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Mesilla Valley Community of Hope

2018

Hope Stories

Interview 3

Saint Luke's Health Clinic with James B. Sassak

Interviewed by David Lee del Norte

29 March 2018

La Paz Room at Jardin de Los Niños

Sponsored by Doña Ana County Historical Society

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Recording Information

Hope Stories 003 — 1h 42m duration. Recorded 29 March 2018 at
Jardin de Los Niños La Paz Room on the Hope Campus.

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With guidance from public historian Dr. Jon Hunner, and support from Dr. Elizabeth Horodowich and Dr. Peter Kopp, in early 2018 Doña Ana County Historical Society awarded the Hope Stories project generous transcription funding through the Mary and J. Paul Taylor NMSU Student Scholarship.

Archivist and oral historian at New Mexico Farm and Ranch Heritage Museum, Donna Wojcik transcribed eight interviews of the project, provided invaluable knowledge about transcription craft, and kindly orchestrated narrator appreciation artwork from Ray Ortiz. Donna's interpretive insight and professional workflow support is unmatched.

Kara Andrea Lory's *The Cultural Geography of the Homeless in Las Cruces, New Mexico* remains must-read research. Available at NMSU Library Archives and Special Collections, Lory's 2003 thesis is an excellent historical source on the consolidated services model at Mesilla Valley Community of Hope, an important first step to learning more about Doña Ana County poverty and Las Cruces homelessness.

I am especially thankful to each of the sixteen Hope Stories narrators whose invaluable time, insight, and personal engagement with the homeless community cannot be highlighted enough. Seen together collectively with project oral history transcription and audio recordings, it is my wish as researcher that New Mexico citizens recognize each narrator's contribution alongside the many unnamed individuals who work to end homelessness and hunger in Las Cruces.

Project History

The Mesilla Valley Community of Hope (MVCH) is a homeless services corridor in Las Cruces, New Mexico. In the 1970s, Saint Andrew's Episcopal Church began Soup Kitchen service which later became El Caldito. As need for food and healthcare clinical service increased throughout the 1980s, the Las Cruces community supported Saint Andrew's congregation members with the opening of Saint Luke's Health Clinic. With a long history of compassionate services for visitors, the City of Las Cruces recognized the importance of limiting distance and travel-time between public health and human service organizations located throughout different parts of the city.

Incorporated as a non-profit in 1991, additional support continued to form what became known as a collaborative alliance with operations at 999 Amador Avenue nearby to downtown Las Cruces. In 2011, following a particularly harsh Las Cruces "Deep Freeze" winter that caused health concerns for the housed, and deaths for the homeless due to exposure, Mesilla Valley Community of Hope staff banded together with clients to appeal to the City of Las Cruces for sanctioned overnight camping status to found the Camp Hope transitional living program.

In 2018, the Hope Stories project collected fifteen oral history interviews to learn about the development of the consolidated services model at Mesilla Valley Community of Hope. The term "Corridor of Care" refers to a perspective in the healthcare industry known as the consolidated services model that helps people access health and human service related programs in centrally located "Hub" or "Node" areas.

This public history graduate project asked participating narrators questions about how the Las Cruces community first began to advance, reinforce, and collaborate through the actions necessary to become the Hope Campus at Mesilla Valley Community of Hope. Rather than conduct interviews with those who experienced homelessness, the project features staff and volunteer narrators who shared community engagement stories about the consolidated services corridor concept.

Two additional perspectives from outside the Hope Campus, the fourth interview with Glenn Trowbridge took place at CARE Complex in Las Vegas, Nevada, an out-of-state counter-balance to the history of homeless consolidated services in the United States; and the fifteenth interview with Kit Elliot and Meg Long occurred at Aggie Cupboard on NMSU campus, a satellite food pantry inspired by Casa de Peregrinos.

Today's work to help the homeless in Las Cruces is the result of a compassionate, multi-organizational approach by non-profit service providers. In 2018, these five core non-profit homeless services include Mesilla Valley Community of Hope; Casa de Peregrinos food pantry; El Caldito soup kitchen; Jardin de Los Niños educational program; and Amador Health Center (formally Saint Luke's Health Clinic).

With Hope Campus the geographic center of non-profit homeless service providers in Las Cruces, it is important to note resources offered by City of Las Cruces, State of New Mexico Health and Human Services, and many other local organizations not located at 999 Amador Avenue. For a comprehensive listing of community service organizations, including for those experiencing homelessness, use online search term "Las Cruces Community Resource Guide," or ask for an updated copy.

Narrator Summary

James Sassak was born in Pontiac, Michigan, moved to Las Cruces in 1986, and later attended college in Orlando, Florida. Sassak returned to Las Cruces after a 2011 winter storm known as the “Deep Freeze” threatened health conditions for both housed and unhoused people of the region.

With organizational support to help establish Camp Hope on Mesilla Valley Community of Hope Campus, and recover from personal experiences of homelessness, Sassak eventually became a Peer Support Specialist with Saint Luke’s Health Clinic. Peer Support Specialists work to strengthen relationships of trust by connecting Hope Campus clients to relevant resources, programs, and caseworkers.

An advocate for military veterans, Sassak and others proposed that mobile, rent-to-own “Tiny Homes” be built to increase shelter options for homeless veterans. To promote awareness, the Las Cruces Veteran’s Theater Foundation produced stage plays about Post Traumatic Stress Disorder (PTSD), drug and alcohol abuse recovery programs, and the destigmatization of being identified as “Homeless.” With Sassak’s help, the Veteran’s Theater addressed the problem of illegal “Spice,” a deadly synthetic marijuana substance sometimes made available to minors through distribution by underground smoke shops.

In addition to Jail Diversion or “Homeless Court” programs on the Hope Campus, Sassak advocates for the Hope campus consolidated services model to increase coordinated communications between the criminal justice system and City of Las Cruces resources, hospitals, and non-profit organizations working in unison to provide help.

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Interview 3 of Hope Stories — March 29th, 2018

David Lee del Norte: This is the Mesilla Valley Community of Hope Stories, a New Mexico State University Public History Project. It's on behalf of Doña Ana County Historical Society. Today's narrator is James Sassak. The interviewer is David Lee. The file name is 18HOPE_0201.wav, and the recording is held at the Jardin de Los Niños La Paz room, also known as the Zen room, on the Hope campus, the 29th of March, 2018. James, can you tell me your full name?

James Sassak: My full name is James Bryan Sassak.

del Norte: And the location you consider your home town?

Sassak: I have been in Las Cruces, New Mexico since 1986, so I consider Las Cruces my home right at the moment.

del Norte: And your current role at the Mesilla Valley Community of Hope?

Sassak: I am a Certified Peer Support Worker for St. Luke's Health Care Clinic [Amador Health Center], and I've been doing that for two and a half years.

del Norte: Great. James, are you from a small or a large family?

Sassak: I'm from a large family. Seven children.

del Norte: Brothers and sisters?

Sassak: Three— two brothers and four sisters, and that was in the Detroit area, and I was born in Pontiac, Michigan.

del Norte: Do you travel back to Pontiac at all?

Sassak: Yes, I go back and forth. I think the last time I was there was 2012.

del Norte: Very cool. Can you share a story about growing up in Pontiac, or your time here in Las Cruces? Just a story.

Sassak: My story— My family's very unique. My father was a Ford executive in the 1950s and 1960s. He became the youngest Vice-President at that time, when Ford's— Only the family members could be President. So, he achieved a lot, and that was at the Indianapolis plant in the 1950s and 1960s.

Sassak: And he was a World War II veteran, a bomber pilot awarded two Silver Stars, and he was a mechanical engineer, and he was in with the first group that came back from the war, and they helped found Wayne State College which was for returning veterans, and Henry Ford created that school for those men returning. And he was a great pilot. He was one of the most well-known pilots around. He flew helicopters, small aircraft, and big aircraft.

del Norte: Excellent! Did you ever attend Wayne State, or were you involved in that growing up?

Sassak: We left. My family split up around 1968, but I would go back there every summer and work in his industries. He had many different industries. Tool and die usually. So, I grew up, well, around the presses, and around factories.

del Norte: Where did you go to school?

Sassak: At college?

del Norte: College or before.

Sassak: Well, we moved to Las Vegas, Nevada in 1968, and I started attending the local school there, and then graduated from Clark High School in 1978. And I didn't—I went right to work after that. I didn't attend college until my fifties or so.

del Norte: What was your first job?

Sassak: The first job was usually— It was around the Las Vegas area which was a service oriented thing, and it was the first job I had, officially, was at the Peppermill Restaurant which was like an elite Peppermill, a coffee house, and I worked there at fifteen to sixteen, and that was my first real job.

del Norte: What career did you imagine for yourself during those early years?

Sassak: I thought I was going to be a pro-athlete.

del Norte: (Chuckles)

Sassak: Yes.

del Norte: So, football, basketball?

Sassak: It was football. Tennis. I was very good in tennis. I was trained actually by a famous Hall of Famer, Pancho Gonzales, at Caesar's Palace, and my sister worked there. So, I got in with the tennis community at that time in Las Vegas, Nevada, and then I also played soccer three years at Clark High School, and actually we were very successful nation-wide.

Sassak: We were like— Won three straight championships, state championships, and was rated number five in the country at one time in 1977.

del Norte: Amazing.

Sassak: So, I was into the sports. So, that's what I really— My career ambitions was, and I did achieve one ambition where I was on the pro-tennis tour for about two or three years, and it was late— It was when I was in my thirties, so it was a little late, but at least I experienced it.

del Norte: Absolutely. Pro-tennis tours. Quite an achievement.

Sassak: Yes.

del Norte: Do you still play tennis?

Sassak: Off and on. I haven't played in years, but I'm sure I could pick it right back up real quick.

del Norte: James, can you share highlights about your personal biography as an adult? Maybe some of the continuing education.

Sassak: Yeah. Yes, I had a very interesting time here in Las Cruces because it was tough to get employment, and I had very little qualifications for certain jobs around this area, so at one point I decided to go back to school, or I was looking to go back in the mining industry which I worked in my early twenties for exploratory drilling operations, and I called them up to— Looking for work again, and they told me, “James, why don’t you go back to school, and instead of being assistants to the geologist, why don’t you become a geologist.”

So, I went back to Orlando where my sister was living, and then they had a very good two-year college which was called Valencia College. It’s one of the biggest colleges in Florida, and at that time it was the number one two-year school in the United States, so it was like the Harvard of two-year colleges. Now it is a four-year college, but at that time it was a prestigious, not community... but two-year college, associates college. And they didn’t have a geologist program, so I went into engineering, which my family was into, so at fifty I went into the engineering program, and I went straight through that for about two and a half years, which was summer, fall, and the spring semesters.

So, I went to school for about two and a half years straight through, and had three associates [degrees] in mechanical survey, and then architectural, and then I was certified in all the computer drafting programs. So, I had a pretty good résumé for that, and the ironic thing is I’ve never used it yet because since I’ve got back here in 2011, I’ve always been active, into different jobs, and then, of course, helping found Camp Hope in 2011, and that’s some of my greatest achievements. (Chuckles)

del Norte: Oh. Let's go ahead and talk about the founding of Camp Hope. Can you talk about the early days?

Sassak: The early days? We were just— At that time I was attending school for MIA Animation here in New Mexico State, Doña Ana Community Branch. I knew I was going to be evicted from [the] apartment that I was in, sharing with a young woman who had some drug issues, and I really couldn't be around that. So, I'd heard because I'd come over to the Community of Hope. I'd been around here for at least since the early 1990s, knowing the people, and I had property at one point down on Mesquite Street, and I just heard the rumors of, that this, this tent city or camp was gonna start, and I go, "Well, maybe I can participate, and help form it."

And I started attending the meetings. At that time it was Wednesdays, the Great Conversations over here, and met Randy [Harris] and them, and then put an application, and actually they were taking applications to get into the tent city, so I had to wait a time, but I started attending the meetings, and learning about the activists, and what exactly we were thinking of creating. It was experimental at the time.

So, I just listened for a while, and then started putting my input into it, and then, knowing the homeless community around Las Cruces at that time, there was very little resources. It was either the Mission [Gospel Rescue Mission] for the day, for family shelters and men and women, actually to be sheltered at night, I mean, that was the only one that was available. And there were some issues about that with people not following the rules over there, so they were pushed back on the street.

Sassak: And I knew a lot of them, and we thought that the tent city would be a safe environment at the time in 2011, this was around September 2011 when I started attending the meetings. There was an issue of the winter before was the deep freeze in Las Cruces where a number of homeless and home—housed people died of exposure.

del Norte: Even some people who were living in their homes?

Sassak: Yes. Yes.

del Norte: I didn't know that.

Sassak: Yes. Because they had the rolling blackouts, and there were certain issues where it was sub-zero weather for three or four days. And I think some did succeed— or did die from exposure, and three or four of the homeless community did. So, we decided that we needed a safe spot. So, at that time we talked to the City Council, and the City [of Las Cruces], and I think Pamela Angell was the [Mesilla Valley Community of Hope] Director at that time, and she was, I think, attending college classes too, and doing a little documentary on it.

We didn't know where it was gonna go, so we sat down with the City, and basically said that we need a safe spot for— to gather the homeless community instead of being out, all scattered throughout the community. Let's focus on a certain place, and then we could look out after them, and then, you know, basically control the situation of how to handle their needs, and it became very successful.

Sassak: So, the City had a ninety day grace period for us, which was a Winter Emergency Act, and it ran from, I believe, November to April, and then, at the end of April, they had another extension to see how it was going. And it was very successful because we could handle the emergencies better, instead of having people around the city have emergencies [First responder police or fire department] called on them, and then not have the right explanation of how to help them when they were going through their emergencies. So, that became more efficient.

Then we start patrolling this whole community or campus at night which I was part of as the security team. We call it the Safety Team. There were two individuals, Dother Sykes and myself, and then there was a person named Brett who was an ex-fire fighter. He resigned, and then I took over for him and started doing the night shift which was twelve hours a night, and since my knowledge of the community— It was— They would listen to me, and I had some crisis skills.

At that time I could deal with people and certain crisis, and knew how to respond, so it became a safer place here. This was, at one point, before the camp was created, this was one of the most dangerous spots in Las Cruces at night because of the transients and different people coming into town, and then there was drugs, alcohol, and other people, what they were using— Substances.

del Norte: Do you think that because of the deep freeze experience for the community that that's one of the reasons there's been such an outpouring of support after that experience?

Sassak: I think it was a major issue because they start— They start feeling (Chuckles) the situation on the street. When you don't have power in the house, you start— You get that experience of how to live and survive on the streets. You know. It's a hard wake-up call, and I think the community did have a wake-up call in that, and say, "My God. There are people on the street out here in this freezing weather," which we never really identified with at that time. And this was a— Actually, I was still in Orlando at that time when the deep freeze hit, and I was reading about it in the papers, and I'm going, "Oh my God. This is— This could be a major problem for the city."

And I think that did help them transition, or just give us a chance, and I think that's all we needed was a chance. However, the situation of the camp was always tenuous because if there was any violence or a major incident that they— The City Council would reject it or close it down.

del Norte: So, there was that potential threat of funding, and the legal status being cut off?

Sassak: Well, we weren't even legal at that time.

del Norte: In process.

Sassak: (Simultaneously) In process, and then the funding was all community donations. We didn't get any government or federal money.

Sassak: So, it all came from the community. So, we had to do outreach to the community, and show them that this was not just another drug haven and a flop house in the middle of the community. So, we had to present our ideal of the camp, and what our goals were in a clear way, and bring them on board. And it was— Everybody was on board for it.

City Council was a little hesitant, of course, because they didn't know how— This was city property, so they were allowing all those settlers to live on the city property. So, we had to follow a number of restrictions of how to handle it, which is mostly emergency response, police response, and then a drug-free area in the camp itself. So, we didn't restrict people from doing substances or alcohol, but they had to leave the property to do it. That, that's was our decision—

del Norte: Sure.

Sassak: —to give a little freedom to whoever wants to do it, you know, because they're— Some have some major addictions, so you can't just go cold turkey on alcohol or drugs, so—

del Norte: Well, with leaving the property in mind, can you discuss some of the differences between sanctioned, as Community of Hope is becoming, and has become in many ways, and unsanctioned tent cities?

Sassak: What that is, it's more, I believe, it's more of a permanency where you don't have that hanging over your head because at—

Sassak: In the early days, I was even talking to different people that were in the camp, and they were saying, “James, this is gonna be— The bulldozers are coming out here any day.” And I said, “Well. We’re gonna have to deal with it, and maybe petition or even do some protest to make our point.” That never happened. Thank God. So, we actually worked with the City Council, and different members, and churches, and different organizations that believed in it, and would come and interview us. I think Manuel Silva was a big sponsor of us at the time, who was a City Councilman. Olga [Pedroza], who just died I believe, was a big supporter, and it was just— I thought they opened up a little more, and understood that the people that are homeless here had a lot of different experiences.

Like, I just became head of some engineering degrees, and I was never homeless for years. My situation was a lot like, I would say, maybe twenty percent of the population at the time. That was— What happened to me was the economic housing crisis. I owned property, and then all the different mortgages companies were selling my mortgages off to other people, and it ended up that I was foreclosed on in 2009, and Deutsche Bank took it over from me, and I lost, at that point seventy-four thousand dollars of equity and savings in one shot, and that’s how I became homeless, was through the economic crisis of 2008 and 2009.

del Norte: Did you feel that a lot of people were experiencing what you were? You said twenty percent. So, there was that issue, specifically, with that down turn?

Sassak: They were— I think this is where the homeless identity started because in the past it was just, you know, the winos or hobos or train riders that people had the— this theory, typical look at. When the economics hit, then the families start being displaced and foreclosed on, and then evicted. So, that was, I think, the new wave of understanding, and I think it's still in effect. It's still in effect, I think.

del Norte: I hear about it often in the news. And now it's ten years past.

Sassak: And it's still the bubble. They kind of cover it up a little bit, and stabilized it, but the underlying issues are still there, and that is income, and jobs, and banking loans, and different things like that where the mortgage companies were targeting people who had savings, which I was one, and the elderly at that time had some savings, too. And that's what I think that whole debacle started as was to get the savings into the economy, and then they were misused, and then, inappropriate, the loans were fraudulent loans that they were pursuing, and then high interest rates because of no credit.

So, the people who had cash, and wanted to invest, and everybody was saying that this was going to go on forever, so I was suckered into it. I really didn't want to be a property owner. I wanted to just buy my own little piece, and get a stable life again, and have a future with my own personal property, and then I fell into this real estate type thing and it— Over-evaluation and appraisals, and then I just thought I could just block it like a Monopoly game, where I'd leverage my properties, and keep doing that, and then right within a year the whole thing collapsed.

Sassak: So, I would look in the mirror all the time, and say, “James. You’re not the only one that’s going through this.”

We’re seeing it all over the United States, and it was a devastating thing, and I think that’s where the homeless, the new homeless, started because at one point it was, I think, it was a third [of] veterans at the time, which we’ve helped that, numbers go down, and then it was chronically mentally ill and substance abuse users. We call them “Power users,” but behavioral co-occurring conditions. And then people just with economic difficulties that have to be on the streets for a while, and try to regroup. So, I think that brought us together to where it wasn’t just one stereotype.

So, it was more of a— We became a community, and looking out for each other, and to present what the problems are, and I think that’s what we were looking at was to focus on the real problems, and then present them to the general population or the people in authority, and I think it worked. I think it worked and it’s, right now, it’s an ongoing process, and I think it’s gonna be needed, and I think we are the only— Like there’s two or three legal camps in the United States. Like your original question was how do you think that relates to the non-

del Norte: The unsanctioned camps.

Sassak: –the unsanctioned camps.

Sassak: I think it affects them a lot because they don't have a stake in it. They don't have — They're thinking they're just gonna be pushed off like they did in— Actually in Anaheim [California] just recently I think it was like twenty thousand people that were just swept off the streets, put in a hotel for thirty days, and now they're gonna have to deal with where to move them to. I believe the city presented a seventy million dollar fund to maybe build a big tent, or Camp Hope there, but I would think they would need a more stable housing situation like a tiny home community or something like that, but it—

del Norte: Some sort of small infrastructure.

Sassak: [At Camp Hope] what we liked was that we controlled it. We want to be self-governing with the Community of Hope as the administrators, but we would come up with the rules. We would come up with the security. We would come up with our own disciplinary type things, and join together, and then make a stable situation. Then when we had it, a stable situation. It became clear that this is beneficial to the Community of Hope because now the people that would leave, that would migrate in and out of town, and would stay here three months, and then leave, and then come back another six months, they would never get their cases filed or put through the system.

So, for SOAR [SSI/SSDI Outreach, Access, Recovery], disability, housing, medical, all that stuff was piece-mealed out. So, it took a long time to proceed with these individuals that were always transient or moving.

Sassak: So, when the camp was established they became stable so the case workers could work on their case right there. They had them right outside, a few feet away, to bring them in and work on the cases. Then the people start getting their disability and their housing, and then education, even going back to school, or connecting with your families or getting employment. So, that became the population that we could actually focus on, and do our job with, and move them through the system, move them through the transition, and that's what Camp Hope became was a transitional housing transition. So, it was very effective, I think, and I think it still is.

del Norte: I agree. Can you talk about SOAR and, of course, define what SOAR is, the acronym is.

Sassak: SOAR is SSI which is a small government fund that is for disabilities. Behavioral health or physical disabilities, and usually that happens when the person is younger or has had no work history. SSDI is the disability act where you had a work history, so you actually were productive, and had a work history, and then your disability has affected your livelihood and income, and that was, I think, that's a little more of— it's like another three hundred dollars or more.

But every state varies on their funds, but it's important because if they don't have any income they'll be out on the street so they they won't be able to fit into a housing program or Section Eight, which is like the federal housing program, which they need some sort of income eventually, and it's usually one-third of their income is put into their rent or living conditions.

Sassak: So, it's very important to work on people with the disabilities, so that they have a stability of income.

del Norte: Do you see a lot of these similar stories with veterans? I know that you're part of what's called "The Veteran's Theater" that is making space for veteran stories.

Sassak: Yes.

del Norte: Can you talk about that?

Sassak: That was a very big issue with us at the beginning because a third or more were veterans, and it was— We use it as kind of a stick to the general public because, saying listen, and then right after this the war was basically in its second stage, and new veterans were coming back, combat veterans I'm saying, and they were having some disability, you know, like PTSD was first officially diagnosed as a disability. Before it was just called "Shell-shocked" or "Combat fatigue," so that was our focus was to say, "Listen, they were in the system. They served the United States of America. They are— Some new young people are doing it now. We have to focus on them, and solve this issue."

So, we focused on the ones that wanted housing, wanted to get their disabilities, and it started rolling. The Camp helped out because they were stable finally. They weren't wandering around the country anymore, so we had a stable place for them to work on their disabilities, and their ways to survive.

del Norte: So, part of that plan is the Veteran's Eco-villages, the Tiny Homes vision?

Sassak: Yes. Yes.

del Norte: Can you maybe talk about the successes, and maybe some of the challenges, of trying to attain the Tiny Homes?

Sassak: I think it sounds— It's just like the Camp, which had to be zoned. Re-zoned for living conditions or residential, temporary residential areas. I think the Tiny Home communities are similar because you have to have it up to code. You don't want it put together by, you know, chicken wire and pallets, and all that. You want an engineer, and that's what we had. We had some engineers from the college, and other people that have these pre-fab tiny homes which were around for a while, but it became more of a public novelty to see these tiny homes, and they were low cost.

Like sixteen thousand dollars at the most, and they were all— We wanted to do all green, and we call it, in engineering, LEED rating [Leadership in Energy and Environmental Design] which is either gold, platinum, or silver, which is economical, and self-sufficient like solar power. Gray water filter system. So, we would be all off the grid.

Sassak: So, actually, we could move, actually, we wanted to be able to have these mobile tiny homes so they could move around to different communities around the United States if they wanted to move, or go travel or something do like that, so it wasn't a permanent place that they actually could just get up and move into another group place where it's a safe environment. We wanted behavioral health people there. We wanted combat veteran's counseling there. We wanted all these different services in house. A lot like the Community of Hope, but a housing situation where it's right on site, and then even trade. So, it, it—

del Norte: Trade?

Sassak: Yeah, to build new. To build the new homes. So, we would be building the new homes right on site thr-, with—

del Norte: So, it sounds a lot like a vision more than I had understood.

Sassak: Yes.

del Norte: So that, homeless veterans, as well as homeless in general—

Sassak: Yes.

del Norte: —could participate in this program, potentially move around the country—

Sassak: (Simultaneously) Country.

del Norte: —or the state, and then go to the services that they felt were beneficial to them.

Sassak: And pitch in, and, like the Camp does, you have to do volunteer hours and community service, basically. The thing I liked about this was it was rent to own. So, they were paying very little rent, but they were actually buying their home at that time, which it would be— You could see instead of thirty years down the road for a thirty year mortgage or something that you're finally going to own your own home. Be a homeowner. You'd actually do that in about half the time, and then you would have your home that you could move anywhere in these different communities.

del Norte: It's so much more than I had understood, as I said. Can we talk a little bit about Veteran's Affairs here in Las Cruces, and how projects like the Tiny Homes movement, Camp Hope, have made connections? I know that there's a new facility that's being built here in Las Cruces, and I know there's lots of political news about Veteran's Affairs right now.

Sassak: Yes.

del Norte: Can you talk about how the outside community affects Camp Hope veterans?

Sassak: Well, right now I think the veterans are getting more light on them, and more positive light because they're seeing that, you know, we've been at war for fifteen years or more, they're seeing, the families are seeing their young brothers and sisters come back and have some difficulties, to reintegrate into the society, which all wars or veteran combat situations have had.

This is just more explosive because of the media, and because there is some problems in the Veteran's Administration. I mean the whole thing, the waiting list, I think when we first started Veteran's Theater the main issue was where California had two-hundred-and-fifty thousand veterans die waiting for their VA doctor's appointments. That became a scandal.

So that, we presented that in a light way, in an improvisal [Sic] way, and more of a comedic way, but we still had the underlying serious issue. So, we presented that to the public in an improv-, improvisational type of play which we've used in other things.

So, we— That's how we kind of got started on these social activist issues with the veterans and the homeless communities. We united those two because there were so many homeless veterans at that time. So, that became the issue. The Veteran's Administration, I think they've just said there's two-hundred-and-fifty thousand employees of it. That's a big operation, and I think it should be more focused on prevention. Prevention of these disabilities, and understanding.

Sassak: When you're released from the military after being in combat you should have a— In the old days you had a decompression area where you— At least two weeks or three weeks. Now, they just come home, and they're right back in the family situation, or different community things, where they never had any decompression. We wanted the Camp to be that decompression zone.

del Norte: Yeah.

Sassak: We wanted that Tiny Home community, and that facility. We wanted a mountain type— And then we were gonna do horse therapy, and all these different types of therapy that were through the combat vets that— Most combat vets wanna talk to combat vets, so that was the plan was to bring them in there, have them decompress, have them get their services, have them get their disabilities, get all this work done, and then move them to where they wanna be after they get decompressed and focused on what is happening with their lives, and their families lives.

del Norte: I think there's been a lot of news about Camp Hope successes already in this area. Before we move on from the topic of veterans, can you talk about some of the successes of getting to the, it's not zero tolerance— It's the zero—

Sassak: It's Functional—

del Norte: Yeah.

Sassak: “Functional Zero” of homelessness for the veterans.

del Norte: Thank you. Can you talk about how that distinction has brought more?

Sassak: I don't know if it has— If that's been truly publicized throughout the nation more than it is. I think there's a few cities that have that Functional Zero, and what Functional Zero means to me, and what I think it means, is any veteran that wants to get housed will be housed. So, it's their decision. We can't force somebody to be in housing. That's what I've learned over my years, seven years of dealing with the homeless community, and veterans affair type of things. You can't force them.

You have to just wait, talk, understand their situation, and then let them tell you what their needs, and what their ambitions and goals are. I mean that is, to listen to somebody instead of just you come down, do a number, okay, you have another question, “Boom,” run you through like a cookie cutter, and then never solve anything.

It's just sustaining the revolving door, and that's a lot with the mental health issues right now. There's very little treatment, and this cross-ends the society from the people that are successful in society, and that have economic difficulties, and the veterans who have behavioral health and substance abuse issues, and training issues. They were trained in a certain way. Now you have to be re-trained.

Sassak: That's what I think the whole workforce is going through right now, because I'm from Detroit. We created the middle class. Ford [Automobiles], and because [Henry] Ford wanted the workers to be able to buy the product they're making, so that created the middle class, so by giving them a living wage. That is what we needed. Training. We have to re-train people.

People aren't dumb. You know. People, you know, they've worked. If they've worked on the assembly line for years, and done these certain jobs for years, they're responsible, they're capable, and they're educatable. They can be educated. They can be re-trained. And that is what I think the veterans, and the general services need to focus on.

del Norte: You know, you reminded me. Just this morning I learned that there's a housing apartment complex for veterans through Las Cruces Public Housing.

Sassak: Yep.

del Norte: Is that unique to Las Cruces?

Sassak: I think it is. I think it was started—I think around 2011 or—I'm not sure, but they took over. It's called Oak Street, I think, and it's an apartment complex that is run through that, which is mostly veterans. And then I think they have counseling there too, and services right on site there, too.

Sassak: So, that's an efficient thing. That's when we start solving and getting this Functional Zero to moving the veterans quickly into this stable situation to then work on their services and needs. So, I think it is— It is the blueprint to how to do it, and so is the Community of Hope, and this whole community.

I call it the “Campus” of the Community of Hope. [It] is onsite. You can move from one agency to another, get your work done, and then not have to travel a lot across, you know, in certain big cities you have to go back and forth, so it cuts the time to work on your issues quicker instead, and then you don't get discouraged. And that's the big issue right now is people have been out here so long, or have experienced homelessness for so long, they don't understand how the system or time works.

I mean, time is a relevant issue when you're on the streets. Every day, every second is, you know, is hazardous. It's lonely a lot of times. You're scrapping to get your next meal, or clothes, or stay warm. So, that's the mindset that we have to break down to where we have to make them understand that this will take a time.

We have to give them appropriate, honest recommendations so that they understand that this will take a little time, and that, but “We will get it done if you participate and follow through on certain things that you need to do.” And a lot of people want to just stay off your radar.

That's fine. “If you wanna go out in the woods, and do that and live, but we're always here, too. When you're ready.”

Sassak: And that's the most important thing that I've experienced when I helped start the Camp was there were chronic people, old timers that were out for thirty years out here, never even thought about getting back into a house. Never even thought about getting mental health issues solved, medications or disabilities. Then they would come to me, and see other people go through the system rather quickly at this, because there were so few that were asking for it at that time in veterans type things.

When they start seeing that, they go "Hey, listen, maybe I can do it." Then the trust issue comes up, and they're saying, "James. Wow. I'm seeing Joe over here get it. Can I get that?"

del Norte: The results are contagious.

Sassak: It is very contagious, and then they understand. "Wow. You know what? I don't have to be angry all the time. I can work on stuff, and maybe I can move on to something that I really wanna do." And I think that's the key. That's the key to everything. And then the homeless people too. You get numb. You get numb when you're homeless. It's like nobody wants you. People don't even look at you in a real way.

del Norte: Well, you know, that's a good segue way to a question I have. Can you talk about the challenges of maintaining health when you're experiencing homelessness? And you mentioned quite a few things.

Sassak: Right, uh huh.

del Norte: But, I do want to bring up the— Well. The Las Cruces Police Department, in January 2014 through December 2015, logged forty-four incidents involving harmful vapor use, and fifty-seven percent which involved what’s known as “Spice” or “K2.” Can you talk about some of the drug abuse issues or even those that aren’t on any type of substances?

Sassak: Yeah.

del Norte: How did they have access to health care, or not have access to health care, over the years?

Sassak: Well, the “Spice” issue was one of my major issues when I was running the Camp because it was so available, so cheap, and then the effects were so devastating. So, I had to focus on that because two of my friends were dying on it, died on it, that were out here, and they weren’t even thinking they were smoking a toxic substance. They thought they were smoking marijuana. So, that became an issue with me. Then I had to deal with all the emergency respondents and ODs [overdoses] of this all the time. It took a lot of time and effort to just go out there and see people laying out here like zombies. So, this has been around for, or in this community, I said, around the same time the Camp started, which is unusual.

And it’s usually these smoke shops. And we became very proactive in exposing this. And I wrote a few different plays about it, and exposed it to the general population, which people didn’t even know, and the City Council.

Sassak: I made a little short film about that too, which the City Council was amazed at how much this is costing. I presented it to the City Council, the cost to the emergency services, and to the police department. On time, [and] of just handling these “Spice” incidents.

And “Spice” is— We call— I don’t like the word “Spice.” I call it a toxin, and it’s basically a chemical that is all, that— Different changes in molecules, and what it actually does, which is why it’s so desirable, is it mimics every different kind of addiction you have in your brain. So, if you have a meth addiction, a heroin addiction, an alcohol addiction, this will curb the cravings for that for that drug. So, it becomes an easy, cheap way to basically (Chuckles) get that addiction, or that need from that drug, an expensive drug, out of, to last, to survive one day.

del Norte: As I understand, in many cases it’s much more deadly than heroin, or the hard drugs that they’re trying to substitute.

Sassak: It is extremely dangerous. I think I said in a Bulletin [newspaper] or a news article when this was first hitting, when we had so many at one time, I think it was fifty in one weekend. Where fifty ODs happened in one weekend, and then I had over here at least seven in a matter of hours.

del Norte: In the Camp?

Sassak: On, around the campus.

del Norte: Yeah.

Sassak: And that weekend we called it the “Bad Batch” weekend, and it literally— The ambulances and the sirens around town were constant. It lasted for almost two days of people getting picked up, and sent to the emergency rooms.

del Norte: So, I have to ask. Has there been repercussions from these smoke shops or these individuals that are selling “Spice” and these types of toxins?

Sassak: We presented it to the City Council, and we called it— We wanted— There’s another issue that’s called “Bath Salts,” which is a diff— It’s similar, but it’s just as— Deadlier. And we presented that [it] was synthetic intoxicants. We didn’t wanna just cover just one area of this ordinance, so it would be a broad sweeping ban on synthetic drugs, basically through these smoke shops which were legal for kids to buy. You didn’t have to be eighteen to buy “Spice.” You have to be eighteen to buy cigarettes, but you can be a middle school person, and get— And the [Sellers] presented it as potpourri or incense.

del Norte: I saw the video that Dr. [David] Boje made of going to one of the smoke shops after the, an ordinance had been passed.

Sassak: Yes. The “Undercover” one?

del Norte: Yes.

Sassak: Yes. That was the one that they needed the code word because these smoke shops— You have a code word—

del Norte: “Blue.” Yeah, yeah.

Sassak: “Blue.” “I want the ‘Blue.’” So, I identified what the code word was, and at that time it was more liberal [accessible] to just say the code word. Now the smoke shops, because the heats coming on them so much, they have a VIP list, that you have to be on that list to buy that synthetic intoxicant.

del Norte: As in someone that won’t give [sell] them away.

Sassak: Give them away.

del Norte: Right. Someone that wants this, and is going to participate in bringing back more money for them.

Sassak: (Simultaneously) More peo-, yes, and I wanted, Dr. Boje and us wanted to have their business license taken away if they act, comply with the federal ordinance. Usually it’s under the DEA [Drug Enforcement Agency], and what was really unusual, I looked up the research of this, of where this was coming from.

Sassak: It's Russia, China, and now Yemen, which is very interesting, and it's being imported under a research grant, so it's a research chemical that's being imported by the tons, and then it's dispersed to all these little locations. And the thing that's the most dangerous thing about "Spice" is they use basic potpourri or leaf-like culture—

del Norte: I saw it on the film.

Sassak: —and then they spray it, like a car, and you get quantities, you get certain concentrations of the chemical, so each one is different. So, you don't know. It is literally Russian roulette. Russia, China, Yemen roulette by having, by taking a puff of this stuff. And it can be just one puff. It can shut down your whole system from one concentrated puff.

del Norte: I'll move on from this question, but are you saying they spray vehicles in order to import illegally?

Sassak: No, no. I'm saying, how they paint a car is how they—

del Norte: Oh.

Sassak: —spray the chemical onto the—

del Norte: All over the substance.

Sassak: So you get a–

del Norte: Okay.

Sassak: –you get an uneven spray, and that uneven spray could be deadly. So, just by spraying a leaf, or what you’re spraying or trying to sell, you could actually be sending out, I call it in one of the movies I made the “Killer Batch.” “The Killer Batch!” And then the word gets out that it’s the killer batch so they go, “Wow. That’s more potent, so I want that killer batch.” See, they just think “Killer” means, “Wow. It’s good.” But actually it means “Killing you.”

del Norte: Yeah. Has “Spice” and “K2,” and these other types of toxins, has that gone down or stopped at this time?

Sassak: I think it’s gone a little underground, and we–

del Norte: Underground. The VIP list. Yeah.

Sassak: And we actually presented that to the City Council when they were thinking about the ordinance. They did pass a watered down ordinance, I think, for the smoke shops. They were not as drastic as, “If you don’t comply you’re gonna get your business license taken away.”

Sassak: So, they didn't go that far; however, I think it did drive it underground. I don't know if they're doing any type of... We didn't want the victims to be fined for it, and that's exactly what happened. So, we had presented it that we do not want the victims being persecuted because they're being used and abused by these dealers, and these profiteers of this chemical substance. So that— It's still evolving, but I think it's more underground, but I could go out, right here right now, and I could tell you who's doing it.

del Norte: Yeah.

Sassak: And it's still, the reason why? It's accessible, and it's cheap, and that is the reason why they do it.

del Norte: Well. Just on a side note real quick. I'm really gonna look into this research grant that is bringing this in.

Sassak: Yes.

del Norte: I didn't know it was that widespread and—

Sassak: Lethal.

del Norte: —and potentially—

Sassak: Yeah.

del Norte: –something that’s violent towards the American community from outside the country.

Sassak: David, this is what I said in the newspaper when that weekend was over. I go, “I don’t know for sure but I,” and I told one of the emergency responders, I go, “What are we, under a chemical attack?” And he says, “Maybe.” He said, “We have not slept for two days. It is like a shuttle going back and forth, and that is at, for one number, we average it out, emergency rides, that’s about two thousand bucks a shot, and that’s not even including the hospital visit.” So, we average that out, for one year, just for the “Spice,” epidemic victims. It was over a million dollars [for] emergency responders.

del Norte: In Las Cruces?

Sassak: In Las Cruces. A million dollars in one year, and that’s not even including the hospital costs. So, it’s a major drain on society. It’s long lasting. The effects are permanent. The effects are permanent. You’re not going to get your brain back, or your organs back, so that, I think it could be a chemical attack on a generation of people.

del Norte: It’s phenomenal–

Sassak: Yeah.

del Norte: –to hear this, in depth.

Sassak: And how the veterans got into it was a number of veterans were getting dishonorably discharged because of it. That’s where–

del Norte: I did read about that.

Sassak: That’s where it kind of started in these ports. “K2” kind of started in the 1990s in these ports, and of course the reason why people on parole, or the military, or other people in different professions, it’s not just a street drug because it will pass a drug test.

del Norte: So, it’s part of the smoke shop or the head shop culture?

Sassak: Yes.

del Norte: I didn’t realize it was that old.

Sassak: Yes.

del Norte: I’m familiar with different potpourri type things that you can buy in those places.

Sassak: Well, and that, in the movie, in the different articles that I did, was how they promote it, and it's all for kids. They call it— One batch is called “Scoobie Snacks.” It has “Scoobie-Doo” on it. The other has “Sponge Bob.” They use all these Disney and animation characters to package this death.

del Norte: That sounds like an attack on children as well as anyone else that might—

Sassak: It is.

del Norte: —be into Scoobie Snacks.

Sassak: Yes, and—

del Norte: But it becomes cultural as well as generational.

Sassak: It looks just like candy.

del Norte: Oh my gosh.

Sassak: Its package is just like candy, and then (Chuckles), and then you can buy it at twelve, not twelve, but thirteen or fourteen or fifteen years old.

Sassak: You can buy this toxic death, being underage, and they're promoting it for you. So, it is organized, and there has to be a reason for it.

del Norte: I will come back to this outside of this recording because this is a lot of news to me. We've done about fifty minutes this morning. Would you like to take a break?

Sassak: Yeah. Let's take a break, David.

del Norte: Let's do that.

[Recording paused and resumed]

del Norte: Okay, James, we're back. I'm interested in criminalization, and some of the relationships with the police department and the courts in Las Cruces. Particularly what's called jail diversion programs. Can you talk about some of the major issues of the "Revolving door" through the courts, the jails, and the hospitals?

Sassak: Well, for their perspective it's a manpower issue, and resources. So, what is happening is, the resources are being drained by this revolving door, or this constant flow, or the same conditions of being picked up, going to the hospital, going to the fifth floor, the psychological floor. They get on medications. They're released without follow-up treatments or their medications because usually they prescribe the medications for thirty days. So, they have to go to another doctor to get their medications, psych medications or other medications, to the pharmacy.

So, there's the gap there where they're not getting follow-up services where a mentally ill person or somebody that has physical health issues. They're not getting the medical attention that they need on the follow-up after they're released from the emergency room.

So, what happens after thirty days without medications? They revert back, and they're going to the same hospital. The same conditions. The same reasons why they're going to the hospital in the first place is the same thing. So, it's this thirty day process of constant rotation of medical and emergency attention. It transitions right into the legal issues.

The legal issues for most chronic homeless people are: they don't have a place to stay, so they usually are out on the streets in public view. People will call the police. They will be trespassed [ticketed or fined] usually if they're consistently showing up. So, just by— You have no record at all, and you're just trying to find a place to sleep, you will be trespassed by a business or someone else, and the situation starts.

Sassak: You are in the system then. You have to go to court. So, you go to court, and it's usually a ninety day or a ninety dollar fee for trespassing. So, a person that has done nothing but lay their head down on, at the wrong place, at the wrong time, doesn't have any record, or [are not] in the court system — They get in the court system for a trespass charge. The trespass charge goes to court. They need a place to where they get mail or documentation to say when to show up to court. So, they don't know they're supposed to show up to court at a certain time, or forgot it, or moved on.

So, what happens after that? You don't go to court, failure to appear for your— for a trespassing case or a basic misdemeanor. You get a warrant put out for you. So, the warrant takes time, and the police officers usually know these individuals, or have seen them around town because they probably trespassed [ticketed] them. So, they pick them up on a warrant to failure to appear. So, they get them into the detention center. It usually takes— Maybe it depends if they have any fines at the time because you can pay off your fines by doing time served. But if you don't have any fines you're gonna get a fine because failure to appear is a legal issue.

So, you go to court. They charge you with failure to appear, and then they give you a fine. So, then this— Say, “You're indigent. You don't have any income. You're homeless. We're gonna make this a twenty-five dollars a month payment.” You're not gonna be able to pay it. So, after a month or two, you have failure to pay fines.

del Norte: So, the court's creating a debt to someone that was originally only trying to find a place to sleep.

Sassak: Had nothing, had no charge, could be an elderly person. Could be a young person that was kicked out from their house, their parents. Could have other issues, behavioral health. I would say, a few at the beginning— That you get into this situation, you're not thinking about drugs and alcohol. You're trying to survive.

Then when you get into the system, you start meeting people. Just like every jail, you— It's like a college. So, you get to meet people in jail even if you've never been there. You get released. They go, then you're in— You get released with some other individuals that have the same charges. They go, "Hey. Do you need a place to stay? We're staying over behind the dumpster here, or behind Caliche's [Frozen Custard on South Valley Drive], or we're staying here." Yeah, and then, and you get, like the camp started. You get safety in numbers. The difference is safety in numbers on the street draws attention. So that— (Chuckles)

del Norte: So, they're actually being targeted because they're grouping together.

Sassak: Grouping together.

del Norte: And hence, the criminalization occurs because they might have substance abuse issues—

Sassak: Yes.

del Norte: –or any number of small—

Sassak: They have no direction. They're just trying to survive in a, now, they're li-, we call it their "Street family." So, you're indoctrinated into the street family, and then, guess what? You get identified as that. So, you just came into town. You had no criminal charge. You've never been in jail, let's say, and all of a sudden, just because of your circumstances, you're in the system now, and now you're identified with a criminal element, and this continues the rotation. Then, when you get tired and sick, you start getting into the medical. You start having mental breakdowns, physical breakdowns, your health is going.

So, now after the jail, you're gonna get into the medical revolving door, and it's all usually emergency room visits which is very expensive, and so now they're diagnosing you with certain issues. You have a medical condition, and there's no follow-up. They put you seventy-two hours in either the psychological evaluation or seventy-two hours of medical dehydration. It takes you about a couple of days to get rehydrated. They put you right back in the environment. There's no follow-up. There's no case workers that are going from the hospital and saying, "Okay. We need a shelter." We talked about this in my [Las Cruces Sun News] article with Yoli [Silva].

We have one shelter in this town.

Sassak: So, when these individuals who never did anything wrong, didn't have health issues at the time, now they are in the legal system, and now they have health issues, and then they're being released within seventy-two hours with no follow-ups. So, they're still homeless. Now they have two problems that they have to solve. They have a medical issue, and now a legal issue. They're not capable of handling it. So, this is now a permanent revolving door of sickness, and legal issues, that they can't get out of.

del Norte: I wanna go back to the question—

Sassak: So, so just—

del Norte: Go ahead.

Sassak: Now multiply that by a hundred. That becomes expensive.

del Norte: You're talking about a hundred people?

Sassak: A hundred people—

del Norte: Yeah.

Sassak: –doing this every thirty days or more. That is a lot of wasted funding which could be put into treatment, housing, or shelters.

[End first hour of interview]

Interview 3 second hour — March 29th, 2018

David Lee del Norte: You mentioned jail diversion. And the possibility that a local judge might create a homeless court.

James Sassak: Yes.

del Norte: How is that a solution to this?

Sassak: It would focus on the individual. It would have that case-working presence. We would have a connection with the judge who would be sympathetic for these cases because she sees, or he sees, them over and over, and it's wasting his time, too, with more serious issues. So, this would be a way to solve, to stop the revolving door, and focus on the one of the cubicles where the person is staying right at the moment.

So, stop the revolving door, and then we can form a plan saying, "We can work on these cases. We can expunge that charge. We can do community service for those fees. And then we will help you find the services that you need to become stable."

del Norte: Have there been programs in the past, or that presently exist, between the police, the courts, Camp Hope, that have been conducive to these issues? Or— It sounds they are being compounded by these small charges.

Sassak: Yes. Well. I don't think it's been officially recognized. We do individual, kind of, case managements with, which lately we have been working with the police, the fire departments, which are the emergency responders, and then the medical which comes through Saint Luke's. So, we're finding out the problems of this individual. So, we're taking it on an individual case. As a group type of coordination: No. I don't think we have that, by far, yet. This is... No.

del Norte: Would you consider this like a corridor that needs to be opened? A group conversation as well as more facilitated communication between the different services?

Sassak: Well, I think if this was exposed to the general population of what are their tax monies going, what their services are, and what's actually happening in a wasted way, you know, waste always brings up attention. I don't think they've even focused on it because they haven't linked it. They haven't linked the circle of how this is happening over and over to an individual or multiple people. So, when you get a coordinated effort it's almost like a task force. It's almost like a task force. Everybody has their own special task, special talents, and expertise.

Sassak: So, then we can focus on the individuals, and solve it. [Snaps fingers] Solve that individual. Get them stable. Get them out of the court systems. Get them out of seeing the medical emergencies. Get them to see a regular doctor through Saint Luke's. Get them on medications. Get their health issues solved. Have, with jail diversion, some legal way to work with the judges to get them off of these minor misdemeanors, so they won't have to face basic evasions of warrants, and wasted time in jail, and having for us to house them in jail.

To house a person in jail is some money! So, this could solve the whole issue when they coordinate it, and then we start cutting that lower, that lower drain. We're plugging the hole that is sapping the money out of the system from the bottom end.

So, then we can focus on, alright, we have these people now. They're in our system. They're in our programs. Now we need, that's when all the community starts thinking, "Alright. Now we need treatment. Now we need treatment. Now we need temporary housing. Now we need counselors. Now we need somebody, employment."

So, now we can focus to the people that are in this revolving door for ten years now. They stepped into it. Now they're progressing them in a positive way. Becoming contributors to society, going, getting their education if they need it. Getting their disability. Getting housing. Getting medical attention. Not every three days in the emergency room, but having doctors look at them, and solving these issues, and then the quality of life changes.

Sassak: Their life changes. Our lives change because they're not wasting our time on these petty issues all the time. They are actually moving on into a better way of life, and a life condition that they can actually be productive in.

del Norte: A rehabilitation—

Sassak: Yes.

del Norte: —from their experiences.

Sassak: Yes.

del Norte: You know. You've mentioned Saint Luke's a few times in the last few minutes. Can you talk about when Saint Luke's clinic opened its doors? And I have the mission statement here.

Sassak: Good.

del Norte: And I'll read that momentarily.

Sassak: Yeah.

del Norte: But can you talk about the original mission as you saw it?

Sassak: Well, this was before [President Barack] Obama [and the] Medicaid Act, so a lot of people did not have that insurance at that time. I think it was opened in the year of 1991. Somewhere around there.

del Norte: Saint Luke's?

Sassak: Yeah. Saint Luke's opened, I think, in January of 1991.

del Norte: I did not, I did not know it was that early.

Sassak: (Simultaneously) Yes. And it was a low-income clinic, I believe. So, people who didn't have the money to go to the hospital, because I think you were, even in the emergency rooms at that time, you were getting charged for that. So, there was no insurance coverage for the low-income people at that time because I remember going to the emergency room and having no insurance. So, you paid for it, or you were, you know, you owed money to it, and that affected your next visit. But I think at that time they couldn't refuse service even if you owed them money, the hospitals. So, that was interesting at the time. So, they were servicing the low-income people, and the homeless people in a basic clinic way, and then referrals.

Then, I think with the Medicaid Act, at that time, we started promoting the insurance and health more. We weren't into behavioral health. We just started that [at Saint Luke's] with the Hurry Home program, which started recently, I think two or three years ago, which was needed. I mean, that was the missing link for us. It was the—

del Norte: Can you tell me, specifically, about Hurry Home?

Sassak: Yeah. We have two. It's a service that is a government funded program, federal funded program for chronic homeless, and we incorporated a certain agenda which was health, of course, then employment specialists, we had that. We had the disability, a SOAR worker, then we had hired two peer support workers which is a unique phenomenon right now, which everybody's seeing that's very resourceful by having a person with lived experience deal with certain issues and clients. It's kind of a case management specialist.

And then we have behavioral health, too, behavioral health therapists which has different appointments, and does assessments, and does follow-ups on that, and then the clinic can use that to— Clients that did have behavioral health they'd outsource usually. Now they can insource it with us.

del Norte: All right here on the Hope campus?

Sassak: Yes, we can. I think we're getting more efficient at that. I think we're getting a nurse that can prescribe psych medications, I think, on Saturdays. So, we're still learning. We kind of hit the ground running, and it was mostly about housing. So, we're forming a partnership with the Community of Hope with the housing program because they're the ones that usually run the housing. But, we integrate our health needs, and employment, which they didn't have, which was a big part that I promoted for years, was getting employment specialists here.

Sassak: The SOAR, we had a few s-, a great SOAR worker, Sue Campbell, and others that we're doing here, but they're overloaded, so we help that out, and then the behavioral health, and the housing.

And then we do housing checks, follow-up, and so far I think we've housed over eighty people. Eighty people, and what Pam [Angell] and I think, we, I talked to Pamela early about this, was some of the chronic ones that were around here all the time, that I dealt with when I was a Camp manager over there, was they didn't have the communication or skills, or they were getting, you know, banned for drugs or anger issues and that, so they kind of didn't focus on them. The Community of Hope didn't focus on them because they had other people to focus on, and a lot of people were, too many people were coming in with behavioral health and co-occurring conditions.

So, we decided, "Alright. Let's focus on the ones that aren't being helped. That are incapable of following through with appointments, and talking to the Community of Hope as rational people."

So, we became the middle people because I think I was the one that kind of really focused on, "Alright. They know me. I have a trust issue with them. They trust me." I can, you know, go slow with them. Incorporate them into the system, and then get them into their programs which we were very successful at.

del Norte: And this is part of being a Peer Support Specialist.

Sassak: Yes. That is exactly what it is.

del Norte: Can you talk a little bit more specifically about that position, and also in terms of doing the follow-up once they're already housed? What does that entail?

Sassak: Yeah. Well, the whole program, I think, as a nationwide program, that they focus on is called Housing First, and they found out that housing an individual first was more conducive in the success of that individual because of getting a stable environment, and then we go and work on their behavioral health issues, their substance issues, their disability issues, their medical issues. So then, we have a stable place for them so they can focus on those things, and that's where the follow-up comes from. We do house visits, usually when the person gets in [Housing First] is we go— They help them with furniture if they got them. Most of the stuff is donation, utensils.

Sassak: Then I have been doing, through the Hurry Home programs, is we do cleaning products like brooms, mops, stuff like that that they need which they can't buy with food stamps. You cannot buy any of that material with food stamps which is, I don't— That issue should change, but the whole issue with food stamps is controversial right now with the work to maintain them which some people are incapable of.

del Norte: I'll ask one of those questions at another time. Yeah.

Sassak: But that is the follow-up. And then the follow-up is usually on income because when some of these programs, some aren't permanent, some are temporary like a year to two years, so they have to be working on disability or some way to pay a third of their rent. So, that is the program. Some, like Rapid Re-housing, is a term solution. It's effective, but there has to be follow-up into getting them into the federal program, Section 8, or public housing. So, that's how you move them.

Other[s], like the Linkages program, that is permanent state type of housing, so you don't have to rush them that much; however, you do want to move that individual into another housing program like the federal program so that will free up the voucher for someone else to use, so that can be transitioned into another voucher. So, that's how you measure success.

del Norte: If I can I'd like to read the mission statement of Saint Luke's Healthcare Clinic. It says on the website: "To provide access to vital integrated health and wellness services to our community, and promote dignity one life at a time."

There's also the CARES notion of Compassion, Accountability, Respect, Excellence, and Services. The acronym being CARES. And the vision of Saint Luke's, this is present day, is "To provide care and bridge gaps between social services and people in need, to restore hope, and break the cycle of poverty."

del Norte: And that's, you know, a very over-encompassing umbrella of what you're talking about right now. Can you talk about how the community has responded to Camp Hope's Peer Specialists in trying to maintain this vision?

Sassak: I think it's the wave of the future. It cross-ends every industry. I have, you know— Peer Support started around the turn of the century with the World War I. That's where it really came out of, in France, where they were using peer support specialists of victims of mustard gas, and gas victims. So, how to re-integrate them, and give them hope in their situation when no, it's a new sickness, a new disaster. They didn't know how to handle these poison victims, so they had people that experienced it.

So, that's how the peer support kind of started, was helping people go through these traumas, and now it's expanded into government, industry, veteran's administration, and now the homeless community. So, it is effective, investigative, information type of based job to where I'm relaying information to people who really don't know the services, and then incorporating them, and building—

The most important thing about what I think a peer support specialist can do is build trust. Once you have that trust you can go into any place that individual wants you to go. Some of it is very dark. Some of it is tragic, which a lot of it is. However, this, by listening and understanding it, and I've been through a lot of my own trauma, and different things that I've experienced, so I can use that, too, and it just makes it easier.

Sassak: It makes it, instead of having this constant friction of the person saying, “Oh. You go home every night. You have a car. You have this. You have a nice life. I don’t trust you. You’re not— You don’t care about me.”

When they see me they go, “James. Yes, I remember when you were out here. Yes, I know what you’re doing. You don’t, you don’t tell me some BS or all this. You actually are looking out for me, trying to have me focus on what I need to do.” And that is where the Peer Support Specialist is the most effective.

del Norte: How many are there on the Hope campus? You mentioned two. Is that—

Sassak: Right now, it’s two. Yes.

del Norte: Just two?

Sassak: Just two.

del Norte: So, are you hoping to have more?

Sassak: Yes. Actually we had go to Albuquerque training to get our certification. Now I think there’s once, two times a year you can get certified down here now, I think.

Sassak: So, that's gonna expand, and it's a process. There's some (Chuckles) stuff you have to learn, and there is a test to take which is, you know, kind of complicated, but the result is, it really is a great profession. And you do see daily, daily success stories, and then some hard luck stories like everybody deals with in these type of fields. You know. The law enforcement, medical, and dealing with the chronic homeless.

You're always gonna have the sad stories, and it's just, I think it makes them think, "Wow. You know what? I can talk to that guy or that lady." And he— It'll be all confidential because we're under HIPAA [Health Insurance Portability and Accountability Act], and they begin to say, "Wow. You know what? I like dealing with them, and maybe I can talk to them about a problem that I'm really having." And that's where the opening is.

I'm having the most— The most depressing is, I don't get depressed, but the most depressing thing I have right now is I've built this trust up with these clients. They're housed. They're still having behavioral health and substance abuse issues, and other health issues, and then when they finally open up, and that window cracks open, and they go, "James, I need treatment. I'm ready for treatment."

And then I have to go, "Well. I can help you, but it's gonna take at least seven days of detoxification. You're gonna have to go through three different organizations, and then you're probably gonna have to move, or find one up north." And they go, "I'm not going up north. No, I can't do that." So, right then, it's out the window.

del Norte: Can you suggest solutions either here, on the Hope campus, or in Las Cruces that would prevent that waiting period to get treatment?

Sassak: The thing— I think that the most efficient way to do this is to have a community effort. All the services should be included in this—

[phone rings]

del Norte: Do you wanna take a break?

Sassak: Yeah.

[Recording paused and resumed]

del Norte: Okay, James. Can you talk a little bit more about the partners of Saint Luke's Healthcare Clinic, the partners in the community that have added their services to help make Saint Luke's a success?

Sassak: Well, I think this whole "Day service" around here is part of it. The soup kitchen draws a lot of people in to this area which wouldn't be, you know, if this was just a medical clinic. I think there wouldn't be as much traffic, so that's—

Sassak: You have your population right here, and it's a basic need that they're looking for, which is lunch or, and food. So, that's efficient there. The health clinic, of course. The Community of Hope with their services of employment. Not employment, but housing and SOAR services there, and then just basic laundry, showers, and stuff like that.

So, that kind of brings everybody together, and then just working together, communicating with, what different clients, what the needs are, what the problems are with individuals that there are, having or creating problems. So, that's the connection. The community in a general, I think they are very supportive for Community of Hope and Saint Luke's. I think that the services are being used more.

I think that we're getting a better relationship with the hospitals, and different behavioral health services throughout the state. We're getting more information from Albuquerque because we're working more with them in their success, or their programs work.

del Norte: Would that be Albuquerque Healthcare for the Homeless?

Sassak: Yes. Yes, and I think Saint Martin's [Hope Works]. We work with them, and the medical university up there.

del Norte: At UNM [University of New Mexico]?

Sassak: Yep.

del Norte: Okay.

Sassak: Yes, a lot of our behavioral health people, our training comes through them. So, we're getting familiar with their issues and our issues, and getting coordinated. The coordination takes a while. You don't just, you don't just: [Snaps fingers] It doesn't just happen, and it's an ongoing process to keep the communication lines open, and I think that is always the most important thing. If there's no communication then somebody's gonna be lost in the translation.

Something's gonna get fouled up. Something's gonna get delayed, and it falls through the safety net. You know. The net has some openings. When it's all tied together it can be a barrier or a safety net. If there's openings in it that can go through it, then it falls through the net, and nobody— There's no information about it until it comes up again. So, I think that is the most important dynamic of this type of services.

del Norte: With that safety net in mind, do you think that soup kitchens like El Caldito are vital to the homeless community?

Sassak: Oh, it— totally! It's the only one, and actually, I've got to hand it to the Mission [Gospel Rescue Mission], too. The Mission has three a day meals. They do a breakfast, lunch and dinner, so most of the homeless community go to the Gospel Rescue Mission for dinner which is at five o'clock. The overall, the food, it's not just homeless people that come to the kitchen.

Sassak: It's people of low-income, and children, so it supplements— The food stamps only go so far in any type of situation. It's about two weeks of food no matter what, how much amount you get. It's gonna be about two weeks. So, this is supplementing their food for the month. And it's ongoing. So, it's very important.

And then the [Casa de Peregrinos] food bank over here, they distribute three times a day, once a month I believe, and that supplements maybe about a week of food for a family or an individual. So, that's the safety net. Those are the safety nets that are helping the food stamps maintain their mission, and not get heat on them, saying, "This isn't— This amount is not satisfying the need of that individual or that family," which in my opinion it is not.

del Norte: It should be more?

Sassak: It should be more, and isn't that a concept that's gonna blow some people away?

del Norte: Well, I have seen the USDA [United States Department of Agriculture]—

Sassak: Yeah.

del Norte: —recommended amounts of foods—

Sassak: Yes.

del Norte: –and it is your basic level of food. You know. Oats and juices, and, you know, in a perfect world fresh fruits and vegetables. But those things aren't always available, even in services like this.

Sassak: (Simultaneously) Yeah. Well, and then, you have to know economics to manage that amount. If you go to certain, different stores, you're gonna be paying probably five dollars an item. Five dollars an item for a food product. So, you have to be economical, and have things planned, or it's not gonna last.

So, then you have to go to the out-sources, and then get supplemented food and different services. I don't think there has been a study recently of what an individual, the amount of food to sustain a healthy, individual takes. A nutrition study.

del Norte: One person?

Sassak: One person.

del Norte: That— I mean that's a good way to look at it because many people in a family, individuals have different needs.

Sassak: Exactly. And then they just go by calorie intake. That's not sustaining a healthy diet. Just calorie intake.

del Norte: Right.

Sassak: You can have calories from a different unhealthy product. So, if they really want to really focus on the money, and the need, and how the welfare is benefiting the people, they should take a study of seeing what exactly the amount is to sustain a healthy life.

del Norte: James. We could talk about this all day—

Sassak: (Simultaneously) Yeah, yeah. Yeah.

del Norte: —but I will get on to the questions that have to do with Saint Luke's. Can you talk about the new services to accompany the Saint Luke's renovation? There's a lot going on with new construction, new services that'll be in place once the—

Sassak: Um hmm, main office.

del Norte: —programs open. Can you discuss what might be changing, and what you look forward to in the future?

Sassak: We, I think, are focused on servicing the population more. Getting more clients in to see basic needs for their medical health issues: physicals, check-ups, referrals to different specialists. I think the behavioral health wing will be more advanced. It'll grow.

I think they're talking about that maybe, that they'll— They're getting a temporary, maybe, psychiatrist, and they're getting someone that can prescribe. So, I think it's expanding on what the demand for the services are. So, and this is, I think Pamela [Angell] would say that "This is evolving. That this can evolve into something bigger."

We're getting a bigger operation for the medical unit itself, and then we're gonna have the behavioral health and other administrative right next door. But that's gonna open up the offices, and the exam rooms, and more, and have more clients come through it. I think that's the most important. Have better service for the clients, and different types of services that are needed in the community.

del Norte: When do you plan to open the new facility?

Sassak: From what I hear it's all scheduled around the construction, and it could be around the end of May [2018] I think. That's a good time frame, I think. Around May which is the beginning of really summer and spring.

del Norte: Sure.

Sassak: So, I think that will be operational maybe mid-May or end of May.

del Norte: Excellent.

Sassak: Yeah. But things could change. You know “Construction guys.” The construction people are usually right on schedule, but any different things could happen so— But that’s what our target is.

del Norte: Sure. Do you anticipate more activity from clients that’s helping them at Saint Luke’s, that hasn’t been available to them before?

Sassak: We’re seeing that.

del Norte: It’s starting to.

Sassak: I think it’s a lot with the peer support, and then the case management that is working with the Community of Hope and Saint Luke’s— is we’re focusing on the tent city. When I talk about this [it] is all incorporated in the tent city. I’m really proactive in the the tent city because it’s kind of my thing. I want it to succeed. I want it to progress into different fields, and I—

Sassak: The missing link around here for us, in my opinion, was the employment that we're— We actually have an employment specialist at Saint Luke's, which is awesome, and then the coordination for their health needs and behavioral health, co-occurring, different things. We have a number of proposals for different types of outpatient treatment stuff.

The most important thing that I think that we're missing in this, in the southern New Mexico community, is inpatient treatment. At least thirty [to] ninety days, three month treatment, at least. That is the minimum of inpatient treatment, and if we had that link all the other stuff would link together. We could stabilize them. We could get their legal issues solved. We could get their medical issues solved, and then move them into a successful housing program.

del Norte: Would that vision be located on the Hope campus, or you mean in connection with the hospitals or other locations?

Sassak: Oh, sure. Well, I think they're already discussing a new hospital to be opening up here, or promoting that. I mean, if they're, if the need, I think it's a hundred thousand people or more, a hundred and ten, if the need for medical attention, and it's a big retirement area, if the need for medical is sufficient enough for another hospital opening up, when is the treatment center gonna open up? I mean, this is the thing that really, I don't dwell on it, but every time that I have a crisis, which is a lot, or different people getting discouraged, or reverting back to their substance or different uses, it all ties with the ability to get timely treatment, and that's it.

del Norte: So, you've named one of the very valuable, potential contributions, inpatient treatment. Can you name, perhaps two more levels of support, or valuable contributions not present today, that would help the homeless in Las Cruces immediately?

Sassak: Shelter. Shelter for women, for men, and for children. I don't know if that could be one facility, but I would say it has to be at least ninety to a hundred people. Has to be at that minimum of that.

del Norte: Do you envision something similar to what's happening in Albuquerque with the Coffee Shop, and then the temporary housing that they have? I believe it's on Second Street and Lomas.

Sassak: Oh, right above it? Uh huh. [Yes]

del Norte: I'm not familiar with that specific—

Sassak: Um hmm. Yeah.

del Norte: —program, but it is at least fifty people, or maybe it's as low as twenty-five. I'm not sure. But do you envision one location. Something nearby. Some apartments or—

Sassak: I think that it could be a complex with a— I think the complexes should be separated.

del Norte: Children, women, men— That type of thing?

Sassak: Yeah, or the families.

del Norte: Yeah.

Sassak: You're gonna have to have the family mix-in, integrated into it, which brings up all the domestic issues, and all the different problems, so that has to be almost the main thing with that community when it comes. When they come out of the hospital, and different other treatment centers, it has to have counseling on site. In these facilities, not just like here [at Mesilla Valley Community of Hope], over across the street [at Gospel Rescue Mission] or many other different places. It's more of a program designed like a combat veteran, or people coming from that type of environment, from trauma.

Most of the people that we deal with have trauma. So, you have to have some counseling or some information of how to handle trauma in these things, so they can get by that, and the start focusing on their needs. If they're always in a traumatic crisis nothing is gonna solve.

And actually, I've just been educating myself some more about the Trauma Informed Care. Trauma affects everyone, and it actually can alter your cell structure, and cause illnesses from the constant trauma. And you don't even know that the trauma is wearing on you through— Most people combined it or identify it as stress, but that stress is created by something else. It's trauma.

Sassak: So, the trauma is constantly there, and it's like an accelerator stuck on a car, and eventually the car will break down. And that's what happens.

del Norte: So, we're looking to prevent that breakdown, and then curtail it entirely?

Sassak: Exactly. Yes. And that's where the treatment, and what Yoli [Silva] and I were discussing with that [January 9th, 2018 Las Cruces Sun News] newspaper article we had a lot more information like this interview here is. If we can get coordinated with all the different services, so when they go into the day shelter or the emergency shelter, that's when we get them.

That's when we get them. That's when we have the case workers. That's when we have the peer support. That's when we have the counselors. That's when we have the housing specialist. Everything's there, kind of like this, but more focused. More focused on the individuals in these facilities.

del Norte: How many staff would you think that would take to be within the vision...

Sassak: Efficient?

del Norte: Yes. That's a perfect way to put it.

Sassak: I would— In an administration with all non-profits, and different organizations, that's always an issue about administration of cost and all that. I would think for a hundred people it would have to be at least twenty [staff members]. At least a fifth.

del Norte: Sure. So, essentially, five people for each person, so to speak.

Sassak: Well, five different branches of services or case management to where five people could focus on one. Or one family at a time, and get it moving in the process to where it's not one individual getting discouraged or something. It's like a relay team. A relay team of crisis, and treatment, and case management. It's a team.

del Norte: Sure.

Sassak: That's what we're finding out. That's the most efficient way to do this, is have a team to where we move them through the team, and the most important thing is—I've been dealing with a lot of different clients—is not to overwhelm them. They have some major issues, and if you overwhelm them with— A lot of different government agencies do, and very indifferent, numbers, like the social security office, numbers, and if you don't have the documentations, "Forget it, we're not working with you. You can't get your card today. You can't get your birth [certificate]."

Sassak: The identification is a major problem because of the Governor, I think, at one point where she allowed all the different individuals that weren't registered, or illegal residents, to get their IDs. So, most people don't know this, that most transi-, or airports and other different agencies, will not take a New Mexico ID because they think it's illegal.

del Norte: Because of the inability to recognize New Mexico as a state?

Sassak: (Simultaneously) To identify the per-, yes.

del Norte: Oh my goodness.

Sassak: Well, and to, it, they just enlisted or qualified too many people that didn't have the documentation for identification. So, now they've made it more restrictive. So, now we're having a tough time getting the documentation for a chronic homeless person to get their identification to move into an apartment or even go to a hotel.

del Norte: So, this is a borderland issue—

Sassak: Yes.

del Norte: —in terms of both sides of the border, documentation, and we're dealing with citizens—

Sassak: Yeah.

del Norte: –and potentially non-citizens.

Sassak: Yes. Yes we are. That is the thing, without— That is our basic protocol. Anyone’s approved or accepted into the healthcare facility. The thing is that, and this is another borderland issue which is a major problem for us, and this is, points to one of the things that we need, is the identification, and how to identify the person because there’s a black market here for social security, birth certificates, and IDs.

del Norte: And that’s part of the culture of undocumented?

Sassak: Of the border. Of border. Yes. So, an ID, and a social security card, is valuable. So, if you don’t have money, you’ll sell that or people will steal it to sell it on the black market. So, that is a major issue of retaining their identification, and as far as I know this is something that I think most of the public doesn’t know. You only can get so many social security cards in your life.

del Norte: They’re gonna tell you, “No. We already gave you another copy.” And you–

Sassak: If you keep— You have a limited amount of social security cards that you can apply for in your life. So, if you [are] getting them, or selling them, or having them stolen, eventually you will not have a social security card issued to you. (Chuckles) Yeah.

del Norte: Well. James, I think that we're—

Sassak: Alright. (Chuckles)

del Norte: —ready to wrap up pretty— real quick here. I just, before I leave the question, you mentioned inpatient treatment as being—

Sassak: Yes.

del Norte: —something that would be help immediately. Also a shelter for men, women and children.

Sassak: And families.

del Norte: And families. Is there anything else that could help immediately? And, in thinking about potential other projects outside of Las Cruces, and New Mexico, what would help here in Las Cruces? And maybe it could reflect in other places.

Sassak: The the link to all this is what created me as a homeless person, is economic. I had a friend that is, Shannon Stapleton, who was a Reuters photojournalist for the refugees across the world. He decided to come to America, and have a photo project for Reuters, and we coined a phrase that, if we wanted to get the homeless, stereotypical thought out of a person's mind is they're actually "Economic Refugees" in America.

What the difference between a homeless person and refugee status is they were displaced. A person that is economically displaced in the United States, or have a disability, they are a refugee. They have a status. They have an official status as being a refugee in their own country. Homeless people have no status. They have very little rights, actually.

del Norte: It goes back to what you were talking about. They are identified a specific thing.

Sassak: Yes.

del Norte: That might not be true—

Sassak: Yeah.

del Norte: —yet now they have—

Sassak: Well. This is where this population is gonna grow. And it's not gonna be your typical. It's gonna be older women. This is what we're finding out. Older women that are widowed, and have been through, have worked all their lives. Their kids have grown up, and now their husband's died, because the women usually live longer. And it, and this goes for the husbands, too. So, they are— And then their funding, and their social security, isn't enough, so they will become refugees, too. And there's no safety net for them, or a number of other people.

del Norte: In light of this lack of a safety net for anyone, whether it's older women, or youth, how do you envision the future of the Mesilla Valley Community of Hope as a model for others in the United States?

Sassak: The other one that, the other part of the solution to it, which I was trying to tie in with the economic refugee status, was training. Trade training, which we used to have in the 1960s and 1970s.

del Norte: Like vocation institutes?

Sassak: Vocation schools. That's what we need. Those are the three missing links. Those are the three missing links that is solvable. And I don't think it will take that much either. So that... They've had other programs that have done it through the 1960s and 1970s, and things have worked, and some things haven't. But, those three are a necessity to solve this problem, and, too, with dignity.

Sassak: I don't know. (Chuckles) What is wrong with treating someone with dignity, and listening to what they have to say? Okay. They have some mental health issues, or some health issues, or you don't want to hear their bad story, but come on, we all have that. We all have that. The spark of existing and surviving in a better way. A quality of life. That's part of the [United States] Constitution in my mind. The pursuit of happiness. It's not the pursuit of happiness. It's the quality of life, and that is—

del Norte: Health and well-being.

Sassak: You got it.

del Norte: Yeah.

Sassak: So, that's my opinion.

del Norte: James. Thank you so much for doing this interview. Of course, I'll let you know on the recording that I would absolutely love to do another interview in the future.

Sassak: Um hmm. Okay.

del Norte: Do you have any further thoughts for today as we wrap up?

Sassak: Well. I would just like to thank you, David. I know this took a while setting up. I think it was a perfect day to do it, and I'd just like to thank you for the stuff you're doing, and the exposure you're giving to this community, and maybe together, like I said through the whole interview, together, as the Musketeer said: "Together we stand, divided we fall."

And that's the way it is, and that's the way it's gonna be.

If we wanna save the great America, or whatever you wanna call it, you have to have togetherness, and understanding, for the individuals, and their own bad experiences.

del Norte: Thank you very much, James.

Sassak: Thank you, David.

del Norte: I really appreciate this.

Sassak: Okay. Yeah. Thanks, man.

[End of recorded interview]