PART OF THE PROBLEM

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St. Luke's Hospital at 114th Street and Amsterdam Avenue in New York City is located on the edge of the Columbia University campus and lies just two blocks from the so-called Gold Coast, a row of elegant apartment buildings along Riverside Drive that now house mostly Columbia faculty. It also sits above a precipitous incline from Morningside Park, a narrow green swath several blocks long, that borders on predominantly black Harlem. Spanish Harlem, or El Barrio, lies to the south and east. The hospital's clientele is extremely varied. Roosevelt Hospital at 59th Street and 10th Avenue, across from the John Jay College of Criminal Justice, serves an area several blocks west of the cultural complex of Lincoln Center, once a concrete bastion fortified against the neighborhood, now opened up by architectural renovation to the affluent pedestrian traffic along Broadway. It also borders on the area called Clinton, once known as Hell's Kitchen, that stretches to the Hudson River and is the scene of Lawrence Block's Matthew Scudder novels, although it is now somewhat less dangerous and hard-boiled than when Block described it. Its clientele is varied, too. Twice a month, usually on weekends, I work in the emergency departments (EDs) of these two hospitals as a volunteer advocate for victims of domestic violence and sexual assault.

I putter around at home with whatever interruptible chores I may have on my list, or try to get some sleep, and wait for the soft Southern accent of the call-service operator. (Our call service, for reasons that have never been explained to me, is located in West Virginia.) "Miss Caroline, I have a case for you. A

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twenty-two-year-old female, English-speaking, sexual assault . . . [or] a seventy-four-year-old Chinese-speaking woman, domestic violence . . . [or] a male in his fifties, English-speaking, sexual assault. . . . How soon can you get there?"[1] I check to be sure which of the two hospital EDs to report to, snatch up the bag that sits ready, packed with a few extra forms and pamphlets, a couple of pens, a clipboard, some money for cabs (although nothing I could not afford to lose in the hospital), an energy bar, and a bottle of water, loop my hospital ID around my neck, and set out. However much I may have worried beforehand that I'll fill out one of the myriad forms wrong, fail to get the memory card into the camera correctly, quarrel with a tired and uncooperative nurse, or encounter a hostile police officer, I am suddenly emptied inside. Focused yet waiting. It's as if my self has gone away, leaving only a space for someone else's pain to inhabit.

I have leaned over the gurney while a teenage mother in considerable pain, her foot broken when her boyfriend pushed her down the stairs, clung to me and insisted: "It's not his fault; I made him mad." I have sat with a lesbian academic in town for a conference who went for a single drink with a professional colleague only to wake up hours later to find him on top of her in her hotel room. He left his business card the next day inscribed with a jaunty "thanks for the great evening." A middle-age prostitute, homeless, badly beaten around the head with a wine bottle by her pimp and hallucinating while detoxing, sullenly repeats, "Nothing happened to me, I fell, I just fell," only to begin sobbing a few hours later, "He hit me, he hit me, he hit me, I'm scared." A college student, incarcerated for more than twenty-four hours by a former boyfriend and raped repeatedly until she promised to go back to him, comes in with a friend to whom she does not want the details of the assault revealed for fear she will be humiliated and judged. An unemployed middle-age man, beaten and stabbed in his own apartment by his drug-dealing son, sobs that his wife repeatedly takes their son's side against him. Crippled and diabetic, afraid at home, he has no place else to go. A thirteen-year-old, possibly assaulted by another thirteen-year-old, screams at me in confusion and fury as she flashes back and forth between whatever happened on the fire escape of her building and what her father did when she was three years old.

Time stretches out in an emergency department. Doctors spend more time in front of computer screens than with patients. Violated, traumatized people wait and wait, often exposed and cold in hospital johnnies, for vomit basins, pain relief, or hospital beds. Sometimes it seems as if hours pass and the only attention they receive is a repeated request for an insurance card or a date of birth.

I can accompany patients to tests they are afraid of, remind nurses about pain meds, stand at the door to prevent police officers or hospital bureaucrats

1. The examples I refer to are all cases I have been called in for, but I have changed minor details to obscure the identity of the survivors.

from barging into the room in the middle of a pelvic exam. I can put survivors in contact with the counseling and advocacy service for which I work. I have occasionally given someone subway fare. Sometimes, at a patient's request, I telephone emergency contacts, family members, or friends and, when they arrive at the hospital, help them talk through their horror at what has happened to the victim. I have held a survivor tight in my arms while a wound was painfully cleaned. Once I took a mentally retarded twenty-year-old in a cab at 3:30 in the morning to the only shelter I could find open after calling all over the city. But I know that I cannot change the social and cultural structures that lead to and perpetrate abuse. I am on call for only twelve hours. Although survivors often ask for my card, I am not even allowed to follow up.

I was young in the 1960s. I marched and protested and sang. I signed petitions and gave money. "Hey, hey, LBJ, how many kids did you kill today?" "We shall overcome." "If you're not part of the solution, you're part of the problem." I believed—we all believed—we could change the world. And for a moment it seemed as if we did. We integrated lunch counters and schools; we stopped a war; we forced through legislation that made it impossible to say, "We don't hire blacks . . . or women. . . ." Of course, it was too little; of course, impersonal forces we did not control or unleash contributed; of course, there was a dark side of self-indulgence and smugness. Nonetheless, it was heady, and it was right.

I still sign petitions, give money, march; I have been to Albany to lobby. But the 1960s were a long time ago. I have lost confidence that I can, today, be part of real change. In my city, the gap between rich and poor widens. Date-rape drugs and guns proliferate. Homeless shelters are rat infested, with stinking toilets, and there are too few even of these. Despite the election of Bill de Blasio and recent signs of a progressive movement emerging on the fringes in East Coast cities and states (Hurray for Elizabeth Warren!!), I have no hope for a massive transformation in structures and values here in America. Not only can I not change the massive economic injustice that creeps ever higher; I cannot keep the homeless prostitute off the streets or away from alcohol; I cannot provide shelter for the nineteen-year-old mother who is sleeping in stairwells; I will not be there in the dark hours when the rape victim relives her experience, and she may feel too ashamed and vulnerable to seek any help other than the pamphlet we hand her in the ED. I am not "part of the solution," of any solution. I am no longer certain "we shall overcome."

All I can do is listen. Yes, I have been taught the mantra. Like all those trained for such advocacy work, I know to say: "I'm sorry this happened to you"; "Whatever you say to save your life is right to say"; "You are very brave"; "No one—NO ONE—has the right to threaten or hurt you"; "It is not your fault"; "It is not your fault"; "It is NOT your fault." But beyond these phrases—important though it is to say them—lies the silence, the hollow place in me that is available

for someone to deposit her pain. "I never told anyone this before." "Am I crazy to feel like this?" "The son of a bitch . . . I hate him, I hate him." "I don't know what happened. I can't remember, I just can't remember. . . ." "I'm so ashamed." "It hurts, it really hurts." "I'll be OK, it's just that, right now. . . ." And once, said to me in astonishment: "You're listening to me! No one ever listened to me before."

Of course, I make mistakes. I get lost in the maze of hospital corridors, which can hardly be reassuring to victims confused by their surroundings. I react too slowly. Occasionally a survivor, frustrated with the staff and with me, walks out of the hospital, angry. Sometimes, I simply sit for hours while a tired patient sleeps.

But most of all I listen. I become part of someone's anguish. I hear it. It rests, without analysis or judgment or blame, in that space inside me that is hollowed out to be available to someone else. She holds her pain and lets me hold a little of it too; for a moment at least, we carry it together. I don't solve it; I have no answers; morning will come and be perhaps even bleaker as she remembers the horror. And tomorrow the injustice in my city will creep upward again. More homelessness, more poverty, more greed on the part of those who already have too much. More glitz on Fifth Avenue, more rats in the tenements in the Bronx.

I can no longer see any way to be part of the solution. Being a part of the problem—holding it, inhabiting it—is the best I can do. "No one ever listened to me before." For the few hours I am in the ED, it feels like enough.