

## '85-86 money crunch for UC hospitals

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University of California San Francisco

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# synapse

## 3 UC hospitals face money woes

### Nicaragua trip attracts 200

Several members of the campus community were among the more than 200 health care professionals from the United States who traveled to Nicaragua for the second U.S.-Nicaragua Colloquium on Health, held October 1 to 4.

The delegation was the largest U.S. medical group to travel to Nicaragua, and was organized by the Committee for Health Rights in Central America (CHERICA) and other support groups.

Many faculty members from major medical schools participated, as well as an array of practitioners bringing up-to-date medical information. The event won the endorsement of the American Public Health Association and the Pan American Health Organization.

In addition to attending seminars and discussions in university and hospital settings, delegates took part in fact-finding groups.

"Our purpose is to bring back to minority health workers in the United States what we find," Mayee Asidao, a UCSF staff nurse and an organizer of the Minority Task Force, said. "We want to report what efforts are under way under the Sandinistas to organize the participation of minority health workers, and what problems minorities face due to the U.S.-backed Contra attacks."

The eight members of her group visited communities on the Atlantic coast that have experienced problems between indigenous and non-indigenous peoples.

Another group, formed to research the war's impact, continued on page 6



PHOTO BY ED KASHI

Nicaraguan farm worker photographed during last year's health colloquium.

### UCSF may struggle for balanced books

By Paula Abend  
Managing Editor

UC teaching hospitals are fighting for their financial lives, according to the proposed 1985-86 UC budget. The reason: changes in health care financing.

UC Irving, UC San Diego and UC Davis medical centers, stated the budget, face a combined \$26 million loss in fiscal '85-86. In addition, UCSF and UCLA hospitals are expected to have problems breaking even in that fiscal year.

Rising health care costs, demographic shifts and economic pressures are behind the legislative and private sector changes in health financing pinching the university teaching hospitals.

Reductions in reimbursements for Medicare and Medi-Cal patients has forced UC hospitals to dig into clinical teaching funds to make up the difference on some patients. The result is that less money is available to select patients on the basis of their educational value.

The \$46 million in state-funded clinical teaching support, which amounted to close to 7 percent of total income for the five teaching hospitals in 1983-84, had considerably less buying power than the \$43 million available in 1980-81. The teaching hospitals' ability

continued on page 4

## Duke says no to loan repayment plan

### Student Lobby objects

By Charles Piller  
Assistant Managing Editor

Gov. George Deukmejian's veto of legislation which would have established a major school loan repayment program for health professionals who agree to serve in the state's Critical Health Manpower Shortage Areas has drawn strong disapproval from the UC Student Lobby.

In his late September veto of AB 1910, the governor objected to inclusion of a wide variety of health professions for eligibility, rather than just state-designated shortage professions.

But the UC Student Lobby, which sponsored the bill, has called this objection "unfounded." According to lobby Associate Director Janine Verbinski, the bill included an oversight mechanism empowering two state agencies to determine criteria for the eligibility of particular professions.

Health professionals participating in the AB 1910 repayment program would have numbered 35 to 50 in fiscal year 1984, rising to 150 in fiscal year 1986. Participants would have their loans repaid over three years, as they serve in

Critical Health Manpower Shortage Areas — areas which have fewer than one physician per 2,000 patients. This is a ratio comparable to conditions in Egypt or India.

Currently several million Californians live in shortage areas. The bill's sponsors believe AB 1910 would have resulted in a greater number of permanent practices in these areas.

The legislation was an attempt to assist with rising training costs — particularly for medical school — in light of diminishing federal support. Under the Reagan administration, most service-obligation scholarships and low-interest loan programs for health professionals have been drastically reduced or eliminated.

According to student lobby figures, the largest of these programs, the National Health Service Corps, was budgeted last year for \$11 million, an eighth of its 1980 allocation. Health Professions Student Loans went from \$16.5 million in 1980 to \$1 million in 1983.

Consequently, more medical students have been forced to take out high-interest loans and incur increasingly heavy debt burdens. A debt of \$30,000 is typical for today's graduating medical student, and a figure of \$50,000 may be common before the end of the decade. With high interest rates, many young physicians may ultimately owe hundreds of thousands of dollars.

Because private practices are usually less profitable in shortage areas, they are unlikely to attract young physicians saddled with huge debts.

#### Impact on minorities feared

Proponents of increased financial aid also warn that in the long run, debt problems could dramatically alter medical school composition. In a 1983 *New England Journal of Medicine* article, John Sandson of Boston University School of Medicine asserts that due to decreasing aid and increasing costs, "Many low-income students may drop out of medical education." Because many minority students come from low-

income backgrounds, he added, "the decrease in meaningful financial aid programs may well cause the number of minority students enrolled in medical schools to decrease."

The vetoed legislation was intended to ease these financial burdens. Ideally, participants would have been able to afford to establish permanent practices in shortage areas, due to their freedom from debilitating loan installments. As of 1980, 28 other states maintained similar repayment programs, according to the student lobby.

Deukmejian expressed "appreciation" for the measure's goals. But he said "I am concerned that the provisions are so broad it would provide for state repayment of student loans for health practitioners in fields where there is no identified shortage of practitioners." Only family practitioners and registered nurses are designated by the state as shortage professions, while the bill includes dentists, osteopaths, pharmacists and others.

Ed Merwin, an analyst in the Office of State Health Planning and Development continued on page 6



## Financial Aid

### Financial aid checks available

Those scheduled to receive financial aid checks can pick them up in the satellite Student Accounting Office located in the basement of the Medical Sciences Building, SB4A. The office is open from 11 a.m. to 1 p.m. and from 1:30 to 3 every weekday. Be sure to pick up your checks as soon as possible; unclaimed checks will be cancelled October 19. Also be aware of the fact that students who receive fee offsets against any type of loan must go to the Student Accounting Office and sign a promissory note even if no check is received. If a student fails to sign the promissory note for a loan used in a registration fee offset the loan will be cancelled and the student's registration will be revoked. Guaranteed Student Loan checks are available in the Financial Aid Office located in the Student Services Building, lower level, 520 Parnassus Ave.

### Financial aid orientation

All first-time UCSF financial aid recipients are required to attend an orientation session. We suggest that you attend the earliest session possible. For those students who do not attend a fall session, holds will be placed on winter quarter financial aid checks. Be on time. Late people will not receive credit for attendance and will therefore not be admitted. The remaining sessions are as follows:

Monday, October 15	12:10 to 1 p.m.	HSW 303
Tuesday, October 23	5:10 to 6 p.m.	HSW 303
Monday, October 29	12:10 to 1 p.m.	HSW 303
Thursday, November 8	5:10 to 6 p.m.	HSW 300

# synapse

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Acting Associate Editor: Terry Hill  
Staff Writers: Craig Donovan, Errol Lobo, Greg Nunez  
Staff Photographer: Rich Guerra  
Staff Illustrators: William Dutton, Briar Mitchell  
Managing Editor: Paula Abend  
Assistant Managing Editor: Charles Piller



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## Announcements

### Prisoners of conscience

UCSF's Amnesty International Campus Network is sponsoring a symposium on prisoners of conscience — men and women imprisoned for their race, religion and beliefs. The symposium will be held today, October 11, at 5:30 p.m. in Langley Porter Auditorium. The program includes a presentation from a Salvadoran professor imprisoned for his beliefs; Dr. Glen Randall, who will discuss medical aspects of imprisonment and torture; and Dr. Daniel Weiss, who will focus on possible psychological responses to imprisonment and torture. Amnesty's role in securing prisoner release will also be discussed.

### C.H.E. banquet

Chicanos in Health Education is holding its 1984 Student Faculty Banquet Friday, October 12 in the Millberry Union Lounges. The event is semi-formal and begins with hors d'oeuvres at 6 p.m. Dinner starts 6:45, and guest speakers and a slide show are scheduled for 7:30. RSVP days at 666-2010 and evenings at 564-6126 or 753-5016.

### Black families and mental health

The Division of Psychiatry Services of San Francisco General Hospital is holding a conference on the mental health needs and strengths of the black family. The conference takes place October 13 and 24 at the University of San Francisco — Lone Mountain College Campus. Registration costs \$80. Call 821-5219 or 821-8426 for more information.

### Asian women poets

The Women's Resource Center continues its October film series with "*Mitsuye and Nellie*" — a presentation wherein two poets express their experiences as Asian American Women.

### Lieberman lecture

Historian Gert H. Brieger, M.D., Ph.D., presents the First Annual Benjamin Lieberman Lecture on the history of health sciences on Wednesday, October 17, at 4 p.m. in Cole Hall. Drieger is writing a history of the UCSF School of Medicine.

### Instructional improvement projects

A fund available from the UC Regents is available for instruction improvement projects to be completed during the 1984-85 academic year. Faculty and students are invited to submit proposals. Application forms can be requested from Academic Services, SSB, lower level, x2219. The deadline for submissions is October 31.

### Foreign Services career

Information and examination applications for careers in the Foreign Service are available through services to International Students and Scholars, SSB, lower level. Application deadline for the annual examination is October 19.

### Lesbian feminists meet

The Lesbian Feminist Network will meet from noon to 1 p.m. on Tuesday, October 16, on the 5th floor of the School of Nursing, Room 527. The general purposes of the group are social, supportive, news exchange, networking and discussions. All staff, student and faculty women are welcome. Please come and bring your brown bag.

### Distinguished lecturer

GSA is sponsoring a lecture series and will be inviting a noted speaker to come to the campus some time in April. GSA would like the choice of a speaker to reflect the interests of the campus community and therefore, welcomes your input. Call the GSA office, 666-2233 anytime and leave your suggestion on the answering machine.

### Tutorial services

The Health Sciences Special Services Program offers tutorial services for socio-economically disadvantaged students. If you need help with any subjects throughout the school year, tutors are available at the HSSSP Office. Contact Carol Stadum at x4373, 1322-3rd Ave.

### Affirmative action awards

The faculty development awards are intended to provide support for talented junior faculty who hold ladder appointments, but may encounter unusual obstacles in developing the substantial records in research and creative work necessary for advancement to tenure. Eligibility and priority for awards are as follows: 1) women and minority junior faculty holding tenure track positions; 2) women and minority junior faculty holding in-residence titles at junior levels; and 3) all other faculty in all other title series at junior level.

### Student I.D. pictures

The next date to have I.D. pictures taken is October 17 in the Registrar's office. There will be a \$3 replacement fee for lost cards. New students who have not yet received an I.D. card are not charged.

### Medical Center Christian Fellowship

MCCF is a campus organization which facilitates the ability of people interested in the Christian faith to meet in a large group format and/or small bible studies during the week. This week a talk will be presented on "*Joy and the Christian Life*" at the Residence Lounge in the Millberry Union during the large group meeting from 6:30 to 8:00 p.m. Student or faculty, staff or non-staff ... All are welcome. For more information call Karen 566-2513, Chris 753-8912 or Greg 753-6762.

## Congratulations UCSF!

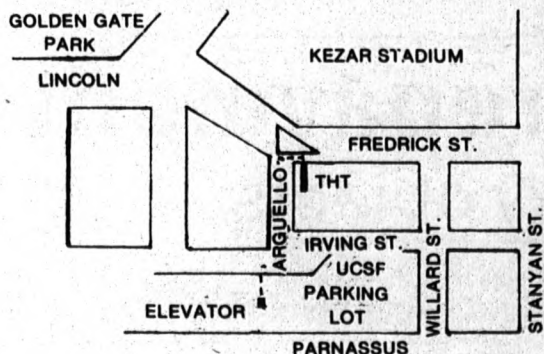
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# Editor's Message

William Meecham

## Sounds of silence

By William Meecham  
Acting Editor in Chief

**B**ack when I was applying for acceptance to medical school here, physicians told me medicine is an art. Medicine, it seemed, would instill in me an appreciation for the beauty and magic of life on earth. Significantly, I also thought medicine would allow me freedom of expression.

As a second-year medical student one hardly experiences what the field has to offer. It is clear, however, that medical school, far from fostering expression, stifles it.

Freedom of speech is a baffling concept. Taken the wrong way, it sounds like rudeness. If we all spoke our minds all the time, would we still have friends? Here at UCSF, there is more at stake than friendship; careers may be at risk.

If I say something the powers that be disagree with, am I doomed to a life of obscurity? Several students, justifiably perhaps, have demurred when asked to write about matters of concern to them, pleading reluctance to place controversial views in the public forum. Does free speech exist if no one speaks freely?

Some will say that freedom of expression has no place in medical education. How can we, as students, know what's best for us? The flaw in this reasoning is that expressing a viewpoint, suggesting changes or covering controversial news is not the same as being in control — even if the ideas expressed are later discussed by those in power.

There is no censorship here. There is no overt intimidation. In large part the fear of retribution is based on a perception of a competitive job

market, where we need all the help we can get to achieve our goals. This perception is capitalized on by our superiors, who often remind us how necessary it is to compete and how vital is their help to our success. Yet must we be silent to win their respect?

Silence is a bad habit. The risks attendant with voicing controversial opinions must be weighed against the dangers of staying mute. It may be better to err in the direction of being too vocal than to deny responsibility for public policy and thus subjugate ourselves to the beliefs of people with whom we disagree.

The need to express our viewpoints will become more urgent as our influence in the community becomes greater. For instance, the structure of health care provision is changing. Whether this restructuring moves in the direction of corporate ownership or public control of the health care system will depend on who is vocal, and who is not.

Another example is the attempt by the Reagan administration to minimize the dangerous implications of the limited use of nuclear weapons. In the absence of public debate, our military complex will move unimpeded toward the use of such explosives in regional conflicts.

It's been said that choosing an adult career is a developmental task of people in our age group. Perhaps this is also the time to evaluate the role we will play in public discourse. If so, then this microcosm of the "real world" that we call UCSF is a good place to practice that role, be it passive acceptance or active debate. Indeed, to keep quiet is a form of expression, but is acquiescence safe?

## Another court fight for UC housestaff

By Charles Piller  
Assistant Managing Editor

The longstanding controversy over whether UC medical interns and residents are students, or employees with collective bargaining representation rights, will be decided by the California Supreme Court. The court agreed to hear the case October 5.

In July, the State Court of Appeal had ruled in favor of UC's position — that housestaff are primarily students. The Public Employment Relations Board (PERB), which administers labor laws for the state's public education employees, had appealed the Court of Appeal decision to the Supreme Court in September.

This may be the final step in a case that has been the cause of raging litigation for years. In 1983, after years of consideration, PERB ruled that housestaff are employees, in part because of their long hours and extensive independent job responsibilities. The board compared internship and residency to any entry-level job requiring extensive on-the-job training. The decision established collective bargaining rights for UC housestaff.

The Court of Appeal disagreed. Overruling PERB, it stated, "The services rendered by students enrolled in the University's residency program are subordinate to their educational objectives."

The Court of Appeal held that PERB had overlooked a key point, the "objective" of a medical residency. "Is it, as the board seems to contend, to provide health services to the community, or is it to train and prepare medical students for the practice of their profession? We believe it to be the latter," the decision read.

The student vs. employee dispute came as a result of a 1979 unfair labor practice charge against UC filed by the now-defunct Physicians National Housestaff Association. PNHA charged UC with violation of California's Higher Education Employer-Employee Relations Act, when the University unilaterally ended automatic payroll deductions for union members' dues. The union called this a violation of its

organizational rights and of individual doctors' rights to representation.

After years of dispute between housestaff unions, PERB and the Court of Appeal, it appears the state's high court will have the final word.

According to PERB General Counsel Dennis Sullivan, there is "at least a 50-50 chance" to overturn the Court of Appeal ruling. "We felt and still feel that the Court of Appeal made some significant mistakes when they decided this case," he said, adding that PERB will not alter the basic outline of its earlier arguments.

When asked if the state Supreme Court decision may eventually be appealed to the U.S. Supreme Court, Sullivan said, "That would be hard in my view. If it's just a matter of interpretation of state law, which this is, it doesn't lead to federal jurisdiction." Sullivan said that only when constitutional issues are raised — which no party has done — does U.S. Supreme Court jurisdiction come into play.

According to Allen Brill, executive director of the San Francisco Interns and Residents Association, which represents many UCSF housestaff, the implications of this court battle are important far beyond university confines.

"What (the Court of Appeal decision) opens the door to," Brill said in August, "is the counties attempting to use the University of California as a union-free refuge."

He explained that if interns and residents are judged to be students, it may result in a flood of efforts by counties to contract-out housestaff services to UC. This is because some counties, such as San Francisco, have been reluctant to accept the unionization of housestaff. This could be an opportunity to legally escape collective bargaining situations, Brill said.

Brill added that "other states look to these kinds of decisions in determining their own public employee labor laws." Because such laws are very new, "every decision made helps influence future decisions on a state and local level, around the U.S."

According to Sullivan, the state Supreme Court could take up to a year to decide the case.

CAL Presents . . .

## Fall Free Events

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### Seven Wonders of the World

with Stephen Kaufman, M.D.



Vanished marvels, such as the Hanging Gardens of Babylon, the Colossus of Rhodes and the Lighthouse of the Pharos will be presented in contrast to those still in existence, such as the Taj Mahal and the Great Wall of China. Dr. Kaufman, a pediatrician in private practice for over twenty years, has traveled extensively throughout the world, under the auspices of the U.C. Extension travel-study program, with a particular emphasis in comparative religions and holy places.

Noon Thursday, October 18  
HSW 303 Free

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# Teaching hospitals

continued from page 1

to fund inpatient days dropped 33 percent in '83-84 compared to '80-81. Funds for outpatient visits were down 20 percent.

UC hospitals, which combined form the second largest Medi-Cal provider in the state, have been particularly sensitive to changes in health care financing. At the request of the state, the university assumed operation of hospitals in Irvine, San Diego and Davis from the counties rather than build its own. For this reason, the three hospitals facing deficits are even more likely to have government-sponsored patients and are "extraordinarily vulnerable to the conditions surrounding the care of the poor," said budget planners.

Among the changes cited as threaten-

ing UC hospitals are:

- The 1982 reforms to the Medi-Cal program, AB 799, which established contracting for inpatient service at a flat per diem pricing; tightened eligibility requirements; redefined medical necessity; and transferred responsibility for medically indigent adults from the state to the counties;

- Another 1982 law, AB 3480, which permits private health care insurers to selectively contract with hospital providers; and

- The failure of Medicare reimbursement rates to compensate actual hospital costs.

The situation has been aggravated, said the budget, because the California Medical Assistance Commission has denied requests for price adjustments for the 1984-85 rates in UC hospitals.

The solutions the university would like to see include:

- A plan to make the Medi-Cal program more sensitive and flexible to the cost burden of providers to low-income and special-need patients;

- A requirement that counties, when contracting with hospital providers for services to the poor, use state funds transferred to them for that purpose to ensure adequate reimbursement rates; and

- A state increase in clinical teaching support funds.

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# News Update

## Runaways clinic

The city's first medical clinic for runaway and homeless youths has opened in the Tenderloin district. The clinic is operated by UCSF and is staffed by physicians from San Francisco General Hospital.

The new service, based at Larkin Street Youth Center, resulted from a study done earlier this year that found a high incidence of serious medical and psychological problems among homeless youths. All the youths who pass through the center will undergo a physical examination.

## Berkeley faculty snubs nuke labs

The UC Berkeley Faculty Senate has voted to take another look at the university's ties to the Livermore and Los Alamos, N.M., nuclear weapons laboratories. The 38-to-23 vote on a motion introduced by Charles Schwartz approved a faculty poll and debates to set new faculty policy.

A dissatisfaction with the university's input into management, rather than a political position on nuclear weapons was reflected by the vote.

## Agent Orange bill

The Senate has sent legislation to President Reagan to provide compensation to Vietnam veterans exposed to Agent Orange, the herbicide which contains dioxin.

The bill would establish a scientific panel to study the health effects of the herbicide and would provide up to two years of temporary compensation for veterans with skin disease linked to Agent Orange. The expected cost of the legislation is about \$7.5 million for next year.

## Congress approves organ network bill

Congress gave its okay to legislation establishing a national human organ computer bank. The bill, designed to facilitate the supply of organs for transplants, would also outlaw the sale of organs for profit. President Reagan is expected to sign the bill.

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# How to stay out of harm's way

**Crime Free**  
By Michael Castleman  
1984, New York: Simon and Schuster  
239 pages; \$16.95

**By Charles Piller**  
Assistant Managing Editor

Poll takers often remind us about the fear of crime nearly ubiquitous in our modern society. The crime problem is very real. And it spurs fear that is often more debilitating than the danger itself. Concern is particularly prevalent among urbanites — perpetual victims of crime or crime paranoia.

*Crime Free* shows that there is life beyond fear with a well-researched, sober look at the epidemic of "index crimes" — against people or property — afflicting the United States. It may be the most realistic and lucid book about crime and its prevention ever written. Castleman comes to some surprising conclusions which contradict conventional wisdom and blast stereotypes. For example:

- The most typical mugging victim is neither old nor frail.
- The vast majority of burglars are frightened teenagers who will spend no more than 5 minutes inside a home.
- The best protection against assault is good posture.
- An umbrella may be a more protective weapon than a gun.

Although the book is about how to prevent index crimes, Castleman believes that all crimes, including the white collar variety, are caused by a combination of impulse and opportunity.

He rejects as failures the typical crime control approaches which tend to attack impulse: Liberals see elimination of social and economic problems, such as racism and unemployment, as the way to stop crime at its roots. Conservatives seek the answer in more police and harsher punishment. In contrast, *Crime Free* takes a pragmatic look at the successes gained by concentrating on ending opportunities for crime.

Castleman advocates social justice, and doesn't suggest eliminating the criminal justice system or prisons. But he points to our own ability to protect ourselves and our property as the fastest and most cost-effective strategy. Self-

protection entails knowing who may be about to assault you or your home, as well as decreasing your attractiveness as a crime victim.

*Crime Free* presents statistics which put index crimes into perspective: Most "criminals" are more similar to you and I than we may prefer to believe. Castleman shows that we are all susceptible to the impulse-opportunity dichotomy. Including petty and white collar offenses, most adults admit to having committed a crime at some time. Domestic violence, possibly the most common violent crime, further muddles notions of the "deviant criminal."

But the vast majority of burglaries, armed robberies and rapes are committed by men under 25. "Like most people, they prefer the familiar to the unfamiliar," he points out. This means geographically, culturally, racially: Census data show that 80 percent of crime is intraracial.

## "Target hardening"

Castleman cites a Justice Department survey showing the "typical burglar" as a 17-year-old who strikes less than a mile from home. These scared teenagers, unlike professional burglars, plan poorly and pick "the target" rather than "the take."

You are the target. Intelligently protect yourself, your home and neighborhood (Castleman calls it "target hardening" — which gives me a bit of a chill in these MX missile times), and your chances of being a victim drop dramatically.

But who are "you"? Surprise: Generally speaking, you're not a frail older woman, or a slow, portly middle-aged man. According to a phalanx of statistics, the typical victim is the same as the typical criminal — a young man. The crime rate is higher for men and decreases with age — those over 65 are the least-likely victims. Size, age, sex and weight are factors in target selection, says Castleman, but are considerably less important than most people believe.

According to *Crime Free* the key factor is how the mugger or burglar sees the target. A 22-year-old man may be strong and healthy enough to make attackers think twice, but he also takes more risks and fewer precautions. Most of the book

## Book Review

explains how to be a less attractive target — and less paranoid in the process. It combines common sense and pragmatic tips in a hopeful way, rather than endorsing a fortress mentality.

Following the book's ideas vigilantly would undoubtedly reduce anyone's risk. Having once been mugged myself, I read with interest the section on how to repel an attack.

"Muggers and rapists generally size up potential victims in no more than 10 seconds," Castleman points out. "You don't have to be big and tough to dissuade them. The trick is to move like a cat: alert, purposeful and determined."

Move confidently, avoid dark alleys, walk with others when possible, avoid clothing that inhibits free movement — it all seems obvious. And it reminds me of my own textbook mugging: I was alone, casually walking to my car at 10 p.m. on a dark Haight-Ashbury side street. It didn't occur to me to be cautious and alert, despite being vaguely aware of the first of the three young men cross the street and walk directly toward me.

Beyond tips, the book provides clinical analyses of weapons and other devices for their ability to protect against attacks:

- Guns: Low rating. Can be used against you; difficult to carry legally; invisible to attacker as a threat to be avoided.
- Mace: Low rating. Hard to shoot accurately even on a target range; like a gun, invisible.
- Skunk bombs and shriek alarms: Recommended. Loud sounds scare the attacker without endangering you. Vile

odor causes immediate and effective revulsion if spilled on you or him (remember not to lose the stench antidote).

Chapters on burglary and car theft look at a wide range of inexpensive techniques to protect your property inside and out.

## Community organizing

Perhaps the most interesting part of *Crime Free* is the discussion of community-based prevention. The idea is to enlist community members to use common sense in protecting themselves and their homes, and to watch out for each other by checking on irregularities or reporting them to police. "Neighborhood watch" programs are increasingly well-known. Almost unknown is that their effectiveness puts police patrols to shame.

The example of Detroit is an eye-opener. In 1978, the city was bracing for hard times. Massive layoffs in the auto industry severely contracted the tax base, forcing a 25 percent layoff of the police force. The obvious result: A crime powderkeg from both the liberal and conservative perspectives.

Detroit instituted intensive neighborhood organizing combining target-hardening, community meetings and local pride with training in crime recognition and reporting. In a pilot area index crimes dropped 57 percent in two years, without spillage to adjacent neighborhoods. The method even successfully prevented graffiti. The city eventually organized a third of residen-

continued on page 6



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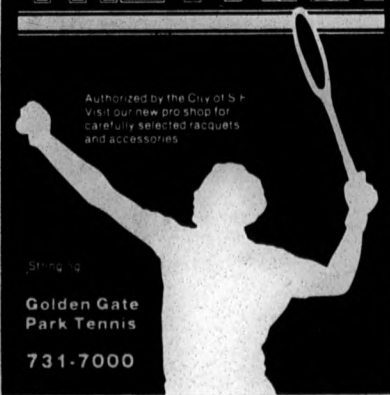
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## Loans

continued from page 1

said this was the governor's chief objection. "I would predict that another bill would be coming in the next year with the problem focused," he said.

This position was a bit baffling to the student lobby, which specifically included a clause empowering Merwin's office and the California Student Aid Commission to determine criteria for eligibility of particular health professions. "That was the thrust of our amended version of the bill," said Verbinski, "which passed the (Senate Assembly) conference committee."

The governor also asserted in his veto statement that federal experience with the National Health Service Corps indicates that participants do not stay in shortage areas after their required service

has been completed. Merwin cited a Yale University study indicating only 24 percent of participants remain after three years.

Deukmejian also said "I believe that we must concentrate our emphasis on the voluntary practice location decisions by health professionals which has proven very effective."

Merwin explained that 80 to 90 percent of minority physicians elect to serve in or near minority areas, which are often designated shortage areas. Therefore, he said, the most fruitful goal would be to increase the number of minority physicians graduating from California medical schools.

When asked if the governor intends to facilitate this process by assisting minority students with their increasing debt

burdens, Merwin said he was unaware of any particular plan at this time. The Office of State Health Planning analysis of AB 1910 did not directly address that issue, he said.

Verbinski argues that far from being "very effective" as the governor contends, the current voluntary location of physicians has led to the physician shortage crisis for much of the state.

Student lobby Director Ron Balestrieri expressed concern that the governor may have hidden objections to the bill, which were not contained in his veto statement. Therefore, said Balestrieri, the only chance for reintroduction of the bill rests on attempting "to talk with the governor's office...and see what kind of a bill he'd be willing to sign."

## Crime

continued from page 5

tial areas, massively reducing both crime and police casualties.

*Crime Free* is a sophisticated look at the real world of crime prevention — a scientific approach for outsmarting the inevitability of opportunity. It's based on empowerment of individuals and neighborhoods — potentially a useful goal, crime or no.

Castleman's case against the traditional conservative approach to crime prevention — harsh penalties combined with strong police protection — seems solid. Statistical trends over time simply do not seem to indicate crime to be significantly controlled in this way. (California voters will find this of particular interest, since approving the sale

of hundreds of millions of dollars in state prison bonds in June.)

The research of Johns Hopkins University sociologist Harvey Brenner seems to show an irrefutable link between crime and social problems such as unemployment. Castleman accepts these findings, but doesn't see them as the cause of crime. Social justice and full employment are important goals, he says, but not as crime prevention. He is resolved to a discouraging conclusion — the widespread existence of crime wherever opportunity lies.

I remain unconvinced that crime would not be reduced dramatically if something even remotely close to social equality and

full employment existed. But even if Castleman's analysis is correct, he neglects the role of cultural conditions. In the United States individualism and exploitation are accepted almost to the point of admiration. But in countries with vastly lower index crime rates (pick virtually any nation in the world) different cultural values arguably play an important role in prevention.

Despite his strong support for social justice, Castleman's message is that in crime prevention, it's a secondary concern. This isn't much of a strategy for long-term social progress. But as a tool, until we achieve a more ideal society, his approach is important for everyone who wants to be a survivor.

## Trip

continued from page 1

was established after a delegation from CHRICA traveled to Managua, Nicaragua's capital, last August. "It became clear that the gravest crisis they face in health care is the war," said UCSF faculty member David Siegel, associate director of emergency services at San Francisco General Hospital.

"It's not only a matter of people being killed, or health care workers being killed, and facilities being destroyed, but the resources of the country that could have been spent on health care programs have had to be diverted to defense," he explained.

Members of Siegel's group interviewed representatives of the six health regions and three special health districts in Nicaragua. We hope to document in great detail violations of medical neutrality that have taken place, and to record the specifics of hardships suffered under the Contra war, he said.

Delegates from this task force have been asked to testify at a Citizens' Tribunal on Central America to be held Sunday, October 14, from 1 p.m. to 6 p.m. at the First Unitarian Church in San Francisco. Sponsored by the National Lawyers Guild, it is one of 15 tribunals to be held in major U.S. cities.

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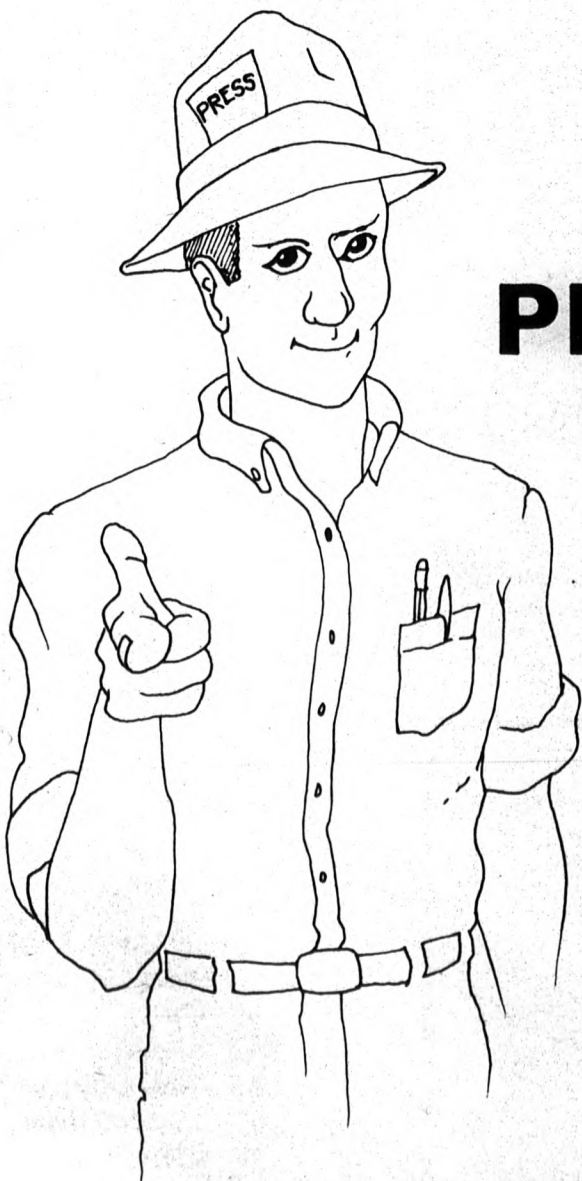
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## Intra mural softball season goes to OMAC

MacNamara and from Joe Tufo at first, catcher Greg Pilsnick and 16-year-old Joe Siom at second.

OMAC played a Cinderella role, entering the playoffs with a mediocre 3 and 4 record. But, managed by Al Kerr of Millberry Union and coached by Northcutt of UCSF's Patient Escort Services, the team's dedication and hard work paid off.

It all began for OMAC at the league playoffs on September 12 at Balboa Park. There the team played the league-leading Temple of Doom twice, beating them decisively both times — 9 to 1 and 4 to 1.

The Short Rounds had expected to play the Temple of Doom on that double-header day, but had to wait another week before they lost to the OMACs.

For information on how to become involved in UCSF intramural sports call x1800.

Intramural softball at UCSF concluded October 5, as the OMACs took the playoffs from the Pharmchem Tubes in a dramatic come-from-behind finish. The final score was 4 to 3.

Pharmchem looked good in the final game of the season at West Sunset Park, and was leading 2 to 1 going into the seventh inning. But OMAC came alive during that inning, scoring three runs, and was able to hold on for the win.

Walter Northcutt pitched a superb season, allowing only three earned runs in over 34 innings pitched and only five total throughout the games.

Also contributing to OMAC's defense were Ron Faix at third, Ian Taylor in left field, short stop Dan Dougherty, Mark Donovan in right field, Paul Nicholas at second base, and Mike Smyth, Ben Chin and David Urbina playing outfield.

Help also came from the father-and-daughter team of Frank and Denise

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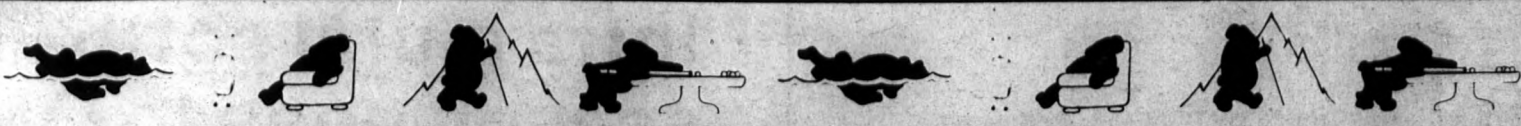
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**Friday, October 12**  
**COFFEEHOUSE CONCERT:** Blue Flame String Band with Danny Poullard. Cajun reels, waltzes, two-steps, blues and cowboy laments with the high-energy accordion of Danny Poullard. 8 p.m. Millberry Cafe, refreshments will be available. Tickets: \$3 UCSF students/seniors/MU members; \$4 general available at Millberry Union Central Desk.

**Wednesday, October 17**  
**DANCE DEMONSTRATION:** A sampler of San Francisco Bay Area dance with four choreographers: Helen Dannenberg, Nancy Karp, Virginia Matthews and Deborah Slater in ensemble and solo works. Reception following included in ticket price. 5:30 p.m. Millberry Union Gym. Tickets: \$2 UCSF Students/Seniors/MU Members; \$2.50 General available at Millberry Union Central Desk.

**Thursday, October 18.**  
**LECTURE:** *Seven Wonders of the World.* The vanished marvels will be presented in contract to those still in existence such as the Taj Mahal and the Great Wall of China. HSW 303 Noon FREE.

**Friday, October 19**  
**FILM:** *"The Empire Strikes Back."* The second film of the George Lucas fantasy-adventure epic trilogy. Cole Hall Auditorium, 6:30 & 8:45 p.m. \$1.50/\$2/\$2.50.

**Saturday, October 20**  
**FILM:** *"The Empire Strikes Back"* 8 p.m. See Friday, October 19 for location, description and prices.

**Wednesday, October 24**  
**TWILIGHT CONCERT:** The Naked Gershwin. The songs and classical works of Gershwin with pianist Cecil Lytel plus jazz trio and vocals, complimented by a reading of letters to, from and about George and Ira Gershwin. Millberry Union Lounge, Reception 5 p.m. Concert: 5:45 - 7 p.m. Tickets: \$3 UCSF Students/Seniors/MU Members; \$4 General available at Millberry Union Central Desk.



Friday's coffeehouse concert features the Blue Flame String Band.

Recreation  
Calendar

**Thursday, October 11**  
**Gourmet Cooking:** "Fresh Pasta/Italian Cuisine." The renowned gourmet chef, Carl Levinson, will introduce the art of fresh pasta making and Italian gourmet specialties. 6 to 8:30 p.m., 620 Sutter, Fee \$24 and a additional food fee. Register at the Athletic Control Desk, Millberry Union.

**Saturday, October 13**  
**Massage Workshop.** Learn the pleasure of giving and receiving a relaxing and healthful massage. Instructor: Pete Rainey, M.D., Fee \$19/23. Class begins at 9:30 a.m. to 5 p.m. Register at the Athletic Control Desk, Millberry Union.

**Wednesday, October 17**  
**Chocolate Tasting Seminar,** *"The Chocolate Encounter."* 7 to 9 p.m., West Lounge, Fee \$10/12. Register at the Athletic Control Desk, Millberry Union.

**Parent-child aerobics**  
This fall the Recreation Department is offering a new fitness format for mom, dad and the kids. "Parent-Child Aerobics" has been developed out of the need for quality exercise programs for children and youth. Nora Burnett, a professional dancer who has been teaching fitness classes at UCSF for three years, will teach the class. The cost for the parent and child is \$38 for students and M.U. members, and \$46 for staff and general public. (NOTE: There was a misprint in the cost of the class in the M.U. brochure). Register at the Athletic Control Desk, Millberry Union. Class is held Mondays, 6:45 to 7:30 p.m., West Lounge.

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**October 14**  
**HORSEBACK RIDING:** Pt. Reyes, Fee \$15/\$18.

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**October 13-14**  
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