



JIMMY'S WORLD

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Correction: The following article is not factually correct and is a fabrication by the author. For a detailed account of how it came to be published by The Washington Post, please see the article by Bill Green, then the newspaper's reader ombudsman, published in The Post on April 19, 1981.

Jimmy is 8 years old and a third-generation heroin addict, a precocious little boy with sandy hair, velvety brown eyes and needle marks freckling the baby-smooth skin of his thin brown arms.

He nestles in a large, beige reclining chair in the living room of his comfortably furnished home in Southeast Washington. There is an almost cherubic expression on his small, round face as he talks about life -- clothes, money, the Baltimore Orioles and heroin. He has been an addict since the age of 5. His hands are clasped behind his head, fancy running shoes adorn his feet, and a striped Izod T-shirt hangs over his thin frame. "Bad, ain't it," he boasts to a reporter visiting recently. "I got me six of these."

Jimmy's is a world of hard drugs, fast money and the good life he believes both can bring. Every day, junkies casually buy heroin from Ron, his mother's live-in-lover, in the dining room of Jimmy's home. They "cook" it in the kitchen and "fire up" in the bedrooms. And every day, Ron or someone else fires up Jimmy, plunging a needle into his bony arm, sending the fourth grader into a hypnotic nod.

Jimmy prefers this atmosphere to school, where only one subject seems relevant to fulfilling his dreams. "I want to have me a bad car and dress good and also have me a good place to live," he says. "So, I pretty much pay attention to math because I know I got to keep up when I finally get me something to sell."

Jimmy wants to sell drugs, maybe even on the District's meanest street, Condon Terrace SE, and some day deal heroin, he says, "just like my man Ron."

Ron, 27, and recently up from the South, was the one who first turned Jimmy on. "He'd be buggin' me all the time about what the shots were and what people was doin' and one day he said, 'When can I get off?'" Ron says, leaning against a wall in a narcotic haze, his eyes half closed, yet piercing. "I said, 'Well, s . . . , you can have some now.' I let him snort a little and, damn, the little dude really did get off."

Six months later, Jimmy was hooked. "I felt like I was part of what was goin' down," he says. "I can't really tell you how it feel. You never done any? Sort of like them rides at King's Dominion . . . like if you was to go on all of them in one day.

"It be real different from herb (marijuana). That's baby s---. Don't nobody here hardly ever smoke no herb. You can't hardly get none right now anyway."

Jimmy's mother Andrea accepts her son's habit as a fact of life, although she will not inject the child herself and does not like to see others do it.

"I don't really like to see him fire up," she says. "But, you know, I think he would have got into it one day, anyway. Everybody does. When you live in the ghetto, it's all a matter of survival. If he wants to get away from it when he's older, then that's his thing. But right now, things are better for us than they've ever been. . . . Drugs and black folk

been together for a very long time."

Heroin has become a part of life in many of Washington's neighborhoods, affecting thousands of teen-agers and adults who feel cut off from the world around them, and filtering down to untold numbers of children like Jimmy who are bored with school and battered by life.

On street corners and playgrounds across the city, youngsters often no older than 10 relate with uncanny accuracy the names of important dealers in their neighborhoods, and the going rate for their wares. For the uninitiated they can recite the color, taste, and smell of things such as heroin, cocaine, and marijuana, and rattle off the colors in a rainbow made of pills.

The heroin problem in the District has grown to what some call epidemic proportions, with the daily influx of so-called "Golden Crescent" heroin from Iran, Pakistan, and Afghanistan, making the city fourth among six listed by the U.S. Drug Enforcement Agency as major points of entry for heroin in the United States. The "Golden Crescent" heroin is stronger and cheaper than the Southeast Asian and Mexican varieties previously available on the street, and its easy accessibility has added to what has long been a serious problem in the nation's capital.

David G. Canaday, special agent in charge of the DEA's office here, says the agency "can't do anything about it [Golden Crescent heroin] because we have virtually no diplomatic ties in that part of the world." While judiciously avoiding the use of the term epidemic, Canaday does say that the city's heroin problem is "sizable."

Medical experts, such as Dr. Alyce Gullatte, director of the Howard University Drug Abuse Institute, say that heroin is destroying the city. And D.C.'s medical examiner, James Luke, has recorded a substantial increase in the number of deaths from heroin overdose, from seven in 1978 to 43 so far this year.

Death has not yet been a visitor to the house where Jimmy lives.

The kitchen and upstairs bedrooms are a human collage. People of all shapes and sizes drift into the dwelling and its various rooms, some jittery, uptight and anxious for a fix, others calm and serene after they finally "get off."

A fat woman wearing a white uniform and blond wig with a needle jabbed in it like a hatpin, totters down the staircase announcing that she is "feeling fine." A teen-age couple drift through the front door, the girl proudly pulling a syringe of the type used by diabetics from the hip pocket of her Gloria Vanderbilt jeans. "Got me a new one," she says to no one in particular as she and her boyfriend wander off into the kitchen to cook their snack and shoot each other up.

These are normal occurrences in Jimmy's world. Unlike most children his age, he doesn't usually go to school, preferring instead to hang with older boys between the ages of 11 and 16 who spend their day getting high on herb or PCP and doing a little dealing to collect spare change.

When Jimmy does find his way into the classroom, it is to learn more about his favorite subject -- math.

"You got to know how to do some figuring if you want to go into business," he says pragmatically. Using his mathematical skills in any other line of work is a completely foreign notion.

"They don't BE no jobs," Jimmy says. "You got to have some money to do anything, got to make some cash. Got to be selling something people always want to buy. Ron say people always want to buy some horse. My mama say it, too. She be using it and her mama be using it. It's always gonna be somebody who can use it. . . ."

"The rest of them dudes on the street is sharp. You got to know how many of them are out there, how much they charge for all the different s---, who gonna buy from them and where their spots be . . . they bad, you know, cause they in business for themselves. Ain't nobody really telling them how they got to act."

In a city overflowing with what many consider positive role models for a black child with almost any ambition -- doctors, lawyers, politicians, bank presidents -- Jimmy wants most to be a good dope dealer. He says that when he is older, "maybe about 11," he would like to "go over to Condon Terrace (notorious for its open selling of drugs and violent way of life) or somewhere else and sell." With the money he says he would buy a German Shepherd dog and a bicycle, maybe a basketball, and save the rest "so I could buy some real s--- and sell it."

His mother doesn't view Jimmy's ambitions with alarm, perhaps because drugs are as much a part of Andrea's world as they are of her son's.

She never knew her father. Like her son, Andrea spent her childhood with her mother and the man with whom she lived for 15 years. She recalls that her mother's boyfriend routinely forced her and her younger sister to have sex with him, and Jimmy is the product of one of those rapes.

Depressed and discouraged after his birth ("I didn't even name him, you know? My sister liked the name Jimmy and I said 'OK, call him that, who gives a fu--? I guess we got to call him something, don't we?") she quickly accepted the offer of heroin from a woman who used to shoot up with her mother.

"It was like nothing I ever knew about before; you be in another world, you know? No more baby, no more mama . . . I could quit thinking about it. After I got off, I didn't have to be thinking about nothing."

Three years later, the family moved after police discovered the shooting gallery in their home, and many of Andrea's sources of heroin dried up. She turned to prostitution and shoplifting to support a \$60-a-day habit. Soon after, she met Ron, who had just arrived in Washington and was selling a variety of pills, angel dust and some heroin. She saw him as a way to get off the street and readily agreed when he asked her to move in with him.

"I was tired of sleeping with all those different dudes and boosting (shoplifting) at Woodies. And I didn't think it would be bad for Jimmy to have some kind of man around," she says.

Indeed, social workers in the Southeast Washington community say that so many young black children become involved with drugs because there is no male authority figure present in the home.

"A lot of these parents (of children involved with drugs) are the unwed mothers of the '60s, and they are bringing up their children by trial and error," says Linda Gilbert, a social worker at Southeast Neighborhood House.

"The family structure is not there so they [the children] establish a relationship with their peers. If the peers are into drugs, it won't be very long before the kids are, too. . . . They don't view drugs as illegal, and if they are making money, too, then it's going to be OK in the eyes of an economically deprived community."

Addicts who have been feeding their habits for 35 years or more are not uncommon in Jimmy's world, and although medical experts say that there is an extremely high risk of his death from an overdose, it is not inconceivable that he will live to reach adulthood.

"He might already be close to getting a lethal dose," Dr. Dorynne Czechowisz of the National Institute on Drug Abuse says. "Much of this depends on the amount he's getting and the frequency with which he's getting it. But I would hate to say that his early death is inevitable. If he were to get treatment, it probably isn't too late to help him. And assuming he doesn't OD before then, he could certainly grow into an addicted adult."

At the end of the evening of strange questions about his life, Jimmy slowly changes into a different child. The calm and self-assured little man recedes. The jittery and ill-behaved boy takes over as he begins going into withdrawal. He is twisting uncomfortably in his chair one minute, irritatingly raising and lowering a vinyl window

blind the next.

"Be cool," Ron admonishes him, walking out of the room.

Jimmy picks up a green "Star Wars" force beam toy and begins flicking the light on and off.

Ron comes back into the living room, syringe in hand, and calls the little boy over to his chair: "Let me see your arm."

He grabs Jimmy's left arm just above the elbow, his massive hand tightly encircling the child's small limb. The needle slides into the boy's soft skin like a straw pushed into the center of a freshly baked cake. Liquid ebbs out of the syringe, replaced by bright red blood. The blood is then reinjected into the child.

Jimmy has closed his eyes during the whole procedure, but now he opens them, looking quickly around the room. He climbs into a rocking chair and sits, his head dipping and snapping upright again, in what addicts call "the nod."

"Pretty soon, man," Ron says, "you got to learn how to do this for yourself."

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