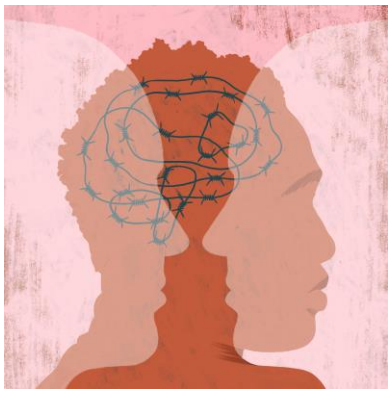

Storied Lives

Episode 4: Paying Customers Only

Full Transcript

Introduction

Narrator: *Please be advised that the following podcast explores intersecting themes of poverty, addiction, drug use, mental health, racism, policing, and physical violence. You may find some scenes distressing.*

Before you continue, if you haven't already, please complete our listener participation survey by following the links in the show notes.

Welcome to Storied Lives. A podcast that looks at the lived realities of poverty from an intersectional lens. This is episode four. Paying Customers Only.

[musical intro]

Story

Composite Storyteller: The employment counselor, a shiny white lady, cork screws her fingers into her dimples and tells me, 'Smile, be confident! You! Are! Worth it!' She tells me about how to show 'ini-tiative.' She always says it with a hiccup pause. 'Walk right in with a resume fresh off the press and press some flesh — it shows you have what? Eeee….NI! tiative.' I don't bother telling her that I can't just walk in. I find job postings, but always when I go in, a clipboard and nametag tells me — barely looking up — they aren't hiring. One woman, she calls the cops when I point out the 'help wanted' sign in the window. I have to email. Sometimes I forget to change my name though. I learned I can't sound 'too ethnic' when my last manager printed 'Mike' on my name tag 'cause it was easier for the customers.

After the workshop, I deposit my government cheque, get a twenty from the ATM, slip it under my toque, step outside, and light a smoke.

From behind me, a voice, says, “Hey, asshole,” and before I can turn around, a knife, nail-on chalkboard, scrapes down my hip bone. All I can think is that’s a damn stupid place to stab somebody. He tries again and this time the blade sinks into my stomach and I hug-drape over the guy, limp, like, just trying to not to fall over. Security runs up and choke-hold peels me off the guy and onto the sidewalk and the knife wriggles in further. Security yells ‘You okay?!’ up at the guy standing statue-still with *my* blood dripping florescent red off his marble white hand but he spins and sprints off down the street. I’m clawing at the arm around my neck to get a breath and security is screaming in my ear, ‘stop resisting,’ until he sees my blood staining the snow.

I spiral into a swirling dream of a few years ago when I was back in the city: looking through my apartment’s front peep hole at my drug dealer all fisheye distended, hammering his fist on the steel door. I don’t have what I owe him so instead I’m jumping off my third-floor balcony into the parking lot. When I land, my tibia snap-tears through my jeans. The EMT dumps me into the back of the ambulance and digs around for a usable vein and I tell him, you’re not getting any blood out of there. In my dream, I try pointing to where the IV will work but my arm stops with a clang and realize I’m handcuffed to the stretcher. ‘Fucking junky,” he says, his voice all dream-distorted, ‘if you die, that’s your own stupid fault.’

I spiral back even further. I find a small baggie twist-tied under the last couch cushion I grab for making our backyard wrestling ring. My friend tells me, its cocaine. He has an older brother, so he knows all about sex and drugs and stuff. I know, I say. Normally, mom’s favourite hiding spot is in the box of old stale Cheerios wedged under the keep-fresh bag, on the top shelf of the cramped pantry where sometimes she’d make me kneel on popcorn kernels when I was bad. Let’s do some, he says, ‘cause that way, body slams won’t even hurt.

Slam.

I wake up when the back of the ambulance slams shut. This time, the EMT, she rests a cool hand on my forehead and looks me in the eyes and says, ‘You’re going to be okay. We got you, okay?’ And I fade out again, but not before I notice, I believe her.

‘How’s mom?’ My dad asks over the phone from some province I’ve never been to. I hear the rumble of his truck and the radio static in the background. The same call — every day. I tell him, ‘She’s fine.’ ‘She taking her pills?’ ‘Mhmm.’ I’m watching shaky cellphone footage on Facebook of a cop kneeling on the back of her head, telling her, ‘stop resisting.’ Someone tagged me in it: ‘Bro, isn’t this your mom?’ When the officer calls, he tells me, ‘We have your mother in custody on the charge of assaulting a police officer.’ He says, ‘I don’t have to be calling you. I’m trying to do you a favour here.’ He tells me to come in next week for a bail hearing — he doesn’t even mention my dad. I don’t hear from my mom

for days. She finally calls. When I pick up, she's already talking about how '…someone loaned me a phone pay-card to pay for the call so I gotta be quick, I tried to collect-call you but that only works on land lines, and if you want to make regular calls or call cellphones you need a phone card and you have to load a phone card with 80 bucks — minimum — plus a five-dollar deposit and baby, listen, listen, they want me to call the doctor and start those mind control pills again but I know the truth about those pills, okay baby, so don't do it, okay, but you gotta come get me, you gotta come get me 'cause they tryin' to poison me and got those fucking spiders watchin' me again okay, I gotta go….' I miss two midterms wedged into a plastic chair in the courthouse waiting room. Duty council shouts my name all tangled into the hallway and looks around with raised eyebrows until I stand up. 'You'll have to come back tomorrow — bring a doctor's note saying that she'll take her meds and make regular appointments — is there a father? Look, just show that you can take care of her, get her stabilized. Proof of income, address, bring people who can speak to her character, who can provide support.' He looks at his file, rolls his eyes, 'I'm gonna butcher this one too,' he mutters, and hurls someone else's name into the waiting area. I miss two more exams the next day. And one the next. When they let her go, they tell her to come back for the assault police charge.

The police barely fits through the front door but he leans around me into the kitchen, 'Your mom here?' Lifting his sunglasses, and then settling them back over his antifreeze blue eyes. 'She missed her appointment. You understand, you're responsible for her.' I haven't seen her. 'Do you know where she is?' No idea.

I can feel my mom's disease nibbling at my skin. At the campus walk-in, they tell me, 'I'm sorry, we can't see you, you're not enrolled, you have to be enrolled.' My dad hasn't paid my tuition. I bus to the ER with everyone watching me and the receptionist tells me, 'Have a seat someone will be right with you,' and then whispers something to the security guard. I feel everyone's eyes burning through me. I hug my legs up under my sweater and pull my hood down safe over my head. When I look back up, it's dark, and the receptionist is someone else, I think. "How much longer?' I ask. She says, 'Sir, keep your voice down,' glancing over at Security. 'What's your name?... I don't see you in the system… Can I have your health card? Okay, have a seat someone will be right…' But I — Security puts down the magazine and crosses his arms. I slink back into my sweater.

I can't sleep. To pass the time I count emerge visits. I get to number 7 — back in the city — the nurse with the rubber ducky print scrubs. I remember how she tucked her perfect blond hair behind her ear before resetting my shoulder — it popped out when I landed in the back of the police car with my hands cuffed behind my back. From a sliver between the teal curtains, a cop tells her, 'He was causing a disturbance,' adjusting his gun and hooking his thumbs into the breast of his Kevlar vest, 'That wouldn't have happened if he had complied.' When I ask for something for the pain, the nurse tells me 'I'm sorry, I can't support drug-seeking behaviour. But I put you on a waitlist for psychiatric treatment.' I can feel the police scanning me, so I don't bother asking what that means. She says, 'I can't give you

pain meds, but I can give you something else to help with the…your mental state.' She hooks her perfect hair behind her ear and asks, 'Have you tried meditation?' I have to tell the pharmacist never-mind, when I hear the price.

It's almost light again when security nudges me, 'You can't sleep here.' But I wasn't slee — 'gotta stay awake man.' I harvest my pockets for change to buy a vending machine snack. Plinking in the coins I hear Mom's voice telling me about government-subsidized corn syrup and ultra-addictive lab-engineered sugar and how they forced cheese into our diets after they made so much they had to store it in abandoned mine shafts. The bag of Cheetos leans off the corkscrew shelf and wedges against the window. I nudge the glass. It just stares at me. Again, harder, rocking the machine and tumbling the packet into the dispensary. Before I can grab it, my hoodie cinches, choking tight around my neck and I'm stumbling backwards towards the door. 'That's it!' Security says from somewhere over my head, tumbling me out into the night, 'that's enough — go rob someone else's vending machine.' The automatic doors glide shut behind me, and I watch his lips, fish-tank muffled, 'Come back when you're bleeding.'

And then, it swallows me.

It's hard to keep things straight — in my head — like, when you wake up and the government has replaced everyone with robots and your cheek feels like the outside of an orange peel from sleeping on dirt. I don't go to the shelters. Everything always gets took there. And I understand — I don't really judge them. My stuff's all just — there. No alarms, no security cameras. No concerned neighbours. You gotta do what you gotta do to survive. I get it. They program the robots to say only one thing over and over, '*sorry,payingcustomersonly.'* I start collecting tickets for loitering and trespassing — '*sorry,payingcustomersonly'* — public urination and causing a disturbance — '*sorry,payingcustomersonly.'* Ink-black sunglasses wrapped around shaved white heads, grumble about missed summonses and warrants and outstanding court-fees. I boomerang between the police station lock up, shelter meals, drug court, jail, my tarp, tucked against a sedan-sized oak looming over a curve in the river. By now, I know exactly how to float above the tsunami of voices that come at night to drown me. Once the needle's in, I feel safe. And warm. I watch the frost shrink-wrap the trees outside my tarp, but still, I feel safe, and warm, even though I know the drug is hooking into me and won't let me leave. Every time I try, it punishes me. It gnaws at my bones and spits acid into my veins.

I haven't taken my boots off since the last time I shaved — my beard is past my shoulders. I feel broken — right down to my knees. The drug spins me into vomiting and diarrhea so I can't even leave my tarp to see if my name has come up for a detox bed — I'm on every waitlist there is. 'You want a bed?' a guy tells me, 'tell 'em you're gonna kill yourself. Tell 'em how you gonna do it. You'll get your bed.' I get my bed. With security sitting outside, I forget I'm not in jail. My eyes chlorine-burn in the morning from not sleeping and someone hands me my shoes and says, 'Come back if you think you're going to hurt yourself.' She points down the hall, 'you can exit through reception.' I track footprints through the

snow back to my curve in the river. Only a few torn corners of my tarp are left, flickering in the wind. Everything is gone. My nose freeze-sticks together with every breath. I walk into traffic until someone calls the police. At the station, I tell Sarge, someone stole my clothes, my sleeping bag, everything, my whole home. Fingers start to thaw, and he says, 'I'm sorry buddy. You know how it goes — once the leaves fall? The taxpayers don't like to see that. We get complaints, we had to take it down. I'm sorry.' I hardly see him as a cop. He's more like an uncle. A street dad. One time a cruiser pulled up next to me sleeping in an alley alcove. When the window rolled down, I started to pack up, but when I saw it was him, I relaxed. And he was all, 'You wan' a coffee? I got extra.' Sarge picks up a phone saying, 'I can get you a bed. But it's an hour away.' He ducks me into a cab. At the entrance they tell me, sorry, you need to be three days sober. The cabdriver goes, 'why he gonna need you if he can get three days sober?' 'Sorry man. I don't make the rules.' Back at the station the sergeant rolls his eyes, 'Welp. Your room's all ready for you.' I tell him thank you. He says, 'No problem pal. My shift's done. See you next time.'

[musical interlude]

Interview with Dr. Akwatu Khenti

Akwatu Khenti: My name is Akwatu Khenti. I'm an assistant professor at the Dalla Lana School of Public Health, where I teach a couple courses. I worked for the city of Toronto as a consultant, a special advisor, and COVID equity. And as part of that role, I'm the chair of the Black Scientists' Task Force on Vaccine Equity. I also do a lot of lecturing and policy work with different organizations, such as the Peel District School Board, helping them to develop an anti-racism policy, and lots of work on anti-black racism. Prior to this phase, I was an assistant deputy minister for Ontario's anti-racism Directorate. And prior to that I worked at the Centre for Addiction and Mental Health for about 22 years.

There are many barriers that people who are homeless have to face and contend with when trying to secure an accommodation — simple ones, which are profound. ID. Having a permanent address as such, it's so important for establishing your credibility, giving your landlord some confidence that this person will be somebody I could trust with my house or my home or my apartment or what have you. And so there you go, to get a place, and right out the gate, you don't have an address, half the battle is lost. Most people who are homeless have very little wealth and very little income. That's why many of them beg, you know, there's no money, there's no disposable income to use, which means first and last month's rent will be a problem. This housing market that we have across the country is more suitable for upper-middle and upper-income folks than it is for lower income — lower to zero income people — families especially. And that's what makes it so tragic, because realistically, the odds are against you, if you're really stuck in poverty, which is why some people get stuck in concentrated poverty in abysmal settings, in places that they don't want to be. You fall into kind of a cycle where because of that, that amplifies your own unhappiness with your conditions, you don't feel as though the conditions are fair, that you've done anything to deserve it, the system is against you. And that's why when your social determinants of health are poor or low quality, you are more likely to express

mental health problems. Even if you didn't have a mental health problem before you started living on the streets, the chances that you develop one are very high, because the environmental risk factors are so huge — dealing with that situation day in and day out, is not inspiring. The hopelessness of your situation is sure to inspire depression, or depressive symptoms at the very least.

[musical interlude]

There are so many challenges: quality supports, supports that allow you to, you know, begin to recover from your situation and feel better, get better. Financially, being able to get anybody that you want, any professional that you need, is a problem. Because there's a whole range of professionals, psychologists, that aren't covered by the system in the same way that psychiatrists are, and then to get a service and to get it in a timely fashion is challenging. You have to get a referral, you have to wait, why bother? Especially if you have two and three jobs, which many do. So, you're in a situation in that you don't have a lot of time to wait, your help-seeking is impacted and you're less likely to sort of prioritize that waitlist and you know, keeping the pressure on the system to provide you with a professional. Then there's an absence of mental health professionals to begin with. There's also the problem where diagnosing or assessing mental health conditions is challenging in and of itself. So, some people who have a mental health problem often get misdiagnosed because people misread symptoms. Being able to discern the subtleties of how symptoms are presented and knowing to look for other things and look beyond some of the obvious cues is not a skill set or a competency that many people have. When you have a mental health problem, often you have physical health problems. What's a pervasive problem is that they can't see past the mental health problem. The mental health problem takes over and you become a mental health diagnosis.

[musical interlude]

Racial discrimination has always been a part of the black experience, and health discrimination, or health issues, have always been part of that. It's just that it was never recognized and dealt with as a priority for anybody because the society could care less. But now that a society begins to care, they realize that this problem is huge. And the scope is significant. It's just what you do about it. What's lacking for racialized people with mental health problems are services that are staffed with people of the same race, because racism, for some, not for all, is a key conduit for their condition. It's partly because of the racism that they've developed their anxieties or their mood disorders, or substance abuse disorders, or what have you. And they don't want to experience a trauma repeatedly by dealing with having a health professional that can't deal with racism. Because they'll say, 'Did that really happen? You have a chip on your shoulder, they couldn't possibly have meant that' — that kind of questioning, which becomes invalidating. So you want someone who understands the experience which led you to acquire this particular condition, environmentally, as well as, perhaps, biologically, as well. But you also want something that makes sense culturally, especially if, you know, you have geographic, cultural, linguistic religious roots that are different and relevant. And so not having many

mental health interventions that have been culturally adapted is a problem. There's a survey that was done in Canada two years ago, 2020, I think it was, of black Canadians' mental health status during COVID. Two-thirds of the people surveyed said, if there was a black mental health professional available, they would go and see the professional. But what's interesting is that most of them said they didn't have a mental health problem to begin with, which tells you, they probably have a mental health problem that they're not admitting to, and a factor is, of course, lack of services or supports to deal with the problem.

[musical interlude]

So, there's an intersection of access variables. If you're a black person with mental health problems, it's highly unlikely you will find the care that you need. First of all, you won't have the money because the vast majority of black income earners are in the middle strata, or below. That doesn't mean they are not qualified to be in the upper strata. Because of the way the system works, there's a lot of black professionals who don't get a chance to use their expertise, because their qualifications aren't accredited or recognized in Canada, and so they end up in lower paying jobs. And so they're not able to, sort of, navigate the market for mental health services from a position of strength and income. And then, of course, there are the added factors of inadequate care providers who don't understand your situation, and who often have limited empathy for your situation. One of the reasons black people with mental health problems don't go expeditiously to healthcare providers is because they encounter this lack of empathy for their pain, which turns them off, because they're not believed, or taken seriously. In the worst-case scenarios, they're invalidated. One of the striking features of black life in North America is, as you get more educated, as you get better housing, as you get more money, you nonetheless still have chronic conditions that money usually takes care of: high blood pressure, hypertension, heart disease, asthma, obesity. When you make more money, you tend to have less prevalence of these conditions, unless you are racialized, particularly if you're black or Indigenous. Those conditions go with you up the wealth ladder, up the housing ladder, up the education ladder. Racism is a fundamental determinant of health — as long as it exists, black people or racialized people will have poorer health outcomes because of it.

[musical interlude]

Mental health stigmatization and racial stigmatization gets compounded when some of the cues or triggers are similar. When you have a stigma around dangerousness — which is one of the myths of those people with psychosis — and you are black — black male, big, strong — you get, you also get that same threatening stigma, racial stigma, associated with the individual. Those two stigmas create very dangerous risk factors for the person who has them. Being a black man in crisis is a risk factor for being murdered by the police. I mean, it's just simple as that. Some people say that the stigma is worse than the condition. The stigma itself brings with it a burden that's worse than the burden of the illness. And even when they know they have the mental health problems, their help-seeking is limited, they

don’t want to go and talk about it with a health professional because they’re sensing the same stigma that, ‘You did it to yourself, you made the wrong decisions. You are intrinsically bad.’

[musical interlude]

It’s intergenerational in nature, so when you live in a concentrated poverty setting, that setting creates high likelihood that alcoholism in one generation will express itself in another generation. Anxieties in one generation or depression in one generation will express itself in another generation, because the circumstances or the environment nurtures the illness or nurtures the risk. And then you have a society that expresses racism in different ways, that makes being well almost an insurmountable challenge. Because you have to live with racial profiling, you have to live with a double standard where normal childhood and adolescent activities are criminalized when you do it. And so, conduct disorders begin and other disorders follow. And before you know it, you’re facing a situation of incarceration, which brings with it other severe, serious mental health problems, because the experience exposes you to trauma. Violence is intrinsic to that incarceration experience. It’s all about stereotypes. That’s why when people say, ‘innocent until proven guilty, if you’re white.’ If you’re black it’s, ‘guilty until proven innocent.’ That’s the way it is for most encounters with the police. This is the way it is. You tell your children, ‘When the police stop you, you know your rights, don’t exercise them. Be deferential. You don’t want to escalate, you don’t want to end up in a situation where you’re taken down to the police station, as many are, for unwarranted reasons, despite the fact that they’re innocent.’ This is the reality of this dualistic experience that we have, which is not fair.

[musical interlude]

The cost of homelessness and the cost of criminalization of people with mental health problems far outweigh the cost of housing them all, especially when you factor in emergency room costs, when you factor in the cost of incarceration, the more time police spent interacting with the homeless, as opposed to solving crime. It’s costly. It is cost effective to support alternatives to policing when it comes to people with mental health crisis. First of all, you save lives. How much value is there to saving 20 people’s lives a year? I think it’s inestimable. If money was put into that alternative mental health support system for people who call 911 when it’s just really — when it’s a mental health call — and the person just needs to be de-escalated, interacted with professionally, by people who understand what’s going on in their minds.

[musical interlude]

Mental illness. Homeless. Poor. Black. Male. Big. History of negative police encounters. Criminal record. Multiple stigmas which operate differently, but at the same time, can compound each other. It’s hard for anything to change his trajectory, because he’s operating with what they call ‘intersectionality.’ He’s at the intersection of multiple highways, all of which are out of control, the traffic lights are broken, and here he is at the corner of that highway, all the lights are out, cars are pelting by left right

and centre and — where do you go? Each set of stigma has its own particular baggage which needs to be resolved in order for him to be able to walk safely. We have to address racial stereotypes, racial assumptions, as a real barrier to the provision of quality care. And we have to express high expectations of all our health professionals. The responsibility is on the system to educate them about the stereotypes, but it's a responsibility for *them* to be aware and committed to not acting on stereotypes and over-generalizations. It's contact. It's awareness. It's deliberate unlearning. And using that recognition of an individual's humanity to — to go a step further, that they have a right to quality health care, which means they have a right to your attention to their full person. You can't just pay attention to the disease that presents itself, you have to recognize the full person so that you can take them on a journey back to recovery.

[musical interlude]

Who owns this problem? Whose problem is it? Is it the black guy's problem? Or is it the white society's problem? That's the problem. The idea that it's a black problem is similar to the idea that you brought it on yourself, even though you've been raised in a white society, and all the experiences have been shaped by encounters with white authority figures that brought you to where you are today. But that's not the way it's perceived. Responsibility for the outcome is not shared, even though it should be. Closing the empathy gap, the humanity gap, really taking human rights to the maximum level, the effort is well worth it. Because if you have a critical mass of decision makers, leaders who feel as though this is the time, you must seize the moment, put this to rest. Maybe, that's what will happen. Maybe that's what will happen.

[musical interlude]

Conclusion

Narrator: Thanks for listening to Storied Lives. If you haven't done so already, please complete the follow up survey by clicking on the link in the show notes. To create the story that begins this episode, we invited people living with poverty to share their stories with us. During a series of focus groups, participants revealed their unique experiences and how these are impacted by multiple overlapping and compounding oppressions. Using their testimonies, we composed four composite stories, including the one you just heard. These are fictional stories based on real experiences. Every scenario in these stories happened or was informed by themes that emerged in the focus groups. This four-part Podcast Series is a collaboration of the Guelph and Wellington Task Force for Poverty Elimination and the University of Guelph's Live Work Well Research Centre and Community Engaged Scholarship Institute

Stories by Aidan Lockhart

Producer Zoey Barrett Wood

Please see the show notes for a list of all the people involved in the creation of these podcasts.

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