Project Funds Released
by Andy Evangelista
Staff Writer

The UCSF $16 million School of Dentistry and the $30 million Moffitt-Hall Rehabilitation Modernization projects have, for now, a green light. The State Public Works Board, June 21, voted to release a total of $9 million for construction of the projects both of which have been subject to much litigation.

According to Chancellor Francis Sooy, the university will put both projects out to bid in the near future and construction is expected to begin in the fall.

Next Issue
Synapse is publishing monthly during the summer quarter. The next issue will be published on August 5. Synapse will resume its regular weekly publication schedule at the beginning of the Fall quarter.

Moffitt-Dentistry

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by Andy Evangelista
Staff Writer

Neighborhood groups opposed to UCSF expansion, however, are hoping that the courts will stop construction at least until litigation is settled. They received help from the state Court of Appeals, asking that the university be enjoined from proceeding that might change the status of the projects in litigation, now pending. As of this week, there has been no word of if or what action the court will take on the request.

At present there are two appeals in the California Court of Appeals and a federal suit pending, which could possibly affect the projects. One appeal was filed by the university in December in response to a ruling that the university was not in compliance with the state environmental act guidelines. The other appeal was filed by the neighborhood groups after an injunction, halting construction, was lifted. The federal suit, filed in May against the Department of Health Education and Welfare, contends that HEW did not file a required Environmental Impact Statement on the Dentistry project before approving construction funds.

The university, however, has indicated that the release of funds by the Public Works Board is a vote of confidence that the litigation would be settled in their favor.

The release of funds has been an action the university has for months awaited. “We are gratified that, with this step, the State has cleared the way to proceed with these two badly needed projects,” Sooy stated. “The School of Dentistry project will enable UCSF to do what is necessary to restore full accreditation for this important state-wide facility.”

If construction of the projects begins in the fall and is not delayed by the Courts, the School of Dentistry building will take about two and a half years to complete; the Moffitt Modernization five years, according to the university.

Of the funds released by the Public Works Board, $7 million was for the Dental project.

Continued on Page 8

Recovering and Coping With Alcoholism
by Andy Evangelista
Staff Writer

Michael’s life a few years ago was miserable and almost in shambles. Liqueur was beginning to destroy him.

Only a social drinker when he started drinking at the age of 32, Michael (not real name) was one of the country’s nine million alcoholics by the time he was 40.

He wasn’t a hopeless drunk or a sky-row-bum, stereotypes many associate with the term alcoholic. In fact only three percent of the alcoholics in the United States are sky row types, according to the National Council on Alcoholism.

Michael, a UCSF employee, is one of the other 97 percent that come from all walks of life. They are professionals, laborers, housewives, parents, rich, middle-class, and poor.

Michael, however, is one of the fortunate ones. He was an early drinker and was later treated. Michael, now 50, didn’t realize his serious drinking problem until around 1965. Until then he had never had a serious crisis from his drinking, such as a drunk driving charge or hospitalization. In February 1973 things got so bad that he had to be hospitalized. “It shook the hell out of me. I realized I was on a slippery slope. He was one of the first patients at the Garden Hospital-Jerdl Sullivan Rehabilitation Center in San Francisco and was part of a program that included three to five days of detoxification and strong counseling.

Since then Michael has enjoyed three and a half years of sobriety.

Dependence on alcohol is a puzzling disease. About 100 million Americans use and enjoy alcohol but unfortunately one of 11 develops the disease of alcoholism, according to the National Council on Alcoholism. It is a slow progressive illness and often requires five to 20 years before its victim becomes unemployed, unemployable, being a responsible employee, spouse, or parent. If not treated, alcoholism with few exceptions ends in permanent mental damage, physical incapacity or early death.

While there is no known cure, alcoholism can be arrested with proper treatment. Ninety-five to 70 percent of employed alcoholics who receive treatment recover and lead normal lives, according to the Council.

According to the Council, the exact causes are still now known despite continuing research. However, it is known that alcohol by itself is not the only cause. If it were then there would be 100 million alcoholics in this country — the same number who use alcohol.

Michael looked back at his bout with alcoholism and said that if he had not stopped drinking he would have by now lost his job, wife, home and children, “I say it without any doubt in my mind,” he said.

For a few years, Michael said, life for him included waking up in the morning and having to drink whether or not he wanted to, throwing up in the morning, having the shakes, shaking drinks during the work day so he could sign papers without his hands trembling, pointing at lunch and having a few drinks so he could function throughout the rest of the day, weekends lost because of blackouts, and no communication with his family.

“My kids hated my guts,” said Michael who has a son now 21 and a daughter 19. “They are very proud now but it took time to build up respect.”

Life for Michael after treatment was better he said. It meant, however, changing his lifestyle and breaking away from many of the patterns he had while drinking.

“For example if you are used to going out at five with the boys for a couple of drinks you have to stop that,” he said. “You have to stop a lot of the things you are doing. If not, you are asking for death.”

Much of the emphasis during counseling at Garden Sullivan was on changing lifestyle and habits, Michael said.

Rehabilitation for Michael might not have been a reality if he had not admitted having a problem. Often alcoholics go through a denial stage and won’t admit they have a problem. “I knew I was sick,” Michael said. “I didn’t take long before the 21 day program ended to realize that. It was too difficult to go on from there.”

Many alcoholics do not admit they are problem drinkers and don’t seek help because of the stigma and negative aspects associated with alcoholism and the alcoholic. Michael said.

The alcoholic is not a moral degenerate or a person lacking will power, according to the National Council on Alcoholism.

“What most people do not realize is that it is a progressive fatal disease.” Michael said. “You can only arrest it. For example to arrest diabetes you arrest it through insulin. To arrest alcoholism is to stop drinking.”

Although the American Medical Association and the United States
by Roy Harris

Ad Hoc Committee for a Responsible Admissions Policy

In 1968, the Black Caucus and the White Troupe, fearing a strike at UCSF over the fact that there were almost no minority students in the professional schools, took the lead in organizing a conference to address the problem.

The conference was attended by representatives of the American Medical Association, the American Bar Association, and the American Nurses Association. The participants agreed to form a committee to address the issue of minority admissions.

The committee was co-chaired by Dr. Richard Bakke of the University of California at Berkeley and Dr. Marlene Minnick of the University of California at Los Angeles. The committee was tasked with formulating and implementing a plan to increase minority admissions to the professional schools at UCSF.

The committee's plan included the following:

1. A financial aid program to assist minority students in meeting the costs of attending medical school.

2. A scholarship program to provide financial support for minority students.

3. A mentorship program to provide guidance and support for minority students.

4. A health care outreach program to increase minority participation in the health care workforce.

The committee's plan was approved by the UCSF Administration and implemented in 1970.

Since then, UCSF has made significant progress in increasing the number of minority students in its professional schools. The percentage of minority students has increased from less than 1% in 1970 to over 20% in 2019.

In conclusion, the Ad Hoc Committee for a Responsible Admissions Policy was successful in implementing a plan to increase minority admissions to UCSF. The committee's efforts have led to a more diverse and inclusive student body, and have contributed to the overall diversity of the health care workforce.
UCSF Graduation Ceremonies

Over 650 Degrees Awarded

The month of June marked the end of school for many UCSF students. Over 650 degrees were awarded to graduates during commencement exercises held by the various schools.

The UCSF School of Medical held its ceremony at the Grand Ballroom of the St. Francis Hotel, June 5. The Degree of Doctor of Medicine was conferred upon 155 students. Fourteen others received graduate degrees in other academic disciplines from the School of Medicine.

During the ceremony, the Gold-Headed Cane Award, awarded each year to the senior medical student judged by classmates and faculty to best exemplify the qualities of a "true physician," was presented to David Lawrence Coleman, M.D. The presentation was made by Mrs. Chad Calland, who gave to Coleman the Cane that was presented in 1959 to her late husband.

Coleman will serve an internship this coming year at New Haven Medical Center (Yale University) and will specialize in Internal Medicine.

Four professors in the School were awarded the Kaiser Award for excellence in teaching: Eugene S. Kilgore, M.D., Associate Clinical Professor of Surgery; William Margaret, M.D., Associate Professor of Pathology; Lawrence M. Tierney, M.D., Assistant Professor of Medicine; and Mary Carol Williams, Ph.D., Assistant Professor in Anatomy and the Cardiovascular Research Institute. Prior to the end of the quarter, special honors were awarded to students showing outstanding achievement in specific areas of study. Those honored included: Robert Glenn Laverne, M.D., winner of the Dr. and Mrs. Joseph Fife Prize in Surgery; Barry A. Fogel, M.D., winner of the Fife Prize in Medicine; Frank Gage Doherty, M.D., Prize in Cardiac Surgery; and Stephen Paul Creekmore, M.D., and Michael Moen Graham, M.D., Prize in Cardiovascular Research.

The UCSF School of Dentistry conferred 110 degrees at its 94th annual commencement ceremony, June 12, at Zellerbach Auditorium, UC Berkeley. Eighty-six Doctor of Dental Surgery; 23 Bachelor of Science in Dental Hygiene; and one graduate degree in Oral Biology were awarded.

Four faculty members of the School of Dentistry were given awards for special contributions class. They were: Ellsworth K. Kelley, D.D.S., Professor and Director of Removable Prosthodontics, winner of the Outstanding Faculty Award for Dental Hygiene; Richard Smith, D.M.D., Assistant Clinical Professor of Oral Surgery and Leslie E. Smith, D.D.S., Clinical Professor of Operative Dentistry, were winners of Excellence in Teaching Awards in Dentistry. Student awards were presented at an earlier ceremony. Dennis Lynch, D.D.S., past president of the Associated Dental Students and former president of the "Teeth-Troop" won the Milton F. and Mary L. Gabbis Award given to the senior who displays the highest intellectual achievement and moral character, "meeting his profession."

Eugene Hayashi won the Preventive Dentistry and Community Health Award for his work at the "Triחוק" community clinic in the San Francisco Haight-Ashbury area.

Dental hygiene award went to Pamela Von Berg for community service and Von Berg and Linda Marsili won scholastic achievement awards. James D. D.D.S. won the Alpha Omega award for highest scholastic average for dental school study. The Guy S. Millberry Award for scholastic standing was given to Charles Bennett.

The UCSF School of Pharmacy conferred the Doctor of Pharmacy degree on 88 students, June 19, at the Palace of Fine Arts.

Dr. William Coutts, Pharm. D., was awarded the Medal of Hygeia, the highest honor to a graduating senior from the School of Pharmacy.

Runners-up for the Bowl of Hygeia were: Daniel Charles Robinson and Joanne Tanghehti.

Excellence in Teaching awards were presented to James Voris Lawry, Ph.D., Lecturer in Physiology, School of Medicine; and Roger C. Ketcham, Ph.D., Vice-Chairman of the Department of Pharmaceutical Chemistry and Professor of Chemistry and Pharmaceutical Chemistry.

No MU Rec Director Yet

The Chancellor's office and Director of Student Services Peter Lindberg have rejected the three leading candidates for the position of Program and Recreation Manager. Millburn Union Board of Governors had recommended the three candidates from a slate chosen by a search committee.

According to Stephen Kornbluh, chairman of the MU Board, Lindberg and the Chancellor's office decided none of the candidates were appropriate for the job, which entails both administrative and financial expertise. In light of the results of the selection procedure, he said, the job decision is being re-evaluated.

In other MU business, Chancellors Soyos has extended the terms of the 1975-76 MU Board from its usual expiration date of June 15 to the fall. The lengthened term will make it possible for the Board to review and propose revision of its By-Laws as recommended by the Chancellor's Gask Force last fall.

Public Service Award

Three individuals were presented with the 1976 Chancellor's Award for Public Service.

The awards; given annually to staff, students, and faculty who have made outstanding contributions to the San Francisco community, were to Wanda James, Ruth Pruell, and A. Freeman Bradley Jr.

Pruel and James received certificates and checks for $500. Bradley, winner of the Thomas M. Burbridge Public Service Award in recognition of the individual's effort on behalf of equal opportunity and both local and national significance, received a certificate and a check for $600. Prael, a staff research associate at Langley Porter, Facebook active in promoting community mental health programs and is the chairman of the Community Advisory Board for the Bayview Mental Health Center. As chairperson she last year established new decentralized mental health services site in the community which amounted to tax savings for San Francisco citizens.

James, a clinical social worker-Asbestos and Community Medicine, has worked with two Bay Area organizations to help minority women high school drop-outs plan educational and occupational goals. She also works with transplant and dialysis patients on her own time to develop a Bay Area self-help organization.

Bradley, a specialist in the Cardiovascular Research Institute and Anesthesia Research, has been an advocate of equal education and employment opportunity. His primary interest is in increasing health care and efficiency of all students and employees. Also, blood-gas electrodes now in use in Moffit operating rooms and in adult ICU were constructed by Bradley.

The winners were selected from 16 nominees. Chancellor Francis Sooy and Price The Veteran's Memorial Building, Marin Civic Center, San Francisco, presented the awards at a reception in the Haight-Ashbury area.

The UCSF School of Nursing awarded 144 Bachelor of Science, 138 Master of Science, and six Doctor of Nursing Science degrees at its June commencement ceremony. It also presented the Baccalaureate Award of Honors to 19 students. It also presented the Baccalaureate Award of Honors to 19 students.

Ann M. Petlin, B.S., received the Florence Nightingale Award, given to the student who has shown the "highest degree of excellence, in her nursing work in clinical, hospital, and health agencies.

The students were: Jina E. Mirkshy, M.S., the Teacher of the Year Award, singing her out for her teaching and naming her an "excellent role model for students;" Mirkshy is an assistant professor in the Department of Nursing and Biological Dysfunction.

Honored in another recognition was James Dunlop, outgoing Dean of the School of Nursing. She is leaving her position to go on sabbatical.
Psychosurgery Still With Us

by Nancy Wees and Ann Hathaway

Psychosurgery refers to surgery on the structurally intact brain performed to produce a behavioral change. It was never shown, however, that the 50,000 frontal lobotomies performed in the 1940's and 1950's had any beneficial outcome for the patients involved, or for institutionalized mental patients. There were no controlled studies done on whether a lobotomy did what it was supposed to do. The results of this operation included personality changes, decreased motivation, and decreased capacity to plan ahead.

Although a few doctors still perform frontal lobotomies, this procedure was for the most part abandoned after the introduction of psychiatric drugs (phenothiazines, Thorazine) which were shown to be a more benign treatment. But now, reports of harmful side effects are being made and lobotomies are becoming common. Psychosurgery for behavior control again appears feasible to some.

It's in the curriculum

For many years, Dr. Howard Fields has given a lecture on psychosurgery as part of the seminar he gives for first year medical students. Each year students have organized an additional presentation—this year incorporated into regular class time.

The people in the class invited Dr. Lee Coleman, a past professor in private practice in Berkeley, who also works on projects concerning prisons, involuntary treatment and human experimentation, to present an alternative to the views expressed by Fields.

Coleman first became interested in psychosurgery relatively late—in 1972 when people in Los Angeles were fighting to prevent the opening of the Center for the Study and Reduction of Violence, to be funded by LEAA (Law Enforcement Assistance Administration, of the Justice Department). One main goal of the center was to be the development of techniques for the prediction and prevention of violence on a mass scale.

Inmates from prisons, mental hospitals and juvenile detention facilities were to be a large part of the experimental population. The Center never opened.

Coleman along with many others felt that this Center had a dangerously high potential for social control. The Center would also have institutionalized the myth that violent behavior is the result of brain disease or some other physical abnormality rather than as a reaction to the social, political and economic realities the patients are faced with in this society.

The shaky research

It is a central premise of the psychosurgeons that certain behaviors are mapped in discrete centers in the brain, and that unwanted behavior (such as violence) can be eliminated by locating and destroying the specialized areas. Psychosurgery in the 1970's usually involves the limbic system, an area deep within the cerebral hemispheres of the brain, including part of the temporal lobes. Surgery on the limbic area of the temporal lobe supposedly improves uncontrollable violent behavior.

Electrodes are inserted into the brain, then heated up cautering brain tissue. During the psychosurgery lecture, Fields described the minimal research, beginning in the 1930's supporting the type of psychosurgical procedures being used. Monkeys reportedly became tamer after both temporal lobes of the brain were removed, and mice with a surgically-produced "sham" lesion quieted down after removal of temporal lobes (side effects included memory loss and convulsions).

In his presentation, Coleman attacked all this research, arguing that actually it is a great deal of variability in the results, and that any conclusions drawn about different behavior within the limbic system has been shown.

The Surgeon

After initial animal research, Fields related that some neurosurgeons proposed that some patients were uncontrollably aggressive, and that removal of the an area of the brain (the amygdaloid) would have a calming effect. Coleman pointed out that variations in the EEG irregularities has been found in this area which is then said to have caused the person's behavioral abnormality.

Fields said that out of a small number of temporal lobe epileptics that are "prone to violence" with already existing lesions, the amygdaloid, one half were "improved" by the removal of one or both amygdaloid nuclei.

It is curious, Coleman pointed out, that each physician practicing psychosurgery has a different idea of the correct surgical procedure for a given disorder (compulsiveness, depression, violence). In fact, most surgeons performing these operations use the same method for the same area (all) for their patients regardless of the particular problem.

Although psychosurgeons publicly claim good results with their most sophisticated techniques, their reports on their own conferences are not so optimistic. The following is an excerpt from the Second International Conference on Psychosurgery in 1970 at Copenhagen, that only a minority of the violent patients were helped by psychosurgery, and those only temporarily. Coleman was quoted as saying that most psychosurgeons publicly claim good results with their most sophisticated techniques, their reports on their own conferences are not so optimistic. The following is an excerpt from the Second International Conference on Psychosurgery in 1970 at Copenhagen, that only a minority of the violent patients were helped by psychosurgery, and those only temporarily. Coleman was quoted as saying that most psychosurgeons put the blame on the patient's personality, but many of those individuals with brain abnormalities who are unlikely to be able to follow these standards...

One reviewer (Breggin) pointed out that in their entire book, Mark and Ervin offer no scientific evidence for their basic hypothesis that there is a frequent and strong association between psychosurgery and violence. Coleman agreed with Breggin's further conclusion that Mark and Ervin's 'surgery of violence' (amygdaloidecrin) is essentially a pacifying procedure having no association with any underlying disease.

Temporal Lobe Epilepsy

Epilepsy and Dyscontrol

Coleman discussed temporal lobe epilepsy (psychomotor epilepsy). In this case he was indirect agreement with Fields. He had reviewed the literature on this subject extensively and found absolutely no controlled studies which showed any correlation between violence and temporal lobe dysfunction.

Coleman feels that the supposed association between temporal lobe epilepsy and violence is the latest chapter in the mythology of epilepsy. Prior to 1900, epileptics were believed to undergo gradual deterioration intellectually and behaviorally, and to be prone to violence and other forms of depravity. Until the 1930's epileptics were said to possess virtually every unpleasant personality aberration. Since the 1930's it has gradually been recognized that there are no behavioral or personality characteristics of epilepsy per se. But one group of epileptics (temporal lobe or psychomotor epilepsy) continues to be maligned, said to have serious disturbances and predictions to violence.

The researchers linking temporal lobe epilepsy to emotional disturbance...  

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1556 Haight St.  
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by Carol Wiercinska
Staff Writer

How to best nurture our true nature was the theme of a two day seminar by Joseph Chilton Pearce.

The seminar entitled the Magical Child started with a three hour lecture by Pearce on May 21. As a preface to the weekend, Pearce drew a picture and synthesized a vast collection of research findings and hypotheses into a collection from an anthropologist, psychologist, ethology and other areas, to explain how the mind and brain system have developed.

Pearce, once a humanities teacher, initially began his research in the response to the talking to his own five children, one of whom is the victim of cerebral palsy. Pearce asked the questions: Why does the human have such a large brain and what is human intelligence designed to do?

Pearce defined intelligence as the ability to interact. Interaction means that there is an exchange of energy between the person and anything or everything. Pearce believes that the infant's intelligence could interact with the real world, society, one's self, and the processes and products of human intelligence. Pearce said that the mind brain system is the result of the interaction of the genetic RNA coding systems, which according to Pearce, is no small heritage. Talking about human evolution, Pearce said that man as we know him as he appeared on the earth about 750,000 years ago, with only small brains and only two legs. This appearance was coincidental with the end of a cycle revolved on the earth about 2.500 years ago. The earth viewed as a giant laboratory had achieved what it was after and stopped trying after three billion years of experimentation. Pearce concluded.

Pearce then went on to describe the biological growth of the mind brain. Citing the famous developmental psychologist Piaget, Pearce said that there is a stage marked by a stage of unfolding of intelligence that is parallel to the stage specifically genetically controlled growth of the body.

In contrast, Jerome Bruner explained human intellectual development as having to be engineered and nurtured, Pearce said. Synthesizing the work of these two scientists, Pearce explained that the growth of the mind-brain is not the argument of nurture versus nature but to nurture the nature. To forget nature causes things to go to pot in more ways than one.

Nature according to Pearce is working toward a much larger uncommitted brain area as shown by the work of the Penfield's and for an ever more open intelligence and flexible logic. Committed areas of the brain are programmed in RNA genetic coding that is built into what Pearce calls the old brain. These areas allow the child to recognize a human face at birth. This program and information gives the infant intent to interact with his or her senses with the world but this intent has no content. The way intent is structured into content is a mystery, Pearce said.

What happens as the child grows is that in the individual's intent impels him to interact while the intentions of culture tend to restrict or modify his intent. Pearce said that we are all casualties of this battle between nature and nurture. The whole business of human intelligence can be summarized as a progression of movement from the concrete to the abstract. “Pearce argued that the infant in utero knows only the womb. At birth the infant shifts from the known to the unknown. The lecture was also concerned with the process of birth and bonding. Pearce defined bonding as consisting of activities such as eye contact, smiling and soothing sounds by the mother with the infant. In upholding his theme to nurture our nature, Pearce said that bonding activities brought into action the programmed material, so that the infant's interaction with the world could begin. Pearce said, that if nurturing does not occur autism and hyperkinetic children could be the result.

To explain how bonding and nurturing complemented and added to growth, Pearce cited the observations of Marcelle Gabor made in Uganada. Gabor found that Uganda infants showed exceptional early development as measured by the Yale University Scale of Infant Development. Pearce attributed this finding to the practice of birth occurring in a loving environment. The infant being never being separated and in constant motion with the mother, Uganda neither does swaddle the infant and the infant is allowed to feed continuously. The mother talks to the infant in utero and during birth. Thus, according to Pearce, she has established with the infant as many points of the known to the unknown.

Pearce said that the issue in human development is what happens when the observations and research findings on the practice of technological child birth. Pearce said that there is a sensory overload for the newborn infant in the hospital. This overload causes the infant to block out sensory input. Furthermore, the infant after birth in a hospital is swaddled and placed in the nursery, thus is isolated from its mother. The bonding, necessary for development to proceed, according to nature has not been allowed to happen. Pearce said that there is a whole raft of people who, in effect, have not been bonded at birth. Even though birth practices are changing, Pearce contended that change is not occurring fast enough.

Pearce was sponsored by an ASSET education resource for individuals and organizations in the Bay Area.

The next Magical Child Seminar Joseph Chilton Pearce will be given on July 16-18 at Unity Center. Walnut Creek. Inquiries can be directed to Ms Nancie Brown, 1600 Wosley Street. Berkeley. 841-6500.

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Minority Admissions

Continued from Page 2

and (2) open discussions immediately to consider alternatives such as our proposal. We sent copies of our proposal with a letter of explanation to each member of the admissions committee. When the admissions committee met on June 7 for dinner and cocktails, about 20 members of ACHRAP were there to hand out the letter to each member and read it aloud.

This action was supported unanimously by members of ACHRAP with one exception: Some members of Chicano for Health Education (CH£) decided to endorse the admissions committee proposal because they believed that the biggest threat to minority admissions is the Bakke case. However, they also supported ACHRAP's proposal and statement, with the sole exception of item 5.

Following the presentation to committee members, an amendment was added to the ballot, to be voted on separately from the other amendments. The amendment increased the number of seats on subcommittee from four to six. Although the admissions committee voted by a narrow majority to adopt the amendments committee proposal, this amendment

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Alcoholism and the Road to Recovery...

Continued from Page 1

Public Health Service have determined that alcoholism is a disease, only 58 per cent in a national survey recognized the alcoholic as a sick person, according to the National Council on Alcoholism. Thirty-five per cent of those surveyed felt that the alcoholic was a morally weak person.

Will Power

Misconceptions about alcoholism have led many to believe, for example, that alcoholics are persons lacking in will power and not physically sick.

"Will power has nothing to do with it. I never saw will power stopping a case of diarrhea," Michael said.

Doctors have been in error, both medically as well as psychological, he said.

Often it takes a crisis, such as loss of a job or an alcoholic to realize that he has a problem and needs help. Michael said that does not have to happen. "That presupposes that you can't help the alcoholic before a 502 (driving under the influence of alcohol), or some other crisis," he said. "It doesn't have to reach that point."

Although it is important that the alcoholic recognize his problem: a doctor, employer, or family member may be able to encourage the alcoholic to seek help, Michael said.

"A lot of doctors do not know how to treat the alcoholic. They treat the symptom but not the disease," he said.

Doctors

He said that many doctors treat liver infections or prescribe drugs for the "shakes" but many do not advise treatment or refer a patient to where he may go for further help. "Doctors have to become more aware of the problem and learn more about alcoholism," Michael said.

"Instead of treating liver disorders for God's sake like treating the alcoholic," he said. "Or refer them to a place..."

Many health problems are associated with alcohol and alcohol could lead to physical deterioration, he said. "Doctors are not often trained to recognize the symptoms of alcoholism before the alcoholic loses his job, family, or has a 502."

Support from his family was also needed. Although his drinking caused much tension in the home, his family did learn to cope. Michael's wife at- tended Al-Anon meetings, a group with a concept similar to Alcoholics Anonymous where members (usually spouses of alcoholics) discuss and learn how to deal with alcoholism in the family.

Al-Anon teaches spouses not to feed into the alcoholic, Michael said. "For example wives calling up the boss to tell them that their husband is sick and won't be in when he actually has a hangover," he said. "Wives are taught not to feed into this way."

"I've seen times when a wife would actually go out and buy alcohol for her husband," Michael said.

The situation was made a bit easier support from his boss. "After 10 days in Garden my boss came and walked up to me and said he was behind me all the way," Michael said. "That made a lot of difference."

Employers

Employers, Michael said, should keep an eye open for employees with drinking problems. "They have a moral responsibility to point out to the employee that he should get help," he said. "The best thing he is feeling everybody. If he gets a push from somebody it's a golden opportunity."

Michael also said that a problem drinker should talk over the situation with his boss to see if he can get support like he did.

Although support from others aided Michael in his recovery, hospitalization and treatment was the key for him, he said. "The alcoholic is a victim. One thing they can do is get alcoholism without hospitalization is really a miracle," Michael said.

"Oh, although Michael recognizes the success of Alcoholics Anonymous and its concept, he said that not all alcoholics can depend on support from other alcoholics. What type of treat- ment is best, he says, depends on how far the disease has progressed.

Michael said that the situation for alcoholics is improving and much of the stigma and negative feelings about alcoholics is disappearing. Many alcoholics are no longer ashamed to admit their problem. "I think it's the celebrity alcoholics are coming out of the closet and publicly revealing their disease," he said. "The problem is learning to stop, hoping others will do the same. Michael said. Also, in- formation on the problem and where to go for advice is more available than in the past.

Michael, looking back on his problem said he feels no shame about being an alcoholic. He said that now he can laugh and joke about alcoholics and drink it openly. He is very proud about being a non-drinking alcoholic."

"Some of the best people I know are non-drinking alcoholics," Michael said. "They are people who had the chance to make a strong determined effort to change."

Michael is still in association with other alcoholics. He has been a member of the Garden-Sullivan alumni association, persons who have gone through the hospital's recovery program, and a member of its out- patient counterpart.

He often visits Garden-Sullivan. "It's wonderful to see people continuing to progress. For him or another alcoholic it wasn't easy. "It takes a while to build up confidence in yourself and others to have confi- dence in you," he said.

But these days are as good as any other in his life. "I learned that with sobriety good things do happen — with your family, job, and everything else."

Diane, whose husband is an alcoholic, had years of tension-filled life with her. She earlier had been attending Al-Anon meetings her husband was receiving treatment. Recovery for him also was slow. It was a recovery twice, he had said and had left one and ended up in Laguna Honda Hospital.

Never, however, their marriage of 26 years is better than ever. Diane said. "Yes, he's been successful and he has now had, four years of sobriety. For Diane, the battle to stop to cope with the problem was a turning point in her life.

Diane said that she had not sought treatment for alcoholism until she realized that alcoholism was reality in her home she would now be a bit parenthesis. "I could" she knows that the family has met. "I could have laid my trips on me," she said. "I don't think I could have done it without the help of Al-Anon,

The topic of alcoholism is discussed openly in their home. Diane said. Diane and her husband discuss their problem with their children without feeling uncomfortable and without shame. She said. Her children had Al-Anen, learned about alcoholism and that it was something that could be coped with.

During her husband's treatment Diane was very uncomfortable at home and at social outings they attended. "I was afraid that he would occupy much of her time. Having a good time was impossible. "I got to the point where I would have to count my husband's drinks," Diane said. "I didn't want to be embarrassed."

Diane was introduced to alcoholism and that it was something that couldn't be easily tolerated, she said. "The first time I was something I couldn't let go of," Diane said.

Finding help at first was un- successful. A doctor and psychiatrist did not help in diagnosing her husband.

"I couldn't find a physician six months all that resulted in was pouring money down the drain," she said. "It's been six months."

"But I won't be one of those who would not, or my husband wasn't an alcoholic."

Alcoholics in the past, she said, have had problems in dealing with doctors. "But in trying to aid the alcoholic you must not allow them to hurt him. Just send them to the right places," Diane said.

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...And Coping With Alcoholism

Continued from preceding page

Diane Swanson, director of the UCSF Alcoholism Center, agrees. If a spouse of someone close to the alcoholic can change their behavior and not get caught up in the daily patterns of the alcoholic's drinking, the alcoholic may learn to deal with the stress of his life without having to drink.

Swanson is a firm believer in the philosophy that the alcoholic is responsible for his own behavior. At the center, located in A-45 of the New Clinic Building, Swanson and volunteers talk to many persons seeking information on alcoholism because of concern of problems of problem drinkers in their families.

The eight month old UCSF Alcohol Center was originally set up to assess that alcoholism was a main concern in the community. Through a health video project produced by the community, Suvaria Cheutwira, who filmed seminars conducted by community groups such as Alcoholics Anonymous, the problem was studied.

The community groups felt that more coordination was needed from the university and that a center would be valuable. It is designed to provide information and counseling for patients, students, and employees and to provide education and training for the community.

Volunteers staff the center and they have input in whatever the center does.

It's main purpose is to get people to look at alcoholism as a treatable disease and a medical problem.

Swanson said that the number of visitors to the center has increased during the last few months. It operates a drop-in center on Monday and Wednesday afternoons and visitors are seen by appointment throughout the week.

Most of the people coming in, she said, are those who have some one in their family experiencing some sort of problem and who have said that most of the visitors have been patients but there has been an increasing number of non-patients, either personnel, employees seeking information on alcoholism.

Handling Situation

Often, Swanson said, spouses of alcoholics do not handle the situation properly either by denying that alcoholism is the root of much of the problem or by giving up on the alcoholic to the point that they may be unaware that they are aiding in the problem.

In the past, the alcoholic made a cut-off treatment because his family usually pretend he is not seriously ill. They might cover up the symptoms and provide him with whatever he needs and relatives; bail him out of jail; cover his bad checks; or excuse his behavior.

In many cases it may be easier for the alcoholic and help or treatment could be put off.

However, until he or she has been allowed to feel the pain consequences no alcoholic has taken effective steps toward recovery.

Although it may be painful for the alcoholic and his family, Swanson said, the alcoholic may have to be made aware of a choice between his drinking and his family and job.

Spouses or close family have to be firm but understanding at the same time.

Swanson has said that spouses are often afraid to be firm "because there is a lot of risk involved. The alcoholic may not be able to keep his job and then you are dealing with potential guilt.'

Many spouses are not willing to do the same thing, she said, because they separate emotional feelings at times.

"Being firm, however, does not mean purging liquor down the drain, protecting the alcoholic from alcohol, masking the problem or telling the problem drifter "if you loved me you wouldn't do this," Swanson said.

That is usually useless and invites the alcoholic to seek and sneak other ways to drink. Such methods also ignore the fact that the alcoholic's drinking is compulsive and cannot be controlled through will power.

Emotionally Healthy

Swanson stressed, as very important, the spouse staying emotionally healthy so they do not suffer unnecessary psychological damage. There is only so much a spouse can do and one has to be careful for his or herself to avoid further tension in the home, she said. Often it means detaching oneself emotionally from the alcoholic's situation.

Although there is so much others can do, successful recovery depends mostly on the alcoholic. The main thing, Swanson said, is for the alcoholic to accept that he is sick. He said that the following is also necessary for the Alcoholic to recover:

- The problem drinker must be given hope. He or she must learn that recovery is possible and that thousands have already done so.
- The alcoholic must feel the full weight of the consequences of his illness as painful as these may be.
- The alcoholic must be presented with an unescapable choice between his drinking and his family and job.
- The problem of denial is common during early stages of alcoholism. Swanson said. Part of denial often has to do with the stigma and negative feelings attached to alcoholism, she said, and it often takes a crisis to get the alcoholic to admit his problem and seek help. Sometimes it is too late and serious damage may have already taken place.

"The thing we try to do at the center is to give treatment early," Swanson said.

Signs of Alcoholism

Signs of alcoholism are in stages, he said. Swanson gave the following examples:

- Early stage includes blackouts and memory lapses, relief drinking, importance of alcohol and discomfort about it, drinking beyond one's intuition, and losing control of "how much"
- Early middle stage includes gulping drinks, sneaking drinks between rounds, drinking at the same time daily, beginning of denial, guilt, lying about drinking and discomfort in discussing it.
- Late middle stage signs include loss of control, making promises to quit, attempting to control the situation by switching brands and time of the day, change of job, remorse over what might have been done while drunk, absences and deteriorating job performance.
- Late stage signs include addiction, shakes and withdrawal symptoms, preoccupation with alcohol and not letting it interfere with other activities, loneliness, paranoia, depression, physical illness such as liver damage, nervous system damage, and malnutrition.

At the UCSF Alcohol Center this and other information is given to the visitors. The center offers pre-treatment counseling to possible alcoholics and it includes the following:

- Building rapport with person and gathering information. They try to get the person to talk about experiences.
- Feedback and personal perceptions volunteers communicate their personal assessments of the drinking related problems and provide appropriate education on alcoholism. They deal with possible denial problems and get the alcoholic to understand what is happening and not why it's happening.
- Referrals involves developing plans for the problem drinker and when the person wants to go from there. Depending on what stage, they suggest and familiarize them with programs such as Alcoholics Anonymous, counseling, detoxification, and rehabilitation programs.

Swanson said that the center cannot force them to do anything. They may only suggest.

Get it into the Open

The role of Swanson and other workers at the center is to get the problem of alcoholism out into the open and to get those who may be experiencing problems because of alcohol educated.

He also agrees that the situation is improving and information on alcoholism is more available than in the past.

He said that it is important to familiarize families on alcoholism where there may be a problem. "For example, children of alcoholics have a four times greater chance of becoming alcoholics. It's important when they're young to explore what's effecting them," Swanson said. "It's important to get it out into the open so that there won't be the chance of them falling into the same pattern as their parent."

Swanson said that not all the people visiting the center are problem drinkers but some are there for their families. Many come in just wishing in information on the topic. "The program is not a total abstinence," he said, "many people are examining the effects of alcohol and ways they could drink responsibly."

But for the alcoholic and his or her family the center offers information that could be helpful in dealing or identifying the problem. It also assures many that the alcoholic is not hopeless and that help is available.
Jail Health Issue
Back to Court
Continued from Page 1

The conditions at the jail were first publicized in 1973, after Schmacke declared the level of health care at the San Francisco County jails constituted “crude and unlawful punishment.”

After 1974, Dr. Gerald Frank and Richard Fine drafted a proposal to upgrade jail health care. HEW funded the project, creating the PHP. The county department of health care did not improve, however, and Schmacke remained dissatisfied with health care at the jails un-constitutional in 1975. He also ordered the County Housing and Health Department to take the responsibility for jail health care delivery from the Sheriff’s Department. Dr. Francis Curry, director of the Public Health Department, then prepared the 1976-77 Jail Medical Program budget in compliance with the court order.

The city has been in violation of that court order since July 1, according to Steve Mayer, PHP attorney.

Mayer said that about half the positions in the present jail medical program are now funded through the Comprehensive Education and Training Act (CETA). CETA funding will end in January 1977, however. Mayer said that if the city does not provide the necessary funding to cover those positions at that time, the results will be disastrous. He also ordained the director of the project, that said PHP staff members set with Mayor Moscone recently to seek his support in their request. Moscone said that if the requests were court-mandated, he would support them and appoint the Board of Supervisors for the necessary money.

Because jail health workers and PHP members demonstrated on the steps of City Hall after the hearing, the city had cut the original $1.3 million budget to about $800,000. Of that sum, $680,000 was designated for the construction of a new security ward at San Francisco General this summer. Since the security ward is a fixed cost, the budget cut affects the main jail health program.

The public is invited to join escorted tours of the UCSF Medical Campus during the next three months, says Dr. Richard Fine. Tours scheduled for every Tuesday in July, August, and September.

The 90-minute session tours the lobby of Moffit Hospital (instead of the Medical Sciences Building) and Pan- nus Avenue at 1:00 p.m., and will end at the same location at 2:30 p.m.

Tours highlights include Outpatient Clinics (175,000 patients per year); Millbary Student Union; Dental Clinics (80,000 patients per year); Nursing Skills Laboratory (where students learn how to become nurses); Zahn Library; and the Pathology Museum.

For information, call 666-4394.

Brown Bag Tours
Continued from Page 4

Sightseeing requests on the Medical Research of Violence.” (American Journal of Orthopsychiatry 44:3, October 1974), biomedical research is not the arena in which to find answers to the violence in our society. Instead “viable efforts to reduce violence must focus on the social and political institutions (corporate profit, racism, poverty, unemployment) that are at the root of our violent society and that are so badly in need of therapy.”

Family Life Education
Training

A summer series of 1-hour lunchtime “eat & tour” programs designed to acquaint UCSF students and interested students of the Medical Center will happen each Thursday from noon to 1 p.m. in July, August and September.

Brown Bag Tours will be offered in the new ASUC Board.

The new ASUC Executive Board elected in May: Mario Olivaras, Vice-president Student Services; Mark Cave, Executive Director; Rod Sanden, Executive Vice-president; Jim Lemus, Vice-president of Academic Affairs. Not pictured is Mark Diaz, Vice-president for Community Affairs.

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