

**"I couldn't put ROUGH SLEEPERS down. I am left in awe of the human spirit and inspired to do better." —ABRAHAM VERGHESE**

# TRACY KIDDER

**Pulitzer Prize-winning author of  
MOUNTAINS BEYOND MOUNTAINS**

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# ROUGH SLEEPERS

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**DR. JIM O'CONNELL'S  
URGENT MISSION TO BRING  
HEALING TO HOMELESS PEOPLE**

# ROUGH SLEEPERS



TRACY KIDDER



R A N D O M   H O U S E  
N E W   Y O R K

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# Contents

[Cover](#)

[Title Page](#)

[Copyright](#)

[Epigraph](#)

[Author's Note](#)

## [Part I: The Van](#)

## [Part II: The Art of Healing](#)

[Chapter 1: Conscripted](#)

[Chapter 2: Foot Soaking](#)

[Chapter 3: Disaster Medicine](#)

## [Part III: The Pantheon](#)

[Chapter 1: Numbers](#)

[Chapter 2: A New Face](#)

[Chapter 3: The Street Team Meeting](#)

[Chapter 4: Angels Without Wings](#)

[Chapter 5: The Memorial Service](#)

## [Part IV: Against Medical Advice](#)

[Chapter 1: No Loud Voices](#)

[Chapter 2: Upside-Down Medicine](#)

[Chapter 3: Death by Housing](#)

[Chapter 4: Eulogies for Barbara](#)

[Chapter 5: Living Life Backwards](#)

## [Part V: Searching for Meaning](#)

[Chapter 1: A History of Tony](#)  
[Chapter 2: Inventing a Purpose](#)  
[Chapter 3: The Social Director](#)  
[Chapter 4: Autumn Street Rounds](#)  
[Chapter 5: Success](#)

## [Part VI: A System of Friends](#)

[Chapter 1: Winter Comes](#)  
[Chapter 2: Tony's World](#)  
[Chapter 3: The Beauty of Human Connection](#)  
[Chapter 4: Sisyphus](#)  
[Chapter 5: Boundaries and Limits](#)  
[Chapter 6: The Gala](#)  
[Chapter 7: The Prism](#)

## [Part VII: The Night Watchman](#)

[Chapter 1: The Worry List](#)  
[Chapter 2: Button-Down-Shirt Moments](#)  
[Chapter 3: The Hug](#)  
[Chapter 4: The Law of Pariahs](#)  
[Chapter 5: In Boston Municipal Court](#)  
[Chapter 6: Childhood](#)  
[Chapter 7: A Free Man](#)  
[Chapter 8: Confession](#)  
[Chapter 9: The Night Watchman](#)

## [Part VIII: The Portrait Gallery](#)

[Chapter 1: A Pandemic Season](#)  
[Chapter 2: The Portrait Gallery](#)

[Dedication](#)

[Acknowledgments](#)

[Sources](#)

[By Tracy Kidder](#)

[About the Author](#)

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*Keep watch, dear Lord, with those who watch or work or weep this night,  
and give your angels charge over those who sleep.*

—Attributed to Saint Augustine

I Am

*I am sometimes upfront*

*I am sometimes off-centered*

*I am sometimes concealed by myself*

*I am sometimes not even friggin' there*

*I am strong as an oak and weak as an acorn*

*I am a child, love me*

*I am a boy, take my hand*

*I am a soldier, so please understand*

*I am peaceful and proud, humble yet arrogant*

*I am calm, yet violent*

*I am quiet, yet thunderous*

*So if we should meet for a moment on my life's journey*

*Smile at me, talk to me, or simply be still*

*And know that I am.*

—MICHAEL FRADA,

U.S. Army veteran and for many years a patient of the Street Team

## Author's Note

I have changed the names of many patients.

The following names are pseudonyms, listed under the headings of chapters in which they first appear:

**The Van:** Johnny, Charlie, Nick, Sandy, Jerry, Jane, Manny, Lou Anne, Allegra, Arnold, Caroline, Jacqueline, Jack

**Foot Soaking:** Mr. Carr

**Disaster Medicine:** Bill, Gary, Santo

**A New Face:** Tony Columbo

**The Street Team Meeting:** Bo, Mack, Joe Z

**Angels Without Wings:** Johnny Smith, Harrison, David

**No Loud Voices:** Art

**Death by Housing:** BJ

**A History of Tony:** Isaac

**The Social Director:** Sally, Timmy, Andy, Jackie, Jane

**Winter Comes:** Rocky, Angie

**The Beauty of Human Connection:** Harmony, Jake

**Sisyphus:** Ronnie, Rabbit, Leon

**The Gala:** Rebecca

**The Hug:** John Jones

**The Portrait Gallery:** Kay, Lena, James Smith, Jimmy Dagget, Jonah Daniel, Bob, Jack, Nat, Dawn, Phyllis, Matthew, Gretel



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# **The Van**

AROUND TEN ON A WARM September night, the outreach van stopped in the kind of South Boston neighborhood said to be “in transition.” On one side of the street was a new apartment building, its windows glowing, its sidewalk lit by artful imitations of old-fashioned streetlamps. On the other side, in murky light, stood an abandoned loading dock. A heap of blankets lay on the concrete platform. Someone passing by wouldn’t have known they were anything but discarded blankets. But when the driver of the van walked up the steps and spoke to them, saying he was doing a wellness check, a muffled voice came back from underneath: “Fuck you. Get the fuck outa here.”

The driver turned away and shrugged to Dr. Jim O’Connell, who was standing at the bottom of the steps. “Let me try,” the doctor said, and he climbed up to the platform and knelt by the gray mound. “Hey, Johnny. It’s Jim O’Connell. I haven’t seen you in a long time. I just want to make sure you’re all right.”

An earthquake in the blankets, then an eruption: Tangled hair and a bright red face and a loud voice, saying in a Boston accent, “Doctah Jim! How the fuck are ya!”

For the next half hour, Johnny reminisced—about the alcohol-fueled adventures of his past, about mutual old friends, mostly dead. The doctor listened, laughing now and then. He reminded Johnny that the Street Clinic was still open on Thursdays at Mass General. Johnny should come. That is, if he wanted to come.

Dr. Jim—James Joseph O’Connell—had been riding on the outreach van for three decades. During those years he had built, with many friends and colleagues, a large medical organization, which he called “the Program,” short for the Boston Health Care for the Homeless Program. It now had four hundred employees and looked after about eleven thousand

homeless people a year. Jim was its president, and also captain of the Street Team, a small piece of the Program, with eight members serving several hundred homeless people who shunned the city's many shelters and lived mainly outside or in makeshift quarters. About half of Jim's administrative work now lay in managing the Street Team, and all of his clinical work went to doctoring its patients, Boston's "rough sleepers," as Jim liked to call them, borrowing the British term from the nineteenth century.

The van was a crucial tool for reaching those patients. It was financed in part by the state and managed by the Pine Street Inn—Boston's largest homeless shelter. Nowadays two vans went out from the Inn each night. They had become an institution, which Jim had helped to foster in the late 1980s. Back then he used to ride three nights a week, usually until dawn. Now he went out only on Monday nights and got off around midnight.

When Jim had begun these tours on the van through Boston's nighttime streets, he had imagined the world of rough sleepers as a chaos. But it turned out that most of them had territories where they hung around and panhandled during the day—"stemming" was the street term, its etymology obscure. For sleeping, they had favorite doorways, park benches, alleys, understories of bridges, ATM parlors. Rough sleepers were like homebodies without homes. At the start of a ride, Jim and the driver and the driver's assistant would trade the names of people they were worried about, and they could usually find each of them within an hour or two. Jim was like a 1950s doctor making house calls, though the van rarely dispensed more than minor medicine. Rather, it was meant for bringing food and blankets and socks and underwear to rough sleepers, and, more urgently, for finding people in distress and bringing them in, if they would come—to hospital emergency rooms or the city's homeless shelters. The van was also a tool for keeping in touch with patients and their ailments and collecting the unpublished news of the streets.

Like all members of his Street Team, Jim carried a small knapsack, his doctor's bag, its contents refined and miniaturized over the years. It consisted mostly of basic first aid gear and diagnostic equipment—a blood pressure cuff that wrapped around the wrist, a little pulse oximeter, an ear thermometer, a simple blood glucose meter, a stethoscope. Among the

losses he regretted was the pint bottle of whiskey he once carried for the times when a patient was in alcohol withdrawal and on the verge of seizure. “You couldn’t do that now. It’s become a moral issue.”

He wore his cellphone in a holster on his hip, and he carried a small flashlight, thin enough to hold in his teeth if he needed both hands to examine a patient. A flashlight remained one of the Street Team’s essential tools for checking on rough sleepers. Some years back, one patient had asked how Dr. Jim would feel if *his* doctor came to *his* bedroom in the middle of the night and woke him up by shining a flashlight in his face. Jim took the issue to the Program’s board of directors, a group of about sixteen, which included experts in health and medicine and finance, and several formerly homeless people. The board convened a meeting of about thirty rough sleepers who issued this advice, long since become policy: The wellness checks should continue, but when they woke people up late at night, Jim and his Street Team should first shine their flashlights on their own faces so as not to startle the patients.

. . .

The van stops under streetlights on Bromfield Street not far from Boston Common. It’s like a small bus, with several rows of seats, mostly occupied by boxes of blankets, underwear, and socks. In the rear there’s a small canteen, with boxes of sandwiches and condiments, vats of hot chocolate, coffee, and soup. Jim gets out, opens the back doors, and looks around for customers. He has a ruddy face and silver hair that falls almost to his collar and over the tops of his ears. He wears light-colored corduroy pants, a collared shirt, and clogs. He’s six feet tall and trim and moves with an athlete’s self-assurance that makes a task look easy, and his voice is full of energy and cheer as he waits on the customers at the back of the van.

A thin Black man comes wandering into the light, out of an alley.

“You got soup?” he asks.

“Yes!” says Jim, grabbing a Styrofoam cup and filling it from one of the vats.

“You got crackers to go with it?”

“Sure!”

“Isn’t there a doctor who goes with you guys?”

“I’m a doctor,” says Jim. Then he introduces himself, offering his hand.

“I want to change my doctor,” says the man. “I hear good things about you.”

“We’d be happy to take care of you. We’d be thrilled.” The man should come to Street Clinic this Thursday, Jim says, adding that it’s held at “Mass General”—the gigantic Massachusetts General Hospital, not far away, near the banks of the Charles River.

The van makes many stops. It encounters a mixture of people. There seem to be about half as many women as men, and lone women are rare, almost certainly because the streets at night are especially dangerous for them. There are many Black faces, but far fewer than white ones, and this is surprising. Homelessness afflicts Black and Latino people disproportionately both in the United States and in Boston, and one might expect that the same would be true of the city’s rough sleepers. Jim has long worried that the van and other outreach efforts have consistently missed rough sleepers of color, and yet most of the van’s drivers and their helpers are themselves Black and Latino. Over the years they have often searched for their own in the nighttime city. Maybe, Jim thinks, the Black and Latino communities are more willing than Boston’s white world to harbor their homeless. In any case, once people have fallen to living on the streets, they have reached a certain horrible equality.

A young-looking white woman comes into the light on Washington Street, hopping on one foot and then the other, running her hands through matted, strawberry blond hair, all the while feverishly scratching her arms and neck and face. “That’s what people will do on K2,” Jim says softly, as the woman approaches. K2 is synthetic marijuana, which has notoriously unpredictable effects.

Her voice is loud and high: “Holy shit! I got lice! I was exposed to *lice* and I’m freaking out. I already got all the treatment and somebody stole it.”

“Where did you get the treatment?” Jim asks.

“I bought the shit at CVS, and somebody stole a hundred dollars’ worth of frigging lice removal shit, I got court tomorrow, my mother’s sick

in the hospital, dying, and I need to go see her but I'm not gonna go there and expose people. A lot of chicks have 'em and don't tell."

He moves closer to her, glancing at her collar as she speaks, looking for lice. ("Scabies get under your skin," he'll explain later. "Lice feed on your skin but live in your clothing. If she had lice, they'd have been on her collar.") He doesn't see any bugs there, but he never argues in cases like this, where the patient seems delusional. Instead he makes her an offer, phrasing it provisionally, in an evenhanded tone: "Do you want to go to one of the shelters where they can do the treatment? Or no?"

She says she has to see about something else first, but adds, "Thank you, sir."

"My name is Jim O'Connell. I'm a doctor, actually. So nice to meet you. Let us know if you want to come in." He smiles. "How 'bout some nice hot soup?"

"No."

"How 'bout some hot chocolate?"

"Yes! Hey, what kinda sandwiches do you guys have?"

His voice and attentions seem to have calmed her. She begins to tell him some of her life story. It includes an attempted rape, which has left her with a damaged shoulder. "Mind if I have a look?" She does not, and holding her shoulder with one hand, he gently moves her upper arm in several directions. It isn't dislocated or separated, he tells her, but if she wants a better evaluation, she should come to the Mass General Street Clinic this Thursday. He writes down the phone number of the van, in case she decides to go to the shelter tonight.

"The pull of the streets" is a phrase that Jim and his team have used to explain to themselves why many of their patients leave detoxes and hospitals before their course of treatment is finished—leave "AMA," Against Medical Advice. Jim says he still feels drawn to these rides partly because of the relative simplicity of the city's nighttime streets—"When everything else has gone away, and it's just you and the people there." The van moves on. Jim stares out the window, at the woman sitting on cardboard under a streetlight, drinking her hot chocolate, eating her sandwich. He adds, "There's something about the van that keeps you riding on it. It's never quite the same, it's always a little different."

. . .

I first met Jim in 2014. A friend, a Boston entrepreneur, had wanted to learn about homelessness in the city, and Boston Health Care for the Homeless had offered him a van ride with Jim. I tagged along. I was struck by the relationships between this Harvard-educated “Doctor Jim” and the people the van encountered on the nighttime streets. His patients, and prospective patients, were sleeping in doorways, arguing drunkenly with statues in parks. I had rarely spoken to such people—and congratulated myself when I had. For me, the night’s tour was a glimpse of a world hidden in plain sight. I was left with a memory of vivid faces and voices, and with a general impression of harsh survival, leavened by affection between a doctor and his patients. Afterward, I wondered if I’d misunderstood, or misremembered what I’d seen. Some months later, I contacted Jim and asked for another van ride.

Off and on for the next five years, I followed him with a notebook. Of all the various settings of his work, he seemed most comfortable on his weekly nighttime rounds, out in the city and on the move. The streets were a place, I came to think, where he could be just a doctor, where a stranger could watch him work and never guess that he was president of anything.

Julie Bogdanski, Jim’s assistant, says that whenever she rides with Jim in his car, he asks what route they should take. She doesn’t answer anymore—“He’s better than Google Maps”—and yet he still asks, out of courtesy, she thinks. He learned the city’s geography from riding the van. He never seems disoriented. But after dozens of rides I still find myself asking where we are from time to time. I don’t recognize places where I’d been walking only that morning. When I step out of the van, the buildings feel much taller, the light around some of them much brighter, and all the alleys very much darker, the rough sleepers emerging from them onto the empty, late-night streets as if onto a spotlight stage.

Near the Haymarket, a muscular young man in apparent good health sits at the door of an ATM parlor, his current bedroom, telling Jim how he lost his college career and fiancée to what he calls “OC”—Oxycontin, that is. He speaks about his descent to the streets without self-pity or regret but as just a matter of fact. Then for a time he expounds like a pharmacist on the history of opiates, the physiology of addiction. Jim listens, leaning

toward the young man. He shows Jim the knuckle of his right index finger. He abraded it last night. A friend, he explains, had overdosed on the potent, often deadly opiate fentanyl, and he had managed to revive him by performing a “sternum rub,” a standard procedure among EMTs. Jim studies the injured knuckle, flashlight in his teeth. The cut looks infected. The young man should go to Mass General tomorrow, where Katy, the Street Team’s nurse practitioner, will prescribe an antibiotic.

When the van moves on, Jim says, “That kid who’s addicted, take away a little twist of fate, and maybe he could be playing for the Patriots. A big kid, with lots of potential...” Jim often catches himself speculating in this way about people he encounters on the streets. Usually, he reminds himself that he doesn’t know the whole story and pulls the thought back before he utters it.

A tall, thin, handsome boy, perhaps Latino, catches up with Jim outside the 7-Eleven on Causeway Street, and in a reedy voice pleads to be sent back to the psychiatric ward from which he was just released. There’s panic in his voice: He’s afraid he’s going to kill himself! Jim calls the emergency department at Mass General. A tedious negotiation and finally the okay. The hospital isn’t far. The young man heads there on the run, disappearing into the dark beyond the streetlights, running from death, as Jim turns to another petitioner.

. . .

From night to night many things don’t change. There’s the visual irony of Newbury Street, with its art galleries, boutiques, and cafés, where at night the usual people sleep in cardboard boxes and under the gray government-surplus blankets that the van distributes. The sleepers are variously positioned—inside the Gothic doorway of the Church of the Covenant, and on the pavement beside the windows of the public radio station, and under the display windows of Brooks Brothers clothiers. The grate in the Brooks Brothers alley emits hot air and always draws tenants in the cold seasons. Three men from Guatemala and two from Mexico one night, and on another a longtime patient of Jim’s who looks and speaks like the headmistress of a boarding school.



There's an old man all alone in a park near Mass General, his elbows on his knees, unmoving, answering Jim's questions with shakes of his head. And a gray-haired woman in a cloth coat who says, "I kind of gave up on life for a while"—in a voice that suggests she hasn't yet finished giving up. And a longtime patient with a broken leg in a plastic cast who starts clomping across Newbury Street toward Jim, calling after the speeding car that has just narrowly missed him: "Go ahead and hit me! Like I really give a fuck!"

Jim recalls a night full of such moments, when every rough sleeper made him think of the phrase "the living dead" and of a rare psychiatric malady that actually defines the idea—Cotard's delusion, the belief that one is already dead, or doesn't exist, or is putrefying, or has lost one's blood and inner organs.

He says he remembers a time when he felt he knew everyone on the streets, and now he probably knows only half. But at each of the van's usual stops there's at least one of his patients waiting.

Partway down the block from a noisy crowd on the corner of Friend and Causeway Streets, a man stands alone in a darkened doorway. He has furrowed cheeks, as gray as boiled beef. His face looks inanimate. And then his eyes slowly widen, a smile blossoms. Jim is standing in front of him.

"Charlie!" says Jim.

"Doctor Jim," the man murmurs.

They talk briefly. In parting, Jim quickly slips a folded twenty-dollar bill into Charlie's pocket.

At some stops, several of his patients surround him. Waiting his turn, one of these, Nick, says to me: "This always happens. To get five minutes with him—it's impossible." And when Jim finally turns to him, Nick says with a touch of reproach in his voice, "You're like a celebrity."

Jim disregards this. "Nick! How are *you*?"

And Nick begins. "Lots of pain, Dr. Jim..."

Over near the corner of Mass Ave and Newbury Street, a thin woman with a weathered face comes flying out of the dark like an apparition. She rushes up behind Jim and throws her arms around him, almost knocking him over. "Sandy! How are *you*!" She is one of Jim's special favorites. "A

legendary *charactah*,” he says, with a trace of a southern Rhode Island accent. Sandy and her boyfriend lived for years deep in the tunnels under Copley Square. Now she’s about to move into an apartment. She announces this triumphantly. Housing is a big goal for the Street Team and most of its patients, and for some—only some—it has meant salvation.

“It has big bay windows, Jim.”

“Did you leave the tunnel?”

She laughs. “I’m going to school, Jim. I’m getting my GED.”

“Sandy, I’m really glad to see you.”

“You’re coming by when I get in my apartment. I’m going to serve you cheese and tomatoes. You have to write the number down.”

“I’ll write the number down. But *you* have to come see us at the clinic on Thursday. Promise? You call me when you get there.” He moves toward the open van door, then turns back. Like every rough sleeper, she has chronic medical problems. He’d like to see her again and give her a checkup. “Wow, Sandy! Congratulations. *So nice* to see you. You just made my night. Made my *day*. I’ll see you Thursday, all right?”

As the van heads toward the next stop, he tells me, “Sometimes I’m not sure people remember what we’ve done. Getting a big hug from Sandy just felt really nice. It felt like it was a hug stretching across years. There were nights I was nervous she was going to die, and we would never get through to her.”

Clearly he got through in her case, but not all encounters are so affirming. As the van rolls on through the mottled light and dark of the city, he speaks about the difficulty and danger of applying measurable standards to the treatment of rough sleepers. “There are some things you just do because it’s the right thing to do. And the outcome is out of my hands or in somebody else’s hands. I want to believe there’s value in that. You’re doing everything you can for the patient, but you’re not deluding yourself into thinking that what you do isn’t worth doing because the person is going to die anyway.”

. . .

Jim remembered a time in the early days of the Program, back in the mid-1980s, when he and his colleagues had practiced a version of disaster

medicine, a time when everyone they met on the streets was in desperate need of help. There were bodies on the pavement, elderly people with skin cancers that had gone untreated for decades, illnesses that American doctors knew only from textbooks—including wounds full of maggots and even a case of scurvy. Both wet and dry frostbite had been common, often followed by gangrene. “We used to see maggots and frostbite four times a day. Now it’s mostly diabetes and hypertension. I think it’s something to celebrate.”

He remembered a very cold night some years ago when a rough sleeper, in the throes of hypothermia, began dancing on a sidewalk, taking off his clothes. Boston weather still held dangers for rough sleepers, especially in the spring and fall, when cold nights often follow warm days—as in a recent case, when a longtime patient, another of his “characterahs,” drank too much in an alley on a warm March afternoon and woke the next morning with frostbitten toes.

On an evening in early January, a blizzard looming, Jim and a social worker headed out to find rough sleepers. But the van driver and his helper had neglected to bring a shovel, and Jim and the social worker hadn’t worn boots. They ended up trudging across a field, wading through knee-deep snow, to rescue a pair of homeless men living in a patch of marshy urban wilderness known as the Fens. The men’s makeshift tent had collapsed in the storm. Jim and his companion had to dig it out with their hands. Only one of the men inside was willing to leave.

They took him back through the snow to the van and eventually to South Station, one of the city’s two principal train and bus terminals. For some years it had served as a favorite informal wintertime shelter for many rough sleepers. Jim’s van rides, now confined to Monday nights, usually made their last and longest stop there—in the station’s waiting room. By then, the last trains would have departed and the drugstore and kiosks and the restaurants would be shuttered, and yet the place would be rush-hour crowded, the men and women at the tables next to Starbucks like stranded travelers, staking out sleeping spots for the night. One woman in her eighties never left; she bought a bus ticket every month, and because she was a ticketed passenger, the station security let her stay there in all seasons. She suffered from heart disease but would not agree to go to a

hospital. All efforts to persuade and even to force her had failed, and for several years the Street Team had treated her heart in the station, the bent-backed, elderly woman seated on one of the old wooden benches as one of the team knelt in front of her, dispensing out of a knapsack.

She was gone now, to a nursing home, and the old forbearing rules had changed. A private corporation now held the lease for South Station's concourse, and the mayor had been obliged to work out a deal with the owners. Homeless people would be allowed to stay there after midnight only on what were defined as cold nights—that is, only when the temperature fell below thirty-two degrees. This rule had come into effect by the time of the blizzard, when Jim helped to dig the men out of their tent in the Fens.

Four nights later, the weather abruptly changed. Rising temperatures were predicted. People from the Department of Mental Health and social workers from various shelters gathered at South Station so they could offer the rough sleepers rides to the city's shelters in case the outside temperature climbed above freezing. Jim got to the station much earlier than usual, around nine. He counted 127 homeless people in the cavernous waiting room. Evidently, they'd been drawn there by a false rumor of free food, maybe even cots. But nothing was provided, except some blankets. Moreover, the station's security guards had herded all 127 into a barren section of the concourse.

When Jim arrived, a light freezing rain was falling outside. It was windy. But as predicted, the temperature was rising—"soaring to 34 degrees," Jim wrote mordantly in the notes he made that night. And once it had risen, at ten o'clock, a squad of Transit Police came in and started escorting all the homeless people out, a cop on each arm of the difficult ones.

A representative from the mayor's office was on hand, and he protested the eviction. The officer in charge rebuffed him: The cop didn't have time to argue, he had his orders, he had to get everyone out before midnight.

Some rough sleepers protested loudly. "I'm not leavin'! You don't have any right to kick me outa here!"

"Yes, we do, sir. You're coming with us."