six years. And even though he works for the City's Department of Mental Hygiene, Ray reached his limit, and moved. "You see someone taking a vacuum cleaner and vacuuming the sidewalk, oblivious to the fact that the vacuum is not plugged in and it's not doing any good," he explains. "Or a woman changing her clothes in the middle of the street. Those kind of things, you don't want to see them, but you see them. It makes me very angry."

Ray is describing the kind of patient who stands alone, buffeted by the most primitive fears of the surrounding community. The events that have created his special plight began in 1968 when New York State started a push to move patients out of hospitals and treat them in communities like the upper West Side. Combat experience in World War II had showed that shell-shocked soldiers needed to get out of hospitals and back into action right away, or their trauma would worsen. Other research showed that civilian patients also did better with shorter hospital stays. New drugs became available to stabilize patients without shock treatments and straitjackets. And landmark patients' rights cases brought a halt to most involuntary commitments. A sole standard emerged for committing patients against their will: they had to be a proven danger to themselves or others. In the absence of such danger, they had to be released as quickly as possible to the communities from which they came.

Mental health professionals believed the release policy was good for the patient and could do no harm to the community.

The ensuing decade has proved they were wrong. The evidence: legions of neglected patients, overburdened police, and terrified citizens, like Lenore Benson. "I tell you the stress that we live under constantly does really take its toll. Medically constant stress is really dangerous. Maybe it's a slow danger—like cancer—that takes 20 years. But it does take its toll."

When the mental health professionals started pushing community-based treatment, they didn't weigh heavily the impact of such emotional strains on the community, they were much more concerned with physical danger.

Their conclusions, based on research done before 1950, measured danger in the number of arrests, concluding that released mental patients as a group were arrested far less than other people, and thus were relatively harmless.

Former patient Fred Masten gets upset when people like the Bensons act afraid of people like him. To Fred, the violence issue is overplayed. "These people are socially eccentric. Violence has nothing to do with what's going on inside their heads." But Fred was first committed in 1958. He hasn't been in a mental hospital since 1969. And the patient population has changed.

Unlike Fred, half the patients now entering State mental hospitals have arrest records. And when they're released, 18-month follow-up studies show that they get arrested three times more than the general public. Less than 2% of those arrested are caught for violent crimes. But even so, the rate of violence among released mental patients is 6.5 per 1,000—nearly twice that of the general public.

That scares people like Lenore Benson.

"The other day I went shopping. As I walked down Broadway it was already dark. There was some guy standing on the street asking for money. I just said 'no' and went into the supermarket. I was standing at the dairy counter and somebody says to me, 'You lied to me!' From the corner of my eye, I see this guy. He followed me around. The next time I saw him was at the vegetable counter where he tells me, 'You lied!' I got upset. I didn't know whether this guy was just asking for a handout or whether he was capable of something else. The mental health people will say this man is not dangerous. But, how do I know that?" All she knows is that she was left shaken and scared.

But it's important to keep that scare in perspective. Sociologist Dr. Henry Steadman of the New York State Department of Mental Hygiene thinks people have reason to be afraid when they find a mental patient following them around a supermarket. "I think they're more justified than many mental health professionals are willing to admit. I don't think they're justified based on the total frequency with which the community thinks these events occur. It's a relatively modest number for what is considered to be an incredibly high risk group."

But Steadman says the news isn't all bad: Released mental patients may be more crime-prone than the general public, but at least they're less so than ex-prisoners. Nor are they as likely as ex-prisoners to repeat their crimes.

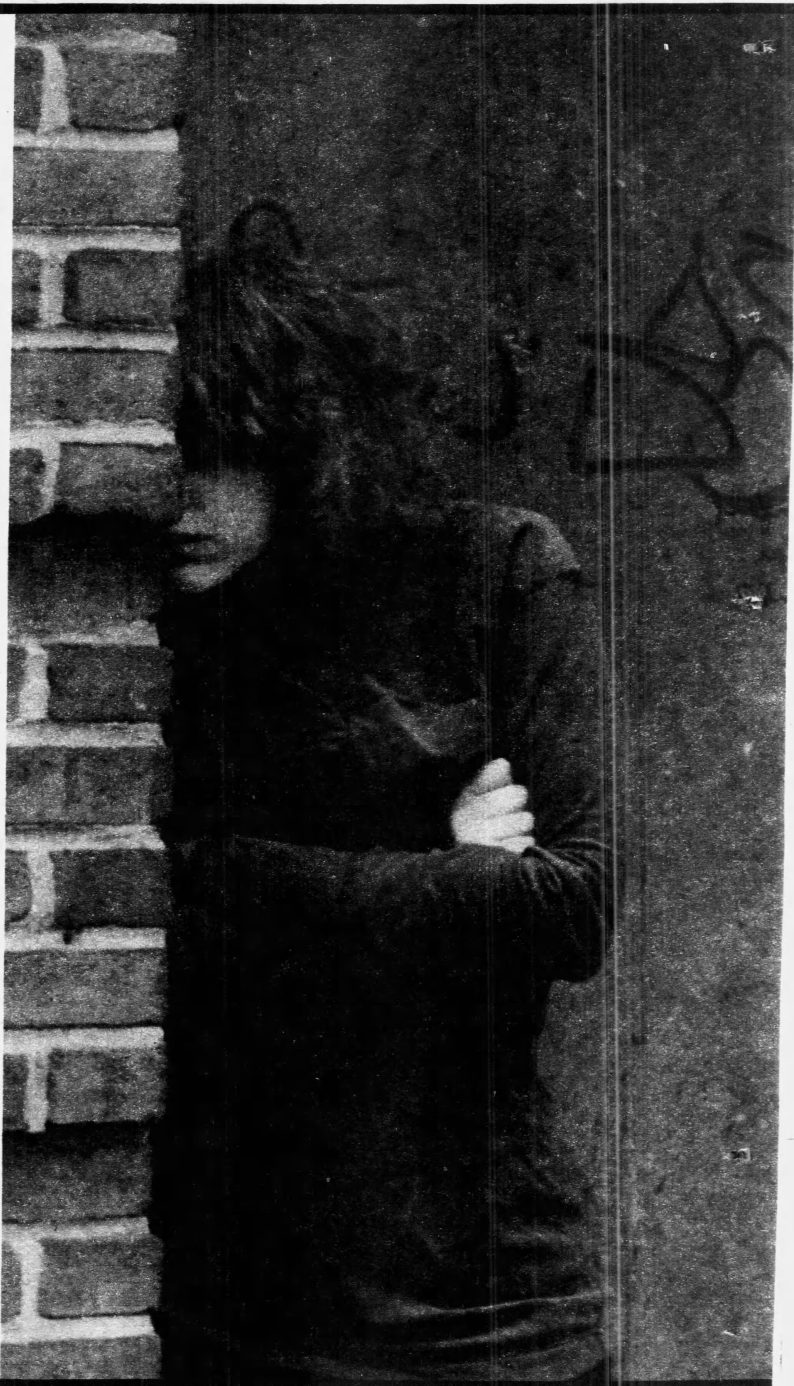
Released patients who do commit crimes cluster in the 20 to 40 age group. And since older patients tend to die in hospitals or go to nursing homes, it is this younger group that finds its way to the streets, and thus becomes a threat.

Of course, most patients aren't criminals, nor are they violent. But those who are tend to share a set of traits: young, male, poor, unskilled, uneducated, unmarried, and often with an arrest record.

It's not a profile that fits former Fred Masten who is non-violent, with no arrest record. Still, the stigma that marks him as a former mental patient has become part of his self-concept. "Five years ago I was afraid to tell people about my condition. I was only comfortable around someone else who is considered a misfit. It's no fun."

When Fred lived in Lenore's neighborhood, he came across

continued on page 24



Every salad knows

The Best-Dressed Salads wear Seven Seas.

Creamy Bacon.

"Get flavor like this in every creamy drop."

"There's nothing else like it."

"With bacon-flavored bits right in the dressing."

ARTIFICIALLY FLAVORED CREAMY BACON DRESSING

WITH IMITATION BACON BITS

7¢ STORE COUPON 7¢

Save 7¢ on Seven Seas® Creamy Bacon

Mr. Crocker: We will redeem this non-transferable coupon for face amount plus 7¢ handling only if you obtained it from customer buying this item. Invoices proving purchase of sufficient stock to cover coupons redeemed must be shown upon request. Void when presented by broker or agency or where prohibited, taxed or otherwise restricted. Cash value 1/10 cent. Mail coupon to Anderson Clayton Foods, Box 1867, Clinton, Iowa 52734. Expiration date June 30, 1981. Limit one per customer.

© 1980 Anderson Clayton & Co.

46800 100110

PSYCHO CITY

continued from page 23

the same people she did on the streets. They scare him, too, but for different reasons. "They scare me in that, there but for the grace of God, go I. I know it can happen to just about anyone." Fred is glad the patients are in the community, "not in a straitjacket or silly with shock treatments as I've been." He doesn't want to go back to a mental hospital under any circumstances. "I know if I was in the loony bin for any period of time, I would wind up as bad or worse as a lot of people who are there. I wish that by assimilating with the community members, some sensitivity will develop."

But even the most tolerant of community members can have their sensitivity stretched. Ray Schwartz argues, "It comes down to the feeling that people are in need of help. They've been in a State hospital and have been let go when they shouldn't have been. Or maybe they're no longer actively psychotic, but they have no concept of how to live outside the State hospital. No one has made any serious effort to help them."

Help is the heart of the issue. It's possible that behavior that scares the public and stigmatizes the patient could be altered with the help of proper services. Sarah Connell, the city's regional director for the State Office of Mental Hygiene, admits the State made a big mistake. "We didn't realize that a patient who was doing well in the hospital would need the same degree of support and treatment in the community."

But the whole concept of community treatment has gone awry, degenerating into mere "dumping" of patients into welfare hotels. Lenore Benson used to battle on behalf of the mental patients who lived in them. But no more. "Nobody's helping us," she says. "We're willing to help, but not at the expense of ourselves. Some of the things we've done in the past are very nice, but we end up on the short end of it."

Lenore and her neighbors finally did get some support services for patients, but not the kind they expected. They had fought for counseling, job training, health care. What the patients got instead are what Lenore calls merely "clerical" services—filling out Medicaid and welfare forms.

Chris Hanson who directs the Patients' Rights project for the New York Civil Liberties Union, feels that clerical services may be precisely what released patients need to see to their physical needs. "Many patients don't have decent food or housing," says Hanson. "The mental health problems are minor compared to the problems of poverty."

Which is more crucial—elimination of poverty or mental illness? Will elimination of one cure the other? It is an argument further compounded by the difficulties of getting patients to accept help of any kind. All patients must be given a treatment plan as part of their release, but there's no way to make patients follow it after they leave.

On the issue of follow-ups, a bureaucratic war has ensued. The State feels the City should look after its own and the City takes the opposite position. The people shouting and dancing on the Broadway mall may be New York City residents. But they're also patients released from State hospitals. That, says the City, makes them the State's responsibility. If the State wants the City to get off the streets and into a clinic, it should pay.

As with most things, it all boils down to money. City Council President Carol Bellamy claims the State has emptied its hospitals at the expense of the City, housing 70% fewer hospital patients now than in 1968. Yet the State has closed no hospitals and fired no staff. This while the emergency rooms at Kings County and Bellevue overflow; while Medicaid payments skyrocket. The State's released patients are costing New York City hundreds of millions of dollars.

While the City and the State haggle, Lenore and her family continue to live amid the agonies of the mentally ill. Even at 3 a.m. they can hear a woman screaming, "I want my baby! I want my baby!" They call the police because there's no one else to call. But, says Lenore, "These aren't considered priority calls."

In many ways police rather than psychiatrists have become

the caretakers of the city's psychiatric misfit. It is the police who respond to complaints against them and suffer their assaults.

One call can tie up several officers for many hours. But there isn't too much they can do for a "psycho" gone wild. They can calm him with mace or a restraining bar. But then what? If they arrest him the courts will refer him right back to Bellevue. Taking no action risks a repeat of the behavior that brought the cops in the first place. If they take him to a hospital he will most likely be refused admission.

"It's almost like we need a psychiatric football coach to tell us what the plays are," says Judy Belly who runs a program for mental patients on the upper West Side. "By the time you get a person from the street corner where he's wielding a knife to the police, to the emergency room, in the in-patient unit, he's gone through about five processes. It's not easy to get somebody hospitalized."

Joe Mazur, an officer in the 24th Precinct, agrees. Mazur was once given custody of three mental patients who had been picked up about six hours before his midnight tour of duty began. After

The whole concept of community treatment has degenerated into 'dumping' of patients into welfare hotels.

making his rounds of hospitals, he finally got the patients admitted at 3 a.m.—nine hours after they were first detained.

"Police are paid far more than guards in hospitals," says one lieutenant. "We shouldn't be involved in babysitting at the hospital and transporting from one hospital to another."

Nobody is quite sure just how much this babysitting service costs. But the City is beginning to take a look, with an eye towards sending the bill to the State. Records of police dispatches labeled "1054P," which translates as "emotionally disturbed person," provide the only clue as to how much time the NYPD spends with the mentally ill.

So far, it looks like there's been a huge jump in "1054P" calls from 1978 to 1979. Almost a 28% increase in the number of runs and almost a 40% increase in the number of radio cars sent on those runs.

Besides the upper West Side's 24th Precinct, precincts in Bushwick, East New York, South Jamaica, St. George, South Bronx, West Harlem, East Village turn in the most "1054P" calls list that confirms Chris Hanson's notion that the real issue is poverty—not mental health.

"The kinds of problems we're talking about—social problems—the cops are probably more expert in than psychiatrists," says Hanson. "The psychiatric response to even very insignificant behavior—take urinating in the street—is to lock you up in a mental hospital for an indeterminate length of time. I would prefer my clients being dealt with by the cops. They're infinitely fairer and have infinitely better perspective on the problems."

So the police have become caretakers by default. They're not happy about it. Neither are the Bensons and others who are forced to call on them.

"They're scared," says Dr. Reiff. "They're scared of crazies running around the street. They've been scared for 2,000 years. It's partly violence. It's partly what they don't understand. I guess the fear is basically that these are people who have lost control."

Until the City or the State assumes responsibility for helping them regain control of their lives, insanity will continue to roam the streets of the upper West Side. One by one, the SLO's are being bought up by real estate speculators and converted into co-ops with the blessings of the City, but their disappearance will not cause the released patient problem to vanish.

The evicted patients have to go somewhere. Some take to living in the streets, thus making Broadway even more terrifying for families like the Bensons. Dan will have to continue to walk his 16-year-old to her babysitting jobs. And Lenore will have to go on being awakened by howling in the night. □

HELP JERRY HELP "HIS KIDS."



Enjoy Sanka® Brand and DECAFFEINATED COFFEE fight Muscular Dystrophy.

For every empty Sanka® Brand envelope you drop in restaurant collection cans, the Restaurant and Sanka® Brand will make a total contribution of 5¢ to the Muscular Dystrophy Association. You can donate cash, too.



Watch the Jerry Lewis Labor Day Telethon.