

## FEATURE

# Trapped by the 'Walmart of Heroin'

A Philadelphia neighborhood is the largest open-air narcotics market for heroin on the East Coast. Addicts come from all over, and many never leave.

By Jennifer Percy

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**T**he first time Mark shot up “Philly dope” was in the summer of 2017, with his girlfriend, Sarah. They had been on their way from Massachusetts to South Carolina, hoping to get clean there and find someplace cheap to live. The plan was to detox slowly on the way. In New Jersey, they needed to buy more drugs, just enough to make it to Myrtle Beach. Mark got out his phone and Googled “really bad drug areas.” A neighborhood in Philadelphia came up: Kensington.

Mark had never heard of it, but it was easy to find, not too far off I-95. The streetlights were broken or dim, and the alleyways were dark. Most of the blocks were lined with two-story rowhouses, abandoned factories and vacant lots. Kensington Avenue, the neighborhood’s main drag, was a congested mess of Chinese takeouts, pawn shops, check-cashing joints and Irish pubs. Missing-person posters hung from storefront windows. The dealers were all out in the open, calling out brand names, even handing out free samples. Many people smoked crack or meth or injected heroin. They stuck needles in their arms, necks and the skin between toes. They were limp and nodding off. Some people lay on the ground looking dead.

Mark got addicted to oxycodone after he was injured by an I.E.D. while on deployment in Iraq. A friend taught him to shoot up heroin because it was a lot cheaper than taking painkillers. And the heroin in Kensington was very cheap. As little as \$5 a bag. Mark was used to the high he got from drugs in Massachusetts, but this was different. “We thought it was real dope,” he said. But the heroin had been cut with fentanyl, a synthetic opioid that the couple had never taken before. The withdrawal was the worst Mark and Sarah had ever gone through.

“I’ve never been so sick in my life,” Mark said. “It was like the alien in the movie was going to pop out of my chest, things I’ve never experienced going through detox before.” They tried dosing themselves with Suboxone, a synthetic opioid that eases the pain of withdrawal. They had used it before to get sober. Now it wasn’t helping. The addiction was too powerful and the withdrawal too excruciating. “I knew then that I wasn’t going to leave,” he said. “That we couldn’t leave.”

In the summer of 2017, when I first toured the area with Patrick Trainor, a special agent for the Drug Enforcement Administration, he called Kensington the largest open-air narcotics market for heroin on the East Coast. It’s known for having both the cheapest and purest heroin in the region and is a major supplier for dealers in Delaware, New Jersey and Maryland. For years, the heroin being sold in Kensington was pure enough to snort, but that summer, it was mixed with unpredictable amounts of fentanyl. In Philadelphia, deaths related to fentanyl had increased by 95 percent in the past year.

Philadelphia County has the highest overdose rate of any of the 10 most populous counties in America. The city’s Department of Health estimates that 75,000 residents are addicted to heroin and other opioids, and each day, many of them commute to Kensington to buy drugs. The neighborhood is part of the largest cluster of overdose deaths in the city. In 2017, 236 people fatally overdosed there.

“We have not only people from other parts of the state,” Trainor said, “we have people from other parts of the country who come here.” Every year, “drug tourists” from all over the United States visit Kensington for the heroin. Eunice Sanchez, a local pastor, put it more succinctly: the area, she said, was the “Walmart of heroin.”





Beside the Kensington Avenue underpass. Jeffrey Stockbridge  
for The New York Times

Once a blue-collar factory neighborhood, Kensington was especially devastated when deindustrialization swept through the area in the 1950s. (Philadelphia neighborhoods don't have officially designated boundaries, and the northeast section of the city, including West Kensington, East Kensington, Fairhill, Port Richmond and Olde Richmond, is often referred to as "Kensington.") As the white population fled for the suburbs, Hispanic and African-American people moved in, and with few investments from the city, the drug market filled the economic vacuum. Houses transformed into drug dens, factories into spaces to shoot up, rail yards into homeless encampments. Most residents, many of them immigrant families who had come to Kensington for a better life, did not have the means to move.

In the early 2000s, Dominican gangs started bringing in Colombian heroin that was not only purer but much cheaper than heroin imported from Asia, which historically predominated. Kensington's decentralized market kept competition

high and prices low. Most corners were run by small, unaffiliated groups of dealers, making the area difficult to police; if a dealer was arrested, there was always someone there to replace him. The Philadelphia prison system has become the largest provider of drug treatment in the city. The police have realized that they can't arrest the problem away, and they spend many of their calls reviving drug addicts with Narcan, an overdose-reversal spray. The D.E.A. focused on the high-level drug traffickers, not the guys working the streets, but the arrests did little to curb the growing demand.

"They call this the Badlands," Elvis Campos, 47, said about Kensington. "Good people are held hostage in their homes." Campos, who moved to the neighborhood 22 years ago, lives on a small, crumbling block next to a demolished crack house. "I didn't know about the drugs when I came," he said. "I found the house, and it was cheap." No one on his block used or sold drugs, he said, and his neighbors worked hard to keep it clean. But dealers were always around their homes trying to sell. "I tell them to leave," Campos said. "I served in Iraq, and I think that's why I'm good at telling drug dealers to get off the block."

Like Campos, many residents had come to Kensington simply because they couldn't afford housing anywhere else, and though many expressed empathy for the users, they also wanted them to leave. People cleared needles off their lawns, their front steps and the sidewalks where their children played. Some wouldn't go anywhere unless they were in a car, but a lot of families were too poor to afford a car. They organized cleanups, lobbied City Council members and state representatives and asked for help from church groups, but the problem seemed insurmountable. The drug market, institutional racism, joblessness and the ravages of the war on drugs in the '80s left the community struggling. "You see everything here," one female resident told me. "Overdoses, shootings, killings. We are exposed to trauma every day just living here. It's constant."

Dealers fought for territory and intimidated police informants. The area has one of the highest rates of shootings and murders in the city. Less than two-thirds of the residents have a high school diploma, and only a fraction have a bachelor's degree. Nearly half the residents live below the poverty line. And yet parts of the

neighborhood were solidly working-class, and the edges of the neighborhood were gentrifying. “The narrative of the opioid crisis is focused on big-pharma greed,” Zoë Van Orsdol, a public-health specialist, told me, “but in Kensington the reality is far more complicated.”

**Early one morning**, I found Crystal, 34, a mother of three, going into withdrawal near the intersection of East Somerset Street and Kensington Avenue, the area’s largest drug corner. Car stereos boomed, and the elevated train screeched to a stop. The train doors opened, and buyers spilled onto the walkway, heading down two flights of stairs before dispersing into the streets.

Crystal’s ankle was fractured, and her hair was damp with rainwater. She grew up just a few blocks away, and many of her relatives were addicted to heroin. Crystal started shooting up after her husband lost his job. They had split up, but she still wore her wedding ring. Narcan kept bringing her back. “It’s like playing Russian roulette with your life,” she told me. Crystal sobbed and folded her body over her knees while people walked by her.

A lot of people first came to Kensington because a car accident or surgery had left them addicted to painkillers. Later, when they could no longer afford them, they switched to heroin. Those deep in addiction were using 10 or more times a day. People cycled in and out of Kensington’s recovery houses, treatment centers and shelters. After years of this, women often ended up as prostitutes. They offered oral sex for \$25 so they could buy a few bags. They had been raped, tied up and held up. They had nowhere to go to shower. They feared telling the cops about the abuse because they had already been busted on drug or prostitution charges. They slept curled with their purses between their knees and their chests.





Crystal, a 34-year-old heroin user and mother of three. Jeffrey Stockbridge for The New York Times

When I met Jax, a prostitute with curly blond hair, she apologized about her appearance. She had smoked crack and scratched up her face. It was speckled with wounds. Jax started using opioids in college and ended up in Kensington shooting heroin. She had checked herself into a lot of rehab centers, but she couldn't stay sober. Her boyfriend tried to help, but he got fed up. In 2009, she became pregnant and used heroin the whole nine months. Recently she spent 24 days in jail, then went right back to the streets and overdosed nine times in two weeks. "Sometimes I just don't ever want to survive," she said. "Just let me die."

"What about your son?" I asked.

"He's better off without me."

At the bottom of the station steps, I met John, a 55-year-old man who lived with his parents. John was a “guide”: He guided customers from the train to the drugs. He could help you find heroin, cocaine, PCP, marijuana, Xanax, Percocet virtually any time of day or night. He could help you shop around, compare prices and quality. His own drug of choice was heroin, which he sniffed. John carried a grocery bag filled with clean needles. He got them from Prevention Point, a nonprofit on Kensington Avenue that exchanged dirty needles for clean ones. Needle exchanges helped stop the spread of H.I.V. and hepatitis C. But John was smart and made a small business out of it. He sold clean needles for \$2. “You don’t come from our world,” he told me, “and we don’t come from your world.”

A few steps away, I met Shiz, a redhead dressed all in blue. Like most everyone else, Shiz was in Kensington to buy heroin. He was with his friend Kevin, a short man with a wild beard. Opioids often make people itch, and Kevin wouldn’t stop scratching his arms. There was so much dead skin it looked as if his arm were foaming.

“I only do about 20 bucks a day,” Shiz told me. He worked as a cook, making Philly cheesesteaks, and commuted into Kensington to buy drugs. Sometimes he ended up in jail and got clean. He always wanted to stay clean, but it was too hard. He tried locking himself in his house and not talking to anyone, but the boredom drove him crazy. It drove him right back to the drugs.

“Do you wish you could stop?” I asked.

He and Kevin laughed.

“Everybody wishes they could stop,” he said. “You’re always in this web. You’re in the web for the rest of your life.”

**When Philadelphia’s** progressive mayor, Jim Kenney, took office in 2016, he soon made it a priority to tackle the city’s opioid crisis. His administration wanted to focus on getting heroin users into treatment rather than arresting them. In late 2016, Kenney created a task force of addiction experts, doctors, social workers and agents from the D.E.A. to come up with a plan to curb overdose deaths in the city.

In May 2017, they offered 18 recommendations, including a media campaign about the risks of opioids, wider distribution of Narcan and support for medically assisted treatment, which uses opioid-replacement drugs like Suboxone to help users manage withdrawal.

The first order of business was to clear the railroad gulch. For decades, a mile-and-a-half-long stretch of tracks in a ravine had been a magnet for heroin users, with 300 or so people using the tracks to shoot up every day. Near a bridge over the gulch, an encampment of dozens of homeless addicts had grown up. There were mattresses piled beneath the bridge, along with tables where users cut, snorted and cooked drugs together. A Hispanic addict known as the Doctor worked behind a folding table in a shack called “the hospital.” He charged a couple of dollars to shoot up those who couldn’t do it themselves. People sometimes pushed the bodies of users who had overdosed and died into the bushes instead of calling the police. Residents complained about the smell.

The plan was ambitious: El Campamento, as the encampment was known, would be bulldozed, the trees removed and the tracks sealed with fences. The cost was more than \$1 million. Conrail, the company that owned the tracks, agreed to dispose of used needles, clear the vegetation from around the tracks and remove trash, including televisions, recliners, mattresses and hundreds of tires. The city would contribute funds for waste removal, some fences and security. It would also remove all the homeless heroin users from the site and offer them medical care and drug-treatment services.





Jax at the Kensington Avenue underpass. Jeffrey Stockbridge  
for The New York Times

Months before the official cleanup in August 2017, the Office of Homeless Services and the Department of Behavioral Health began sending daily outreach teams to the encampment. They wanted to get as many users into treatment and supportive housing as were willing to go. Kensington Hospital expanded its treatment facilities. Housing and treatment slots opened up for those removed from the encampment. Transportation was provided for those who were willing to accept treatment, and the Office of Homeless Services paid for ID cards for those who didn't have them. Social workers and community groups set up trailers on a corner, right outside El Campamento, ready with volunteers who would help connect the homeless heroin addicts to treatment.

"It's not an easy issue," Kenney had told The Philadelphia Inquirer. "It's going to take many years and a ton of money, so that may have been why it hasn't been addressed in the past — but that's not an excuse."

That August, just before the demolition was scheduled to begin, I walked along the edges of the tracks and could hear people moving around in the vegetation below. Streams of users walked to and from the tracks to buy and use drugs. Two cops patrolled the area, as drug-dealing kids on trick bikes looped around to run their own surveillance. A man with thick hair and camo pants came up the street and started waving his arms. “Never see this in Texas, man,” he said. “This place is crazy.”

“Are you homeless?” I asked.

“Nah, I’m down here for the summer,” he said.

He had traveled from Texas to sniff the heroin. After two tours in Iraq and Afghanistan, he said, he started taking painkillers recreationally. He said he learned about Kensington from the National Geographic docu-series “Drugs Inc.,” in its 2013 episode “Philly Dope.” At first he threw up because the heroin was so strong. “I’m fine, I’m fine,” he said. “Don’t worry about me. I won’t end up like these people. I do other things with my life. I race dirt bikes. I do jujitsu. I take a shower every day.”

A few days later, Conrail’s team started clearing El Campamento. On a bridge overlooking the encampment, crowds of spectators gathered to watch the destruction. Machines ripped trees from the ground and pulverized them on the spot. Cars honked in celebration. An avalanche of garbage stretched from the top of the slope to the bottom of the ravine.

Two E.M.S. workers chatted about the addicts who overdosed. “If you were on the street having a heart attack and you were dying, and I left you and you died, that’s on me,” one said. “I come and wake you up from an overdose, and you walk away, and I get you again three hours later? That is insanity. I’m like: Make them go to rehab.” He nodded toward a machine that scooped up trash. “Sometimes you need to take a different approach.”



**The city offered** treatment, but most of the displaced heroin addicts didn't accept it. They moved into crumbling churches, abandoned buildings, vacant lots. They pitched tents on the grass at McPherson Square, where library staff regularly rushed outside with bottles of Narcan to save the overdosed. The police told the users to be on their way. Some of them moved to the abandoned and boarded-up Ascension of Our Lord Church, on a windswept corner of Westmoreland Street about a mile northeast of the tracks. They gathered in pews, beneath light raining through stained-glass windows. They left needles in the holy-water basin.

In October, outside the Rev. Billy Cortes's trailer church, a bin overflowed with trash, and the ground was covered with syringes. Homeless men pushed grocery carts, and addicts shuffled up and down the sidewalk. None of the neighbors were out playing dominoes as they usually did. "People are afraid to go outside," Cortes said. He blamed the city for working too quickly to clear El Campamento. There were more drunk people, more needles in front of his house and on the street. Every day, for weeks, he saw someone overdose. Every corner of his block was littered with trash.



A woman struggling to inject heroin on Kensington Avenue. Jeffrey Stockbridge for The New York Times

“Look at all these people,” he said. “Look at my neighborhood. See all this trash. Trash everywhere. It’s all dirty now! You think this is fair? This is the reality of this neighborhood. The job the city made is not good. These people don’t have a plan. The cleanup is good for the future, but at the moment it’s not a good thing.”

Winter arrived, and the addicts took shelter in four railroad underpasses beneath elevated sections of Conrail’s railroad tracks, at Kensington Avenue, Emerald Street, Frankford Avenue and Tulip Street. These new encampments were all within a half-mile corridor, just a short walk from where El Campamento had been. In general, the cleanup had pushed the market and the users east toward Olde Richmond and Port Richmond, where the population tended to be less Hispanic and more white. Areas that hadn’t seen a lot of activity in the past were now busy with drug use.

Desiree Gilman, a 34-year-old nurse with shoulder-length blond hair, lived in a rowhouse with her children about a block away from the Tulip Street underpass. Gilman was raised in the neighborhood and did everything she could to stay away from heroin. She focused on her career and raising a family. “But still,” she told me, “about 80 percent of my friends are either in jail or dead.”

Since the cleanup, her car’s battery had been stolen three times, and she had found a man sleeping in the back seat. She pointed at the tracks across the street. “I see people up there sleeping. I see clothes in the trees. You just see people crunching through the leaves. It’s creepy.” In the mornings, she got her 5-year-old son ready for school and waited with him until the school bus came. “I feel bad for them,” she said about the users. “I really do, but I can’t have them shooting up on my steps. I don’t want my kids to see it.”

**At the Frankford** underpass, the users were all smashed together beneath piles of blankets and clothes. The ceiling dripped. Used syringes lay in puddles and buckets. Trash was everywhere — office chairs, a pleather love seat, plastic crates, trash bags stuffed with clothes. No one slept soundly. Traffic rushed by at all hours

of the night. Users were injecting one another in the neck, sometimes because their arm veins had collapsed, but also because the neck was quicker and yielded a more potent high.

A 40-year-old man who went by the nickname Country looked at me with blue eyes and droopy brows. He used to be at the Kensington underpass but moved to Frankford after people found out he had H.I.V. They didn't want him around. Country slept on two flattened boxes. In the middle of the tunnel, where it was dark, I watched Country try to inject a man in the neck. Country was high and missed the vein. He kept going unconscious with the needle still in his hand.

A man named George sat on a soggy mattress, next to a rug with a tiger on it. He was a new arrival from South Philly. His eyes looked as if someone had scooped them out and filled them with mud. The night before, he said, two cars collided outside the underpass and a man was ejected through the windshield.

"Why come up here?" I asked.

"It's easier to be homeless here," George said. "You get help up here. You get food. Everything I have I was given from somebody. The drugs are here — they are closer and cheaper." George wiped his nose with his sleeve. "People think we are having fun down here. Are you insane? I live under a bridge."

I didn't go to Kensington at night on Code Blue days in December, when the temperatures were dangerously cold. But the addicts were still there. They set up burn barrels to keep fires going, and the city opened emergency warming rooms. Even when the temperatures dropped to single digits, many of the addicts refused go to a shelter. For some users, opioid withdrawal was worse than the possibility of freezing to death.

**This January, Gov.** Tom Wolf signed a statewide disaster declaration, the first of its kind for a public-health emergency in Pennsylvania. There had been more than 1,200 overdose deaths in Philadelphia in 2017 — a 34 percent rise from 2016. Wolf pushed the state to roll back regulations that might be stopping users from getting help, like ID and sobriety requirements for shelters and treatment facilities.

Instead of sending overdosed people back out onto the street, the city hired recovery specialists in the E.R. to talk to them about treatment. It handed out tens of thousands of doses of Narcan. It sent a van into the neighborhood to offer recovery services. It gave residents blue light bulbs for their porches, because the light seemed to make it harder for heroin users to find a vein.

Shanta Schachter, a community development consultant who was hired by Conrail during the cleanup as a liaison between the company and neighborhood organizations, watched the new encampments grow throughout the winter. Months before the Conrail cleanup began, she attended community meetings and chatted with neighbors. She had encouraged residents to take control of Kensington by planting trees in vacant lots, building fences, painting abandoned buildings, installing streetlights. During the cleanup, she was hopeful, but after she drove through the tunnels, she was worried about the addicts living there. “It’s just such an incredible amount of suffering,” she told me. “It’s not like people are getting better. There aren’t resources to help the people who are addicted now. I don’t think anybody really knows how to get the addicts off the streets. It can’t just be new beds, or recovery services, or anything else. It has to be everything.”

The city was willing to try almost anything. In January, the Department of Public Health announced that the city would “encourage organizations to develop” supervised-injection sites, where people can bring their own drugs without fear of arrest and inject under the care of a medical team. There are roughly 120 of these injection sites around the world — although none in the United States — and research has shown that they reduce overdose deaths, connect addicts to long-term care and help keep neighborhoods clean of needles. There has never been a fatal overdose at an official safe-injection site. The Justice Department made it clear that it would view any such place to be in violation of federal drug laws, but Ed Rendell, the former Pennsylvania governor and Philadelphia mayor, threw his support behind a nonprofit group trying to establish one.

At one community meeting this March, city officials explained the idea to residents. The clinic would be located where the most overdose deaths occurred, and that very likely meant Kensington. Many of the overdose victims were white

men, though, and some of the minority residents didn't think it was fair. They worried that establishing a supervised-injection site in the neighborhood would condemn it to a permanent future of drug use. Brooke Feldman, a social worker, had planned to bring a homeless user named Johnny to the meeting, but when she went to the Tulip Street underpass that morning, he had already died of an overdose. "He said he would use the site and wanted to be a part of the conversation," Feldman told me. "He didn't even live to be able to do that."

Dan Martino, a community organizer who put together a march for overdose awareness, had been lobbying for a supervised-injection site for years. "We already have unsafe injection sites on every street corner in the city, and it's not working out," he told me. "It has to be easier to get help than heroin."

**In February**, on a concrete stoop on East Tusculum Street near the Kensington Avenue tunnel, two sisters, Nancy and Dawn, watched the addicts. Dawn wore a green T-shirt that read, "Dawn's drinking club," and her blond hair was high in a ponytail. "Almost everybody I grew up with is either an addict or dead," she said. "I'm like the only one."

From the stoop, the Kensington underpass looked dark, like the opening to a rat hole. "The screaming at all hours of the night is way out of control," Dawn said. "It basically sounds like they are killing each other."





A woman sleeping below the Kensington Avenue underpass. Jeffrey Stockbridge for The New York Times

Nancy's nephew was an eighth-grade student at Visitation Blessed Virgin Mary, a Catholic school just on the other side of the tracks. Every day he walked back and forth through the tunnel, along with hundreds of other schoolchildren, while the addicts continued to shoot up beneath the dim lights. Some children avoided the tunnel by walking north to the B Street bridge and then swinging back around to Kensington Avenue.

The sisters' family had lived on Tusculum Street for five generations, and the kids had always been able to play on the street. The underpass used to be empty, and they took care of the vacant lot to make sure it didn't turn into a dumping site. Now

they woke up to find feces and urine on their stoops. They swept needles off their steps, and they took their plants inside because the pots filled with syringes. They wouldn't let the children play in the snow because of the buried needles.

Dawn lived one door closer to the tunnel than Nancy. "In all the years we have been here, it was never like this," she said. "They lived on the railroad, like way up that way, where there are no houses. But you know, we don't count, so whatever."

"They eat, like, six times a day," Nancy said. "They eat more than I do. They get coffee and doughnuts in the morning. They brought them tents and blankets. Their drug dealer is two blocks away."

"They have no reason to go when everyone is giving them absolutely everything," Dawn said. "The only thing we wish they had is a bathroom."

"There is one girl down there with blond hair," Nancy said. "I literally see her go to the bathroom at least four times a day right there. She walks 10 steps out from the tunnel, with her back facing us, pulls her pants down and goes. I can't deal with it anymore. We were thinking about opening that fire hydrant and letting that water go. Just flood them out." She looked east. "Tulip is already starting to fill up. If the addicts migrate to Port Richmond, the neighbors are going to riot."

With pressure from the neighborhood, the city agreed to remove the homeless addicts from the Tulip Street and Kensington Avenue tunnels. A deadline was set for the end of May. In a news release about the removals, the city's managing director said the camps "pose a health and safety threat to those who stay there as well as to the neighbors." As for the other two encampments, the city didn't have the resources. The residents would have to wait.

Liz Hersh, the director of the Office of Homeless Services in the city, described the underpass encampments as one of the most complex and challenging aspects of Philadelphia's opioid crisis. The city wanted to respond to the needs of the residents, she told me, "in a way that was also humane for those suffering from



addiction,” even when those needs were not always one and the same. The goal was to get as many people as possible into treatment or a shelter by the end of May, but a new approach was needed.



Clothing, garbage and remnants of makeshift homes along the abandoned tracks near the Tulip Street underpass. Jeffrey Stockbridge for The New York Times

The city realized it needed to help get people into treatment more quickly. Outreach workers began evaluating people for treatment in the tunnels and on the streets, ushering them into vans for privacy. They were able to dose some users immediately with Suboxone and transport them to care. In just two weeks, more users agreed to go into treatment than had in the previous six months. “At the Conrail cleanup,” Hersh told me, “we all thought everyone should go into treatment, and it turned out that offering them homeless services, and specifically low-barrier housing, gave us better results.”



But as the city worked to clear the encampments, the drug dealers seemed to become more aggressive. On a small block off Kensington Avenue, someone threw a Molotov cocktail through a resident's window. Dealers were looking for turf, but residents were demanding that they stay off their blocks. "That's the level of danger and violence we face," Eduardo Esquivel, a resident, told me. His wife was threatened by a panhandler, and his neighbor was surrounded in his car with a young child when users swarmed his block for free samples. "My worry," Esquivel said, "is we are being asked to face this epidemic as a neighborhood, but the threat of violence is very high and very real, and it's only getting worse."

**On the day** of the removals, protesters — a mix of outreach workers and activists — marched through the streets. They plastered the underpasses in signs that read "Eviction = Death." They wrote, "Who is human?" on the sidewalk in green chalk. Homeless Services workers carried clipboards and continued to try to get people into treatment or shelters. Police officers stood guard about every 10 feet. Volunteers handed out sanitary wipes and bottles of Gatorade. Sanitation workers threw heaps of trash into the mouth of a garbage truck.

At Tulip Street, two men dragged a tent into the trees on top of the viaduct. The younger man started popping his boils in a side mirror of a school bus while the other man called his mother. "Hey Mom, it's Nathan," he said. "Just letting you know I'm alive. I love you. Bye."

Nathan put down the phone. "I'm going to rehab," he told me. "If there is anytime to go, then now is the time."

"Will this be your first time?" I asked.

"No," he said. "This is the ninth time."

Another homeless man came out of the trees behind us. He looked down at himself. "Please don't take my photo," he said. "My family would be devastated."

Nancy, Dawn and a neighbor pulled out butterfly chairs to watch the removals unfold at the Kensington Avenue tunnel. "I have two children in addiction, and this is ridiculous," the neighbor said. "That's a life choice."

In a lot in front of their homes, the police dragged a shirtless man off a mattress. A young woman with a pink backpack kept going unconscious with a cigarette in her mouth. On the other side of the tunnel, people waited in line at One Pound Cheese Steaks while users shot up in the adjacent lot. Next to the counter, a man lay unconscious. “We are trying to keep it together for the community,” an employee told me, “and it’s not working out.”

Mark and Sarah, the couple who stopped in Kensington to buy drugs and never left, were being removed from the Tulip underpass. Mark wore an American-flag tank top and his sandy-colored hair curled beneath a baseball hat. “Sapper school,” he said, referring to the Army training course for combat engineers, “was probably the hardest thing I did in life. I don’t know how I did something like that but I can’t get my [expletive] together out here.” He and Sarah filled a shopping cart with damp clothes and a moldy sleeping pad tied with a bungee cord. They were going to push the shopping cart to a shelter. “It’s kind of a hike from here,” he said, “but that’s where we go to cop drugs anyway.”

Country was out wandering the avenue. He was almost unrecognizable, with thin limbs and sunken cheeks and a shaved head. “I don’t know what I’m going to do,” he said.

“Where’s your stuff?” I asked.

“This is my stuff.” He had a pocketful of syringes. He turned his back to me and began to cry. He cried for a minute, until the train rushed overhead and drowned him out.

By noon, the Kensington Avenue underpass was empty. Dark clouds made the early afternoon feel like twilight. Dawn waited on her stoop with her arms crossed. She pointed to the empty lot behind a factory just east of her block. “They are building a new camp right over there,” she said. “They told me they are going to come right back.”

There were already about 30 people in the lot, injecting, defecating and sleeping. One of them, Krista, 30, told me she started using heroin after she was raped in college. She was crouched over a lavender purse cleaning a crack pipe and wore a T-shirt that said “Perfect is Boring.” “If I’m a little further away, I have this nervous feeling that I need to come back to Kensington,” she said. “It’s like a big dysfunctional family. I guess this is the one place I belong.”

A portion of the factory, on the corner of East Somerset and Ruth Streets, was being converted into a \$17.8 million office building with low-income housing. Residents were already living there. It was supposed to be a sign of hope. But Country had told me it was one of his new favorite places to shoot up. Someone had spray-painted “Gentrification Is Genocide” on the wall.

**More than 100** people from the tunnels accepted shelter or treatment. Others were incarcerated or moved away or died. Some of them joined the encampments at Emerald Street and Frankford Avenue or pitched tents in abandoned lots. Others just disappeared.

In a single weekend over the summer, 173 people overdosed from the same bad batch of heroin. It was called Santa Muerte, or Saint Death, and witnesses said people were responding in ways they hadn’t seen when waking up from an overdose. They were agitated and scratched the air in pain.

The city plans to clear the other two encampments in the coming months. This time, activists are worried that the users will go deeper into hiding, that more of them will die alone. “We are still not done,” Devin Reaves, who participated in the mayor’s opioid task force, told me. “Until we see a decrease in overdose deaths year after year, I don’t know if you can say we have done enough,” he said. “How can we say we made an impact if people are still dying?”

Sometimes addicts died in Kensington and no one claimed the bodies. Investigators searched for loved ones, but if none could be found, the remains were buried without a funeral. Some residents mourned in their own way. They wrote

the names of the dead on walls or sewed patches with portraits onto a quilt. Small memorials began appearing on land near the railroad tracks and in gardens along Kensington Avenue, close to the place the addicts had called home.

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