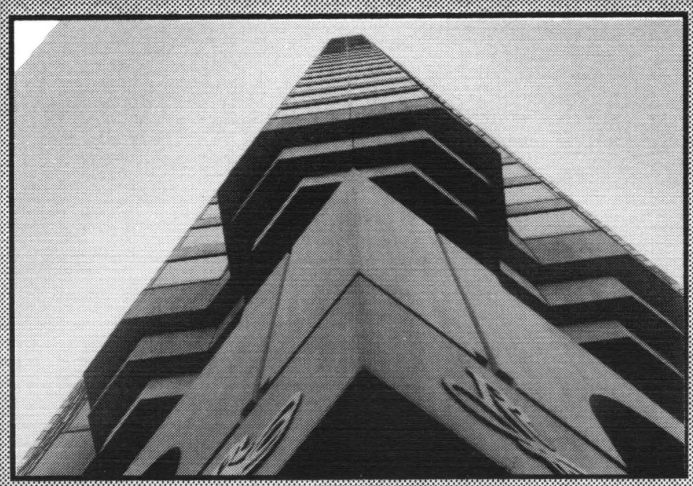
Journal of the Urban Studies Program at San Francisco State University

URBAN ACTION



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STAFF

Editors
Terrence T. Grindall
Karl F. Heisler
Sean A. Nikas

Additional Editorial Assistance by:
Suzanne Craft
Beth Morris
Tanya J. Saul
Tom Walpole

Faculty Advisor
Debbie LeVeen

Cover Design
Michele Lipsitz

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FROM THE EDITORS...

We are proud to present the 10th annual edition of *URBAN ACTION*, a student-produced journal of urban affairs from the Urban Studies program at San Francisco State University. In view of this anniversary, it seems only appropriate to pay tribute to the faculty advisors who have guided *URBAN ACTION* over the years: Dick LeGates, Norm Schneider, and our own Debbie LeVeen.

Our thanks are due to all of the contributors to this year's edition, who not only provided us with solid material but showed great patience as we worked with them to revise, cut, shape and again revise their articles. A special thanks is also in order for our able panel of editorial assistants, without whose help during the final weeks of the production process we could not have endured. A special thanks to Tanya Saul for her invaluable assistance during the final hectic days.

This is the second issue of *URBAN ACTION* produced with desktop publishing, an endeavor which allowed us flexibility in design and layout while at the same time providing us the opportunity to learn a valuable technique. We are grateful to Theresa Selfa, who provided our initiation to the software and its use and was there to hold our hands when we became exasperated. A tip of the hat also to Benjamin Feinman, who provided invaluable tips on the computerized layout process.

As always, the students who contribute articles to *URBAN ACTION* have provided you, the readers, with a wealth of informative articles. We are pleased with the final product and hope you are as well.

The editors of *URBAN ACTION* 1989

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ABOUT THE COVER: Past issues of *URBAN ACTION* have generally featured a high-rise office building on the cover. In keeping with tradition, we have done the same; however, in recognition that there is more to any city than simply its downtown, we have scaled down our photo to a more appropriate size.

Homeless Women and Their Children

by Tanya J. Saul

The homeless have always existed in the United States but have been largely ignored by policy-makers and the general public (Institute of Medicine, 1988: 1; Wright & Lam, 1987: 48). More recently the homeless have generated considerable concern as their numbers have substantially increased. It is estimated that nationally the number of homeless varies from 200,000 to as many as three or four million, with 50,000 in California and at least 5,000 in San Francisco on any given night (Institute of Medicine, 1988: 3; Wright & Lam, 1987: 48; Wlodarczyk & Prentice, 1988: 717). The composition of the homeless population also includes growing numbers of younger, better educated adults and perhaps most alarmingly, families with children. Homeless families now represent one-third of the homeless population, with two-thirds of these families headed by a single parent, generally a woman (Bassuk & Rosenberg, 1988: 783; Wlodarczyk & Prentice, 1988: 719; Axelson & Dail, 1988: 465).

This article develops options which deal with the problem of homelessness for single-parent families headed by women. This will be done by: (1) reviewing the historical issues of homelessness and development as a policy concern; (2) identifying the characteristics of homelessness for women and their children; (3) discussing the causes of homelessness for women and children; and (4) identifying policy tools which have the capability of favorably impacting the problem.

Background

Historically the homeless in the United States have been unsuccessful in securing public attention (Wright & Lam, 1987: 48; Institute of Medicine, 1988: 1). In an 1893 study, one of the earliest known describing the homeless population, McCook (in Stark, 1987: 7) solicited 1,349 questionnaires from homeless men in fourteen American cities. He concluded that homelessness was not caused by alcoholism but by "economic influences."

During the 1920s and 1930s, while never constituting more than five percent of the homeless population, the number of homeless women increased substantially. "Many of these women were political agitators; most were running from poverty, some from parents, and a few were simply looking for adventure" (Axelson & Dail, 1988: 464). Yet, the homeless received "no sustained policy attention" and were "largely invisible to social policy-makers and to the American public at large" (Wright & Lam, 1987: 48).

American values and society's perceptions of the causes of homelessness help explain the slow response of policy-makers in dealing with homelessness. Dolbeare (1982: 17-18) describes American values and beliefs as playing a powerful part in "shaping both people's understanding of 'the facts' of any problem situation and their choices of policy alternatives." Individualism, one of the most important American values, embodies the beliefs that each individual is responsible for his or her success or failure, that with hard work one can rise in wealth, status and power and that public assistance is required because of a personal failure (Dolbeare, 1982: 12-13).

Wright (1988: 64) explains "our collective attitude" toward the poor as reflected in public policy and in public opinion surveys. In a 1984 survey 47 percent agreed that "most people who do not get ahead in life probably work just as hard as people who do," while 84 percent agreed that "any person who is willing to work hard has a good chance of succeeding" (Wright, 1988: 64). This reflects the value of individualism and the expectation that with hard work comes success. The values of individualism, the work ethic, and personal responsibility have prevented policy-makers from approaching the issue of homelessness in the past because to help the homeless would contradict basic American values and beliefs and, it was believed, encourage dependency.

There are also many assumptions as to causal factors which contribute to homelessness. These assumptions influence the ways the homeless are "per-

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Tanya J. Saul is a master's student in the Public Administration Program at San Francisco State University. Her undergraduate degree is in Social Work.

Tanya currently works at the San Francisco Community Clinic Consortium, a non-profit organization which, among other projects, provides outreach services to San Francisco's homeless population.

ceived and dealt with, ultimately shaping the policies of various levels of government agencies" (Rivlin, 1986: 4). How we explain the causes of homelessness heavily influences whether we perceive the homeless as "deserving" or "undeserving." Americans have "always found it necessary to distinguish between the 'deserving' and 'undeserving' poor — the former, victims of circumstances beyond their control who merit compassion; the latter, lazy, shiftless bums who could do better for themselves" (Wright, 1988: 64). For example, traditionally the homeless have been described as "skid-row alcoholics;" the causes of their state, it was said, reflected a personal weakness and failure. These individuals have always been among the "undeserving" and have been ignored by policy-makers and the general public. Joe & Rogers (1985: 15-16) note that during the 18th and 19th centuries poor persons "were believed to be individually guilty for their poverty. Poverty was viewed as a disgrace and the poor person as lazy and incompetent." But by the early 1900s widowed mothers were one group recognized as "deserving" and not blamed for their poverty. Because the causes of poverty for widowed mothers were outside their influence, they received special aid.

Marin (1987: 48) describes society's response to "members in trouble" in two parts: first, those who are "marginalized against their will" and second, those who have chosen or accepted their "marginality." Here again we see society's need to determine those who are "deserving" because they have been "marginalized against their will" and those who are "undeserving" because they have chosen "marginality." The widowed mother of the 1900s, marginalized against her will, received aid. The "skid-row alcoholic" chose his marginality and was ignored.

By the early 1980s, the problem of homelessness had generated considerable concern for both the general public and policy-makers. This growing concern and interest in the homeless can be largely explained by the change in the composition of the homeless population and the substantial increase in the number of homeless families.

Today's homeless individuals and families, described as the "new homeless," are "much younger, better educated, and more heavily dominated by racial and ethnic minorities" (Wright & Lam, 1987: 48). There has also been an increase in the number of homeless women and children. In December 1986, the United States Conference of Mayors survey found the most significant change in the homeless population had been in the number of families with children. In a recent San Francisco Examiner article, Cooper (1988a: A-1) writes, "A shortage of affordable housing has affected nearly every vulnerable group in nearly every region, but especially single mothers and working and middle class families." Additionally, nine in tenof the cities surveyed by the United States Conference of Mayors (1987: 37) expect the number of homeless families to increase within the next year.

Today the homeless seem to be included among the "deserving poor." In a Roper Organization national survey reported by *Newsweek* on September 21, 1987, Americans responded that "caring for the homeless" was a top spending priority, favored by 68 percent. In contrast, "foreign aid" was mentioned by only five percent of the respondents. Yet, the commitment to homeless issues remains conditional.

Society's perception of the homeless is also reflected in how homelessness is defined and described. Historically, the homeless were known as the "skid-row alcoholic" or "hobo" or even "bowery bum." More recently the homeless have been described as an individual with a serious mental illness. The United States Congress, in the McKinney Homeless Act, defines the homeless as follows:

> (1) an individual who lacks a fixed, regular, and adequate nighttime residence; [or]
> (2) an individual who has a primary nighttime residence that is —
> (a) a supervised or publicly operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing for the mentally ill);
> (a) an institution that provides a temporary residence for individuals intended to be institutionalized; or
> (a) a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings. (U.S. Congress, House, 1987).

This definition specifically refers to homeless individuals but equally applies to homeless families. A recent revision in this definition has included individuals or families who are "doubled-up" with family or friends if the stay does not exceed 90 days.

Attributes of Homelessness for Women & Children

In the May 1987 survey, the U.S. Conference of Mayors reported that the number of homeless families requesting emergency shelter had increased an average of 31 percent in the two years prior to the study. It was also found that homeless families represent one-third (34 percent) of the homeless population with two-thirds of the homeless families headed by a single parent, generally a woman (Bassuk & Rosenberg, 1988: 783; Wlodarczyk & Prentice, 1988: 719; Axelson & Dail, 1988: 465). In a Massachusetts study of sheltered families, it was found that over 90 percent of the families interviewed were headed by women

(Bassuk, Rubin & Lauriat, 1986: 1097).

Drawing from several sources (Axelson & Dail, 1988; Bassuk & Rosenberg, 1988; Bassuk, Lauriat & Rubin, 1987; Bassuk & Rubin, 1987; Bassuk, Rubin & Lauriat, 1986; Institute of Medicine, 1988) the general characteristics and patterns of homeless women and children can be identified. The following summarizes these characteristics and patterns.

Most homeless women are single and the mother of two or three preschool children. Approximately 10 percent report being married. The ethnic status of homeless women mirrors that of the area where they are living.

Most homeless women have had some high school education and more than half are high school graduates. Bassuk & Rosenberg (1988: 784) found in their comparison study of homeless female-headed families (residing in a family shelter) and housed female-headed families (renters or home owners) that the homeless women reported a higher level of educational attainment. Approximately one-fifth of the homeless women reported having some college education. Employment status is often sporadic.

The support networks of the homeless women are often fragmented. While housed women report frequent contact with their mothers, other female relatives, and extended family living nearby, most homeless women report having no ongoing emotional or family support available to them. Bassuk & Rubin (1987: 281) note that a majority of homeless women have "limited relationships" and 24 percent viewed their children as their major emotional support.

Homeless women have a long history of residential instability and are a highly mobile population (Axelson & Dail, 1988: 465). The shelter facility is often only a brief stop. Bassuk, Rubin, and Lauriat (1986: 1099) in their study of 80 homeless women and 151 children living in 14 family shelters in Massachusetts found that these homeless families moved an average of 6.6 times (range 2 to 24) in the five years prior to the study. Axelson & Dail (1988: 466) describe homeless families as moving from place to place because of some combination of personal crisis, eviction for non-payment of rent, demolition of the dwelling, uninhabitability of the dwelling and/or job loss.

Homeless families are also frequently doubled-up with friends or relatives. Bassuk & Rosenberg (1988: 784) found that 85 percent of the homeless mothers were doubled-up before their current shelter stay. "This high-density living situation often results in sudden dislocation" (Fabricant, 1988: 49).

Studies which have included children find that nearly half of all homeless children are under five years of age. Most homeless children have serious developmental and emotional problems. The majority of the children in Bassuk & Rubin's (1987: 281) study were developmentally delayed and severely anxious. Between 50 and 66 percent of the school-age homeless children were found to be in need of psychiatric assistance. These children displayed symptoms of depression which included attempts at suicide. School performance was also consistently below average.

The high degree of anxiety and depression might reflect the current shelter experience. The chaotic environment of the shelter, the lack of privacy, structure, and routine and acute stress experienced by the mothers contribute to the children's distress. "Given the stresses of poverty and homelessness and the mothers' emotional vulnerabilities, it is not surprising that the children exhibited a wide range of psychological, social, and cognitive problems as well as lags in developmental milestones" (Bassuk, Lauriat & Rubin, 1987: 22).

Causes Of Homelessness for Women and Children

Today homelessness is perceived primarily as a housing problem but closely related are: unemployment and discrimination in pay and job opportunities, domestic violence and abuse, cuts in public assistance programs, drug and alcohol abuse, deinstitutionalization, serious personal crises, and/or health problems (Axelson & Dail, 1988: 468; Hartman, 1987: 12). For women, additional causes of homelessness have been linked to the reality that women earn salaries lower than men and therefore have less opportunity to establish financial security and flight from an abusive partner (Brickner, 1985: 9). Rivlin (1986: 4) explains that homeless individuals and families are forced into a homeless existence by poverty, the elimination of services, fires that demolish homes, and eviction that have resulted from difficult economic circumstances.

While noting the possibility of a wider range of factors contributing to the homelessness of women and children, this article will look specifically at the following areas: (1) loss of affordable housing; (2) flight from an abusive partner; (3) difficulties in the job market; and (4) cuts in public assistance programs. These are areas of concern which warrant consideration in the development of policies which would impact the causes and reduce homelessness for women and their children.

Loss of Affordable Housing

Historically the federal government has been the primary source of subsidies for the construction and maintenance of low-income housing. Yet federal support for subsidized housing has been reduced by 60 percent since 1980 (Institute of Medicine, 1988: 25). Wright & Lam (1987: 51) summarize the loss in low-income housing in large cities as linked to the following: (1) the decrease in the supply of rental housing

because of inadequate construction levels, conversion of apartments to condominiums, and abandonment of rental units; (2) the general inflation in consumer prices for all commodities; and (3) the decrease in single-room occupancy (SRO) hotels. Axelson & Dail (1988:466) estimate that approximately 500,000 dwellings continue to be lost each year to condominium conversion, community revitalization, economic development, abandonment, arson, and demolition. In San Francisco between 1975 and 1985 at least 5,000 low-income housing units were lost (San Francisco Board of Supervisors, 1989: 7).

In the past 10 years there has been a "virtual decimation of low-income housing supply in most American cities" (Wright & Lam, 1987: 48). During this same period the poverty population of the cities has increased substantially. Median gross monthly rent has also increased (Wright & Lam, 1987: 49). Housing costs consume a larger proportion of household income, having risen seven percent between 1973 and 1983 (Hartman, 1987: 13; Belcher & Singer, 1988: 46).

Women head approximately 27 percent of all American households today and are more often among those experiencing housing problems. "In fact, numerically, they are the largest subgroup of the poorly sheltered population" (Birch, 1985: 21). In many cities like New York, the homeless families end up in shelters or hotels. Kozol (1988: 18) interviewed homeless women and children in New York City's welfare hotels and found that they lived in inadequate, substandard rooms, at an average monthly rent ranging from $1,900 (family of four) to about $3,000 (family of six). The city pays one-quarter of the hotel costs, the state pays an additional quarter, and federal funds pay the remaining half.

Flight From Abusive Spouse

There are an estimated 1.8 million women per year seriously battered by a partner, or 34 victims per 1,000 couples (Straus & Gelles, 1987: 638). Approximately 14 percent of battered women choose leaving the home to escape violence (Gelles & Straus, 1988: 148). The San Francisco Examiner (Cooper, 1988b: A-1) estimated as many as 30 percent of homeless women are "adrift as a result of domestic violence at home."

Many homeless women report a relationship with a man which has dissolved for a reason associated with physical violence and frequently "it is a violent incident which suddenly causes the woman to take her child(ren) and leave, thus rendering them homeless" (Axelson & Dail, 1988: 465). A sample of 80 homeless women in shelters in Boston (Bassuk, Rubin, and Lauriat 1986: 1098) found that 36 percent described having been involved in at least one battering relationship. In a sample of 49 homeless women compared to 80 housed women, Bassuk and Rosenberg (1988: 785) found 41 percent of the homeless women reported experiencing a battering relationship compared to 20 percent of the housed women.

Although many of these women use battered women's shelters, this assistance is generally limited to six to twelve weeks (Ryback & Bassuk, 1986: 56). These women must find permanent housing following their shelter stay. Because of the severe low-income housing shortage, women are forced to enter another shelter, return to the abusive relationship, or double-up with friends or relatives.

Difficulties in the Job Market

Women comprise approximately 42 percent of the present United States labor force (Fox & Hesse-Biber in Moore, 1987: 63). For women between the ages of 20 and 44, the participation rate is over 70 percent (Taeuber & Valdisera, 1986: 4). Yet, the U.S. Department of Labor reports that women now earn only 70 percent as much as men (up from 59 percent in 1975) (Smith, 1988: A-24). For women who are year-round, full-time workers, their median income in 1984 was $15,422; men with the same work characteristics earned a median income of $24,004 (Taeuber & Valdisera, 1986: 28).

Another issue which further complicates employment for single-parent families is child care. Valerie Scott, a Bay Area homeless woman, notes that working and securing child care for her five-year-old daughter presents complications and concerns. She explains, "The innovative, creative, caring babysitting costs a lot of money. What I get are the people who need extra money because they are not making enough, and they'll keep your kid from killing herself while you're at work. This doesn't sit too well with me 'cause I had a different kind of mother" (Salter, 1988: 54).

Cuts in Public Assistance

Between 1978 and 1983, there was a 30 percent increase in poverty, with 35.2 million Americans, or 15.2 percent of the non-institutional population, living in poverty in 1983 (Joe & Rogers, 1985: 5, 6). In that same year, the poverty threshold for a family of four was $10,178. Single parents with children represent one of society's most economically vulnerable groups and have an extremely low median income (Birch, 1985: 21). The incidence of poverty among female-headed families for example, is extremely high, estimated at approximately six times the rate for married-couple families (Joe & Rogers, 1985: 12).

In 1980 the federal and state governments provided Aid to Families with Dependent Children (AFDC) at the cost of $12.8 billion (Joe & Rogers, 1985: 23). The typical AFDC family consisted of a mother and two children. To receive AFDC, recipients had to

be poor before becoming eligible and continue to live below the poverty standard once eligible (Joe & Rogers, 1985: 27). "It was within this context that President Reagan proposed a set of sweeping changes in the nation's needs-tested programs, and the most radical of these changes were in AFDC" (Joe & Rogers, 1985: 29). These changes meant for nearly half a million families a complete loss of AFDC benefits which pushed them farther below the poverty level (Joe & Rogers, 1985: 99). The United States Conference of Mayors (1987: 20) reports that in 1987, 69 percent of the survey cities listed inadequate public assistance benefits and problems with public assistance programs as contributing to homelessness.

Policy Tools

Recommended policy tools which address homelessness for women and their children include the following: (1) reasonable protection from eviction for tenants and the universal application of "just cause" eviction ordinances; (2) temporary rental assistance provision for those experiencing short-term crises; (3) the expansion of emergency and support services; and (4) public housing provided by the private sector. Long-term and economic considerations will also be addressed.

Reasonable Protection and Just Cause Eviction Ordinances

To avoid homelessness, tenants must receive reasonable protection from eviction. Hartman (1987: 18) notes, "One clear question for public policy is whether evicting someone for failure to pay a minimal rent — in many instances, to a public agency — makes sense. In straight cash terms, the cost to the public of providing the same person with adequate overnight shelter is often several times the rent." If eviction action is taken by the local housing authority, before allowing the eviction to be carried out, it should be required of the housing authority to show that those being evicted would not be forced to live on the streets. As seen in Kozol's (1988) description of the New York welfare hotels, the cost of providing rent would be less than providing shelter in hotels.

In the case of eviction from private rental housing, the universal application of "just cause" eviction ordinances would help reduce evictions. "Rather than allowing a landlord to evict a tenant for virtually any reason, such statutes stipulate the acceptable reasons for eviction. If these were limited to causes within the tenant's control — such as extended nonpayment of rent, property destruction, or violation of reasonable lease terms — it would do much to prevent homelessness" (Hartman, 1987: 18).

Temporary Rental Assistance

Programming which assists families before they are actually homeless would substantially reduce many of the problems associated with homelessness, especially for children. Reasonable protection from eviction for tenants and the universal application of "just cause" eviction ordinances address the problem of homelessness for women and their children from a preventative perspective. Other key features of preventative programming might also include emergency back rent and utility provisions. Temporary rental assistance would help those experiencing a short-term crises and prevent homelessness for many families.

Emergency and Supportive Services

The expansion of emergency services, such as shelters and food and clothing banks, is also needed to adequately address the current demands of homeless families. While emergency services do not address directly the causes of homelessness, they provide necessary intermediary assistance for those who are on the street and seeking shelter, food, clothing, and other support services. Emergency and supportive services are also needed to provide women and their children leaving a violent home a place of safety.

Public Housing through the Private Sector

The city of San Diego was the recipient of the 1988 Innovations in State and Local Government Awards Program, sponsored by the Ford Foundation and the John F. Kennedy School of Government at Harvard University, for its innovative low-income housing program. San Diego's single-room occupancy (SRO) hotels are provided by the private sector with subsidies from the city. This program provides low-income housing by the private sector at approximately $200 to $300 per month. San Diego's SRO project is a model for future public housing programs and could be expanded to include housing for families.

Long-Term Considerations in Policy Implementation

Reasonable protection, just cause eviction ordinances, temporary rental assistance, emergency services, and public housing provided by the private sector are important components in addressing homelessness, but long-term considerations must also be included in developing policies which addresses homelessness. Belcher and Singer (1988: 47) maintain that "the first step toward addressing the needs of the homeless is to ensure that government policies are viewed holistically. For example, those policies oriented toward improving the economy must be de-

signed so that they do not create more homelessness."

Under the Reagan administration, for example, cuts in subsidized housing and public assistance programs contributed to the problems associated with homelessness in general, but especially for women and children, who are twice as likely to have a housing problem and are one of society's most economically vulnerable groups (Birch, 1985: 21, 35). The reductions in federal spending, "necessary for the economic recovery," targeted public assistance programs which pushed recipients farther below the poverty line and increased the gap between the rich and poor (Joe & Rogers, 1985: 36). The impact of this policy was never assessed or reviewed by staff of the Department of Health and Human Services (Joe & Rogers, 1985: 37). The long-term impact of policies which seek "economic recovery" must assess their impact prior to implementation and review the repercussions for all vulnerable groups.

Economic Factors and Homelessness

Obey (1986: 11) provides a useful strategy which addresses the economic factors that contribute to homelessness. He maintains that an economy must achieve three basic goals. The first in an adequate and sustained rate of economic growth. Obey (1986: 11) explains economic growth as "essential for making the economy work in both a technical and a human sense." The goal of strong economic growth must reflect a commitment to sustainable growth.

The second goal of a successful economy is the distribution of the "benefits of growth in a way which most citizens believe is fair" (Obey, 1986: 11). In today's society this means that the minimum wage must be replaced with a living wage or a wage which reflects an adequate living income. The income from a living wage would be one which could provide single-parent families with a fixed, regular, and adequate nighttime residence. Work must also be equally compensated, reflecting equal pay for equal work. A fair economy must also provide opportunities for job training, the provision of child care, and health care.

The economy must also provide "opportunities for all individuals to realize their full human potential" (Obey, 1986: 11). Obey (1986: 13) describes full potential as realized largely through work. This would require a commitment to a low unemployment rate.

Conclusion

This article has addressed the problems of homelessness for women and children. Because single-parent families headed by women are an especially vulnerable group and are disproportionately represented among those experiencing housing problems, they must be singled out by policy-makers for special attention in meeting their housing and related needs. Carol, homeless and mother of three, explains in her own words, "I want my children to have a place they can call home. I never want them to have to live like this again ... not knowing day to day what will happen. This is my goal right now — and the thing I worry about the most — that I won't be able to find a place to live" (San Francisco Board of Supervisors, 1989: 14). Homelessness is a critical social problem which demands the attention and energy of the public and policy-makers for Carol and her family and the many homeless families like hers — searching for "a place they can call home."

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Domestic Violence: Family in Crisis

by Susan J. Miller

"Each year in the United States 3 to 4 million women are beaten in their homes by their husbands, ex-husbands, lovers or boyfriends" (Soler & Martin 1983: 1). The San Francisco Police Department's annual report states that in 1985-86 there were 1,717 reports and arrests involving domestic violence in San Francisco, a 76 percent increase over 1979 (Maas, 1985). The San Francisco Family Violence Project further notes that 23 percent of the city's homicides and 41 percent of all assaults and weapons-related calls to the police are related to family violence (White, 1988: A-4). Additionally, 20 percent of all emergency room visits by women are attributed to battering.

What are the general characteristics of the batterer and battered woman? What are the affects of domestic violence on children? What is the "cycle of violence" and what interventions can be promoted to stop the destructive cycle? This article will explore these questions.

Characteristics of the Batterer

While batterers are found in every social, racial, economic, and educational group, there are several general patterns which are characteristic of most battering men (Walker, 1979: 36). Typically, the batterer has low self-esteem manifest by insecurity, hypersensitivity, self-consciousness, and difficulty in self-expression (Neidig, *et. al.*, 1986: 223-34). Batterers often have a history of abusive or violent family interaction and most often are between the ages of 20 and 34 (Soler & Martin, 1983: 2, 3). Use of alcohol and/or drugs is not uncommon during abusive episodes (Gelles, 1987: 77).

Batterers typically identify with a stereotypic, rigid, and/or traditional gender role, especially regarding the sharing of power in a relationship (Soler & Martin, 1983: 3). The batterer needs to feel he has power and authority in the family and can impose his values on others. Many batterers may see their partner and children as inherently weak and immature, requiring frequent, stern control and chastisement in order to "keep them in line." The batterer may see his role as the "man of the house" who must maintain a tight reign over the family — by physical force when necessary. Many batterers also batter their children.

Often the batterer cannot tolerate disagreement and may respond punitively. He may be suspicious or jealous of his partner. If the woman threatens to leave, he may use threats of suicide or homicide in order to maintain his control. Depression or rejection may also lead to impulsive angry outbursts as a means of alleviating anxiety and fear.

The Battered Woman

The battered woman is affected in a variety of ways by her daily experience with the batterer. She may be unsure of her own needs and accept his physical and sexual abuse. She is often emotionally and economically dependent on the batterer. She may also accept the blame for the batterer's actions. She tries to solve *her* marital problems — hoping that significant change is at hand. In attempts to prove her loyalty to her partner, the battered woman gradually becomes more socially isolated from her family and friends. She may be confined to home.

Children

Children of violent homes suffer severe psychological scars, either from witnessing the violence or being subjected to it. Children may incorporate an enormous amount of guilt within themselves because their mother may be battered as a result of protecting them. Children may also feel guilty for not aiding the victimized parent or feel somehow responsible for the parental conflict.

Children frequently learn to imitate the batterer. They learn to accept violence as a normal response to conflict. This leads to confusion about their own self-image.

Susan J. Miller completed a four-month internship at the San Francisco Family Violence Project, where she counseled victims of domestic violence. She has also counseled victims at the San Francisco General Hospital emergency room.

Susan has 13 years experience as a nurse, from New York to San Francisco, and completed her B.S. in nursing at San Francisco State University in January 1989. Susan is currently employed as a public health nurse with UCSF Home Health Care.

Cycle of Violence

Domestic violence is defined as "the battering or abusive acts within an intimate relationship" (White, 1985: 10). Domestic violence comes in various forms and appearances but all share a familiar three-phase pattern described by Walker (1979) as the "cycle of violence."

In the first phase even minor irritations can provoke the batterer to violence and contribute to tension-building. The woman anticipates the attack and tries to defuse the tension with compliant and submissive behavior.

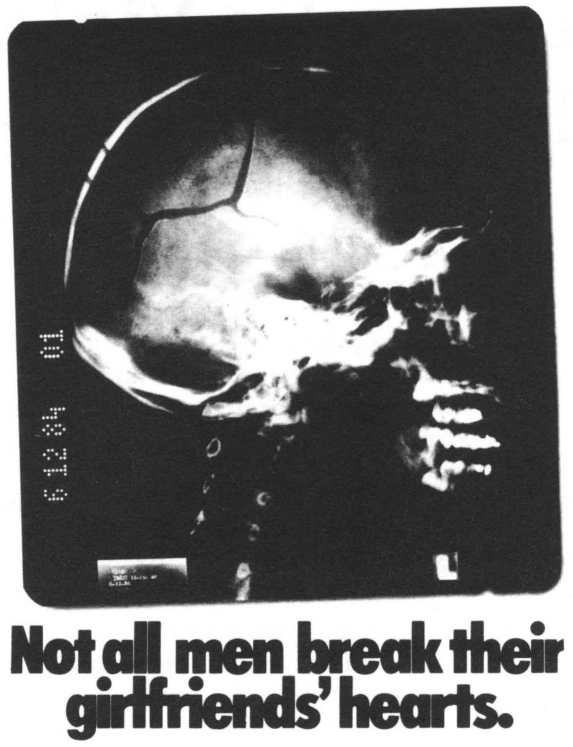
The second phase opens with the climax of tension and the outbreak of physical abuse. The woman may institute a heated argument in order to defuse the tension. She attempts to openly discuss with the batterer the cause of the tension.

In phase three, the batterer feels very apologetic, contrite, and is attentive to the battered woman. He promises never to hurt the victim again and sincerely believes he can hold to his promise. The woman strongly desires to believe him and stays with him to give him one more chance. Unfortunately, once this pattern begins and is repeated over and over and with increasing severity, professional help or other form of intervention is often required to break the cycle.

Intervention for Batterers

Saunders & Hanusa's (1986) study followed reformed batterers after a six-month treatment plan which addressed anger, attitudes toward women, and the batterers' relationships with their own fathers. The two most significant obstacles for the men to overcome in their course of treatment were (1) the "macho man image" and (2) the emotional threat and vulnerability necessary to change behavior. Batterers described themselves as using violence in order to relieve stress and tension. They agreed that while they entered the program at different stages of development (as batterers), their own decision to change and motivation for personal growth made them succeed. Each participant accepted responsibility for his abusive actions and believed that only he could make the needed changes. The men redefined their masculinity and resisted previously held values. In the process they developed a sense of self-worth and empathy for others.

"After care" programs need to include partners and children and also offer a support and reference group to men to strengthen them during their personal recovery and relational transition with their partners (Saunders & Hanusa, 1986: 357-369). Such a program of group therapy, rehabilitation and support is available through M.O.V.E. (Men Overcoming Violence) of San Francisco.



Public Service Announcement for the Family Violence Project of San Francisco Courtesy Family Violence Project

Interventions for the Battered Woman and Her Children

Many victims of violence seek some degree of intervention in their lives. The most immediate and practical need is a safe place to stay until further intervention and resolution can be achieved. Unfortunately, there is a scarcity of shelters in most communities. San Francisco is no exception. There are three battered women's shelters in the city, but these shelters are often crowded and have waiting lists of women and children who need help.

There are few alternative options for the battered women. Family and friends may be fearful and reluctant to house the woman and her children, and encourage her to make up with her partner and return home. The victim struggles between fear for her life and fear of being destitute and unable to provide for her children.

Legal and social services such as victim witness programs and specialized counseling centers offer a variety of resources, but they are restricted in their ability to provide safe refuge. Time is required to deliver the necessary assistance. The criminal justice system does not always succeed in obtaining comprehensive security and protection for victims, who often complain of "getting lost in the cracks." They may feel as if their backs are against the wall and that there is

nowhere left to turn. If the batterer promises to change his behavior, a woman's resolve may dwindle and she and her children may return home. The cycle often begins again.

San Francisco offers various resources for victims of domestic violence. The battered women's shelters, La Casa de las Madres, Asian Women's Shelter, and Rosalie House, offer refuge, legal and personal counseling. Woman, Inc. offers a twenty-four hour hotline for battered women. Operation Concern has counseling for lesbian and gay victims.

Criminal justice and legal resources are found through the Family Violence Project's victim witness program. Victim witness programs, operating through the District Attorney's office, offer counseling, guidance, and support to victims who serve as witnesses for the prosecution against the batterers.

San Francisco General Hospital offers emergency medical care with staff who are trained in caring for victims of violence and rape and for children who have been physically and sexually abused. The Center for Special Problems offers counseling services for both battered women and batterers, but their services are limited and there is a waiting list.

Conclusion

The resolution of domestic violence can occur on a large scale only if the public is made aware of predetermining factors leading to the cycle of violence. In San Francisco there is a need for additional safe houses for battered women and their children. San Francisco needs to streamline legal, health, and social services and provide comprehensive services that support individuals and families under stress. The woman's immediate needs should also be addressed without bureaucratic delay and interference. There should be more family counseling services available to those who desire it after successful recovery for both the battered woman and the batterer.

These changes would reflect a comprehensive approach which would include long term housing,

A Survivor's Story

by M.J. Sabrina

I feel like a concentration camp survivor. I was married for four years and during that time my husband physically and emotionally abused me. He never missed an opportunity to humiliate me publicly. My daily existence had an air of depression and oppression hanging over me. I felt trapped without any options and without any escape. I was sure no other woman was experiencing the kind of life I was living.

My friends could not understand me and were afraid to interfere in our marriage. They were also afraid of my husband's reaction to their intervention. I was always anxious, irritable, and I felt like I was on the verge of a nervous breakdown. Towards the end of the marriage I became very suicidal.

The day I finally left him he had become enraged and kicked me in the stomach. When I was able to get up on feet, I fled. Moments later I found myself at the police station crying and telling an officer what happened. He filed a report but I didn't press charges. It was then that I realized that if my husband ever found out that I had reported him to the police he would actually kill me. Within twenty-four hours I moved into a battered woman's shelter and started a new life.

Today through the help of counseling and friends I have developed into a much more stable, healthy person. I am involved in a twelve step support group through my church and I am being counseled by a therapist. My friendships are wholesome and healthy and I never would have dreamed that I would be as healthy as I am now.

legal assistance, health promotion, child care, emotional and financial counseling, and job assistance. Furthermore, women must learn to replace helplessness and passivity with assertiveness and develop a positive self-esteem. In conclusion, as noted by Gelles & Staus (1988: 206), "Treatment should be aimed at empowering and protecting victims, deterring and yet supporting offenders, and protecting and yet supporting families."

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Teenage Pregnancy: A Legislative History

by Beth Morris

Studies conducted by the Urban Institute show that women who have children during their adolescent years face significant social and economic disadvantages. According to Kristin Moore, "Teen mothers tend to have more unplanned births, larger families and more difficulty working outside the home than women who delay childbearing. Their families are thus more likely to require welfare assistance" (1985: 11). In fact, childbearing during adolescence has become the single greatest predictor that an individual will require public assistance at some point in life (Kosterlitz, 1986: 1539).

In the United States more than one million teenagers become pregnant each year. Approximately one-half of these teens carry the pregnancy to term (MacDonald, 1987: 377). According to Julie Kosterlitz, the American "teen birthrate is higher than in most other industrialized countries: seven times as high as that of the Netherlands, triple that of Sweden and double that of England. And the United States is the only one of these countries where pregnancy rates have increased in recent years" (1986: 1539). Kosterlitz also points out that studies conducted by the Guttmacher Institute of "six European countries that are socially similar to the United States and have comparable rates of sexually active teens ... have vastly lower teen pregnancy rates" (1986: 1539).

The social and economic costs to teen mothers, their children and the U.S. public have been well documented. In 1985 a review of 12 studies revealed that approximately $16.65 billion was paid by the federal government to teen mothers and their families. These payments were approximately 53 percent of the total federal outlay for Aid to Families with Dependent Children (AFDC), Medicaid and the food stamp program (Burt, 1986: 223). According to Martha Burt of the Urban Institute, this is a minimum figure as it does not include "publicly supported social service programs, housing, special education programs, foster care or child protective services" (1986: 224). Burt argues that "if a first birth could be delayed until the mother was 20 or older, the potential savings to the public would be $5,560 for each birth delayed and $2.06 billion for the entire cohort of teenagers who would otherwise have had a first birth in 1985" (1986: 221).

Most teen mothers experience social disadvantages and a greater reliance on public assistance than do their peers who delay childbearing. Studies completed in 1980 found that teen mothers complete an average of 10.6 years of schooling compared to 13.2 years of schooling among women who delay childbearing until after adolescence (Moore, 1985: 11). This limited education leaves teen mothers ill-prepared to compete in the job market. Additionally, an early first birth seems to increase chances of subsequent fertility (Burt, 1986: 223). This subsequent fertility makes it even more difficult for these mothers to work, as not only employability but child care becomes an issue. These issues have been linked to teen mothers' increased chances of relying on public assistance at some point in life.

Children of teen mothers also seem to face more disadvantages than their peers whose mothers are older. According to the Southern Regional Task Force on Infant Mortality, "One in seven infants born to teenage mothers is likely to be born with low birth weight; a baby born to a teenager is also more than twice as likely to die than is a baby born to a woman in her twenties" (1985: 8). Health issues aside, other disadvantages seem to follow these children into later life. Children of teens tend to score lower on cognitive tests and to perform less well in school than their peers. A National Survey of Children found that children whose mothers were younger than 17 at the time they first gave birth consistently scored one modal grade behind other children their age (Moore, 1985: 11). In a Baltimore study, 300 urban black teenage mothers and their children were followed over a 17-year period. Researchers found that these children experienced significant difficulties during their school years. In 1984, 92 percent were enrolled in school, but of this group, one-half had repeated at least one grade and 44 percent had been suspended from school in the previous five years. This last figure compares to a 23 percent suspension rate among

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Beth Morris received her B.S. in Sociology from Oklahoma State Univeristy and a California secondary teaching credential. She is currently a master's student in the Public Administration Program and works full-time with the Mayor's Prevention/Intervention "Driving Under the Influence" project.

children of older mothers (Furstenberg, 1987: 148).

Despite the overwhelming evidence that a problem exists, and although the U.S. government spent approximately $16 billion in 1985 providing assistance to teen mothers and their children, no specific federal legislation or comprehensive policy exists. Although all sides agree that "children having children" is problematic, controversy over types of prevention, provision of care and proper use of federal resources has hindered attempted legislation. Debates on the issue run clearly along ideological lines. Liberals, who tend to support legislation providing care to pregnant teens while relying on Title X family planning programs[1] to address the issue of prevention, clash headlong with conservatives, who tend to argue that past federal programs have actually increased teenage sexuality, and that federal funds should be directed toward propagating a message of abstinence. The result, according to Rep. George Miller, D-CA, is a "hodgepodge, a patchwork, a hit and run operation." Adds Rep. Dan Coats, R-IN, "We're not making a dent in the problem" (Kosterlitz, 1986: 1539).

This article examines past attempts at federal legislation, focusing on the debate between the need to provide prevention services that discourage teens from becoming pregnant and the need to provide care services to teens after they have had children. This will be a general overview of teenage pregnancy, and will not attempt to address the issues of abortion, the father's responsibility or ethnic differences in teenage pregnancy rates.

Background

The trends of, and attitudes surrounding, teenage pregnancy, adoption and single motherhood have undergone dramatic changes since World War II. In the late 1950s, 90 of every 1,000 births were to women younger than 20 (Vinovskis, 1988: 25). Most of these young women married the fathers or were sent to stay with "relatives" until the baby was born, at which time the child was put up for adoption. According to Kathleen Scharf, "Twenty years ago, caring for unmarried pregnant adolescents was largely the province of voluntary social agencies . . . America viewed non-marital childbearing as deviant behavior" (1984: 197).

In the middle 1970s, the number of teens becoming pregnant and having children had decreased to 58 out of every 1,000 births. However, the previous trends of marriage and adoption were changing and the number of out-of-wedlock births doubled between 1960 and 1977 and continued to rise through the 1980s. Accompanying this increase of single mothers was a 40 percent decrease in the number of babies put up for adoption. Now, in the late 1980s, almost 90 percent of out-of-wedlock births are kept by the mother (Vinovskis, 1988: 30).

Another manifestation of this change, although not directly linked, is reflected in the increase of public spending in the federal government's Aid to Dependent Children program (ADC, today known as Aid to Families With Dependent Children, AFDC) during the same period. In 1936 the death of a parent was the single greatest reason for receiving ADC. In 1967 the death of a parent accounted for only eight percent of the AFDC caseload, while 67 percent went to homes where the father was absent (Joe and Rogers, 1985: 19).

An increasing awareness of these costs pushed adolescent pregnancy onto the federal agenda in the early 1960s. The federal government's first attempt to address the issue came in 1963 when the Children's Bureau of the Department of Health, Education and Welfare funded a demonstration project providing comprehensive services to pregnant teens at Webster High School in Washington, D. C. Prior to this pregnant teens were not allowed to attend most public schools. The Webster program provided a comprehensive model that addressed both the need for prevention services and the need for post-pregnancy care services. Although no formal evaluation of the program was conducted, the schools pregnancy rates declined dramatically, and the Children's Bureau began funding other similar projects (Vinovskis, 1988: 49). This, however, was the extent of federal involvement for the remainder of the 1960s.

The federal government's next set of programs to impact teen pregnancy rates came in the 1970 Public Health Services Act. Included in this legislation, under Title X, were provisions for family planning services available to all women. The legislation was considered preventative in nature because of its focus on planning, education and prevention of unwanted pregnancies. Teenagers had free access to the Title X services, but it was not a coordinated effort addressing their specific needs, nor did the legislation address the needs of already pregnant women.

By the early 1970s, an "adolescent pregnancy lobby" emerged and began advocating for federal aid for pregnant teens (Scharf, 1984: 199). This lobby, composed of groups such as Planned Parenthood of America, The Joseph P. Kennedy Jr. Foundation and the National Alliance Concerned for School-Aged Parents, was convinced that comprehensive care centers, based on the earlier Webster model, were the best way to deal with the disadvantages facing pregnant teens even though no formal evaluation had been conducted on any of the Children's Bureau's projects. Despite this lack of empirical evidence, the need for additional research was given only minimal attention. It should also be noted that although these groups were interested in the comprehensive care model, the constant emphasis was on new funding to care for already pregnant teens (Vinovskis, 1988: Chapter 2).

In 1975 Sen. Edward Kennedy, D-MA, introduced the "School-Age Mother and Child Health Care Act," marking the first time that legislation intended specifically for sexually active adolescents had been proposed. The bill, heavily influenced by the adolescent pregnancy lobby, called for a coordination of existing services and the provision of new post-pregnancy care services (Vinovskis, 1988: Chapter 2). The issues of prevention and research were addressed only secondarily.

Despite the efforts of Kennedy and the different lobbying groups, the bill did not have the support of President Ford. Due to the lack of executive guidance, the bill was not voted on in either house. However, a core group had been established which would become highly influential in future legislative attempts.

Advocates for federal legislation addressing the issue of teenage pregnancy received a boost with the election of Jimmy Carter. In 1976 Carter showed his support by increasing President Ford's 1976 budget to include an additional $35 million for increasing the services available to pregnant teens. He also appointed a special task force to make recommendations on policies regarding teenage pregnancy. In 1978 the "Adolescent Health, Services and Pregnancy Prevention and Care Act" was introduced on behalf of President Carter in both houses of Congress. The bill, however, was not enthusiastically received by interested members of Congress or influential interest groups. Many found the legislation "unacceptable" claiming it placed too much importance on prevention and family planning services and too little emphasis on care provision. Following is an excerpt from the original bill:

> Prevention is our first and most basic line of defense against unwanted adolescent pregnancies ... We anticipate a significant portion of the $60 million budgeted for our propose[d] programs will go to projects providing such family planning and educational services. (Vinovskis, 1988: 57)

The Senate Committee on Labor and Human Resources, with the input of influential interest groups, disagreed. Following is an excerpt from the Committee's rewrite of the President's proposal:

> Recognizing the increasing emphasis of Title X and other family planning programs on adolescents, it is the view of this Committee that this initiative should build upon, not duplicate, Title X and other similar prevention-oriented program efforts ... funds under the reported bill must be steered to address the needs of pregnant adolescents and pregnant teenagers. (Vinovskis, 1988: 64)

As this opposition emerged during the Senate debates, members and lobbying groups became even more divided over the prevention vs. post-pregnancy care issue. Passage of any bill seemed unlikely. However, as the interest groups began realizing the possibility of no action being taken they joined together to form a coalition. According to Scharf, "interest groups criticisms were muted by a desire to encourage the executive and legislative branches to move quickly and generously" (1984: 201). This interest group coalition, coupled with Kennedy's influence was enough to have the amended version passed in Committee (Vinovskis, 1988: Chapter 2).

This new version, calling primarily for service provisions and the establishment of the Office of Adolescent Pregnancy Programs (OAPP), was passed by both houses, but not without serious reservations. According to Maris Vinovskis, "Although the coalition of the individuals and groups that has lobbied on behalf of this legislation had finally achieved their goal of a federal service program primarily for pregnant teenagers, the alteration of the legislation in the Senate Committee significantly alienated many Representatives and Senators who would not be very supportive of the new Office of Adolescent Pregnancy Programs" (1988: 69).

This alienation of House and Senate members became evident when it was time to fund the newly established OAPP. The agency received only $1 million for its "start-up" funding, $40 million less than originally authorized (Vinovskis, 1988: 71). This trend of fiscal austerity continued, and by 1980 OAPP had only nine employees and had received only $5.6 million in funding for that year. The 1980 election of Ronald Reagan and the gain of Republican control in the Senate spelled the end of OAPP as a categorical service program. The office was closed down and folded in the new Maternal and Child Health Services Block Grant Program, with grants being administered through the new Office of Adolescent Family Life Programs (Scharf, 1984: 213).

Despite the general mood in the early 1980s to make large cuts in domestic spending, the newly elected chairman of the Senate Subcommittee on Aging, Family and Human Services (under the Labor and Human Resources Committee), Jeremiah Denton, realized the need for continued legislation addressing the issue of teenage pregnancy. However, Denton, R-AL, saw the issue from a wholly different perspective than past proponents of teen pregnancy legislation. Denton felt the appropriate policy for teenage pregnancy should stress abstinence as the primary means of reducing the problem. Unlike earlier leaders in teenage pregnancy issues, the senator believed that a reduction in sexually active teens and an emphasis on adoption when necessary should be the top priorities of any federal legislation on the

issue (Vinovskis, 1988: Chapter 2). Backed by the Catholic Charities, Denton introduced a bill calling for the promotion of abstinence and adoption.

The bill, commonly called the "chastity bill," contained strong language condemning the promiscuity of teens (Scharf, 1984: 214). The bill was rewritten to soften the language on abstinence and promiscuity, and was unanimously adopted by the Senate Committee on Labor and Human Resources. The amended legislation called for the provision of services for pregnant teens with a new emphasis on evaluation. In its final writing, the 1981 bill saved most post-pregnancy care services for teens though at greatly reduced funding levels. However, its passage brought a new perspective into the adolescent pregnancy debate. According to Vinovskis, "While most policy makers in 1975 and 1978 debated the relative allocation of federal funds between family planning services and post-pregnancy care for pregnant teenagers, Denton succeeded in introducing another dimension to the discussions — the prevention of premarital sexuality altogether" (1988: 86).

The bill was included in the Omnibus Budget Reconciliation Act of 1981. It was incorporated as Title XX of the newly passed Public Health Services Act, where it remains today. Since 1980 no new legislation on the subject has made significant headway.

Policy Options

As seen in the preceding review of legislative efforts, policy options addressing the problems of teenage pregnancy have centered around two fundamental approaches: the provision of family planning preventative services and the provision of post-pregnancy care services to teen mothers. Most advocates of the planning/prevention argument have placed importance on mandatory sex education (including contraception education), legislative access to contraceptives and legislative assurances of privacy. Proponents of this view tend to believe that specific programs, targeted at teens, providing family planning services must be made available to all teens at no or very low cost. Supporters of the post-pregnancy care provision services have centered their arguments on policies providing care to already pregnant teens. These advocates, believing that planning/prevention services are addressed through Title X programs, tend to call for programs such as special education, job-training, government sponsored child care, access to counseling and school-based health clinics. Finally, the post-pregnancy lobby has begun to encompass an added conservative dimension of promoting abstinence as the sole method of prevention and questioning of the federal role of addressing teenage sexuality.

Policy Recommendations

It is striking what little importance has been placed on evaluation and research of teenage pregnancy. Beginning with the lack of evaluation in the Webster model during the 1960s, research, development and evaluation have taken a back seat to the actual provision of services. Only recently have members of Congress begun to recognize the importance of establishing the root causes of teenage pregnancy before funding any new programs (Kosterlitz 1986: 1541).

This is not to say that some programs have not been very successful in changing the behavior of the program's participants. However, as Vinovskis points out, policy options have been restricted by an ahistorical view of the problem. According to Vinovskis, "We need a broad historical view of adolescent pregnancy instead of one that focuses on developments in the United States only during the last two or three years. Only by appreciating the influence of larger societal changes on today's adolescents and understanding the historical antecedents of current government policies can we hope to develop more effective ways of helping our children in the future" (1988: 217).

This need for further definition of the issue is underscored by Helen Land as she quotes C. Wright Mills, "When we stop short of analyzing how society's structured inequalities act to produce dysfunctional conditions, we may fail in our interventive efforts to ameliorate these conditions" (1987: 40). This view is also taken by Arline Geronimus who writes of teenage pregnancy policies, "Changes in policy should take into consideration the social reality of those who bear children early ... Policies that do not address underlying social realities, but aim only to affect directly the fertility behavior, are likely to fail to counteract incentives for early child birth" (1987: 266).

In light of the lack of evaluation and research relating to the direct causes of teenage pregnancy, I recommend that an extensive research/evaluation focus be a central part of any new legislation. Until such questions regarding causes can be answered, funding of current programs addressing both prevention/planning service and the post-pregnancy care service should continue. Within this continuation, special prevention emphasis should be placed on teens who are failing or at risk of failing school, and for those who are already pregnant, special education programs and access to child care should be made available to assist these young women gain the skills necessary to support themselves and their families.

Endnote:

[1]Title X refers to Title X of the 1970 Public Health Service Act which authorized federal funding of a national family planning program to be administered through the U.S. Department of Health and Human Services.

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School-based Clinics and Teenage Pregnancy: A Progress Report

by Barbara Hoover-Schultz

Adolescent pregnancy is seen by Americans as a serious and complex problem: a tangled web of social, interpersonal, personal, economic, religious and ethical dimensions. Regardless of one's moral perspective or political philosophy, the basic statistics are startling:

- More than one million teenage girls between the ages of 10 and 19 in the United States become pregnant each year (National Research Council, 1987).
- More than 300,000 pregnancies could be averted each year if teens who used contraceptives used them in a consistent manner (National Research Council, 1987).
- Nearly 60 percent of the total welfare budget is provided to females who first gave birth as a teen (TAPP, 1987: 7).
- In the United States, girls under 15 are at least 5 times more likely to give birth than young adolescents in the other developed nations (National Research Council, 1987).
- One-third of all Black teenagers will become pregnant (Essence, 1987).
- Pregnancy is the most common reason teenage girls leave school (National Research Council, 1987).
- Eighty percent of teen mothers NEVER graduate high school (TAPP, 1987: 7).

Why do young women who are barely out of childhood themselves become parents? The exact answer to this question is difficult to pinpoint; however, adults overwhelmingly agree that the prevention of adolescent pregnancy is desirable. But, there is widespread disagreement among political, religious, and educational leaders about an effective solution.

A growing number of communitities are establishing health clinics on school campuses that are specifically geared toward the health needs of adolescents. These school-based clinics offer an innovative approach directed at alleviating the problem of teenage pregnancy (as well as addressing a wide range of health care needs).

The concept of school-based clinics and their relationship to and effectiveness on adolescent pregnancy rates will be examined in the following discussion. The controversy, policy implications, funding issues, evaluation, and brief background will be presented along with some concluding policy recommendations.

Adolescent Need for Health Care Services

Many believe adolescents are remarkably healthy and do not experience the same need for health care as adults. However, adolescents not only experience similar needs as the general population, they also experience problems that characterize puberty. Compounding the need, many teenagers feel invulernable and take risks. For adolescents, health problems are frequently medical manifestations of problems having a social origin (Tereszkiewicz and Brindis, 1986: 1).

One of the greatest unmet needs faced by adolescents is the need for family planning services. Experts estimate that two-thirds of the five million sexually active teenage females in the United States and most of the seven million sexually active teenage males have never used professional birth control services (Alan Guttmacher Institute, 1985). Even among adolescents who use these services, consistent use remains low. At many family planning clinics, 40-60 percent of the teenage clients never return for the periodic checkups that are crucial for effective, safe use of contraceptives (Tereszkiewicz and Brindis, 1986: 1).

Adolescents face many obstacles in seeking family planning services. Some barriers, like poverty, affect all age groups, but teens often encounter addi-

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Barbara Hoover-Schultz is a master's student in the Public Administration Program at San Francisco State University anticipating graduation in December 1989. She received her B.A. in public and health care administration from Avila College in Kansas City, Mo., in 1986

Currently Barbara is employed by the University of California, San Francisco, as an administrative analyst. She hopes to enter the health care administration field upon graduation.

tional barriers. Parental consent requirements and perceived or actual lack of confidentiality can be obstacles. Access may be limited by strict clinic hours, long waiting lines, and fees. Lack of funds, independent of parents, can also be a stumbling block (Tereszkiewicz and Brindis, 1986: 1). Even when teenagers do have access to a clinic or family physician, they commonly do not have specially designed services focused on adolescents' needs.

Studies have shown, however, that teenagers will use health care services if they are conveniently located, free or low-cost, confidential, and comprehensive in nature (Children's Defense Fund, 1986: 11). In 1980, Johns Hopkins University conducted a study to learn why teenagers selected a particular family planning clinic. They found confidentiality, staff concern for teenagers, and promixity to home as the most important reasons (Zabian and Clark, 1983). It is, therefore, quite logical that a primary focus for reaching adolescents would be the public school system; all children, no matter how disadvantaged their families, are in school, at least in the lower grades (Dryfoos, 1984: 193).

The Emergence and Evaluation of School-Based Clinics

Advocates of school-based clinics typically look to the St. Paul, Minnesota Senior High School clinic established in 1973. The St. Paul area served by the clinic had been plagued by increasing teenage pregnancy rates and a high rate of infant mortality among infants born to teenage mothers. It was in an attempt to decrease pregnancy rates that the St. Paul Maternal and Infant Care Project suggested placing a clinic in the high school. The program became so successful that the Maternal and Infant Health Project started clinics in three additional schools (Tereszkiewicz and Brindis, 1986: 2).

Despite the reported success of the St. Paul clinics, it was not until the early 1980s that they were replicated in significant numbers. Like the St. Paul model, most of the school-based clinics now in operation were initiated at the community level, primarily by agencies and organizations not part of the school system.

Evidence of the clinics' success can be drawn from statistics available from existing clinics. There are various types of evidence that the clinics work:

(1) Demand for Clinic Services is Steadily Increasing and the Use-rates are High. In Kansas City, about 70 percent of the students use the clinics each year, in St. Paul about 75 percent, and in Dallas about 80-90 percent. These are high usage rates. Some of the smaller clinics have lower usage rates, typically due to limited funding (Kirby, 1986: 13).

(2) Diagnoses of Previously Unknown Health Problems. Many of these clinics are finding previously undetected health problems and are providing care adolescents might not otherwise have received. In Dallas 20-30 percent of patients received such diagnoses (Brindis, 1986: 3). Valerie Stoller, former director of the Balboa High School Clinic in San Francisco, believes that this detection of previously unknown health problems is one of the most important benefits of these clinics.

But these statistics still do not answer the questions about teenage pregnancy. Do these clinics actually reduce the number of pregnancies? Do they reduce the drop-out rate among teen mothers?

(3) Pregnancy Rates Decline. In St. Paul's Mechanic Arts High School, the known fertility rates dropped from 79 to 35 births per 1,000, a decline of 56 percent (Kirby, 1986: 17). The Johns Hopkins school-based clinic reported a drop in the pregnancy rate by 30 percent, while in a control school it increased by 57 percent (Brindis, 1986: 3).

(4) More Pregnant Teens Graduate. In St. Paul, the drop-out rate among girls who delivered and kept their children declined from 45 percent to 10 percent (Kirby, 1986: 17). By contrast, 50 percent is the national average for teens who do not finish school and over 17 percent have a second baby within one year (Brindis, 1986: 3).

These statistics also suggest some strong cost-benefit implications. First, teenage mothers without a high school diploma are twice as likely to receive AFDC (Aid to Families with Dependent Children). If school-based programs can be designed to either prevent a pregnancy or, once a pregnancy occurs, keep the teenage mother in school, the result may be a significant savings to the public. For example, a 10 percent increase in teen mothers graduating high school will save $53 million in avoided welfare costs in California alone. In addition, a teen graduating from high school is likely to earn $1,706 more per year (1983 dollars) than a teen with 1-3 years of high school. Second, annual Medicaid costs for prenatal care, delivery, etc., are in excess of $105 million per year for teens and their infants. Once again, school-based programs with effective family planning services have the potential to save public funds (TAPP, 1987: 4; 7).

Despite the success of these clinics, opponents to school-based clinics with family planning services question these positive outcomes. Barrett Mosbacker (1986: 24), the author of a report submitted in North Carolina in opposition to funding school-based clinics in North Carolina, contends that "there is no means of verifying clinic data. Those who have a vested interest in the successes of the clinics are also responsible for reporting [their] effectiveness." Of course,

proponents argue that they are committted to objective examination by non-biased evalutors (Brindis, 1986: 5).

The Controversy Surrounding School-Based Clinics

Currently there are 120 school clinics operating in 61 cities throughout 30 states (Black, 1989: 117). Although usually accepted, the clinics have met with some opposition. In particular, the opposition focuses on the family planning services. An examination of the controversy clearly illustrates the large number of actors affecting policy-making as well as the level of power they bring to the policy arena.

Advocates of sex education programs find school administrators fearful of widespread community disapproval. Family planners assert that greater availability of information and birth control devices is needed. Religious leaders deplore the lack of attention to ethical and moral issues in community sex education efforts. Conservative coalitions espouse that schools are not hospitals and are overstepping their boundaries. They believe there is a double standard - that schools are putting their stamp of approval on premarital sex (Essence, 1987).

Parents proclaim that they should be the primary sex educators of their children, yet surveys show that most parents are reluctant to talk with their children about sexuality issues (Shapiro, 1981: 2). Parents also fear that for teenagers to have knowledge about sex will cause them to have sexual experiences before they are ready. Just the opposite may be true. Research shows that teens who have talked with parents about sex tend to delay first intercourse and use contraceptives when they do and that it is common for teenagers to be sexually active for a year or more before obtaining contraceptives, suggesting that the availability of contraceptives does not stimulate adolescents to participate in intercourse (Shapiro, 1981: 2-3). Former Secretary of Education William Bennett once accused school-based clinics that offer family planning services of "abdicating moral authority" by encouraging teenagers to have "sexual intimacy on their minds" (Richburg, 1986: 43).

Other developed nations, where sexual issues are more openly expressed and adolescents have adequate access to family planning information and services (often through school-based clinics), are fairing much better with respect to teenage pregnancy rates. To illustrate this point, the Guttmacher Institute reports the number of pregnancies and births per 1,000 females aged 15-19 in the major developed countries as shown in Table 1.

Barbara J. Maciak (SF Chronicle, 1987), a researcher with the federal Centers for Disease Control, explains these statistics: "We [Americans] seem to have more difficultiy in accepting the fact that some teens are sexually active. European countries are more tolerant of teenage sexual activity. There is greater access to contraception and sex education [especially through school-based programs] - which greatly helps reduce the pregnancy rates."

TABLE 1: Comparative Fertility Rates

Nation	Pregnancies	Births
United States	96	54
England/Wales	45	31
Canada	44	28
France	43	25
Sweden	35	16
Netherlands	14	9

Source: Guttmacher Institute in SF Chronicle, 1987

Through a number of routes, the governments of the European countries have made a concerted, public effort to help sexually active young people avoid unintended pregnancies. By contrast, in the United States, there has been no well-defined expression of political will (Jones, et al,1985: 61). Furthermore, it is agreed by most experts that there is no consensus among Congress on the role government should play in seeking solutions to teen pregnancy. Some contend that pregnancy, childbearing and abortion among teens is a family matter — that government support in this area weakens family ties and fosters promiscuity. Their belief is that the role should be to lead to chastity, bar contraceptives and oblige teens to carry pregnancies to term. These principles are embodied in the Adolescent Family Life Act (Leland, 1987: 121-122). Others believe Congress cannot legislate morality. Many members of Congress are working for legislation to improve existing programs to prevent pregnancy as well as to provide necessary care.

Finally, an interesting caveat to the controversy surrounds health care providers. Many object to school-based clinics providing family planning services, arguing that they duplicate services already provided by the health care community and that they compete for patients with local providers (Tereskzwicz and Brindis,1986: 3).

In part because of the objections raised by critics, only 15 percent of school-based clinics responding in a recent survey indicated that they dispense contraceptives. And in 1986 only 15 percent of clinic visits were to obtain birth control (Black, 1989: 120).

Funding Issues Facing School-Based Clinics

Even though opposition exists to on-campus clinics, a more difficult and pressing problem is funding. The cost of the clinics is considerable. Tereszkiewicz and Brindis (1986) estimate that $100,000-125,000 per

year is needed to operate a full-time high school clinic with an average per clinic visit of $150 to $250 per student. However, when compared to the cost of a pregnancy carried to term, the clinics have the potential to be very cost effective.

Existing school-based clinics receive funds from a variety of sources. Private foundations have been a major source, accounting for 41 percent of the funding. This is up from 31 percent in 1986 (Black, 1989: 128). The Robert Wood Johnson Foundation, in particular, has allocated $16.8 million for 23 school clinic projects. The Ford, Grant, and Rockefeller foundations also support school-based clinics (Black, 1989: 140).

By contrast, public support has been sporadic and must improve if clinic programs are to become self-sustaining. State governments now provide about one-fifth of the funding for school clinics, while city and county health programs supply another fifth. The federal government, through the Maternal and Child Health Block Grants, provide less than 15 percent of clinic funding (Black, 1989: 128). Other public sources include Medicaid; the Early and Periodic Screening Diagnosis and Treatment Program (EPSDT); and Title X of the Public Health Service Act, which covers family planning services.

In recent years, there has been a marked shift in federal policies related to financing and administration of health and social programs. Similar policy changes have been considered at the state level. For example, California Governor George Deukmejian has proposed eliminating all state funding for family planning services (Planned Parenthood, 1989). Such a decrease in preventive care services (such as school-based clinics) might lead to higher Medi-Cal and other health care costs (IHPS, 1987: 36).

School-Based Clinics in the Bay Area

California's first school-based clinic was established in January 1986 at Balboa High School in San Francisco after two years of careful planning, which included the identification of census tracts with high rates of adolescent pregnancy. Balboa's Teen Health Center was established as a joint effort of the San Francisco Unified School District and the Department of Health Services (IHPS, 1987: 30-33).

Since the Balboa Teen Health Center opened, a variety of communitities throughout California are exploring the feasibility of establishing school-based clinics. Three other Bay Area high schools have followed suit. San Jose High School and Overfelt Hight School, in San Jose, and Fremont High School in Oakland have all opened clinics.

The Balboa clinic provides comprehensive teen health services including medical care for a variety of teenage health problems; health education, including family planning services; and psychosocial care for students at risk of dropping out of school. Clinic staff find that students who perform poorly in school often do so because of other, underlying "at risk" behaviors: early sexual activity and/or "unprotected sex", a chaotic home situation (possibly including physical, sexual, or emotional abuse), and drug abuse (Brown, 1989).

The clinic does not provide contraceptives of any kind, nor does it provide prenatal care; the former has been judged too controversial for the present, while the latter is simply too expensive. (However, the school district does have alternative schools for pregnant teens.) In addition, like nearly all school clinics nationwide, the Balboa clinic requires that students obtain parental consent before being seen. Because of these restrictions, only 10 percent of the 1,300 visits to the Balboa health center between April 1987 and March 1988 were related to reproductive health (Brown, 1989).

Funding for the Balboa clinic comes from the city health department, the school district, private foundations and the federal Department of Health and Human Services, which recently made a three-year grant (Brown, 1989).

The Future: Policy Recommendations

So what does the future hold for school-based clinics in public school systems? Much depends upon the political climate. Today it seems that most people dislike public controversy and confrontation. As a result, they are willing to leave the formulation of public policy to those with the strongest convictions. Controversial policies and programs, such as school-based clinics, can become timebombs. Much depends upon the political climate. Today's climate suggests some strong policy implications as well as policy recommendations. The recommendations that follow are based not only on an understanding of the issues involved, but also on value judgments regarding what constitutes responsible policy in this area. As such, the agenda for public decision-makers might well include:

(1) A Massive Public Education Effort: Public opinion seems to play a major role in directing the future of school-based clinics. Therefore, concentration might be centered on the cost effectiveness of preventing an unplanned pregnancy as well as the exorbitant social costs involved. Cost-Benefit analyses have demonstrated the cost-effectiveness of family planning services and the substantial savings to the state. Also, the comprehensive nature of the clinics could be emphasized in an attempt to dispel some of the controversy.

(2) Technical Assistance for Program Development: An extensive needs assessment prior to clinic initiation should be utilized, not only for the evaluation, but also to document the types of services needed. Various government agencies, as well as private sources, should be used to develop effective programs.

(3) Monitoring of Legislation and Funding Sources: Funding, as already described, is a critical element for the future success of school-based clinics. Institutionalizing their base of support appears to be one of the greatest challenges facing the clinics. Schools may be forced to seek innovative funding sources.

Careful monitoring of legislation is of the upmost importance to the future of these clinics because of the strong political opposition. Proposals to cut the funds available and prohibit certain programs based on the services provided have been supported by a number of public figures.

(4) Further Development and Application of Strategic Models: Model building plays an important role in forcing clarification of assumptions. Where differences occur, models can serve as a vehicle for achieving consensus. In building models for school-based clinics, many interesting hypotheses about the structure and their effects on behavior are generated. Significant compromises may be necessary to overcome the objectives of special interest groups. Still, models prove very useful.

(5) Continuing to Conduct Process and Outcome Evaluations: The need for additional documentation of the impact of these clinics is an important factor in the political dilemma presented by school-based clinics. The Center for Population and Reproductive Health Policy has recently received funding to conduct such a process (IHPS, 1987: 30-33).

Conclusion

The consensus is that something needs to be done about the high adolescent pregnancy rate. This preliminary briefing reveals a number of positive aspects to school-based clinics and their effect on the problem of adolescent pregnancy. First, a school-based program provides care where the teenagers are. Second, school-based programs appear to be cost-effective. Third, school-based programs allow health education/promotion in the classroom to be combined with medical care in the clinic. Lastly, decreased drop-out and fertility rates have been associated with those schools with on-site clinics.

Although there are some negative aspects, or at least some open questions, regarding school-based clinics, generally they appear popular with students, parents and health/school personnel. It is not difficult to identify schools with high numbers of teenage mothers. Such schools need outside help - establishing on-site clinics just may prove to be an excellent way to draw upon the assistance that these adolescents need to thrive.

The concept of school-based clinics is still rather new; therefore, further research will be necessary to accurately assess their impact. Few reliable studies have been conducted to thoroughly evaluate their programs (Black, 1989: 138). The clinics' controversial nature needs to be researched further to determine the power of each subgroup; in particular, the role of Congress and the bureaucracy in policymaking and policy implementation. Finally, the other countries offer excellent lessons from which we can learn — more research from a comparative perspective is a must.

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Access to Health Care for the Environmentally Sensitive

by Susan Molloy

The advent of modern energy-efficient buildings, which use very little fresh air ventilation, has catapulted a previously obscure illness to the public consciousness. Airborne pollutants trapped within these buildings have caused fatigue and headaches for millions of people. But for 15 percent of the population, (Board on Environmental Studies of the National Research Council) these building interiors provoke such serious symptoms that they are entirely off-limits.

U.S. government and industry have invested in energy conservation at the expense of fresh air ventilation. There is no effective regulation of indoor synthetic furnishings or maintenance products in the buildings, resulting in indoor air quality which is sickening to many and, in fact, disabling to some.

People vary considerably in their ability to tolerate and neutralize environmental contaminants. Those at the unfortunate end of the "bell curve" bear a handicap: after enough exposure, they simply cannot function well, or at all, in modern buildings. The Environmental Protection Agency (EPA) has acknowledged this "chemical sensitivity" as one of two chronic health effects (the other being cancer) caused by chemical exposure in air-tight buildings. In the Total Exposure Assesment Methodology Study (Wallace, 1987) the EPA describes chemical sensitivities as:

> An ill-defined condition marked by progressively more debilitating severe reactions to various consumer products such as perfumes, soaps, tobacco smoke, plastics etc...The incidence of this syndrome is unknown; however, anecdotal accounts indicate that it may be increasing sharply. The effects on productivity of affected persons can be severe.

Photo by T. Grindall

In February 1988, the Social Security Administration created a new section of its Program Operations Manual describing how to evaluate claims alleging disability due to environmental illness. Although it is decades too late, the recent acknowledgement is welcome news for people who have been struggling with chemical and other environmental sensitivities for years. "Disabled" status confers on them both dignity and civil and access rights. The questions arise: since this disability is now legally acknowledged, what changes in policy, building and ventilation codes, and the publics' behavior are necessary to allow integration of people with this disability into society? What steps must be taken to make hospitals, schools, housing and other facilities accessible to people with environmental sensitivities? There are hundreds of such people in the Bay Area alone, yet there is not a single medical center or even a hospital room maintained with their needs in mind.

Marin General Hospital Project

In April 1989, Marin General Hospital opened a new wing to house surgical, critical care, and pulmonary care units. Plans called for installation of carpet with latex adhesive in halls and waiting areas. To patients with environmental sensitivities, the carpet

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Susan Molloy is a student at San Francisco State majoring in Urban Studies. Susan has experenced environmental illness. She is the editor of Reactor a newsletter addressing environmental illness.

adhesive, and scented disinfectant carpet shampoos, may present a barrier to the only medical facility in the area.

The EPA now believes that a major chemical culprit in new carpet and adhesive is phenylcyclohexene (4-PC), a manufacturing by-product of styrene-butadiene latex. This substance is used to affix carpet and linoleum to cement slab as well as within the carpet to bond the synthetic tufts to carpet backing. This adhesive is popular because it holds firmly, but allows for easy carpet removal. The latex adhesive cures very slowly, releasing a chemical "fog" into the room for years.

At the Marin General Hospital Board of Directors meeting November 3, 1988, a "no carpet" position was presented by disability activists, largely users of wheel chairs, on behalf of people too environmentally sensitive to attend. The disability activists pointed out that adherence to decorating convention must not take precedence over full accessibility to essential areas of hospitals. Board members were told that new carpet, adhesives, disinfectants, and cleaning products are as much a barrier to people with environmental illness as a staircase is to a person who uses a wheelchair. Richard Skaff, of the California Attorney General's Commission on Disabilities, explained to the board that "environmental illness has to be addressed just like any other disability. It is becoming an increasing concern as we continue to use chemicals without knowing what they do to people... I will do what I can to help people who are denied access to buildings on the basis of that disability." The hospital administration set up a task force on environmental sensitivity to review product choices and to make policy recommendations.

Research is underway to determine the feasibility of developing a chemically uncontaminated area, possibly in the old section of the hospital once it is vacated. The suggestion has been made to set aside and equip one area with ceramic tile floors, baked enamel walls, etc. for the environmentally sensitive patient. While this may indeed be possible, it does not take into account many patient care issues. Hospitals organize care into specialized units such as maternity, surgical, coronary, emergency etc... There is no one spot or group of staff in today's hospital where all of the patient care requirements can be delivered. Richard Abbot, building project manager, suggests that hypersensitive patients, like all others, might be most effectively cared for in whichever section is medically appropriate rather than in one isolated chemically uncontaminated area in a separate section of the hospital.

The Survey

It became evident during the the November 3 Board meeting that the board members had little understanding of the access needs of people with environmental illness. This was understandable, considering that the disability was only recently officially acknowledged. To address this situation, I undertook a survey of environmentally sensitive people to ascertain their needs for access to Marin General Hospital and to gather suggestions about furnishings and maintenance products. I wanted the hospital administrators to become familiar with the needs of environmentally sensitive patients, and to realize that there are enough of us in the area to make accommodation worthwhile.

Methodology

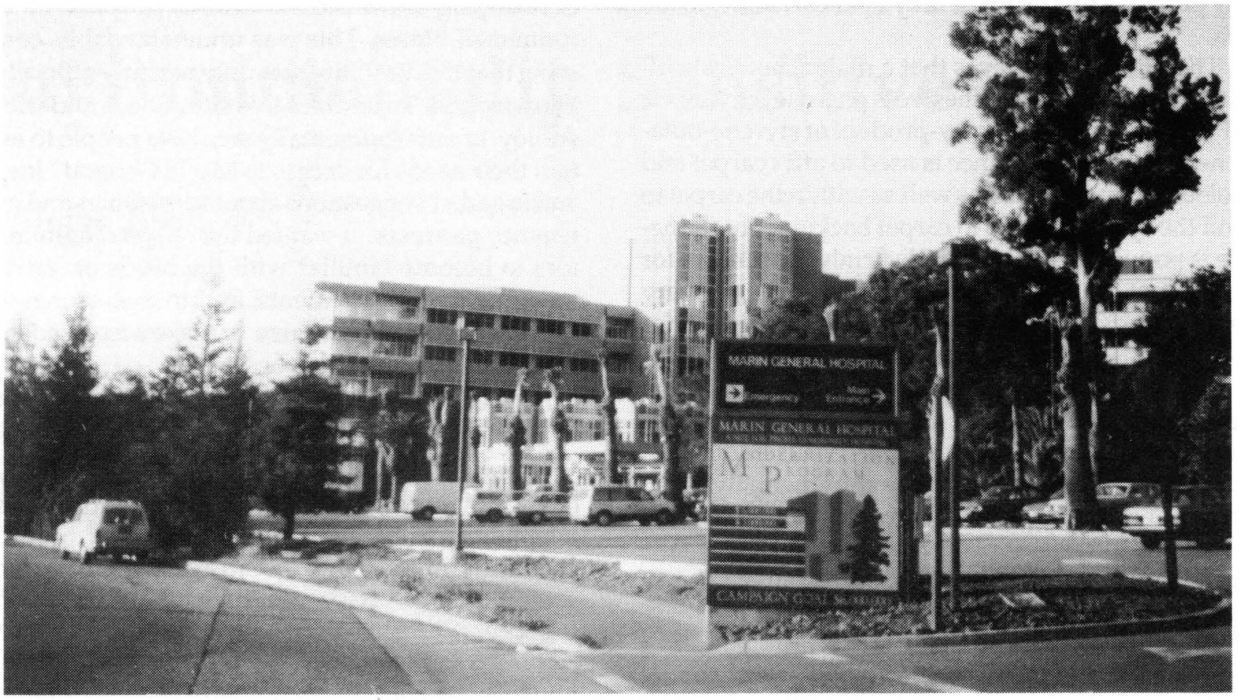
I interviewed 45 Marin County residents with environmental illness, most face to face, and others by telephone. Because I am so threatened by indoor chemicals myself, and because I personally know some of the subjects, it was crucial that a highly structured survey format be used and that the responses be as quantifiable as possible in order to eliminate, as much as possible, any bias on my part. It would have been ideal to have a completely objective person conduct the interviews, but the fact that the subjects have special needs makes it imperative that the interviewer have a keen understanding of the illness. In order to prevent a reaction to chemicals by the subjects I dressed in cotton and wool clothing washed in baking soda. Scented personal care products, like shampoos and deodorants, could have made the subjects ill and ruined the interviews. Many interviews were conducted outdoors as no mutually safe indoor area was available.

I conducted pilot interviews with six persons that were among the least restricted. With them I was able obtain a longer and much more complete interview. I used the information gathered on the pilot interviews to suggest which questions should be included in the final survey.

The Survey Results

The 45 Marin county subjects with environmental sensitivities were asked an identical series of questions to elicit information about their recent, current, expected and desired hospital use. Demographic information was also collected. The respondents expressed an eagerness to contribute, never before having had any attention paid to their special needs for access to medical facilities.

- 78% of respondents said that in a medical emergency, they would have no alternative to Marin General Hospital.
- 67% had sought treatment at Marin General since 1980. Some had been seen at other area hospitals: 27% at UCSF, 18% at Kaiser and 16%



Marin General hospital's new wing nearing completion

Photo by T. Grindall

at Mt. Zion.

Only one third of the respondents had sought medical attention due to "typical" allergic reactions:

- asthma, 13% for respiratory emergences and only 4% had visited an E.R. for anaphalactic reaction (a dangerous allergic reaction accom panied by swelling and hives that can result in shock or death.
- Many of this one third use emergency rooms several times per year as a result of reactions to allergens or chemicals.

The other two thirds of the respondents had faced a broad spectrum of medical problems since 1980.

- 41% had used emergency rooms for emergencies ranging from: concussions to food poisoning: 11% for broken bones and 7% for mental health emergencies.
- 25% had surgery.

Unfortunately a very small percentage of respondents have sought medical attention for diagnostic or preventive care:

- Although 82% are female, only 7% had breast check ups mammograms, or routine gynecological check ups including Pap smears.

In addition to their own hospitalization, many respondents mentioned that they have had to accompany their family and friends to the hospital and would like to be able to visit friends or family members who are hospitalized.

Respondents were asked if they could safely enter enclosed spaces where there is new glued-down synthetic carpet cleaned with scented shampoos.

- 76% said they have had serious reactions to such exposures.
- Another 22% said they would be safe if they used oxygen tanks, wore filtering masks or were adequately medicated.
- 96% said they are safer in buildings that are not carpeted.

In regards to which elements of modern carpet cause problems for people with environmental sensitivities:

- 93% reported symptoms provoked by carpet, adhesives, shampoos and other chemical treatments of carpet.

When asked what floor coverings would be most satisfactory to the needs of the environmentally sensitive patient:

- 87% said ceramic tile
- 67% said hardwood
- 51% said linoleum
- 49% vinyl composition tile

In addition to carpet most respondents expressed concern over disinfectants (96%), air fresheners (84%), and glass cleaner (64%) as well as many other chemical products.

Respondents were told that Marin General's administration has proposed that an area may be set aside especially for the environmentally sensitive patients which would have ceramic tile, unpainted walls, air filters, electric heat and other features to reduce irritants.

- 91% of the respondents would choose the un-

contaminated area. Many of the other 9% expressed concern over whether care would be as complete in this isolated area as in the normal hospital wards.

In paying for hospital services respondents use combinations of:

- Private insurance (62%)
- Cash (38%)
- Medi-Care (18%)
- Medi-Cal (16%)

General demographic information of respondents was collected:

82% are female. This is consistent with earlier studies ("Workers with Multiple Chemical Sensitivities," McClellan)

Age		Living situation	
10-19	2%	Living alone	42%
20-29	0%	Married-no	
30-39	31%	children at home	29%
40-49	40%	Married-with	
50-59	20%	children at home	9%
60-70	6%	Single parents	9%
		Sharing housing	7%
Sources of financial support		**Monthly Income**	
Family	27%		
Workers' comp.	27%	Less than $600	29%
Social security	22%	600-1000	13%
Employment	16%	$1000-2000	11%
		Above $2000	24%
		Varied	22%

Conclusion

In addition to interviewing subjects with environmental sensitivities during the course of this project, I spoke with five nurses, two from Marin General and three from other Bay Area hospitals, and one counselor employed by Marin General. Their comments indicate that hospital air quality is a potential employee health and safety issue, as well as an access issue for people with environmental sensitivities. My fears that hospital staff might see hypersensitive patients as unjustifiably demanding or merely phobic, dissolved as these medical professionals described their own asthma, migraines and other symptoms provoked by hospital maintenance chemicals and poor ventilation. One nurse told of missing work due to illness after wax stripper was used on her shift. What is prolonged exposure doing to her and the maintenance person who applies it? What about its effect on patients, even those without known sensitivities to chemicals? Do products like this belong in a "healing" environment and couldn't they be replaced by something less objectionable? By protecting those patients with environmental sensitivities, won't everyone in the hospital benefit?

For the new wing carpet was carefully chosen to minimize sensitizing chemicals and will be installed only in hallways and not in patient rooms.

Following the installation of carpet and furnishings the new wing will be "baked out": the interior building temperature will be raised to 100 degrees for 2-3 days to deliberately release volatile chemicals from new materials. After the "bake-out" ventilation will be increased to blow the released contaminates out of the building prior to occupancy.

Marin County may have a rare combination: an activist community, concerned about toxins and disability rights; a hospital administrator experienced enough to recognize a volatile issue and tactful enough to head it off through acknowledgment and compromise; and a building project manger willing to do homework on both accessibility principles and safe alternatives to common building materials. The Marin General Hospital Administration established a Task Force to study the feasibility of modifying a section of the old hospital building for use by patients with severe environmental sensitivities for whom the new wing will be too contaminated. For certain purposes, relative isolation in the old section of the hospital may be both medically appropriate and safer.

There will be continued efforts, through the Task Force, to suggest product choices and policy modifications for Marin General. It is hoped that this survey demonstrated that the access requirements of people with this disability can be systematized and that there is enough need for medical care in this area to make accommodation worthwhile. It became clear that there are, at present, no laws for minimizing indoor pollution, or enforceable protection of access for people with environmental sensitivities, even to medical facilities. These issues will be raised, one facility at a time, until there is acknowledgement of the problem and a policy that makes sense.

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Redress for '9066'

by Linda Walsh

Inside the entrance to the Japanese Tea Garden in Golden Gate Park, a boulder with a plaque stands "to honor Makoto Hagiwara and his family who nurtured and shared (the) garden from 1895 to 1942." The significance of this plaque is the Japanese name and the year 1942, for it was in 1942 that all people of Japanese descent were forced to leave their homes and businesses and were incarcerated by the U.S. government.

Under Executive Order 9066, issued in January 1942, more than 120,000 Japanese-Americans were placed in internment camps "on the ground that they represented a risk to national security in the wake of the Japanese attack on Pearl Harbor" (Chin, 1989). This episode of American history has been brought into focus in the last decade and has culminated in the "Civil Liberties Act of 1988" that seeks to make amends for the negative effects of "9066." Yet the legacy of this era is a reminder of the unequal treatment of racial minorities in the United States.

In this article, research is supplemented by the reminiscences of Bay Area Japanese-Americans to paint a picture of the events leading up to the issuance of Executive Order 9066 and the effects the subsequent internment had on tens of thousands of Americans.

Anti-Asian Discrimination

The gold rush days brought thousands of Chinese to California in the 1850s. Their contribution to the transcontinental railroad is well known. But the presence of this group of non-white laborers soon bred problems. Anti-Asian sentiment began with the Chinese who were beaten, bullied, shot, or hanged. The panic of 1870 was blamed on "cheap Mongolian labor" (Armor and Wright, 1988: 25). (One of the murals in the old Rincon Annex post office building on Mission Street depicts a Chinese man being held by a white man who is about to cut off his queue.)

Laws were used to discriminate against the Chinese. In 1854, California extended the prohibition against "Negroes and Indians" testifying in court, either for or against whites, to the Chinese (Gillenkirk and Motlow, 1987: 26). In San Francisco, it was illegal in the late 19th century to make deliveries using poles, a common Chinese method of transporting laundry. It also was illegal for Chinese to own a laundry.

Although Chinese in San Francisco worked primarily as laborers early on, by the 1870s, Chinese-run garment factories had opened in Chinatown, and a small Chinese merchant class developed. Yet opposition from organized labor grew and, by the turn of the century, the United Garment Workers Union was campaigning against Chinese in the garment industry. Labor also fought Chinese cigar makers and their employees, initiating a boycott against their products. In the early decades of the 20th century, some Chinese became so discouraged by the discrimination which kept even educated Chinese from gaining good employment that they returned to China (Yamato, 1986: 43-52; 88).

Immigration laws were also written to bar Chinese labor. It was in 1882 that the first law excluded Chinese from immigrating for ten years. The law was renewed often, although occasional lapses did allow some Chinese into the country. These laws kept many married and unmarried men without a wife or family.

Japanese Immigration

The Japanese started to emigrate to Hawaii in about 1885, and later to California. By 1900 there were 25,000 Japanese in the United States who were, like the Chinese, subject to discrimination.

When the Japanese navy defeated the Russian fleet in 1905, Japanese were seen as a threat. The newspapers in San Francisco ran headlines with racist overtones: "The Yellow Peril — How Japanese Crowd Out the White Race" and "Japanese a Menace to American Women" (Armor and Wright, 1988: 26).

As with the Chinese, the Japanese were a source of worry to labor groups who feared the loss of jobs to cheaper labor. Labor organizations formed groups such as the Asiatic Exclusion League, the Anti-Japanese League of Alameda County, and the Anti-Jap Laundry League. In a study of the Bay Area Japanese-American community, Alexander Yamato (1986) claims that the laundry league, organized in 1908, was a collaborative effort of laundry drivers and workers and the owners of steam laundries, all of whom had an interest in barring competition of non-union launderers. Campaigning against the "Mongolian invasion" of the laundry business, the league actively sought to discourage customers from patronizing Japanese

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Linda Walsh abandoned accounting work to follow her interests. She is pursuing a master's degree in the Department of Geography and Human Environmental Studies at San Francisco State University.

Plaque placed at scene of Manzanar internment camp, Inyo County, California Photo by Linda Walsh

laundries, most of whose workers were Japanese and non-union. Yet Yamato (1986: 92-9) points out that the laundry workers did not wage a similar campaign against French laundries, despite the fact that their employees were also non-union until 1911.

Legal and administrative barriers were also erected. The San Francisco Board of Education, in 1906, revived an 1860 California law that established separate schools for Indian children and children of Mongolian and Chinese descent. Japanese children, as "Mongolians," thereafter attended separate schools (Armor and Wright, 1988: 27).

In early 1907, after considerable clamor and agitation, a new law limited Japanese immigration from Mexico, Canada and Hawaii. More limitations were placed on Japanese and other Asians living in California when, in 1913, an "Alien Land Law" banned further purchases of land and limited any farmland lease to three years. In 1924, the old exclusion laws were extended beyond the Chinese to prevent Japanese from immigrating or naturalizing as citizens. These rights were not restored until 1952 (Armor and Wright, 1988: 27-9).

Karl Yoneda, now 82, remembers other infringements on rights as a citizen even before World War II. Born in California, he has lived here and, for a time in his youth, in Japan. Although he now swims any day he wants, there was a time when the YMCA would allow Japanese to swim only on Thursdays. Some restaurants would wave away any Japanese customers. Yoneda also said that before World War I college graduates could not always find work in their chosen professions and instead were farm laborers. A 1928 report cited officials from Stanford University and the University of California, Berkeley, who found that Japanese and Chinese graduates were often unable to find employment for which they were trained (Yamato, 1986: 50-1).

Another San Franciscan, Sally Nakamura, tells of walking through Golden Gate Park recently with her uncle, on a visit from southern California. When they came upon the carousel in the children's playground, the uncle recalled that as a child he was not allowed to ride on the merry-go-round. Sally's uncle, now in his 60s, finally took a "legal" ride on the carousel.

Internment

When Pearl Harbor was bombed on December 7, 1941, the United States declared war on Japan. The Axis powers, Germany and Italy, reciprocated. Immediately 857 Germans, 147 Italians and 924 Japanese living in the U.S. were arrested. In the territory of Hawaii, another 367 Japanese were arrested (Armor and Wright, 1988: 13). Order 9066, "Authorizing the Secretary of War to Prescribe Military Areas," did not specify who or how many people should be evacuated. But for the Japanese, further orders were issued.

The official reasons given for interning the Japanese-Americans were that they were a threat to U.S. security, could not be trusted, and were plotting to help their Emperor. Yet at least 70 percent were U.S. citizens. Others had been denied the opportunity to become citizens although they had lived in the United States for decades.

In a euphemism typical of the internment era, Japanese-American citizens were referred to as "non-aliens." All aliens and "non-aliens" were required to report to a "control center" to register and receive a number that would identify their family for the remainder of this wartime chapter in American history. The numbers identified them and their luggage when they were ordered to leave their homes. After spending varying lengths of time in "assembly centers," most were sent to one of ten internment, or concentration, camps, located as far east as Arkansas.

Yet a recently released book, *Manzanar*, by John Armor and Peter Wright (1988), details that American authorities were divided on the wisdom of rounding up Japanese residents. A major player was General John L. DeWitt, the Western Defense Commander. DeWitt let no opportunity or incident, however small or insignificant, pass without urging the internment of Japanese. Exaggeration of attacks on U.S. ships by Japanese submarines and of unidentified radio transmissions led the FBI and Federal Communications Commission to ridicule DeWitt's alarms (Armor and Wright, 1988: 30; 50).

However, Lt. Gen. Delos Emmons in Hawaii was among many who thought it was not necessary to keep Japanese locked up. Using practical reasoning, Emmons deflected any pressure to either deport the Japanese to mainland camps or to build camps in

Hawaii. Almost 158,000 Japanese-Americans were in Hawaii — 35 percent of the population — and many were in the armed forces or were civilian employees of the military. Emmons cited the problems of transporting so many people and the wartime difficulty of building camps. Besides, 90 percent of the carpenters in Hawaii were Japanese-Americans — and they were needed to rebuild Pearl Harbor (Armor and Wright, 1988: 164-5). Thus, only 1,875 Japanese-Americans were sent from Hawaii to mainland camps.

Another voice against internment was that of Lt. Cmdr. K.D. Ringle of the Office of Naval Intelligence in Los Angeles. In a January 1942 memo, Ringle concluded:

> that the entire "Japanese Problem" has been magnified out of its true proportions, largely because of the physical characteristics of the people; that it is no more serious than the problems of German, Italian, and Communistic portions of the United States population, and, finally, that it should be handled on the basis of the individual, regardless of citizenship, and not on a racial basis. (Armor and Wright, 1988: 38)

In December 1941, according to Prof. Morgan Yamanaka of the San Francisco State University Department of Social Work, DeWitt himself had said that Japanese-American citizens should be treated as citizens, yet two months later said "A Jap is a Jap."

Despite the objections of the U.S. Attorney General and Gen. Emmons in Hawaii, the military set the stage and helped draw up the laws necessary to round up the Japanese on the West Coast. The alleged "military necessity" was allowed because there were other forces at work — the long-standing treatment of Asian Americans since the mid-nineteenth century, the effort to keep California and the United States free from "foreigners," and the racism as played out in newspapers, employment, restaurants, laws, and society at large. (Included in *Manzanar* are photos taken by Ansel Adams of the internment camp at Manzanar in Inyo County in the eastern Sierra. His photographs were first published in *Born Free and Equal* in 1944, but many copies of that book were publicly burned at the time.)

Impact on Japanese Community

The 1940 census showed 5,280 people of Japanese descent living in San Francisco. Within three years, there were none. All Japanese were asked, then forced, to leave their homes. In the county of Los Angeles, there were over 23,000 Japanese in 1940. Nationwide, the 1940 census showed 126,947 Japanese in the United States, with 79,642 being native citizens of this country.

Professor Yamanaka was 18 years old when he received his notice on April 1, 1942. He was ordered to appear at the corner of Van Ness Avenue and Jackson Street six days later with only the possessions that he could carry. There a bus driven by soldiers took him and others to one of the fifteen "assembly centers," Santa Rita Race Track in Alameda County.

One photograph Yamanaka has in his vast collection of books and photo albums is of the Tanforan Racetrack in San Bruno, another assembly center. Decades before a shopping center was built on the site, Bay Area Japanese-Americans were held there before being sent to camps. To say the internees were "rounded up" is ironically appropriate for those made to live temporarily in converted horse stalls.

The fact that Japanese-Americans experienced discrimination and prejudice prior to Pearl Harbor did not lessen the humiliation and the impact of their forced move. Students had to leave their schools and colleges, families had to give up their homes and businesses. Since they often had to leave with one to two weeks notice, their homes and possessions were often sold under value. After release from the "camps," many learned their possessions in storage, land, homes, and businesses would never be returned to them.

Economic losses were never fully compensated. In 1940, the average value of an acre of farmland in the three western states was $38. A Nisei (a first generation Japanese-American) farm's average worth was more than seven times that — $280 an acre (Armor and Wright, 1988: 5). Many of these farms were lost by the time the internees were released.

Sometimes neighbors promised to "take care" of land and possessions. But their belongings were often lost to theft, arson or vandalism either at the hands of neighbors or "anti-Jap" groups, despite the claims of government brochures that storage was available free of charge (Armor and Wright, 1988: 80). Sally Nakamura's family, returning from the camp in Poston, Arizona, had a difficult time retrieving their farm from a family which had been taking care of it. Up to $2 billion (in current dollars) in property was lost by Japanese-Americans, according to the final 1983 report of the Commission on Wartime Relocation and Internment of Citizens. The report placed the total loss of property and income at $6.2 billion (Armor and Wright, 1988: 81).

Many Japanese flower growers in the East Bay turned over control of their property to friends or even strangers for safekeeping while they were interned. Yet one study found that only half of the growers had enough capital to restart their businesses once they were released (Yamato, 1986: 381-2).

Sally Nakamura also remembers how very difficult it was for her as a child after the war. When she started kindergarten in 1950, outside of Los Angeles, she was faced with taunts and name calling. Hearing

herself called a "dirty Jap" made her first years at school trying. Not until the fourth grade did she feel her white classmates had begun to accept her as a person.

Japanese-American university students were often relocated to other areas of the nation: in 1941, 92 percent of all Nisei attending college were on the West Coast, but by 1943, only about 4 percent were enrolled in West Coast schools (Yamato, 1986: 385).

Though the Japanese in Hawaii were not in camps, they did not escape some forms of discrimination. A Sansei (second generation Japanese-American) woman, Sumire Hanada, born in Hawaii after World War II, remembers her mother saying that a dairy refused to deliver milk to the Japanese-Americans.

Many Japanese-Americans from Hawaii and the mainland served in the Armed Forces during World War II. Members of the 442nd Regimental Combat Team and the 100th Infantry Battalion of the Hawaii National Guard were highly decorated with honors. The fact that men and women were allowed to serve the United States government while their families were behind barbed wire shows the hypocrisy of the U.S. policy: on the one hand, they could prove their loyalty by fighting or nursing the wounded, yet the children, parents and grandparents were not given the opportunity to be individually judged for loyalty.

Karl Yoneda was one of the 6,000 Japanese-Americans who used their bilingual skills in the Military Intelligence Service. According to Yoneda, some 3,000 Japanese Americans were in the service before World War II. Half were discharged honorably after Pearl Harbor and those who remained were re-assigned to kitchen and latrine duty.

Involved in organizing farm workers before the war and with longshoremen's unions after the war, Yoneda has also been aligned with socialist and communist parties. Yet he does not see a contradiction in his military service, for the fight then was against facism. Though he realized that his family and thousands of others were being denied their rights as citizens while interned, Yoneda says he felt there was a larger force at work world-wide. After the battle against the facism of Germany, Italy and Japan, work could be done to undo the wrongs of the American internment.

Although by mid-1944 the War Department no longer saw a "military necessity" for continuing internment, President Roosevelt waited until after the November election to rescind the order excluding Japanese from the West Coast. Finally, in January 1945, Japanese-Americans began returning to the Bay Area (Yamato, 1986: 390).

However, the returnees encountered many problems. Jobs were scarce, particularly for white-collar males, housing was tight and, as previously noted, many internees who had left homes behind had difficulty in reclaiming them. Attacks on Japanese-Americans were not uncommon (Yamato, 1986: 393ff). By July 1945, the federal War Relocation Authority estimated that only about 500 Japanese-Americans had resettled in San Francisco (Yamato, 1986: 405). Many others relocated to cities in the Midwest and the East. It was not until 1950 that the census showed the Japanese population of San Francisco had returned to its pre-war level.

Yamato (1986: 424-5) notes that only a small number of Japanese-American businesses were re-established in San Fransisco in the years immediately following resettlement. In 1950, large numbers of Japanese men worked as laborers and in domestic service, while Japanese women were concentrated in clerical and domestic service areas, with substantial numbers also in farm labor (Yamato, 1986: 426). The chief attorney for the San Francisco office of the War Relocation Board, writing in 1946, noted that Japanese real estate and insurance brokers found it "practically impossible" to have their licenses reinstated (Yamato, 1986: 427). In other cases, pre-war patterns re-emerged. Yamato (1986: 429) notes that "[t]he crafts trades, for instance, continued to employ as few minorities in 1950 as in 1940."

Reparations

Forty-two years after the last internees left Tule Lake camp, Congress passed the Civil Liberties Act of 1988. There are four facets to the act. As explained by Prof. Yamanaka, the first is a presidential apology. Never has the U.S. government officially apologized until now.

The second component is for reparations to those interned. The amount of reparations was set at $20,000 for each individual who spent time in camps. The $20,000 is also to go to anyone who was "asked" to leave the West Coast, the five to ten thousand who left the state voluntarily before the forced move to the camps. (Yamanaka says that sometimes the voluntary evacuation did not work because the Japanese were refused gasoline in Nevada.)

The act also provides for "review of convictions and pardons for those convicted of 'crimes' relating to noncooperation with the various evacuation orders" (Armor and Wright, 1988: 157).

An education fund is the fourth condition of the Civil Liberties Act of 1988. It will address the need for education on this part of American history so often ignored.

The Civil Liberties Public Education Fund is to be dispersed by the Attorney General. According to Tsuyako Kitashima of the National Coalition for Redress and Reparations, some of the education funds could come from those who pass away before receiving the reparations. If the spouse is no longer living,

the money will go to the surviving children. If there are no children, then the $20,000 will go to the Public Education Fund.

There are an estimated 60,000 survivors of the camps. The total payment of $1.2 billion is to be made over a 10-year period (Chin, 1989). Yet in early 1989, the White House budgeted only $20 million for reparations in the 1990 fiscal year, meaning that just 1,000 people could be compensated. Nothing was allocated for the current fiscal year, which ends in October. Critics think this is too little, too late. At that rate, it would take 60 years to repay everyone.

According to Kitashima, the Appropriations Committee of the House of Representatives allocated $250 million in emergency supplemental funds for the current fiscal year in late April. If passed by the full House and the Senate, she says, President Bush is expected to approve the expenditure.

Karl Yoneda says he might use his $20,000 to establish a scholarship fund in the name of his wife, who passed away last year. Though she was Jewish, she also spent time in Manzanar so as not to be separated from their son. Yoneda says he would also spread the reparations payment to his grandchildren and to some community organizations.

There has been a California Registered Historical Landmark at the site of Manzanar camp since 1973. This plaque, placed by the State Park Department in cooperation with the Manzanar Committee and the Japanese American Citizens League, lends itself to a thoughtful closing:

> Manzanar, the first of ten such concentration camps, was bounded by barbed wire and guard towers, containing 10,000 persons, the majority being American citizens.
> May the injustices and humiliation suffered here as a result of hysteria, racism and economic exploitation never emerge again.

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Conversations with Sally Nakamura, Karl Yoneda, Sumire Hanada, Prof. Morgan Yamanaka, and Tsuyako Kitashima, National Committee for Redress and Reparations (922-1534). Thank you all for your time.

AIDS: An Update

by Tom Walpole

Few cities in the United States have been as dramatically affected by the AIDS epidemic as San Francisco. Acquired Immune Deficiency Syndrome has taken the lives of 4,081 San Franciscans through March 31, 1989, with a total of 6,291 cases reported (Hilton, 1989). This article summarizes developments in several areas of concern regarding AIDS and presents recommendations for the future.

Epidemiology

As one of the three primary centers of the AIDS epidemic, San Francisco is fortunate to have particularly good historical data on the transmission of human immunodeficiency virus (HIV), the agent which causes AIDS, in the gay community.[1] In 1978, some 4.5 percent of gay men in the city's Hepatitis B Vaccine Trials were infected with HIV. By 1987, 50 percent of the city's gay and bisexual men were infected with the AIDS virus. The San Francisco Department of Public Health estimates that there are some 55,000 gay and bisexual men living in San Francisco, with about 29,000 of them thought to be HIV-positive and in need of or eligible for AIDS-related clinical services. Another report, by Research and Decisions Corp., placed the gay population at 70,000 in 1984 (Bye, 1984). And neither of these estimates accounts for those involved in homosexual activity who are not openly gay. Thus, the number of HIV-infected persons may be higher. At any rate, the Department of Public Health estimates that up to half the gay men now living in San Francisco may die from AIDS unless a safe and effective treatment is developed soon. [2]

Only about one percent of gay and bisexual men in San Francisco are newly infected with HIV each year according to public health cohort study data. Rather, new cases of HIV infection are among heterosexual ethnic minorities, adolescents (there is some overlap between these two categories), gay men who experience behavioral disinhibition due to substance abuse, gay men who share needles used for intravenous drugs, and individuals exposed through incidental homosexual activity, such as prisoners.

The Department of Public Health predicts up to 17,022 cases of AIDS in San Francisco by the end of 1993, with up to 6,286 individuals expected to be living with AIDS. More than 90 percent of the new cases are expected to be among gay men (SFDPH, 1988: 8). In order to estimate the need for treatment services, a review of survival data is necessary. The average time from AIDS diagnosis to death in San Francisco is 14 months, but survival periods vary with precise diagnosis. AIDS is not itself a disease, but rather a weakening of the immune system which subjects an infected person to increased risk for various conditions. Individuals with Kaposi's Sarcoma (KS), an otherwise rare form of cancer, tend to live longer than those without KS (17 months v. 11 months). In addition, younger persons and those diagnosed in 1986 or later tend to survive longer than older persons or those diagnosed earlier.

Based on these statistics, estimates can be made of the type and extent of health care services that will be required in the future. On any given day in the next few years, approximately 10 percent of those living with AIDS will require inpatient services in an acute-care hospital, with another two percent needing hospitalization in subacute-care facilities. Seven percent will need placement in a skilled nursing facility, six percent will require home care, and one percent will need residential hospice care. In other words, about one-fourth of those with AIDS will require some form of residential care.

Financial Burden

The financial burden of providing this care will be staggering. Using projections from the federal Centers for Disease Control as a model, the estimated cost of medical care for persons with AIDS in San Francisco will reach $190 million in 1991. The city health department puts the cost for 1993 at $376 million (SFDPH, 1988: 245).

In 1985-86, approximately 64 percent of the costs of medical care for AIDS patients was spent on inpatient care in hospitals. Fourteen percent went to outpatient care, with another 14 percent to doctors' services, and the remaining eight percent to all other services, such as social workers and home health care costs.

Tom Walpole is a senior in the Urban Studies Program at San Francisco State University with an interest in health policy.

The true costs of AIDS also include the broader effects of the loss of some 30,000 gay men on San Francisco's economy. The disability or death of a large population of previously active citizens will bring about far-reaching psychological, political and social changes in the city.

Primary Care and Medical Intervention

Currently the gay community provides a significant measure of care for itself. However, implications of future morbidity and mortality indicate that, with increasing losses, the community may not be able to bear as much of the burden of caring for its ill as is currently the case.

While many nursing staffs have developed expertise in acute-care hospitals and in skilled nursing facilities, a nationwide nursing shortage threatens the adequacy of care for many AIDS patients. An additional concern is the city' difficult financial situation, which has led to imposition of a hiring freeze and the curtailment of plans to expand both the AIDS and oncology units at San Francisco General Hospital.

Mental Health

Mental health is likely to become a critical issue in the gay community as a result of the bereavement caused by AIDS. Those diagnosed with AIDS and ARC (AIDS-related condition) and people in their social networks, as well as individuals providing treatment, may all suffer deleterious effects on mental health.

While there are few population-based studies of bereavement or large-scale anticipatory loss, indications are that people undergoing stress of this magnitude show high levels of psychological distress as well as physical illness. Among these harmful outcomes are demoralization, a sense of helplessness, sleep disorders, irritability, increased use of tranquilizers and sleeping pills and reliance on mental health and medical care.

San Francisco General Hospital has seen a dramatic increase in the number of admissions for AIDS patients suffering from dementia, an organic deterioration of intellectual faculties along with emotional disturbance. And while the average length of stay for a non-AIDS patient with dementia or psychotic conditions is seven to 10 days, patients with AIDS-related dementia tend to stay for weeks or months, often until they die. Presently there is no place for the care of such persons.

Additionally, other psychological effects are felt. The poor prognosis for those testing positive for HIV has negatively affected both individuals tested and those considering being tested. Some measures of this distress include more difficulty in daily living and higher levels of depression and anxiety. These conditions have been reflected in an increased need for clinical services. In the third quarter of 1987, for example, there was a 45 percent increase in demand for mental health support services at the University of California, San Francisco, AIDS health project.

There is also concern for the mental health of AIDS care-givers, many of whom suffer repeated loss as the people with whom they work die.

Substance Abuse

San Francisco may have as many as 21,000 gay men with some identifiable drug or alcohol problem. This population is the focus of efforts by a social service agency known as 18th Street Services. Approximately 45 percent of the clients at 18th Street Services use intravenous stimulant drugs such as speed and cocaine. Alcohol is the second major problem the agency treats.

An important issue in the treatment of drug and alcohol abuse is the ability of the treatment agency to retain individuals long enough for their treatment to be effective. Getting treated drug users who have had a relapse back into treatment is also critical.

Homelessness is also becoming an issue related to AIDS. There may be as many as 300 or more people with AIDS among those living on the streets of San Francisco. They suffer not only from AIDS but also from lack of nutrition and shelter. Some also have mental illness.

Recommendations

There is little question that San Francisco will continue to be in the forefront of care for persons with AIDS. Yet there must be an effective marshalling of resources — both financial and human — to effectively meet the challenge of AIDS in the years ahead.

There must be continuing research into the quality of health care services, the cost of such services, and the distribution of the financial burden. This research should examine the planning strategies and models of service provision for other diseases such as cancer and Alzheimer's disease. Health care research must also focus on questions of equity (Are all groups served equally?) and accessibility (How easy is it to obtain treatment?).

An increasing caseload may demand new methods of providing care; in particular more emphasis may need to be placed on finding care-givers outside the gay community as the incidence of AIDS spreads beyond the community and as the number of gay care-givers is depleted. AIDS care must be made more appealing, perhaps by creating incentives for individuals to undertake such careers. It is possible that some of the labor now provided on a voluntary basis may have to be paid for if volunteers cannot be found. Currently, many AIDS care-givers are overworked

and have little time to meet personal needs, including their own grief for dying patients. Yet there has developed an exceptional partnership between gay and non-gay care-givers that must be encouraged to grow.

New models of meeting the health care needs of HIV-infected people should include the establishment of clinics for their education and treatment, both psychosocial and medical. In these settings, HIV-positive individuals could receive medical care on an outpatient basis. The physician would be only one of a group of providers which would also include nurse practitioners, physician's assistants, mental health practitioners and health educators. In addition, there must be continuing access to experimental drugs and new treatments.

New health care personnel must be recruited for the front lines, and others to satisfy a growing need for housing, food and legal services. There will also be critical demands for outpatient facilities and for homes for patients who can function relatively independently but who need some supervision.

A model of optimum medical care delivery might resemble a wheel, with the hospital at the hub. The various ancillary support and outpatient services would radiate from the hub to provide comprehensive care for HIV-positive individuals and psychological and social support for others. The basic philosophy is to maintain people at as high a level of functioning as is possible in a supportive environment.

In the initial phase of the AIDS epidemic, research has been preoccupied with anti-HIV therapies. In the next five years, there should be a greater priority placed on prophylactic treatments for the resultant opportunistic infections and to expanding psychosocial support. Issues related to clinical trials, a subject of some controversy, must be resolved to allow for the development of effective therapies. Community input into various trials is important, but trials should be conducted according to rigorous design and be subject to high scientific standards in order to avoid distribution of ineffective therapies. However, community-based trials could be conducted to open up the process to private physicians and to patients who would not ordinarily be eligible to participate.

In the absence of any proven effective medial intervention and and increasingly poor prognosis for those testing positive for HIV, the need for mental health care among both infected and uninfected gay men is taking on critical dimensions. Such services have traditionally been relegated to a position of lesser priority in health care planning and financing. Expanded mental health services must be made available, both for those diagnosed with AIDS and for those in these individuals' support network.

In particular, care for persons with AIDS-related dementia must be relocated from psychiatric hospital settings into chronic-care facilities. Such care would not only be more appropriate and compassionate, but would also ease the burden on already scarce mental health facilities.

In addition, the mental health needs of HIV-negative gay men must be monitored. The ongoing toll of the epidemic in the form of fear and constant bereavement is likely to have a negative impact on the coping ability of many of these men.

Mental health provision for AIDS care-givers will become an increasingly important issue in coming years. Hospital and program administrators must provide special attention to the needs of medical and mental health personnel working directly with those affected by the epidemic. Programs to relieve the stress that this work entails must be established.

Existing substance abuse treatment for gay men in San Francisco is inadequate. Particularly lacking are services for drug users who receive treatment but then suffer a relapse. New approaches must be developed to help individuals who use drugs or alcohol but are unable or unwilling to enter current treatment programs. Of special concern are the many gay intravenous drug users who choose stimulants.

Efforts to decrease needle-sharing among gay intravenous drug users have been successful, but unsafe sex practices among these men continue. Increasingly, drug treatment efforts must also focus on promoting safe sex behavior.

Projections indicate that one out of every eight public hospital beds in San Francisco will be occupied by someone with AIDS by 1991, although this figure could be much higher. Additional patients with ARC (AIDS-related conditions) will also require care. Because a caseload of such magnitude would stress physical as well as human resources, there is a critical and immediate need for comprehensive planning. San Francisco cannot hope to face this burden without assistance.

Several alternatives to head off a financial crisis should be considered. An insurance risk pool might be established, as has been done in some states. This could assure a basic level of health coverage and spread the financial burden over a broader population.

Another strategy might be making persons with AIDS eligible for early Medicare payments. Currently there is a two-year waiting period before individuals under age 65 become eligible for Medicare under the disability insurance portion of that program. Another possibility might be to create a special reimbursement program for AIDS, as has been done with end-stage renal disease.

The more patients who can be kept out of hospitals, the lower the financial costs will be. The development of effective case management strategies in tandem with expansion of intermediate and skilled nursing facilities and expanded utilization of home health care would thus help reduce the financial burden.

Endnotes:

[1] Except where noted, data in this report is extracted from statistics and information provided by the AIDS office of the San Francisco Department of Public Health. See also SFDHP, 1988 and SFHC, 1988.
[2] The department's AIDS office estimates that, without intervention, 60%-100% of those infected will die within 16 years.

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AIDS and The Urban University

by Fran Kipnis

This article is excerpted from the San Francisco State University Public Research Institute (PRI) research report, "AIDS and the Urban University: Profiles in Sexual Behavior and Attitudes at San Francisco State University." The report describes the results of a random sample mail survey of San Francisco State students on their knowledge, attitudes and behavior in relation to AIDS and other health issues. The goal of the survey, conducted by the Public Research Institute AIDS Study Group and the San Francisco State University Health Center, was to help the Health Center develop educational programs which encourage students to behave in ways that minimize the transmission of the AIDS virus. The need for AIDS education among the college population stems from the risk this population faces of contracting the AIDS virus.

The college population is assumed to be at risk for two major reasons. First, they are known to be a sexually active group. Secondly, university students have been noted for their recreational drug and alcohol use which is thought to increase the frequency of unsafe sexual practices.

The survey population consisted of all currently matriculated undergraduate and graduate students at San Francisco State in the Spring 1988 semester. The sampling frame was the Admissions and Records computerized list of all matriculated students. From this list, 1600 students were randomly selected by computer. Each of these students was sent a mail questionnaire booklet, a letter of introduction explaining the purpose of the survey and promising anonymity, and a postage-paid business reply envelope. Two weeks later a reminder postcard was sent to all 1600 students.

By the completion of the study period (April 11 - May 25, 1988) a total of 604 completed questionnaires were returned to PRI, yielding a response rate of 38.3%. Assuming no sampling bias, a sample of this size has a sampling error of plus or minus 5% at the 95% confidence level. Statistics reported for sample subgroups have a higher sampling error. The PRI AIDS Study Group consisted of six students: Carolyn Storing Cohen, Joe Capko, Maureen Hart, Fran Kipnis (Project Director), Stephanie Tutt and Rebecca Wilson. The group was supervised by Professor Richard DeLeon (Political Science, Director of PRI) and Professor Deborah LeVeen (Urban Studies). Participants from the Health Center were Health Center Director Dr. Myra Lappin and Health Educator Dorith Hertz, MPH.

Knowledge of Individuals with AIDS

Sizeable proportions of students know someone who has: died of AIDS (26%), AIDS (23%), ARC (16%) and tested positive for Human Immunodeficiency Virus (HIV) (19%). Greater percentages of older students and homosexual/bisexual students know HIV-positive individuals than do younger and heterosexual students. Forty-four percent of students 30 years or older know a person with AIDS compared to 21% of the students between 23 and 29 years and 14% of the students 22 years or younger. Similarly, 46% of the students over 30 years know someone who has died of AIDS compared to 18% of students 22 years or younger and 24% of students 23 to 29 years. Fifty-six percent of the homosexual/bisexual students know a person with AIDS compared to 22% of the heterosexual students. Sixty-one percent of the homosexual/bisexual students know someone who has died of AIDS compared to 24% of the heterosexual students.

Changes in sexual behaviors and AIDS

Students report changing their sexual behaviors since becoming aware of the AIDS crisis. Sixty percent of the sexually active, heterosexual students report decreasing their number of sexual partners since becoming aware of AIDS. Sexually active, heterosexual women have decreased the number of their sexual partners more than sexually active, heterosexual men, with 64% of the women and 53% of the men reporting a decrease. Students in the middle age group (23-29 years) are less likely to report decreasing the number of their sexual partners than older and younger students. Fifty-five percent of students 23 to 29 years versus 62% of students 22 years or younger and 68% of students 30 or older report this. More than two-thirds (72%) of the sexually active homosexual/bisexual students have decreased the number of their sexual partners.

Fran Kipnis is a graduate student in practical politics at San Francisco State University. She is currently the Technical Director at the Public Research Institute.

Upon completion of her master's degree, Fran plans to pursue a career in political research.

Changes in Student Condom Use

Forty-four percent of the sexually active, heterosexual students report increasing condom use since becoming aware of AIDS. Of these students, those under 30 report increasing condom use more than older students. Forty-eight percent of students 22 years or younger, 49% of students 23-29 and only 26% of students 30 or older have increased condom use. Sexually active, heterosexual men have increased condom use more than women (49% versus 41%). Sexually active homosexual/bisexual students report increasing their condom use much more than heterosexual students. Eighty percent of the sexually active homosexual/bisexual students report increasing their condom use since becoming aware of AIDS versus 44% of their heterosexual peers.

Knowledge of Symptoms and Causes of AIDS

Thirty-eight percent of respondents report knowing "quite a lot" about the symptoms and causes of AIDS. Fifty-two percent report knowing "some" 9% report knowing "very little,"and only one percent report knowing "none". By standard measures, students are well informed. Ninety–eight percent of the students know that AIDS weakens the body so that it cannot fight off diseases. Ninety-three percent know that AIDS can be transmitted to another person by an individual who does not show any symptoms of the disease. Ninety-six percent know that using condoms can significantly reduce the chances of getting AIDS.

Students are well informed about risky and safe behaviors. Ninety-eight percent of the students think that sharing hypodermic needles is "very risky," 93% think this about anal intercourse without a condom with someone infected with the AIDS virus, and 81% think sex without a condom with an IV drug user is "very risky." Only 3% think sharing food with a person with AIDS is "very risky." Students do feel uncertain about the level of risk involved with certain behaviors such as donating blood, wet kissing, artificial insemination with untested semen and sharing sex toys.

Safer Sex Communication

Students were asked how often they discuss safer sex before beginning a sexual relationship. Of the 225 sexually active, heterosexual students responding, 24% never discuss safer sex with new partners, 18% discuss it less than half the time, 11% discuss it about half the time, 12% more than half the time, and only 36% all the time.

More older students report that they discuss safer sex "all the time" than younger students. Thirty-five percent of the sexually active, heterosexual students under 30 and 43% of these students over 30 discuss safer sex all the time.

Sexually active, homosexual/bisexual students discuss safer sex more frequently with new sex partners than heterosexual students. Forty-six percent discuss safer sex all the time, 12% less than half the time, 12% about half the time, 21% more than half the time and 9% percent of these students report never discussing safer sex with new partners

Adequacy of Safer Sex Communication

Although only 36% of the sexually active, heterosexual students report discussing safer sex with new partners all the time, 75% of these students feel that they communicate enough with their sexual partners about ways of protecting themselves from the AIDS virus. Older, sexually active, heterosexual students are more satisfied with their communication than younger students. Eighty-three percent of students 30 or older and 73% of those students 29 or younger feel safer sex is adequately discussed.

Homosexual/bisexual students are more satisfied with their safer sex communication than heterosexual students. Eighty-seven percent of sexually active, homosexual/bisexual students feel they communicate enough with their partners, compared to 75% of their heterosexual peers.

Most of the sexually active students who responded to the question state that safer sex communication is not difficult. Eighty-four percent of the sexually active, heterosexuals and 90% of the sexually active, homosexual/bisexuals said that safer sex communication is not difficult. Younger students find it more difficult to discuss safer sex than older students. Nine percent of sexually active, heterosexual students 30 and over, 16% of students 23 to 29 years and 18% of students 22 years or less find communicating difficult. Forty-four percent of the 48 sexually active, heterosexual students who responded mentioned embarrassment as a reason is it difficult to discuss safer sex, 25% mentioned being afraid to discuss safer sex with a partner, 13% mentioned that their partner does not want to discuss safer sex, 8% mentioned not knowing about safer sex and 31% mentioned "other."

Improving Communication

Sixty percent of all students, 56% of the sexually active, heterosexual students and 55% of the sexually active homosexual/bisexual students state that they do want to communicate more about safer sex with their sexual partners. Younger students are more eager for increased communication than older stu-

dents. Sixty-seven percent of the sexually active, heterosexual students 22 years or younger, 54% of these students 23-29 years and 41% of these students 30 or older want more safer sex communication with their partners.

Students were asked to identify means of facilitating safer sex communication with their sexual partner(s). More than half of the sexually active heterosexual (58%) and the sexually active homosexual/bisexual (52%) students mentioned more information about AIDS/safer sex. Similarly more than half of the sexually active heterosexual (51%) and homosexual/bisexual (55%) students mentioned being more assertive. The next most frequently mentioned means of facilitating communication by sexually active heterosexual and homosexual/bisexual students (44%, 35%) was better communication skills. Only 21% of the heterosexual students and 28% of the homosexual/bisexual students mentioned workshops teaching communication and assertiveness. The majority of the students (68%) want to receive more information about AIDS.

AIDS and Personal Health

Most students identify AIDS as one of the most serious public health problems, but relatively few of them list AIDS as an important personal health concern. When asked to list the two or three most serious diseases or medical problems facing California today, 96% of the students mentioned AIDS. But when asked to list their three most important personal health concerns, only 26% of the students mentioned AIDS. AIDS as a personal health concern decreases with increasing age. Thirty-two percent of students 22 years or younger, 26% of students 23-29, and 18% of students 30 or older state that AIDS is one of their three most important health concerns. AIDS was mentioned as a personal health concern by greater percentages of men (32%) than women (23%).

Personal AIDS Risk Assessment

A large majority of students (84%) state that there is "no risk at all" or "not too great a risk" that they will become infected with the AIDS virus. Students who practice risker behaviors have a slight propensity to feel more at risk as shown in Table 1.

Conclusion

Six college and university AIDS-related surveys were reviewed during the time the San Francisco State University AIDS study was conducted. A comparison of the PRI survey results with these studies shows two notable findings. First, San Francisco State University students report using condoms more than students elsewhere. Secondly, San Francisco State students appear to have made more changes in their sexual behavior since becoming aware of AIDS.

In the Baldwin (1988) study, for example, 66% of students report never using condoms and only 13%

Table 1: Personal assessment of AIDS risk by behaviors.
"How great do you think the risk is that you yourself might become infected with the AIDS virus"

% responding "no risk at all" or "not too great a risk" by number of sexual partners		
0 partners during the last year	90%	(N=119)
1 partner during the last year	88%	(N=314)
2-5 partners during the last year	78%	(N=130)
6-10 partners during the last year	53%	(N= 19)
% responding "no risk at all" or "not to great a risk" by monogamous relationship		
In a monogamous relationship	87%	(N=327)
Not in a monogamous relationship	78%	(N=229)
% responding "no risk at all" or "not too great a risk" by condom use		
Use condoms all the time	84%	(N=105)
Do not use condoms all the time	78%	(N=277)
% responding "no risk at all" or not too great a risk" by recreational drug use		
Do not use recreational drugs	86%	(N=427)
Use recreational drugs	78%	(N=156)

Source: SFSU Public Research Institute, *AIDS and the Urban University*,1988.

report always using condoms. By contrast the PRI study found that only 33% of the sexually active, heterosexual students never use condoms when engaging in sexual intercourse and 23% use condoms all the time. Sixty-four percent of the University of Nevada, Reno, students (Dahl 1987) state that they have made no changes in their behavior since becoming aware of AIDS. By contrast, 60% of the San Francisco State students claim that they have decreased the number of the sexual partners since becoming aware of AIDS and 44% have increased their condom use. These difference might be explained by the recent date of the PRI study, allowing students more time to modify behaviors in response to AIDS education. Another possible explanation might be the location of the University in an area with numerous documented AIDS cases. Students in San Francisco are more likely to know someone who has either died of AIDS or is infected with the AIDS virus than students in many other areas of the country. Students who are more exposed to the realities of AIDS might be more likely than other students to take the disease seriously enough to change high risk behaviors. Although some students at San Francisco State are taking measures to protect themselves and others from the AIDS virus, many students are not. It is hoped that the AIDS educational programs developed with the help of the information gathered from this survey will convince students to practice behaviors that will save their lives as well as the lives of their loved ones.

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AIDS Behind Bars

by Glenna Bailey

Since its first appearance in 1981, AIDS has become a growing concern for correctional administrators, health-care providers and public officials. The pressing need to control HIV infection in state and federal correctional systems, to manage and care for inmates who contract AIDS, to cope with the psychosocial pressures within a closed, authoritarian environment, and to deal with potential legal issues poses a serious challenge to correctional administrators and medical services. Ambiguity, fear and misinformation about the origins and transmission of the disease have limited the ability of correctional administrators, health-care providers and public officials to develop effective and equitable policies that reflect the most current medical information available and that outline the responsibilities of their professions (Glasbrenner, 1986: 2399, 2401). This article will discuss (a) cause and transmission of AIDS, (b) AIDS within the correctional system, (c) the current policies being implemented by correctional systems in response to AIDS, (d) the correctional management issues of AIDS, and (e) concrete measures needed to control HIV infection in state and federal correctional facilities and to prevent unnecessary alarm of inmates and correctional staff.

AIDS — Cause and Transmission

Acquired Immune Deficiency Syndrome (AIDS) is a blood-borne, sexually transmitted disease that undermines the human body's ability to combat infection. The end stage of AIDS is almost always fatal. Persons at increased risk of acquiring Human Immunodeficiency Virus (HIV), the virus that causes AIDS, include intravenous (IV) drug users, homosexual and bisexual men, heterosexual contacts of persons with HIV infection, and children born to infected mothers (CDC, 1985: 681).

Infection with HIV is transmitted through contaminated blood and semen, primarily during sexual activity and needle-sharing related to IV drug use. There is no evidence of HIV transmission through casual contact, such as hugging or using the same toilet facilities (CDC, 1985: 684).

In 1985, a serologic test was developed to detect the presence of antibodies to HIV. While the test does not detect the presence of the virus itself, seropositive results (the presence of antibodies) mean that an individual has been infected with the AIDS virus (Hammett & Sullivan, 1986: 2). A recent National Academy of Sciences report found that more than 90 percent of seropositive individuals show some immune system deficiency within five years of seroconversion. Moreover, the study cautions that seropositive individuals may be able to transmit the infection to others even if they never develop symptoms themselves (Hammett & Sullivan, 1986: 1).

Recent studies have indicated that HIV infection is very complex. While the typical elapsed time between infection and seroconversion is six to eight weeks, there have been reported instances in which conversion has not occurred until eight months after infection (Hammett & Sullivan, 1986: 3). This variability in timing may indicate a need to increase the length of follow-up periods for antibody testing following incidents in which HIV infection may have been transmitted (Hammett & Sullivan, 1986: 2).

The degree of the AIDS problem continues to increase. The federal Centers for Disease Control (CDC, 1989: 2) reports a cumulative total since June 1981 of over 84,700 adult and 1,405 pediatric AIDS cases in the United States. As of February 1989, New York State and California together account for 39 percent of all AIDS cases. Florida, Texas, and New Jersey collectively account for another 23 percent. As of February 13, 1989, the CDC (1989: 5) reported 49,390 individuals had died of AIDS in this country.

Ninety-one percent of all American AIDS cases have been in males and 88 percent of the adult cases have been individuals aged 20-49 (CDC, 1989: 1,5). The overall racial/ethnic distribution of adult cases is as follows: White, 57 percent; Black, 27 percent; Hispanic, 15 percent; Asian/Pacific Islander, 1 percent. Of these, approximately 27 percent of cases have some history of intravenous drug use and about 62 percent of cases have been in homosexual/bisexual males (CDC, 1989: 1).

AIDS in the Correctional Population

Inmates of correctional facilities include two populations who are at the greatest risk of developing AIDS — individuals with a history of intravenous drug use and males who engage in homosexual activities. Moreover, makeshift tattooing, a common prac-

Glenna Bailey has a Bacolor's Degree in Nursing and Health Education. She is currently pursuing a master's in Public administration At San Francisco State..

tice in correctional facilities, poses an additional risk of infection (Glasbrenner, 1986: 2397).

Responses to a study questionnaire (Hammett & Sullivan, 1986: 1) sponsored by the National Institute of Justice and the American Correctional Association reveal that as of October 1, 1986, there were 1,232 confirmed AIDS cases among inmates in 58 state, federal, and local correctional systems — a 61 percent increase since November 1, 1985 (Hammett & Sullivan, 1986: 4). Also, state and federal systems reported a cumulative total (between 1981-1985) of 463 inmates having died from AIDS while in custody; responding city and county systems reported 66 inmate deaths.[1]

The distribution of AIDS cases across correctional systems is highly skewed. In 1986, 35 of 51 (68 percent) state and federal systems and 18 of 33 (54 percent) city and county systems reported fewer than four AIDS cases, while only three states and federal systems and one responding city or county system reported more that 50 AIDS cases. Three state systems — New York, New Jersey, and Pennsylvania — accounted for 74 percent of the cumulative total AIDS cases, while three of the responding city and county systems — New York, New Jersey, and Pennsylvania — contribute 73 percent of the cases (Hammett & Sullivan, 1986: 4-5).

These statistics may reveal the number of confirmed cases of AIDS in correctional facilities, but there is little information about the prevalence of the HIV antibody in the same setting (Glasbrenner, 1986: 2403).

The vast majority of correctional AIDS cases, particularly in jurisdictions with large numbers of cases, are believed to be associated with prior intravenous drug abuse. In prisons considerable numbers of intravenous drug users can be expected to have occasional homosexual contacts. The frequency and type of homosexual contacts in prison are not known, but anecdotal accounts by prisoners suggest that anal intercourse and mouth/genital sex are frequent, even between prisoners who have heterosexual orientation outside prison. Induced homosexual behavior provides a "bridge" between a known high-risk group (IV drug abusers) and individuals who may later become a source of infection through heterosexual contacts. Thus prisons may well occupy a key position for the control of AIDS in the community. (Wooden & Parker, 1982: 44)

In 1985 the state of Maryland commissioned the Maryland Division of Corrections to do two studies exploring HIV prevalence among inmates. In the first study, started in 1985, blood samples were obtained from approximately 1,000 consenting male and 30 consenting female inmates who entered the institution during a three-month period. Serologic tests (Glasbrenner, 1986: 2402) indicated that seven percent of the samples from male inmates and around 14 percent of the samples from female inmates contained antibodies to the AIDS virus (Glasbrenner, 1986: 2403).

The Maryland health officials applied the same tests to blood samples from 115 inmates who had been in the system for at least seven years. Two of the samples yielded HIV antibodies (Glasbrenner, 1986: 2403). It is believed that "if an inmate has been incarcerated for at least seven years and shows signs of infection, he got the infection in prison" (Glasbrenner, 1986: 2400).

Based on data from the two studies, Maryland health officials conservatively estimated that of 12,000 inmates who would enter their correctional facilities between 1987 and 1988, seven percent, or 840 inmates, would have been exposed to the virus, and 16 to 18 inmates (two percent) exposed to the HIV virus would develop AIDS each year (Glasbrenner, 1986: 2401). Maryland health officials estimated their average cost of caring for an inmate with AIDS from diagnosis to death is approximately $80,000, with the average length of hospitalization for these patients put at 102 days (Glasbrenner, 1986: 2401).

Cost is but one of many considerations for administrators and health care providers who face the prospect of dealing with AIDS in a correctional facility (Glasbrenner, 1986: 2400). In the closed environment of correctional facilities, rumors, fear and mistrust can thrive. The suspicion that correctional authorities are unprepared for the AIDS epidemic or are cynically exposing inmates to unnecessary risks can quickly become a strong conviction and lead to tension and stigmatization of inmates thought to be "at risk" (Harding, 1987: 1260).

Correctional administrators and health-care providers who face AIDS in a correctional facility must decide:

- Is it necessary to screen all inmates for HIV antibodies?
- Is it necessary to isolate seropositive inmates?
- How should inmates who contract AIDS while serving their sentence be treated?
- What prophylactic measures are needed in correctional facilities?
- What is the best way to inform inmates and correctional personnel about the disease and its prevention?
- What are the legal issues regarding AIDS in correctional facilities?

Current Policies

The major policy areas involved in the correctional response to AIDS are education and training, HIV antibody testing, medical and legal issues (Hammett & Sullivan, 1986: 3).

Education/Training

Because there is no known vaccine or cure for AIDS, education and training have become the major efforts to curb the spread of the disease in correctional systems, as well as in the population at large. AIDS education and training programs provide the opportunity to counteract misinformation, rumors, and fear concerning the disease among inmates and correctional staff (Hammett & Sullivan, 1986: 3).

As a result, many correctional administrators feel strongly that education and training — live training sessions, audio-visual programs, and distribution of written materials — are the most important means to reduce fear about AIDS and in the long run the spread of disease. Ninety-six percent of the correctional facilities surveyed in 1986 provided AIDS educational programs for staff; 86 percent offered such programs to inmates. Only ten responding correctional systems had no AIDS educational programs for inmates, while only three had no program for staff (Hammett & Sullivan, 1986: 3).

A greater percentage of state/federal than city/county systems provided education to inmates (94 percent to 77 percent), probably due to the high inmate turnover in jails. However, education and training may be more important where turnover is high because each inmate may come in contact with many more individuals in a relatively short period of time. AIDS education serves important public health objectives, especially for those inmates who are returned quickly to the general community. Regardless of turnover rates, educating and training inmates also serves important correctional management purposes such as promoting institutional security, reducing medical care costs, and limiting potential liability exposure (Hammett & Sullivan, 1986: 8).

Despite the agreed upon importance of education and training on AIDS, the 1986 survey found that most systems provided only infrequent training. Given rapid research developments, updating AIDS training and educational materials on a regular basis is extremely important. It should be emphasized that without regular doses of the truth about AIDS and how it is transmitted, misinformation may re-assert its hold (Hammett & Sullivan, 1986: 8).

HIV Antibody Screening/Testing

There is substantial debate, both in correctional facilities and in the community at large, surrounding the uses of the HIV antibody test, the meaning of the test results, the difficulty of maintaining the confidentiality of the test results, and the detrimental effects on the individuals' lives if results are released (Bayer, 1986: 1768-1774). The most controversial testing application in correctional facilities is mass screening (the testing of all inmates or all new inmates regardless of the presence of symptoms or other clinical indications). Correctional management issues — in particular, what to do with seropositives once they are identified — must be determined before any application of mass screening programs in correctional facilities can be implemented (Rover, 1987: 2986-2988).

Probably as a result of some or all of these factors, very few correctional facilities have implemented mass screening programs. This seems to reflect the belief that mass screening is no more "productive or desirable" in correctional settings than in the larger community (Nebraska Department of Correction Service, 1986: 2). It is believed that if therapeutic drugs such as AZT become more widely available and prove to be effective in inhibiting the development of the AIDS virus, there may be better reason to screen inmates (Hammett & Sullivan, 1986: 8).

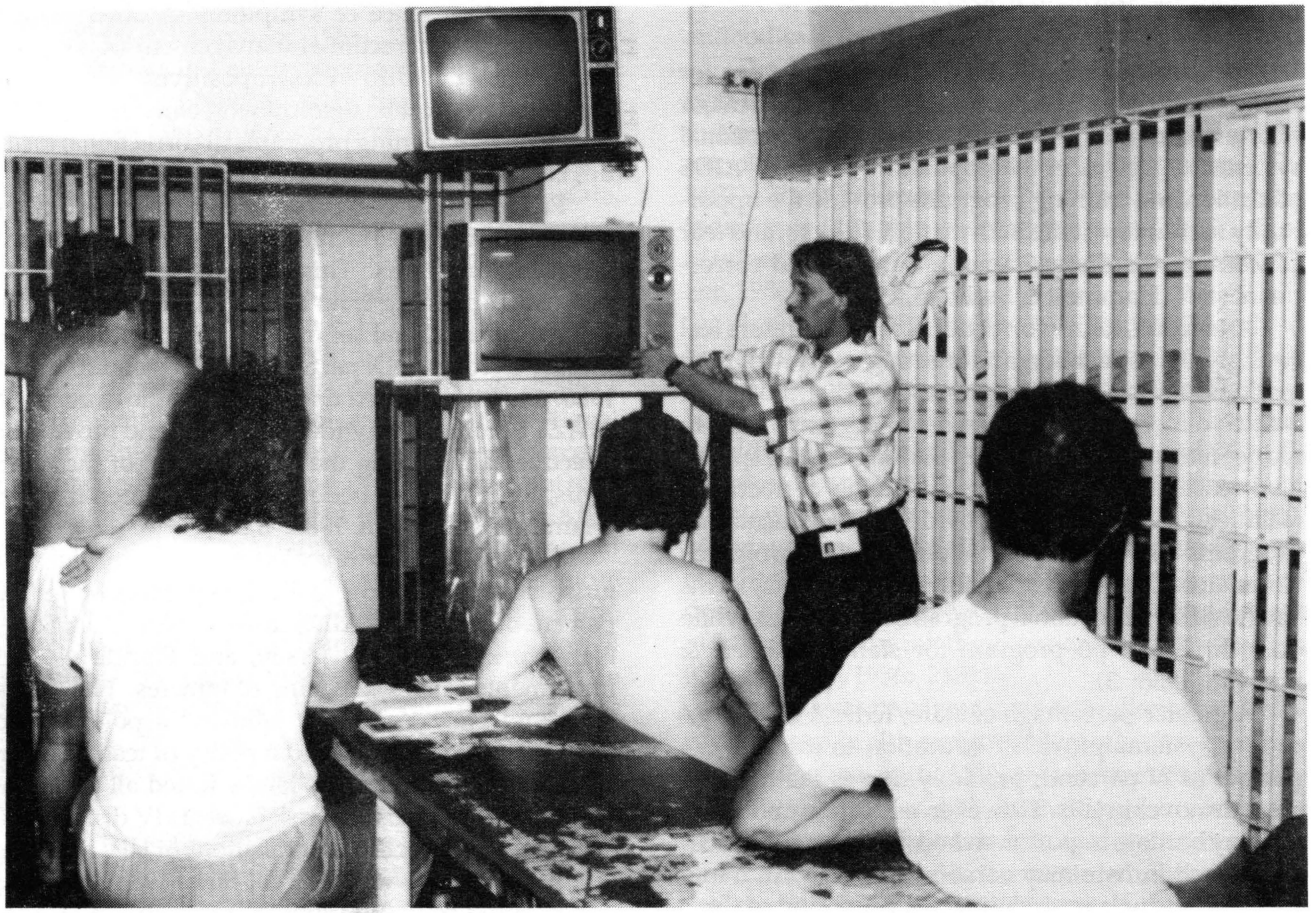
The 1986 survey revealed that none of the four jurisdictions that now collectively account for 70 percent of all inmate AIDS cases — New York State, New York City, New Jersey, and Florida — had implemented mass screening of inmates. New York State and New York City followed a policy of no testing. Florida maintained a policy of testing when clinically indicated. New Jersey tested all pregnant females believed to be at risk (such as IV drug users) and inmates with clinical indications of HIV infection (Hammett & Sullivan, 1986: 8). Since 1988 California has required courts in criminal and juvenile cases to order persons charged with certain sex offenses, or with certain assaults on public servants or health-care personnel, to be tested for AIDS.

According to the 1986 survey, only three states had a mass screening program — Colorado, Nevada, and South Dakota. Missouri decided to screen risk-group members only. Iowa discontinued screening after a prevalence study of about 800 inmates identified no seropositives. None of the responding city and county systems had instituted mass screening (Hammett & Sullivan, 1986: 9). Most systems followed a policy of testing only when clinically indicated, in response to incidents, or for blind epidemiological studies. It appears that risk-group screening was more common in low-incidence systems and in restricted applications where it is likely to identify relatively few seropositives, and thus pose fewer medical, legal, or correctional management problems (Hammett & Sullivan, 1986: 9).

Medical/Legal Issues

Perhaps the highest priority in the correctional response to AIDS is providing efficient and professional health care to inmates who become ill with the disease. Prompt detection and diagnosis are needed to minimize spread of the disease and alleviate the suffering of patients (Hammett & Sullivan, 1986: 11).

Appropriate diagnostic examinations are neces-



AIDS education group in the San Francisco County Jail Photo courtesy Forensic AIDS project

Forensic AIDS Project: Providing AIDS Education

by Tanya J. Saul

Education: The Forensic AIDS Project, a program of the San Francisco Department of Public Health, provides AIDS education trainings to criminal justice staff and first responders (police officers, firefighters, paramedics) and AIDS education and counseling to County Jail inmates. The education groups are conducted on a regular basis and include general AIDS information, risk and means of transmission, and other related issues. Assertiveness and empowerment trainings are also offered to inmates.

Testing: The Forensic AIDS Project does not recommend HIV antibody testing for inmates with the exception of pregnant women. These women are offered confidential testing outside the jail at a community site.

Condom Distribution: While condoms are not distributed in the San Francisco County Jails, the possibility is being explored by the Sheriff's Department and the Forensic AIDS Project. Inmates receive condoms and educational materials when released.

sary to identify immunosuppression, ARC (AIDS-Related Complex, a range of milder forms of illness) and AIDS, since life-threatening symptoms can develop quickly. Because AIDS patients experience psychological problems as well as physical problems, counseling and support systems are important components of care. A promising AIDS support group has been initiated at a state prison in Georgia. This support group assists the inmates and staff in dealing with the personal difficulties of AIDS, and raising the general level of AIDS information and awareness. Other correctional systems have yet to replicate this model (Hammett & Sullivan, 1986: 5).

Legal Issues

There is currently very little law specific to correctional systems' policies regarding AIDS cases though several cases have been filed in New York and other states. Although specific AIDS-related legal concerns remain largely theoretical, there is substantial case law on correctional medical care.

There are three constitutional principles relevant to correctional medical care. First, under the Eighth Amendment, inmates are entitled to a safe, decent and humane environment.[2] Second, in *Estelle v. Gamble*, "deliberate indifference to serious medical need" was held to violate the eighth amendment protection against "cruel and unusual punishment." Finally, the constitutional guarantee of "equal protection of the laws" applies to correctional medical care cases, particularly to segregation issues — hospitalization, housing, and treatment (Hammett & Sullivan, 1986:7).

Existing case law on AIDS in correctional facilities falls into the following major categories:

- Equal protection — cases filed by inmates alleging denial of equal protection based solely on the fact that they had AIDS, as in *Cordero v. Coughlin* (607 F Supp 9, S.D.N.Y., 1984). This case was decided in favor of the correctional department.
- Quality of care — cases filed by inmates alleging inadequacies in medical care and associated services, such as *Stroms v. Coughlin*.[3]
- Failure to protect others from AIDS — cases filed by inmates and potentially also by staff alleging inadequate protective measures and seeking additional steps such as mass screening of inmates with AIDS, ARC, or HIV seropositivity, such as *Mtr La Rocca v. Dalsheim* (120 Misc 2d 697, N.Y. 1983). The La Rocca case was decided in favor of the correctional department; other cases on these issues are still pending.
- Confidentiality — several cases have been filed alleging improper disclosure, or seeking to halt disclosure, of AIDS related information, such as *Sheridan v. Fauver* (U.S.D.C. New Jersey). This case is pending.

Correctional Management Issues

Housing Policies

Currently there is a shift away from policies stressing segregation, especially for ARC and HIV-seropositive inmates. The majority of all systems still hospitalize inmates with AIDS, but since 1985 fewer correctional facilities have been hospitalizing inmates with ARC and those who are asymptomatically seropositive. As with testing, correctional facilities may be concluding that they should not deviate from policies considered appropriate for the community at large (Hammett & Sullivan, 1986: 10).

Confidentiality

One of the most difficult and sensitive issues regarding AIDS in correctional facilities is who receives information on the medical status of inmates with HIV seropositivity, ARC or AIDS. Decisions regarding who should receive HIV antibody test results and who should be notified of AIDS of ARC diagnoses may be dictated by precise legal and policy standards such as requirements for written authorization to release test results (Hammett & Sullivan, 1986: 7). Two-thirds of state and federal correctional systems surveyed in 1986 and 91 percent of responding city and county jail systems had general or specific confidentiality policies covering AIDS-related medical information (Hammett & Sullivan, 1986: 5).

There are conflicting opinions for and against disclosure. Some argue that decisions regarding disclosure or confidentiality of medical information in cases of AIDS should be based on legal requirements; that is, when it is required by law. Others argue that correctional staff have a right to know when they are dealing with inmates who may be infectious. Still others contend that inmates will be ostracized or threatened while in prison or discriminated against after they are discharged (Hammett & Sullivan, 1986: 5).

The most recent information available concerning disclosure indicates that a relatively small number of systems provide test results to inmates (31 percent of state and federal systems and 52 percent of city and county systems). No state or federal system and a small fraction of city-county systems (19 percent) disclose results to inmates only. The majority of correctional systems provide results to medical staff.

Recommendations

The fact that it is possible to impose much stricter controls in the prison than in the general community

has led to suggestions that strict controls should be imposed to limit HIV spread. Such a policy would imply compulsory testing of all inmates for HIV antibodies. This approach can be defended by arguing that prison authorities have a direct responsibility to protect inmates from the consequences of promiscuity, for the possibility of homosexual rape in prison is real (Wooden & Parker, 1982: 121-141). Nevertheless, there is a clear impression that those who advocate routine, compulsory screening of inmates are seeking a scapegoat group for political reasons. If there is a risk of homosexual rape in prisons, this is an argument for improving conditions for inmates, increasing staff/inmate ratios, decreasing overcrowding, and providing more activities, rather than for imposing compulsory screening with no safeguard of confidentiality (Harding, 1987: 1262).

For both practical and ethical reasons, measures for control of AIDS in the prison environment should follow the practices of the general community. This policy implies an approach based on individual responsibility. Inmates should be informed about AIDS risk and given the opportunity to take prophylactic measures. All inmates are potentially at risk and should receive counseling during and after confinement (Harding, 1987: 1262-1263).

The following measures are needed to control HIV infection in prison and prevent unnecessary alarm among inmates and staff:

- Information should be provided to all correctional staff about AIDS and other communicable diseases and updated regularly.
- Inmates should receive written information about AIDS and on the risks of IV drug abuse and sexual contacts in prison/jail.
- Condoms should be distributed to inmates.[4]
- Active steps should be taken to prevent illicit introduction and use of syringes and needles in prisons. IV drug users should receive detailed information on the dangers of contaminated injection material.
- HIV tests should be made available on request. Counseling and confidentiality must be pro vided.
- Isolation and segregation of seropositive inmates is not justified and may be counter pro ductive.

In addition, the authorities must provide a safe and clean environment for all inmates and must provide adequate care for inmates infected or dying from AIDS. If appropriately designed and implemented, these issues can be resolved on the correctional administrative level with limited controversy or conflict from interest groups, health authorities or public officials.

Conclusion

There is a pressing need to control HIV infection in state and federal correctional systems, to manage and care for inmates who contract AIDS, to cope with the psychosocial pressures within the correctional system environment, and to resolve the potential legal AIDS issues. Correctional systems are not created to promote health. Nevertheless, the AIDS epidemic demonstrates forcibly how important prison health policy is for the community as a whole. Solutions to this growing AIDS issue requires more information about the disease, constant evaluation and revision of AIDS policies, and effective implementation once the policy decision is made.

Endnotes:

[1]For a demographic study of inmate deaths from AIDS in New York State, see New York State Commission of Correction, Acquired Immune Deficiency Syndrome: A Demographic Profile of New York State Inmate Mortalities 1981-1985 (Albany, March 1986).

[2]See, e.g., Rhodes v. Chapman, 452 U.S. 337 (1981).

[3]Storms v. Coughlin was filed in U.S. District Court for the Southern District of New York. Some of the issues may be superceded by new State regulations, but the plaintiff's attorney believes that there are a number of important quality-of-care issues to litigate.

[4]In California, correctional administrators have not made condoms available to inmates because sexual contact between jail inmates is a felony by sections 286(e) and 288(e) of the Penal Code and the distribution of condoms is viewed as possibly aiding and abetting this offense.

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Urban Ore

by Suzanne Craft

In early November of 1988, residents of Contra Costa County went to the polls to, among other things, cast an advisory vote on four proposed landfill sites. The result was a negative majority vote on all four sites. But the problem did not end with the voters' rejection of the four proposed dump sites. As the Acme dump in Martinez nears its maximum capacity, the problem of how and where Contra Costa County residents will dispose of their solid waste becomes an increasingly pressing concern. The problem of solid waste disposal, however, is not exclusive of Contra Costa County, but rather is, or is fast becoming, a major concern of all urban areas throughout the country. Within the next ten years, one-third of all the landfill sites in the United States will reach maximum capacity and be closed down (KCRA News, 1989).

The amount of garbage produced in the United States is overwhelming. California alone discards 197 million pounds of garbage daily (Shireman, 1988: 1). The problem of how and where to dispose of this unbelievable volume of refuse is only a small portion of an insidious problem and only the visible tip of the iceberg.

Incineration: An Answer?

In an attempt to rid themselves of their voluminous trash, some cities have invested in costly incinerators. Burning can reduce trash to 10 percent of its original volume in the form of ash (Stump and Doiron, 1989: 16). But incineration brings with it a multitude of evils. The building costs alone can run into hundreds of millions of dollars and in order to recover such a large financial investment incinerator builders often require a given volume of trash for incineration, thereby adding to the original problem. One of the greatest difficulties, however, is the extremely harmful gaseous emissions produced by solid waste incineration. The greenhouse gases, carbon monoxide, hydrogen fluoride, nitrogen oxides and sulfur dioxide — directly correlated with global warming and acid rain — are pumped into the atmosphere along with heavy metals such as arsenic, cadmium, chromium, mercury, and lead (Stump and Doiron, 1989: 16). While the greenhouse gases wreak havoc on our biosphere, carrying a price tag that may well be impossible to pay, the heavy metals in the gaseous emissions take their toll on another priceless commodity, human health.

The heavy metals found in incinerator gaseous emissions are "known to cause human maladies ranging from birth defects to nervous system disorders" (Stump and Doiron, 1989:16). Although scrubbers can prevent some of these metals from escaping into the atmosphere, a further problem is produced as the heavy metals then end up in the incinerator ash. Samplings of both incinerator ash and gaseous emissions have revealed traces of cancer-causing dioxin, one form of which — 2,3,7,8-TCDD — "is the most toxic molecule ever created" (Stump and Doiron, 1989:16).

Despite the fact that incineration reduces solid waste to 10 percent of its original volume, the resulting ash can prove to be more difficult to dispose of than in its original form as "the toxicity of (the) ash makes it (a highly) undesirable commodity" (Stump and Doiron, 1989: 17). The city of Philadelphia, in an attempt to overcome "prohibitively high domestic ash disposal costs," hired a fleet of ships to rid itself of its toxic ash (Stump & Doiron, 1989: 17). In September 1986, the infamous vessel Khian Sea was filled with Philadelphia's incinerator ash and for well over two years sailed the seas in a fruitless search for a dumping ground for its hazardous cargo (Christrup, 1988: 11).

Recycling: Mining Urban Ore

With the rising costs, both economic and environmental, and the currently inadequate means of disposal, cities throughout the United States may be well advised to be more prudent in dealing with their refuse. Perhaps we as a nation should also take a look at how and why so much refuse is being created, as well as the resulting economic and environmental costs. France, who by no means has an undesirable standard of living, reportedly produces one-fourth of the trash per capita that is generated in this country. According to the Community Environmental Council:

> container and packaging account for about 33% of all our waste (50% of all paper, 40% of aluminum, 8% of steel, 75% of glass and 30% of plastic) and approximately 9% of U.S. household grocery bills is spent on packag-

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Suzanne Craft is a history major in her senior year at San Francisco State University. She is currently doing an internship at the Greenbelt Alliance.

Upon completion of her bachelor's degree, Suzanne plans to attend law school and go into environmental law.

> ing. Broken down and rounded off into dollars, in 1980 (9 years ago), American consumers spent $50 billion for mere packaging! (CRF: 1988)

It seems ludicrous for American consumers to pay substantial amounts for packaging and then turn around and pay more to dispose of it. According to the Environmental Protection Agency, nearly 60 percent of our "garbage" is composed of valuable materials such as glass, metals and paper — "urban ore." In California alone, 25 billion pounds of recyclable materials are thrown away annually.

As the costs and problems of refuse disposal continue to increase and natural resources become increasingly scarce and costly, urban ore becomes ever more valuable. Currently exceeding 800,000 tons annually, "cardboard cartons are the port of New York's number one export," shipped to such countries as South Korea, Japan, Spain, Italy and Mexico to be reconstituted into new paper (Stump and Doiron, 1989: 17).

In 1988, recyclers earned $700 million by collecting 39 billion aluminum cans, up 50 percent from 1987. The "urban mines" hold an immense amount of potential wealth. "'A city the size of San Francisco disposes of more aluminum than a small bauxite mine, more copper than a medium copper mine and more paper than a good-sized timber stand'" (D. Morris, Institute for Local Self-Reliance, from Stump and Doiron, 1989: 17). Waste disposal giants, aware of the potential for huge profits, have gotten into the recycling market. Among them are Waste Management Incorporated, which had a 1987 annual revenue of $2.7 billion (Contra Costa Times, 1988: 5A) and which has paid out millions in fines for anti-trust violations and toxic dumping and burning (Contra Costa Times: 6A; Stump and Doiron, 1989: 17).

Not only do urban mines hold an immense amount of wealth in and of themselves, but the economic and environmental profits to be gained from mining urban ore could prove to be equally abundant. For example, if all recyclable garbage in America was recycled, we could potentially cut the daily importation of oil into this country by a million or more barrels (one-sixth of current daily oil importation) and slash the trade deficit by at least $7 billion per year (Shireman, 1988: 3). If California alone recycled 25 percent of its waste, there would be over 1.1 million tons of aluminum, steel and other metals saved annually (Shireman, 1988: 1).

All manufacturing creates air and water pollutants. But the pollutants produced by reconstitution of urban ore creates far less pollutants than manufacturing plants using virgin raw materials. For example, recycling paper products rather than making new paper cuts pollutants by 50 percent and recycling aluminum reduces air pollution emissions by an astounding 95 percent; with steel, the comparable figure is 80 percent (Shireman, 1988: 3). And this is just on the manufacturing end. As the need for disposal of overwhelming quantities of solid "waste" is reduced, there would be a reduction in the number of dump sites,

The Contra Costa County dump in Martinez

which are a major source of both surface water and ground water pollution (Shireman, 1988: 3). Fewer landfills would very probably abate the trend toward incineration, thus further reducing harmful atmospheric emissions.

Unfortunately, as mentioned earlier, packaging is extremely profitable for those creating it — and costly for those consuming it — and unless consumers begin to demand change, current practices will most surely continue. Another disadvantage for rapid and expedient change of current production and disposal methods in this country is the current federal subsidies provided to transporters of virgin materials and not to those of recycled materials (Stump and Doiron, 1989: 17), as well as current tax laws that favor exploitation of virgin goods over recycling (Shireman, 1988: 4). But as landfill costs continue to rise, both those with profit motives and those with environmental motives will be drawn closer together, and the once compatible terms of economics and ecology may once again work together to help turn our waste into urban ore.

The time to act is now, as we are currently well on our way to fulfilling a part of the 1854 prophecy of Chief Seattle in what has been described as the most profound environmental statement ever made, "Contaminate your bed, and you will one night suffocate in your own waste."

Endnotes:

[1] Both "economics" and "ecology" are derived from the Greek word "oikos," meaning house or home.

[2] It is interesting to note that the city of Seattle, Washington is home to the most successful urban recycling program in the country.

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California Water: A Case for More Comprehensive Resource Planning

by Rick Cooper

Water, particularly fresh water, is a finite resource of great value in our society. When water has not been available in adequate quantity and quality, civilizations have vanished (Reisner, 1986: 265-268). Thus, the west in general and California in particular owe their growth, development, and continued survival to the water provided by large-scale public works projects designed to store and transport fresh water.

In California the use of public funds to build and maintain large water projects, such as the State Water Project and the federal Central Valley Project, has produced a situation that is both inefficient and environmentally unsound. Urban users, the fishing industry, and California's bay, delta and inland environments have all sustained great costs as a result of the policy of providing highly subsidized water deliveries to large irrigation districts in desert and semi-desert climates.

The issues to be addressed here are: What possibilities are there to provide for future water needs? How do we achieve a more efficient allocation of finite resources? What is the mechanism that will reduce the costs borne by those not directly benefitting from extensive water projects and at the same time encourage more efficient water use? How will the state grapple with more sustained periods of drought predicted for the onset of the "greenhouse effect?"

These questions about the future of water development in California hinge upon the ability of the public, and decision-makers in particular, to see water allocation as an issue of statewide concern. Despite the fact that no one type of water user is affected by the decisions made on these issues, one interest in particular, agriculture, seems to politically dominate the debate surrounding water. At the same time, it should also be recognized that with finite sources of water, urban users are engaged in a subtle competition with agriculture and aquatic ecosystems for available supplies.

The debate regarding water distribution is controversial because of the threat perceived by those who benefit from current policy, such as large agricultural users, in any attempt to allocate water to other users. However, the current policy promotes misuse and courts future disaster.

Historical Background

The history of large-scale public water projects in California dates back to the years before World War I, when large urban areas began to develop distant water sources. Los Angeles built the Owens Valley Aqueduct and San Francisco constructed its Hetch Hetchy system. In the 1920s, the East Bay Municipal Utility District was formed and began transporting water from the Mokelumne River in the 1930s. Also in the 1930s Hoover Dam was completed and the Metropolitan Water District, representing virtually all of the urban areas of Southern California, began importing large quantities of Colorado River water.

To complete the development of water projects by and for urban areas, a great scheme for the regulation, storage and transport of Sacramento-San Joaquin river waters for agricultural use was developed. This resulted in the Central Valley Project, begun as a New Deal public works project under the Bureau of Reclamation and completed just after World War II.

Soon after the CVP began operations, agricultural users, chafing under the acreage and residency requirements of the Bureau of Reclamation and hoping to expand irrigated acreage further south and west in the Central Valley, began agitating for new sources of water (Walker and Storper, 1983: 172). In response, the state developed a plan: the State Water Project. Approved by voters in 1960, this project provided for construction of the Oroville Dam on the Feather River, as well as the California Aqueduct to transport water from Northern California to the Central Valley and the urban areas of the south coast. The construction of this project was essentially completed in the early 1970s, and it now joins Central Valley agriculture and urban Los Angeles in a single system (Walker and Storper, 1983: 172).

Outcomes and Impacts

The major systems of water development and transport, outlined above, account for a great propor-

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Rick Cooper graduated from SFSU in 1988 with a master's degree in Public Administration. He is an intern at the California Coastal Commission.

tion of all of the available surface water supplies in the state: approximately 25.1 million acre-feet, 85 percent of which goes to agricultural users (Coppock *et. al.*, 1982: 3-4). Despite these large amounts, however, water demand is increasing as the state's population and economy continue to grow.

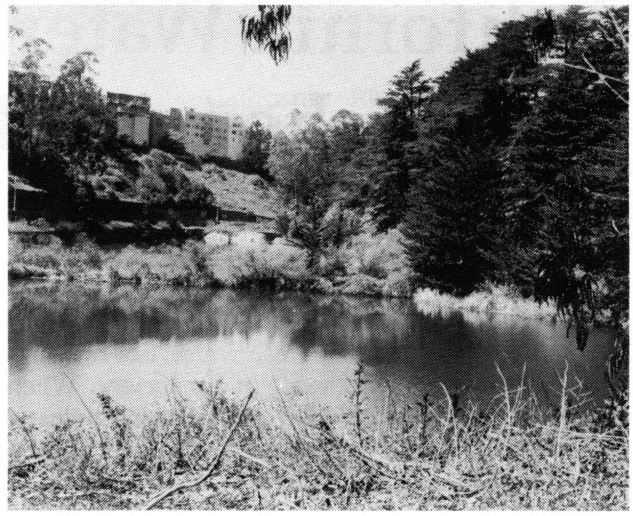
In addition to increased water demand, two other factors put a strain on current supplies. First is the possibility of drought much like that experienced in 1976-77. Water supply estimates are based upon rainfall recorded within the last 100 years, yet tree-ring data suggests that this century has been particularly wet, thus indicating that there may be more and worse periods of drought similar to that of 1976-77 (Walker and Storper, 1983: 180). The past three dry winters (1986-89) attest to the potential for statewide water shortages. In addition, the predicted greenhouse effect has the potential for creating more frequent and more extensive periods of drought.

Secondly, environmentalists contend that current water levels must be maintained in order to assure sufficient water quality for fish and wildlife in San Francisco Bay and the Sacramento-San Joaquin delta, as well as streams and rivers all over the state. If, for example, stream flows into the bay fall too low, salt water will be allowed to move up into the delta, thereby threatening fresh water supplies and fish populations that are very sensitive to excessive salinity. Thus, as more water is used, the cost to the fishing industry, as well as to sensitive ecosystems, will be enormous.

Finally, the potential yields from increased water development would be low and the costs quite high. It is estimated that if the remaining surface water flow in the state (approximately 48 million acre-feet) only seven million acre-feet is economically developable. For example, the Auburn Dam, if completed, would supply only 318,000 acre feet of water at a cost of $250.00 per acre foot [1] (Coppock *et. al.*, 1982: 5).

It is therefore becoming clear that while the overall water demand in the state is going up, the potential for developing more water sources is low. This is due to the possibility of increased and irreparable harm to the environment, combined with high costs and low yields of further water development. In addition, California's allocation of Colorado River water is decreasing due to the completion of the Central Arizona Project, which is entitled to a greater share of the available water from the Colorado. These realities are set against the likelihood of recurring drought into the next century.

Given this situation, then, what are the alternatives? Who will be asked, and on what basis, to used less water? What is the most efficient apportionment of available resources? And how will allocation decisions be made?



Laguna Honda Reservoir, a part of San Francisco's Hetch Hetchy water system. Photo by Karl Heisler

The Players

Decision-making on water development in California, as elsewhere, has been typified by the pattern of distributive public policy; i.e., subsidy. The players in these decisions have been local irrigators and irrigation districts, their legislative representatives, and the agencies responsible for water development. This "iron triangle" has been responsible for most of the decisions made up until this time. However, this pattern has begun to change due to large deficits and other strains on remaining federal dollars, as well as the concerns that current water development policy is threatening the environment.

It is therefore more likely — and more important — that these decisions will be made amidst a much wider public debate, including urban water authorities and environmental interests. Nevertheless, it is the agricultural interests who benefit most from the status quo and stand to gain from further water development. Thus, any solution to the current problem that is presented must confront the possibility of opposition from the politically powerful agricultural lobby.

Policy Options

1. The Status Quo

Retaining the current situation is a possible option due to the inability of competing interests (i.e. agriculture, the environmental lobby and urban users) to reach any alternative policy decisions. However, as droughts continue to occur and as ground water resources in the Central Valley are further depleted, a more comprehensive set of decisions will be necessary. The "no change" option, therefore is not sustainable.

2. Finance More Water Projects

The potential of developing more water sources in the state, as noted above, is quite limited. However, to the extent that a funding mechanism can be found for these projects, it would help to increase overall supplies enough to take care of short term needs, perhaps for the next 20 years. This solution, however, is unlikely to be sustainable if current trends continue because demand will quickly outstrip supply, particularly during periods of drought.

3. Reallocation/Conservation Through Market Pricing

Due to the low potential for greatly increased water supplies, the state's water interests must adjust to the new realities of a limited supply. Historically, although supply has always been limited, pricing and use have not reflected this reality. In fact, agricultural water is heavily subsidized, making it very cheap to growers (Walker and Storper, 1983: 183). Under the current set of policies, grower pay between $6.45 and $30.46 per acre foot, while Southern California urban users pay $139.47 and Northern California users pay $172.71 (all average figures) (Howitt *et. al.*, 1982: 151). Thus, there is enormous differential between the costs to the largest user, which is agriculture, and the smaller state water users, which are urban areas.

The current prices charged to farmer do not reflect the true costs, either in terms of the cost of facilities and systems or in terms of environmental degradation from decreased stream flows and harmful wastewater discharges after use. As a result, the artificially low prices stimulate demand and prevent the use of a finite resource more commensurate with its scarcity (Walker and Storper, 1983: 183).

The removal of water price subsidies would likely increase efficiency and cause water use to move to higher-valued uses, that is, uses that produce goods and services of higher market values. This might occur with the use of irrigation for higher-valued crops, such as vegetables and fruit, and away from hay and cotton, two very common, high water-use crops in the Central Valley (LeVeen, 1979). It might also include more efficient irrigation practices, such as moving away from sprinklers and toward increased use of drip irrigation, a highly efficient process.

In addition to increased efficiency in agricultural operations, water price increases can encourage increased water transfers to urban areas and/or more efficient use in urban areas as well. The drought of 1976-77 showed that urban areas can dramatically decrease water use, as much as 50 to 75 per cent.

It is therefore conceivable that if allowed to be sold on an open market (without subsidies), water resources would be priced at a level more reflective of true costs, thereby encouraging greater efficiencies and better protection of the environment. Under such an arrangement, water distribution would by necessity re-allocate existing supplies rather than continuing with the historic practice of using maximum supplies in the hope of developing more in the future.

Policy Recommendations

Despite expected resistance from agricultural interests to any change that would increase their costs, the greatest potential to more efficient use of available water supplies is to increase prices and remove subsidies. As a method of allocation, the state would need to create a formula for minimal supplies to be required in streams, rivers, the Bay and delta, and then allow the remaining supplies to be traded on an open market. Thus, the costs to the environment would be reflected in the going prices of the available supply. This is in contrast to the current situation in which water supplies required for a healthy and vital environment tend to be an afterthought.

As part of a free-market policy and to help ameliorate some of the opposition by agricultural interests, government programs could be created to encourage more water-efficient cropping patterns and irrigation in the same way that soil conservation was promoted after the dust bowl. In this way, the agricultural economy can be helped and encouraged to move away from wasteful practices spawned in the days of cheap water.

To the extent that water prices are allowed to rise, water efficiencies and conservation can be encouraged. Even if water supplies were allocated based on a more open, although not completely "free," market, more efficient water use would be encouraged. Urban users who now pay substantially more for water might compete on an equal footing with agriculture for available supply, perhaps reducing the unequal impact of drought on the two major users. Thus, these recommendations may be seen not as all-or-nothing proposals, but using the completely open market as an optimal goal, with interim steps all being of great value.

In these ways, water users, whether urban or rural, would be able to adjust consumption and conservation decisions based on a market price that reflects true costs to society. As a result, use would better reflect the reality of supply in a state that is typified by water deficits and drought.

Endnote:

[1] Central Valley growers currently pay only $6.45 to $30.36 per acre-foot, while urban users pay as much as $172 per acre-foot on average (Howit, 1982: 151).

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The Southern Crossing Revisited

by Terrence T. Grindall

About the time the Bay Area was readjusting to civilian life following World War II, planners began talking about building a second bridge between San Francisco and the East Bay. The issue has come to the fore periodically, most recently in 1972, when voters in six Bay Area counties were presented with a proposal for the so-called Southern Crossing.

The Southern Crossing was to be a three-legged bridge, connecting Hunter's Point in San Francisco with Oakland and San Leandro. It was soundly defeated at the polls, however, and the issue was dormant for many years. Now, as traffic congestion on the Bay Bridge continues to worsen, talk of a second span has begun anew. This study examines some of the arguments for and against such a proposal.

The study includes a short history of the corridor, definition of the transportation problem within the corridor, and a presentation of alternative solutions. Criteria and a model for evaluation of the alternatives will be presented. Finally, the political feasibility of various alternatives will be discussed, and recommendations will be given.

Limitations of the study

The complexity of the transportation problem in the corridor and uncertainty over some important information pertinent to this analysis requires that the effort be of limited scope. Few solid conclusions can be drawn without further investigation. The California Department of Transportation (CalTrans) and the Metropolitan Transportation Commission (MTC), which is responsible for parceling out most transportation funding in the Bay Area, have overlapping responsibility for the transbay transportation corridor. Both agencies must conduct a thorough investigation before formulating any policy on a second bridge.

History

The San Francisco-Oakland Bay Bridge is one of the most spectacular, important and congested bridges in the United States. It serves as a vital link between the city of San Francisco and vast portions of the Bay Area. The Bay Bridge carries over 224,000 vehicles daily and is the site of the region's worst traffic bottleneck (CalTrans, 1987: 8). At peak hour, some 11,300 vehicles cross the bridge in the commute direction. (See Table 1.)

TABLE 1:

Corridor Demand Projection, 1995 & 2010

PEAK HOUR DEMAND

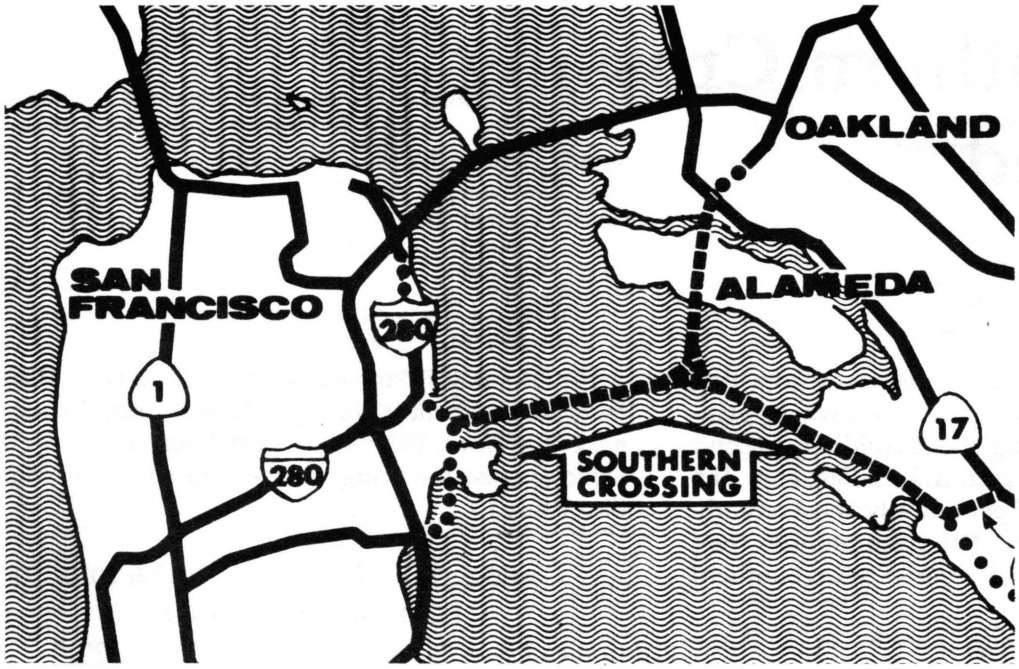
Demand	Present	1995	2010
Bay Bridge	11,300	13,600	16,500
BART	14,500	17,000	19,500
Buses	4,113	4,482	4,884
TOTAL	29,913	35,082	40,884

Source: California Department of Transportation: *Twenty-Year Traffic Demands and Ten-Year Capital Outlay for State-Owned Toll Bridges in the San Francisco Bay Region.* (Oct. 1987): 11; San Francisco Bay Area Rapid Transit District: *1988-93 5-Year Plan:* 24; Alameda-Contra Costa Transit District: *Corridor Assessment Project, Final Report* (June 1986): 5-2 & 5-3

Notes: BART does not make a projection for 2010. The figure used here is derived by assuming an increase in demand equal to the increase in the earlier period. AC Transit demand based on 1985 figures and calculated using projected demand for year 2000.

Before the bridge opened on November 12, 1936, the route to San Francisco from the East Bay was via an intricate network of car and passenger ferries. This system had proven totally inadequate for the needs of the growing region. Initially there were six narrow lanes on the upper deck of the bridge, with the lower deck made up of three wider lanes for trucks and buses and two rail tracks for Key System streetcars. By 1958, the streetcars were gone and the bridge had been reconfigured to increase capacity, with five lanes on each deck: westbound on top, and eastbound below. This configuration is the same today (CalTrans, 1987: 8). In 1973, a system of traffic signals was installed just west of the toll plaza in order to meter traffic flow,

Terrence Grindall is a senior at San Francisco State University, majoring in Urban Studies. He will graduate in December and hopes to take a transportation planning position at CalTrans, where he is currently an intern. Terry 's eventual goal is to work in public transportation planning and development.



The Southern Crossing as proposed in 1971 Source: Calif. Dep't. of Public Works (1971): The Southern Crossing

increase the effective capacity of the span and reduce accidents. At the same time, a program to encourage car-pooling was initiated, with a priority toll-free bus and carpool lane in operation during peak commute hours (CalTrans, 1987: 8). While these programs have upped the capacity of the Bay Bridge, congestion remains a serious and growing problem. Traffic is backed up for miles at the peak periods.

In 1947 it was proposed that a mass transit tube be built under San Francisco Bay in the area of the Bay Bridge (Army-Navy Board, 1947). In 1953, the Bay Area Rapid Transit (BART) Commission began to seriously study the proposal. This idea was part of the rationale for removing the rails from the bridge in 1958.

In November 1962, Bay Area voters approved a bond measure to finance the construction of a rapid transit system, including a tube roughly paralleling the Bay Bridge, to connect the participating counties: San Francisco, Alameda and Contra Costa.

BART initially had little impact on the transit capacity of the corridor. The system was underutilized for a variety of reasons, chief among them poor service (U.S. DOT, 1980). Over the years, however, BART's transbay ridership has increased to the point where the system now carries a significant portion of the corridor flow, particularly during the commute hours. BART's peak-hour ridership is 14,500, approximately 48 percent of peak-hour flow in the corridor (BART, 1988a: 59). (See Table 1.) BART has not relieved congestion on the Bay Bridge, but it has slowed the increase in vehicular demand and provided an alternative for commuters in the San Francisco-Oakland corridor.

Buses have operated on the Bay Bridge since it opened, and they have played an important role in transportation in the corridor. Presently, buses operated by the Alameda-Contra Costa Transit District (AC Transit) carry 4,113 passengers across the span during the peak hour. (See Table 1.)

As a result of the perpetual congestion on the Bay Bridge, numerous studies — beginning as early as 1941 — have suggested the construction of an additional bridge on San Francisco Bay, to be known as the Southern Crossing. By 1970, a definite plan was formulated and in 1972 a bond issue was offered to the voters of San Francisco, San Mateo, Alameda, Contra Costa, Marin, and Santa Clara counties. However, the measure was soundly defeated, 77 percent to 23 percent (S.F. Chronicle, 1972: 14).

The major reason for opposition to the Southern Crossing was the belief that BART should be given a chance to function better before further investment was made in the corridor (S.F. Chronicle, 1971: 7). There was also significant opposition to the plan on fiscal, environmental and aesthetic grounds (California Toll Bridge Authority, 1971: 24).

Little further action was taken on the Southern Crossing following the 1972 vote. Recently, however, discussion of an additional bridge has surfaced as an alternative to the increasing Bay Bridge congestion, most notably in the environmental impact report on San Francisco's proposed Mission Bay project.

The Problem

The San Francisco-Oakland transportation corridor is presently above theoretical operating capacity. Future growth in demand for transportation in the corridor will strain existing facilities beyond their ability to handle that demand. Serious economic consequences could result if the transbay transportation capacity is not expanded.

Alternatives

1) Improve the capacity of the present Bay Bridge through:
   a) efficiency programs to permit better traffic flow; and
   b) programs to increase the use of car pools.

2) Improve mass transit capacity in the corridor by:
   a) increased peak-hour capacity on BART; and
   b) increasing the frequency of bus service.

3) Construct an additional bridge in the corridor — the Southern Crossing.

4) Do nothing.

Model

Two cost-effectiveness calculations will be made, one based on projected 1995 demand, and the other, on projected 2010 demand. While a cost-benefit analysis taking into account and quantifying all relevant factors, such as economic losses due to congestion, time cost to commuters, cost and savings of gasoline, etc., would be extremely useful, the complexity and margin of error in these estimates places the effort beyond the scope of this study. Therefore, a simple cost-effectiveness model will be employed, thus reducing a complex problem to a manageable level for preliminary analysis.

For the purposes of this study, cost will be narrowly defined as direct expenditures and losses in revenue. Other costs (i.e., environmental, aesthetic) will be viewed as constraints on the feasibility of the alternatives.

Effectiveness will be judged by comparison to the projected level of peak-hour demand for movement through the corridor in 1995 and 2010. For study purposes, a transit patron and an automobile on the Bay Bridge will be viewed as equal in respect to demand. Alternatives will be judged by what percentage of the expected demand, for either transit passengers or vehicles, is met.

Criteria for Choice

1) The cost-effectiveness ratio tells us the most cost-effective way to improve the capacity of the corridor.

2) The alternatives, either alone or, if not mutually exclusive, in combination, must meet a certain level of the projected increase in demand. For the purposes of this study, that level will be 75 percent.

3) Environmental considerations: San Francisco Bay is a sensitive natural area, and there must be safeguards against serious damage. If two alternatives have similar relationships to other criteria, the one with the lower probability of environmental damage would be preferred. Environmental consideration can have a major impact on the political feasibility of any alternative.

4) Aesthetic considerations: The picturesque bay is a highly valued resource. It is enjoyed by the Bay Area population and is part of the region's appeal to tourists and businesses. Again, these considerations can have a serious effect on the political feasibility of an alternative.

Preliminary Evaluation

Costs and effectiveness will be stated for each of the alternatives.

Alternative 1 — Improving capacity on Bay Bridge

(a) Improvement projects that affect capacity are projected to cost $34 million (in 1987 dollars)[1] (CalTrans, 1987: 12-13). CalTrans projects that these changes will increase bridge capacity by at most 1800 vehicles per hour. For this analysis, a 1200 vehicles per hour increase will be used as a more realistically achievable figure by 1995 (CalTrans, 1987: 10). There is no expectation that further increases could be accomplished by 2010.

(b) Many of the improvements in bridge capacity relate directly to increasing incentives for motorists to carpool. There is little feasibility of doing much more. As a state study found in 1971:

> The analysis proved that it is not feasible or beneficial to establish an exclusive lane for buses and car pools on the bridge in an eastbound direction. The analysis also showed that carrying an exclusive lane all the way across the bridge in a westbound direction would result in serious operational problems. (California Dep't. of Public Works, 1971: 2)

If this study is correct, there is little more than what is being planned that can be done to further encourage carpooling on the Bay Bridge.

Alternative 2 — Increasing mass transit capacity

BART projects that it will improve transbay peak hour capacity 17 percent by 1991. BART capacity in 1988 was 14,500 passengers per hour; by 1991, peak hour capacity is projected to be 17,000. This expansion will cost $523 million (BART, 1988a: 59). BART has not made projections beyond 1991 in this area, but system officials have said that technical problems could prevent any increase in capacity much above this figure (BART, 1988b). Therefore, for purposes of this study, 1991 capacity will be assumed to remain constant in 1995 and 2010.

Present peak-hour demand for transbay buses is 4113 passengers. Peak demand in 1995 is projected as 4482 passengers per hour, and in 2010, 4884 passengers per hour. (See Table 1.) The cost for accommodating this demand is projected as $907,500 in 1995 and $1,996,500 for 2010. (Both figures are in 1987 dollars.)[2]

Alternative 3 — Construction of a new bridge

Were the Southern Crossing built in the same form as was proposed in 1972, it would have a capac-

ity of 7200 vehicles per hour at the peak period.[3] An approximate projection of the cost of the bridge in 1987 dollars is $956 million. (This figure is based on the original cost of construction bonds for the bridge, indexed for inflation at the wholesale level, with 20 percent added as a contingency.)

Alternative 4 — No increase in corridor capacity

This is not a feasible alternative. The corridor is operating at or beyond capacity now. Future increases in demand could result in serious negative impacts on the region.

Demand Projection

Present corridor demand for all modes of transport is 29,913 transportation units[4] per hour at the peak period. In 1995, the projected demand is 35,082 units and in 2010, demand is projected to be 40,884 units. (See Table 1.)

Cost Effectiveness Calculations

The cost-effectiveness calculations reveal that construction of the Southern Crossing would not be warranted by 1995. The bridge, if built, would provide 39 percent excess capacity in the corridor in 1995, but would do so at a very low cost–effectiveness ratio. And because of the high environmental and aesthetic costs of bridge construction, other alternatives would be preferable.

The best solution to the corridor's transportation problem in 1995 would be a combination of alternatives 1, 2(a) and 2(b). Although this package would have a slightly lower cost-effectiveness ratio than the Southern Crossing, it would satisfy the second criterion by meeting 79 percent of projected transportation demand. Finally, the package would have only minimal effects on the environment and on aesthetic conditions, thus making it the best solution for this time period.

The projections for 2010 describe a different situation. Without construction of the Southern Crossing, only 40 percent of the increased transportation demand would be met. This is far short of the preset criterion for satisfying increased demand. Although the estimates are of somewhat limited reliability, these findings suggest that a Southern Crossing should be built at some point between 1995 and 2010.

Calculations for both dates show expansion of bus service is by far the most cost–effective means of improving corridor capacity. Increased bus capacity is 80 times more cost-effective than similar increases in BART capacity. This is an important fact and bears further investigation.

Of course, it must be borne in mind that buses, like all other highway vehicles, are subject to service delays due to the very traffic congestion it is hoped they can help alleviate.

Political Feasibility

The political feasibility of the best alternative for 1995, a combination of alternatives 1, 2(a) and 2(b), is quite good. The programs to be undertaken would fall into most of the population's "zone of indifference" because they do not require additional taxation, cause significant environmental damage, or generate much publicity. Therefore, there would be few implementation problems.

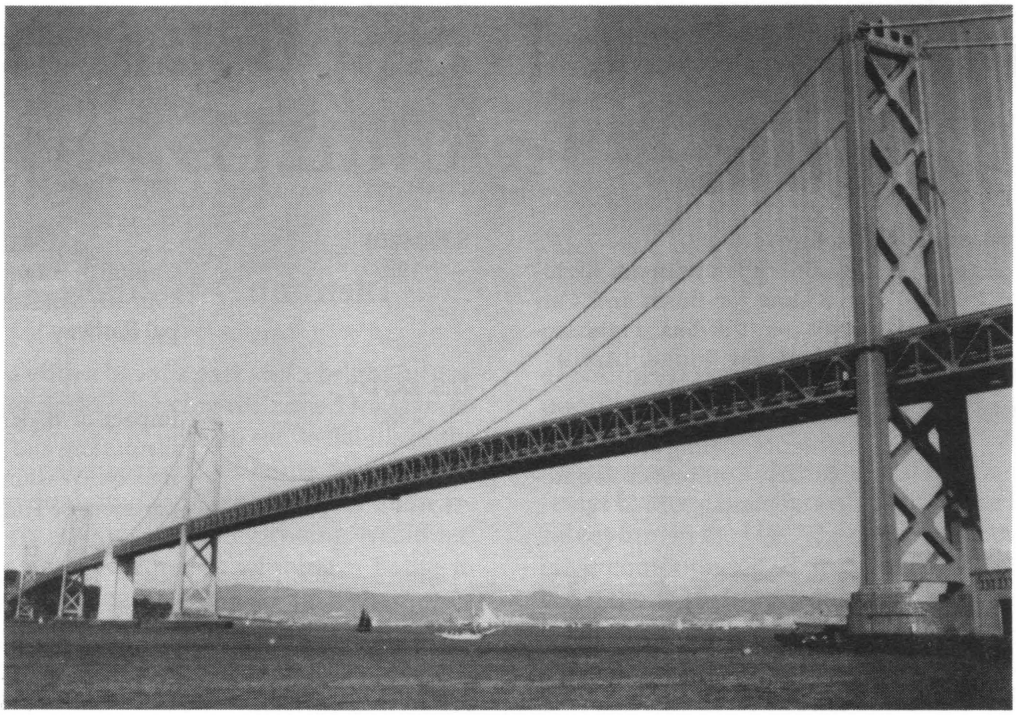
TABLE 2:
Bay Area Constituencies' Expected Attitudes Towards the Southern Crossing, Year 2010

Groups for STRONGLY	Groups against STRONGLY
Commuters Desire reduced commute times; and are frustrated by current traffic situation	**Environmentalists** Believe a new bridge would damage the bay and encourage automobile usage
Business interests Desire to maintain or expand further growth; desire to increase accessibility for employees	**Slow-growth advocates** Believe a new bridge would encourage further growth
MODERATE	MODERATE
Trade unions Desire to see employment of union construction workers	**BART Officials** Believe that competition could hurt BART system
Occasional users of Bay Bridge Desire reduced traffic congestion	**Some city and county governments** Believe that traffic could increase; concerned about loss of bay vistas to new bridge
	Taxpayers Concerned about high cost of construction

The alternative suggested by the 2010 analysis, construction of a new bridge, could face considerable political opposition. There are significant forces within the Bay Area populace which would oppose this alternative. However, as is indicated in Table 2, support for the project would be forthcoming from some segments of the population. Support for the project varies in strength corresponding to perceived demand for increased corridor transportation capacity. For example, if congestion grows considerably worse, the forces FOR would become stronger and those AGAINST, weaker. This report suggests that the Southern Crossing would not be justified in 1995, but would be as demand continues to increase.

Recommendations

It is not within the scope of this endeavor to provide specific recommendations to the client agencies; instead, the study will provide preliminary indications of the direction in which policy should be ori-



ented. These are as follows:

1) A course should be pursued to implement increased capacity in the corridor by improving traffic flow on the Bay Bridge and improving the capacity of mass transit in the period up to 1995.

2) This study indicates that by 2010 an additional bridge will be justified. Further study should be conducted to determine exactly when this bridge should be built. The time lag inherent in construction of a project of this size dictates that planning and detailed study should proceed long before the construction start date. Initial study to confirm these findings and pinpoint the time of construction should proceed within a few years. This question has been left too long without serious analysis.

3) It is indicated that increasing capacity of buses in the corridor is considerably more cost-effective than BART expansion. These findings should be confirmed using more exact data and taking operational expenses into account. Serious thought should be given to expanding capacity in this direction.

Endnotes:

[1]This figure includes a Traffic Operations Center ($2 million); a Traffic Management System ($6 million for Phase I and another $2 million for Phase II); Automated Toll Collection ($1 million); and a westbound connector from Interstate Highway 880 (the Nimitz Freeway) to the West Grand Avenue viaduct ($25 million). (CalTrans, 1987: 12-13)

[2] Cost of a new bus is projected at $165,000 for a 75-passenger vehicle. (S.F. Muni, 1987)

[3] The Southern Crossing as proposed was to be an eight-lane bridge; peak hour volume is 1800 vehicles per hour per lane; four lanes in each direction would provide for 7200 vehicles per hour in each direction. (California Toll Bridge Authority, 1971: 3; CalTrans, 1987: 6)

[4]A transportation unit may be a mass transit patron or a single vehicle. For purposes of this study, a single vehicle is therefore assumed to be carrying only one passenger.

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The Tenderloin: The People and Forces Reclaiming the Inner City

by Henry Ostendorf-Guminski

An area with a bawdy past and a bright future, the Tenderloin is being reclaimed for its residents. Complete with all the social ills of the inner city, the neighborhood is home to a diverse range of individuals and families. Many of them are growing poorer in a city that is growing wealthier. These people are nevertheless winning a battle to preserve their home against those who, thirty years ago, might have leveled it in the name of progress.

A stroll through the Tenderloin, with an open heart and eyes, clearly shows that the majority of the people are low-income families and single people from all ethnic backgrounds, making the best of a housing market and social service system that has overlooked many of them.

The problems of the Tenderloin are many. But within the community there are organizations dedicated to assisting the neighborhood's residents, including the Tenderloin Neighborhood Development Corporation and the North of Market Planning Coalition. Although facing a difficult fight, the residents of the Tenderloin are surmounting their obstacles and, in the process, creating a community.

The Neighborhood and its Residents

The Tenderloin is the roughly 50-block central area of San Francisco north of Market Street and bounded by Van Ness Avenue on the west, Powell Street to the east and, to the north, the area known as lower Nob Hill. The Tenderloin was home to some 20,370 people at the time of the 1980 census, but estimates put that figure much higher now. Noting an 18.8 percent increase in population during the 1970s, the San Francisco Department of City Planning now places the Tenderloin's population at well over 25,000. This increase can be attributed to the rising housing costs in San Francisco's "more desirable" neighborhoods and to the continuous influx of immigrants for whom the Tenderloin is a first home in the United States. Worsening the problem is the process of gentrification which, over the past decade, has removed many of the residential single room occupancy (SRO) hotels that once served Tenderloin dwellers.

An analysis of the racial composition of the Tenderloin shows a disproportionately high percentage of southeast Asians as compared to the overall city population. Their numbers have increased to 12,000 in the past decade and a half (TNDC, 1987). This trend is expected to continue for some time given the attempt by huge numbers of Vietnamese to seek political asylum in the U.S. The situation of these newcomers is compounded at present by the actions of Thailand, the first stop for many political refugees from Laos and Cambodia, as well as Vietnam. In January 1988, the Thai government, in an action monitored by the international press, sent patrol boats to escort a small craft with 40 refugees back to sea. This was not the first cry of outrage from Thailand that other nations must take more responsibility to resettle refugees from its overcrowded camps (Colm, 1988). If the United States is to assist in this crisis, San Francisco will be faced with the problem of resettling more individuals and families, just as have other gateway cities throughout the nation's history. And as an area of relatively low-cost housing, the Tenderloin will absorb many of these new settlers. The influx of refugees might bring in increased federal assistance, although the Bush administration has yet to make any financial commitments. One can only hope that it does not proceed in the wake of the prior administration, which slashed the the Department of Housing and Urban Development's budget in 1980, and remained uninvolved in the housing of the nation's poor.

Why they live in the Tenderloin

An unscientific survey of Tenderloin residents revealed that the neighborhood's relatively inexpensive housing is the primary reason why people live there. Significant numbers also said that they like the area because of its downtown location, proximity to

Henry Ostendorf-Guminski is a 3rd-year student enrolled in the School of Creative Arts at San Francisco State University. He currently works as an intern with the environmental design firm Sedway-Cooke Associates, San Francisco.

Prior to enrolling at SFSU, Henry studied at the School of Architecture, Pratt Institute, Brooklyn, New York and lived in London, where he worked as a theatrical and display merchandising artist. His interests include urban sociology, industrial design and cheap travel.

Boeddeker Park: A bit of an oasis in the Tenderloin Photo by Karl Heisler

public transportation, and employment opportunities. Seniors, who make up one-third of the Tenderloin's population, stated that the lack of hills makes movement a bit easier. The availability of residential hotels where occupants have personal freedom, but don't have to cook or clean for themselves, was also desirable.

The Tenderloin has the highest proportion of Social Security recipients in the City. In compliance with city regulations, a rent/income survey is conducted of financially assisted residents obtaining aid from any public sources. In 1980, reportedly over 50 percent of all the Tenderloin's residents were receiving state or federal assistance. The city, state and federal governments all have social service offices somewhere in, or near, the Tenderloin.

The Tenderloin is also home to some 6,000 children. There is only one large open green space, Boeddeker Park and Recreational Center, which is all too often frequented by the stereotypical Tenderloin residents: addicts and street prostitutes. The youngsters, however, manage to find play space in the streets and alleys of their home. But the children's resourcefulness is documented time and time again in automobile accident reports. The *Tenderloin Times* newspaper recently reported that pedestrians in the neighborhood are more than twice as likely to be hit by cars as are residents citywide. In addition, children and the elderly make up one-third of the injured pedestrians, the newspaper said (Sward, 1989).

Housing Problems

As the numbers of southeast Asian immigrants increase, the burden on an already crowded neighborhood to provide housing is growing. For advocates of a diverse and humane San Francisco, the value of preserving the Tenderloin as a residential neighborhood is unquestionable. Yet with 80 percent of Tenderloin residents living on incomes below the citywide median, it is clear that the majority could never afford today's market cost of housing. They must, therefore, remain in their present homes, for the prospects of finding other affordable housing are marginal.

It has been estimated by the city's Bureau of Building Inspection that 50 percent of the buildings with three or more units in San Francisco are substandard. The average age for buildings in the Tenderloin is 62 years and only one percent are owner-occupied. One would expect, therefore, to find an even higher percentage of substandard buildings than elsewhere in the city. A substandard unit count was set in 1983 at 3,023, of which all were multiple-occupancy dwellings. Many of these buildings, some of which have architecturally irreplaceable facades and lobbies, are essentially solid structures that have been poorly maintained and managed for years. However, the cost to bring them into compliance with building codes is often more than the landlord is willing, or able, to spend. Rent control and the possibility of not recouping one's investment are, of course, taken into consideration.

One result of the decay of housing stock has been the sale of Tenderloin residential buildings. If a building's units were occupied by long-term tenants paying very low rents, one way out for landlords has been to sell to speculators. Thus the Tenderloin, although a troubled neighborhood, has not escaped the skyrocketing real estate prices that prevail elsewhere in San Francisco. Tenderloin buildings are going for top dollar to developers who believe in the inevitability of the neighborhood's gentrification. In the four-year period between 1978 and 1981, many of these Tenderloin properties were sold several times, often at 250 percent of their sale prices of 1978. Thus, the '70s and early '80s saw a continuous loss of housing stock, along with an increased awareness of tenant problems and lawsuits over housing.

As gentrification approaches from the west and the tourist trade pushes in from the north, the streets of the Tenderloin are growing dark in the shadows of huge hotel towers. In its Residential and Hotel Unit Conversion and Demolition Ordinance, the San Francisco Department of City Planning documented the loss of over 1,200 SRO units per year between 1975 and 1980. The intent of the law, approved by the Board of Supervisors in 1980, was the conservation of the residential hotels and the protection of affordable residential units. The ordinance allows for few hotel conversions without the rehabilitation of other residential units and an in-lieu fee contribution for new construction of low-income units. The law has thus dramatically slowed the loss of low-cost housing by making the conversion of residential rooms very uneconomical.

In striking contrast to the loss of residential hotel accommodations, the San Francisco Convention and Visitors Bureau is proud to announce that some 3,000 luxury hotel rooms have been built or are under construction on the fringes of the Tenderloin. Mason Street alone is home to four major hotels. The money and political power that is "rebuilding" the Tenderloin on this front is tremendous. What was once a residential SRO is now a trendy up-scale tourist hotel, charging $99-$139 per night for the luxury of staying in an "urban chic" establishment on Geary Street. (Although a block-and-a-half away, it is billed as being "at Union Square.") Another recent conversion, located on Ellis Street near Powell, charges from $109 to $259. The galleries and guesthouses of Nob Hill, no longer rich with old money, are pushing their way down the hillside and into the suddenly desirable — that is, affordable — valley that is the Tenderloin, once so isolated from Nob Hill as to make either neighborhood inaccessible from the other.

As these boundaries fade, the only recognizable edges of the Tenderloin remain Market Street and the Civic Center area. With its monolithic and uninviting Beaux Arts architecture, Civic Center remains our homage to earlier federal attempts at "urban renewal." Complete with International Style boxes, it is teeming during business hours with civil servants, while at night, it is guarded by the steadily increasing army of homeless people who seek shelter within its lifeless solitude.

Working for the Tenderloin

In an attempt to fill the huge gap in governmental programs to assist low-income people, community organizations have tried to address the problems of Tenderloin residents and transients alike when they have no where else to turn. The St. Anthony Foundation, Glide Memorial Methodist Church and the St. Vincent DePaul Society are among the best-known organizations with religious affiliations that provide relief to the homeless and others. Agencies such as the North of Market Planning Coalition (NOMPC) and the Tenderloin Neighborhood Development Corporation (TNDC), work towards long-term solutions to the neighborhood's problems through community organizing and the development of non-profit housing.

These organizations seek to create a mixed-use area with strong residential zoning regulations to protect the Tenderloin, with the neighborhood's residents expected to play a key role in the work. "Building a community begins with getting people involved with each other," reads the opening of the TNDC's statement of purpose. "(We are) a vital part of the Tenderloin neighborhood, providing not only low-income housing but an opportunity for residents to actively participate in the changes that will bring a better environment for all." Helping tenants establish roots and claim the neighborhood now and forever as a primarily residential area is the goal of organizations such as TNDC and NOMPC. "Our job is to inspire tenants to forget their fear and stand up for their rights," says housing activist Richard Parker.

NOMPC works to establish zoning regulations that will restrict the use of the property in the Tenderloin. The organization, which is the Tenderloin's housing watchdog, has the political clout at City Hall to institute investigations through the Bureau of Building Inspection (BBI). Illegal activities as defined in the Conversion and Demolition Ordinance are inspected once complaints are filed with the BBI. At present, NOMPC is continuing to fight over the Renaissance Center West, the Ramada Convention Center, which is slated for expansion. If carried out, such a plan would fulfill the projection of a "ripple effect" of displacement predicted by the Tenderloin's residents when the Ramada Renaissance was originally constructed. But the Coalition and the BBI have recently won the first of a series of law suits to block the proposed expansion plan.

The battle over conversion of residential SROs to tourist hotels is an ongoing one that demands the vigilance of neighborhood residents and activists. For example, after the old Sequoia Hotel on Jones Street suffered a Christmas 1985 fire that displaced 70 long–term residents, the city says it illegally opened as the Pacific Bay Inn during the summer of 1987. (The hotel charges $55 to $65 per night, according to its brochure.) In the late summer and fall of 1987, the North of Market Planning Coalition, led by neighborhood residents, demanded that the city enforce the conversion ordinance, which also protects tenants from eviction. It has taken months but in March, 1989, the hotel owner was fined $8,000 and sentenced to 32 days in jail for his open disregard of the ordinance. NOMPC was victorious in its battle but did not rest after the court ruling. Instead the members staged a "tour of lost hotels" to focus the media's attention to other hotels that, like the Sequoia, are in violation of the law (Boye, 1989b). In addition, the owner of another hotel, the Abigail, located on McAllister Street near Hyde, was ordered by a Superior Court judge in February to comply with the residential conversion ordinance after he had previously sought an exemption (Boye, 1989a).

Children find play space on a Tenderloin street corner.
Photo by Karl Heisler

Other NOMPC successes have included winning $8.5 million in mitigation funds for housing and jobs from new north of market luxury hotels, including the Ramada; convincing the city to rezone the Tenderloin to protect housing and construct Boeddeker Park; drafting of a comprehensive plan for homeless San Franciscans which was proposed to Mayor Art Agnos in January 1988; and coordinating many of the Tenderloin's first community events, such as the annual Tenderloin Arts Festival.

Fighting to Save Homes

Community-controlled housing has been important to the Tenderloin for at least the last decade; thus, the overriding goal of all Tenderloin neighborhood programs is to maximize resident involvement. The Tenderloin Neighborhood Development Corporation attempts to implement this scheme through the development of housing co-operatives. Although this is the ultimate goal and is not yet realized, TNDC has already provided 475 units of low-cost rental housing, working against many odds to create the homes that would have been lost forever to the speculative market. Funding for these efforts has come from the federal Community Development Block Grant Program, which has provided pools of loan money for site acquisition and physical rehabilitation. TNDC has also received money from the Franciscan Charities, and from public and private fund-raising events. At present, however, TNDC is struggling with cuts in Block Grant funding and is researching new creative financing options.

The job of housing rehabilitation is made all the more difficult, according to a TNDC staff member, because there are now fewer largely vacant Tenderloin buildings available at below-market rates. Still, rehabilitation of hotels and apartment building has saved many of the existing units in the Tenderloin's residential hotels, six of which are now owned by TNDC. And in recognition of the fact that providing a home alone is not enough to ensure a community, TNDC has attempted to form a tenants' association in each building it acquires.

TNDC employs five different models of tenant involvement in its residential buildings: the Tenants' Association, the Renters' Co-Op, the Leasing Co-Op, and two different forms of ownership, a limited equity co-op and ownership by a non-profit organization formed by tenants, although thus far no ownership has passed to tenants. It is hoped that a tenants' association will take an ever-growing role in administration of a residential hotel, eventually becoming involved in management aspects such as new tenant

selection, hiring, and development of needed house rules. (Although TNDC offers affordable and decent housing, most of its units are overcrowded by middle-class standards).

Interestingly, TNDC has run into a stumbling block partially of its own creation in its search for ways to finance future developments. One option under consideration has been the refinancing the Aarti Co-op, one of TNDC's first four buildings, which opened in August 1982. But according to a report in the *Tenderloin Times* newspaper, "Members of the TNDC Board were not well received when they spoke before the Aarti Co-op Membership [in early 1988] on the benefits to the community and the co-op development of refinancing the Aarti Co-op, which would generate the much needed funds for TNDC to rehab more low cost housing" (Grier, 1988). The tenants of the leasing co-op evidently do not wish to take on a new mortgage, which would delay their opportunity to own their homes through formation of their own non-profit organization.

Despite the difficulties they face, it is clear that non-profit organizations are addressing the needs of the low-income people living in the Tenderloin. In doing so they are also assisting in the resettlement of the displaced families seeking refuge in the United States. In reclaiming the neighborhood for these residents, these activists are also assuring the existing elderly and others who live in the Tenderloin that they will not be evicted without a legal battle.

The gentrification of the Tenderloin cannot be stopped, but it can be planned. TNDC and NOMPC are in the business of building a new residential community for both long-time residents and new arrivals in a neighborhood that has for years been ignored by many San Franciscans.

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North of Market Planning Coalition

San Francisco Convention and Visitors Bureau

San Francisco Department of Public Works, Bureau of Building Inspection

Small Business Incubators

by Sean A. Nikas

Small business incubators are now being used in several cities in the United States and Europe by government sponsored and non-profit agencies. A small business incubator can be a tool for economic development. It usually offers below-market rate office space, management assistance, and shared office services to small businesses with growth potential. The goal of these organizations is to increase the chances of success for small businesses. Often non-profit or government sponsored small business incubators target low and moderate income groups, ethnic minorities, and women.

The purpose of this article is to determine if and how small business incubators may help low and moderate income groups, ethnic minorities and women to achieve success in their small businesses. It is assumed that if small business incubators can increase the success rate of small businesses owned by these groups then economic equality can be increased. To determine if small business incubators can help low and moderate income groups, ethnic minorities, and women to achieve success in their small businesses. This article will include a review of the most current literature on small business incubators and an in depth look at a new small business incubator, the San Francisco Renaissance. San Francisco Renaissance was chosen for study in this article because it (1) focuses on lower income people, ethnic minorities, and women; (2) offers incubator services to small businesses; and (3) has surveyed the businesses it has assisted.

San Francisco Renaissance has been operating a small business incubator, the Entrepreneurship Center, since 1985. The Entrepreneurship Center targets talented and motivated lower income, ethnic minority and women entrepreneurs who lack the business skills and capital to start and expand a business. The center offers a 14 week intensive business class and ongoing support to graduates including: bi-monthly meetings, a newsletter, advanced workshops, advisory meetings, and a Venture Loan Fund. To date the class has gone through ten cycles and has 175 graduates who have started 93 businesses. San Francisco Renaissance surveyed the Entrepreneurship Center's graduates in 1987 and 1988 and found important information. Further, San Francisco Renaissance has now begun a micro-small business incubator. Its purpose is "to enable the low-income 'no-capital' entrepreneur to successfully grow his or her small business" (San Francisco Renaissance). Many of the aspects discussed in the most current literature on small business incubators enhances a discussion of these aspects. Finally, with the help of Claudia Viek, the Executive Director of San Francisco Renaissance, the plans, files and surveys of San Francisco Renaissance were made available for study and review by the author.

Small Business: Engines of Economic and Employment Growth

The experience of San Francisco Renaissance has been that small business growth can be an effective tool for increasing employment and income for low and moderate income people, ethnic minorities and women (hereafter referred to as the target population). To date the San Francisco Renaissance Entrepreneurship Center has had 175 graduates. Sixty percent of the graduates have been women, 52 percent minority, and 65 percent from low and moderate income backgrounds. From these graduates 93 businesses, which have created 225 jobs, have been started. Ten percent of the graduates did not start businesses but improved income or employment status. Thus, it may be concluded that for every small business generated through the Entrepreneurship Center, 2.4 jobs have been created.

Nationally, small businesses account for all the job growth occurring. Between 1980 and 1982 small businesses generated 2,650,000 jobs while large businesses lost 1,644,000 jobs (Kuratko and LaFollette,1987:52). This would seem to indicate that most employment opportunities for any social group may come from small businesses in the immediate future. While the evidence from the Entrepreneurship Center is not conclusive, it does put forth a strong possibility that the target group may be able to benefit from growth in small businesses.

Are Small Business Incubators Effective?

For the purposes of this article an incubator will

Sean A. Nikas is a senior in the Urban Studies Program at San Francisco State University, with an interest in economic development.

be considered effective if employment and income of the target population rise. Employment will be measured both directly in the number of people employed in the new businesses and through the reduction in failure rates. Income will be measured both directly and through the level of sales. This measure assumes that increased sales will equate to increased income. While this assumption is logical the connection between sales and income is not proven. Much of the information here and throughout this article comes from a study by Candace Campbell (1988). This study of incubator businesses was not limited to the identified target population of this article. This limits the conclusions which can be drawn but the experiences of incubator businesses in general are useful in estimating what the experiences will be in the target population as all small and new businesses share many common problems, strengths and weaknesses.

Do Incubators Create Employment?

Nine out of ten new small business ventures fail. If this rate could be reduced by ten percent, 600,000 jobs could be saved (Lumpkin and Ireland, 1988:59). The failure rate of small businesses is between 50 percent and 80 percent but the failure rates for small businesses in incubators is only ten percent (Kuratko and LaFollette, 1987:52). Thus, incubators do reduce failure rates and could possible help to retain some of those 600,000 jobs. Of a survey of 50 incubator projects nationwide the total number of jobs created was 9,939 (Kuratko and LaFollette, 1987:53). The average growth in employment from the time a business moved into an incubator to the time the business moved out was 39.1 percent (Campbell, 1988:3). This would suggest that incubators do create employment. Importantly service firms in incubators have lower rates of employment (Campbell, 1988:3).

Do Incubators Increase Income?

As a primary group within the target population is low/moderate income people. Incomes at or above the national average, could be considered an increase. Campbell (1988:3) found in her study that "wages paid by incubator graduate firms are equivalent to the national average." Campbell (1988) also found that service firms in incubators pay higher wages than the national average. As discussed before a good proxy for income is sales. In her study of incubator businesses Campbell (1988:3) found that the average growth in sales from moving into the incubator to moving out was 187 percent. With this information it is concluded that the jobs created by incubator companies will increase the income of low/moderate income people assuming that they get those jobs. Further, one can expect on increase in sales for the owners of small businesses within the target population. San Francisco Renaissance found in its' first experiment with micro-small business incubator in 1988 that the incubator worked. "Two young black graduates of Renaissance's informal incubator program last year, John Costen and Maria Goode, provides a positive answer. After completing the Renaissance 14 week Entrepreneurship training program, the two graduates sublet space from the Renaissance office and made use of graduate support services in growing their businesses. Now they've expanded into their own quarters, and are currently competing for a minority contract at the U.C. San Francisco Medical Center. In addition, the firm is undergoing training to become a certified repair business for Apple Computer" (San Francisco Renaissance).

Helping the Small Business

The best way to help small businesses within the target group is to offer the skills and services that they need most. Often the best way to determine what is needed by a group or individual is to ask. This article shall review the responses of small business owners, experts in the field, and incubator operators when asked what they believed to be the most important skills or services offered by incubators. The survey included 100 small business owners in incubators. Importantly, the ethnic and income makeup of the survey population is unknown but it is assumed that the needs will, in part, be general to all small businesses. The survey "found that the five most desired potential services were bookkeeping, accounting services, on-site financial counseling, on-site management counseling, and assistance in finding suitable loans" (Fry, 1987:51). Service firms found that telephone answering was an important service as well.

The services which a small business needs are perhaps best defined by those which will make it successful. To estimate which services make a business successful, a study of successful incubated companies that explains which service such companies used will be employed. Here it is assumed that the more a service was used the more it contributed to success. Success is defined as graduation from the incubator. In a survey of graduated incubator firms it was found that the services which were most important to such firms were low rent, shared services, small flexible spaces, and incubator management which leads to "camaraderie and the entrepreneurial environment" (Campbell, 1988:4). Since we do not know how much a business used one service over another we shall consider them equally important. It was also found that 75 percent of graduated businesses used clerical services and less than 50 percent used professional services.

What incubator managers think are important services can be a good estimate as to what services are useful to the survivability and profitability of small

businesses as these people have direct experience in trying to enhance those aspects of small businesses. A good estimate of what incubator managers think is important is which services their incubators actually offer to clients. Non-profit incubators are usually in the business of increasing employment among disenfranchised groups. The services which they offer are directly important to this study. Services offered by most non-profit incubators include below market rate space on flexible terms, eliminating building maintenance responsibilities, allowing tenant to share equipment and services that would be otherwise unavailable or un-affordable, and increasing entrepreneurs awareness of and access to various types of financial and technical assistance. In general (that is including for-profit, non-profit and government sponsored incubators) most incubators offer "below market rents, on-site business assistance at low or no cost, assistance in obtaining financing, shared support services at low or no cost, and flexible leases" (Kuratko and LaFollette,1987:52).

In San Francisco Renaissance's most recent survey of it's graduates (conducted in January, 1988) it was found that 65 percent of respondents felt that the need of help in accounting was important to their business. Sixty percent felt that the Renaissance Network was very important to their business. San Francisco Renaissance's most recent survey is important because 32 percent of the respondents identified themselves as being members of an ethnic minority and 54 percent were women. Thus, two important parts of the target population are represented within the survey. Further, though income status is not known as a percentage of respondents many of the respondents were or are of moderate income. When respondents were asked what services they felt they would use in 1989 they gave the following responses.

- Specific business workshops 40%
- Individual support 38%
- Bi-monthly network meetings 40%
- Newsletter 50%
- Loan fund 18%
- By appointment business clinic 44%
- Individual consultation 48%
- Legal assistance 38%
- Advanced class 56%

Importantly, specific business workshops, individual support monthly by appointment business clinic, individual consulting, and advanced classes all deal with business planning. San Francisco Renaissance's Micro-Small Business Incubator offers reception, telephone answering services, a copy machine, conference room and business planning assistance for the members of the incubator.

Business Planning: The Road to Small Business Success

An important group of experts is researchers in the field of small business development. What these researchers have found in their studies is a good indication of what services are important to the survivability and profitability of small businesses. Many researcher agree that the single most important aspect to the survival and profitability of a small business is planning. Bracker and Pearson (in Fry, 1987:53) found that among small businesses "firms which did structured strategic planning outperformed others. In addition, those with long planning histories outperformed those with shorter planning histories." They also found "that an increased level of planning sophistication was the key to financial performance" (Fry, 1987:53). Orpen (1985) broke up small businesses into groups of high and low performers. In that study it was found that "80 percent of high performers had developed a set of long range plans. Only half of the low performers had long range plans. High performers updated their plans more frequently than low performers did. Almost 60 percent of the high performers conducted detailed analyses of the firm's competitive position compared to only a fourth of low performers. Perhaps the most significant difference was that 85 percent of the high performers had a planning horizon of two or more years, while less than half of the low performers looked that far into the future" (Fry, 1987:53). From this information one may conclude that assistance in business planning is an important service for small businesses. Fry (1987:58) concludes that "simply teaching planning methods or tools does not necessarily improve the level of planning." In fact Fry (1987) determines that planning should be a constant activity with both pushing and prodding from incubator management to keep it ongoing.

San Francisco Renaissance's incubator plan takes Fry's message about the need for constant planning to heart. San Francisco Renaissance expects that all it's incubator tenants will be graduates of it's 14 week business class which emphasizes the completion of a business plan by the end of the class. Further incubator tenants "must commit themselves to creating and then following a business plan as a requirement of entry". Once in the incubator businesses must attend "required monthly individual consultation" and "semi-annual reviews" (San Francisco Renaissance).

Small business incubators are still relatively new and there is not enough evidence yet, to prove that they do help groups traditionally excluded from the business world The evidence given here does point to a strong possibility that small business incubators may serve such a purpose by increasing the business

skills, planning ability and by offering space and services to businesses owned by the target population. It is hoped that government agencies and private foundations will continue to fund small business incubators.

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Neighborhood Planning in Bernal Heights

by Karl F. Heisler

Neighborhood outcry over the replacement of one- and two-family homes with multiple-unit dwellings in San Francisco's Richmond and Sunset districts has prompted a citywide revision of residential rezoning. Yet there is one area of San Francisco where the new rules will not apply: Bernal Heights, a neighborhood where the residents are creating their own zoning regulations.

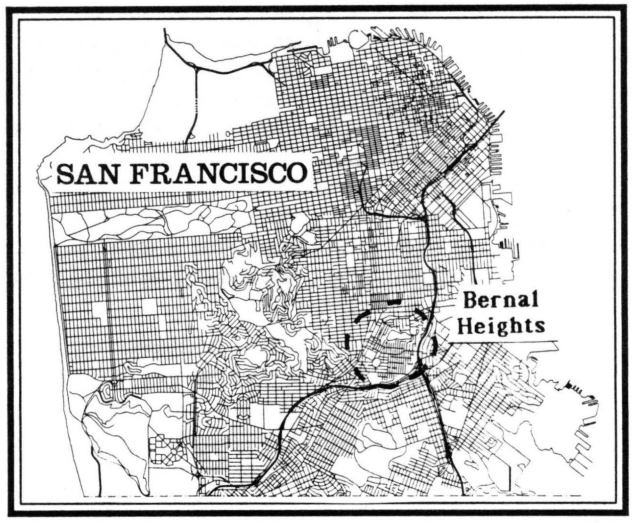
Development in Bernal Heights — where the San Francisco Chronicle found "the city's last sizable store of buildable lots" (Robertson, 1987: 40) — is already under restrictions imposed at the urging of neighborhood activists by the San Francisco Board of Supervisors, which approved the Bernal Heights Special Use District in December 1987. The legislation restricts the entire neighborhood to single-family home zoning and places stricter limits on the size of homes that can be built and the percentage of a lot that can be covered by a house than exist elsewhere in San Francisco. The regulations also call for more parking than is required in other neighborhoods. These temporary regulations are expected to be replaced in late 1989 by permanent controls unique to Bernal Heights. Neighborhood residents have been meeting for more than a year to draw up the new rules.

In addition to the special use district, two areas of Bernal Heights fall under the jurisdiction of separate design review boards, the function of which is to meet with developers to reduce or eliminate neighborhood resistance to new construction or significant additions to existing homes. The boards have no power to deny projects, but their recommendations do carry weight before the City Planning Commission.

Finally, three smaller areas of Bernal Heights are currently under study as potential redevelopment sites due to their largely unimproved status: unpaved streets and missing sidewalks, inadequate sewer and water supply, and poor street lighting.

History

Bernal Heights, a neighborhood with a history of liberal citizen activism mixed with isolationism, occupies approximately one square mile in the southeast quadrant of San Francisco. It is bounded by Army Street on the north, the James Lick Freeway on the east, Interstate Highway 280 on the south, and Mission Street on the west.



The area was settled during the 1860s and 1870s largely by Irish-Americans, who built small homes on the hillsides. A second wave of building occurred following the 1906 earthquake and fire, and construction continued steadily up the slopes of the hill until the 1920s (Coro Foundation, 1979; San Francisco Chronicle, 1959).

Currently there are approximately 8,500 homes in Bernal Heights. The neighborhood's 22,000 residents are about half white, a third Latino, and 10 percent black, with the remainder a mix of Asian and Native American. Bernal Heights contains nearly equal percentages of homeowners and renters (Helfer, 1989).

During the mid-1960s, the neighborhood was a candidate for urban renewal, but residents' opposition blocked the project. A modest counterproposal was drafted by the neighborhood-based Bernal Heights Association in 1966, calling for small-scale public improvements such as landscaping, walkways, street lighting, and open space. This plan was implemented along with a federally funded building code enforcement project in which low-interest gov-

Karl Heisler is a senior in Urban Studies at San Francisco State University. He has been a news reporter, women's pro basketball publicist and ambulance driver. He lives in the foothills of Bernal Heights.

Bernal Heights: Narrow streets and an eclectic mix of housing Photo by Karl Heisler

ernment loans were made to property owners to bring their buildings up to code. Code enforcement was "preventive medicine" to keep declining neighborhoods from becoming slums, and thus was an alternative to the massive redevelopment schemes which were common in that era (Jacobs, 1980: Ch.5).

Confronting Private Development

Current citizen activism is borne of confrontation with private developers, not city officials. In 1979, construction of two boxy dwellings on the steep and somewhat rustic west slope of the hill caused a furor. Neighbors on the 100 block of Elsie Street, which was then unimproved, protested to the planning department; a moratorium was slapped on further construction on that block when the Fire Department found it was unable to guarantee the safety of residents because of a lack of access due to the narrow, unpaved street (Hussey, 1989).

In addition to the moratorium, the City Planning Commission authorized a design review panel that could make recommendations to the commission regarding new construction in an area that included the 100 block of Elsie and several surrounding streets. But because of the Fire Department's declaration, little new housing was constructed and the design panel was essentially dormant for a number of years. This Northwest Bernal Neighborhood Building Review Board came back to life in 1986 when, following completion of improvements on Elsie Street, new homes were built on a number of empty lots. Although the review board approved the designs, some neighbors were upset over the size of the new homes, according to Jon Hussey of the Department of City Planning (1989), whose responsibilities include working with Bernal Heights neighborhood groups and residents. Some of these neighbors began agitating for stricter development controls.

Meanwhile, on the east slope of Bernal Heights, residents perceived similar problems. The east slope, like the west side of the hill, includes many dwellings which cling tenaciously to steep hillsides. Its eclectic mix of small single-family homes, duplexes, and empty lots prompted city Supervisor Nancy Walker to dub the east slope "San Francisco's rural America" during a board committee debate on planning regulations for the neighborhood (S.F. Chronicle, 1986b).

In a celebrated incident in February 1986, residents of the east side of the hill twice turned out to block a bulldozer, temporary halting construction of a new home on an empty lot used as an informal neighborhood playground (White, 1986). The bulldozer affair ultimately led to the creation of a design review panel on the east slope of Bernal Heights.

Design Review

Design review is not a new idea, although Bernal Heights is the only residential neighborhood in San Francisco where such boards currently exist.[1] However, design review boards exist in other Bay Area communities, such as San Rafael, Santa Rosa, Mill Valley, and Sausalito, as well as in other cities nationwide, including New Orleans (one of the oldest, established in 1936 to protect the French Quarter), Los Angeles, Portland, Seattle, San Antonio, Cleveland, and Boston. Some boards pass judgment on all major development citywide, while others are limited to certain districts or specific types of projects. Generally, their primary concern is with aesthetic issues such as building design and scale (Adams, 1988; Zotti, 1987: 22).

Both the Bernal Heights East Slope Design Review Board, created by the Planning Commission in November 1986, and the Northwest Bernal [Elsie Street area] Building Review Board, operate under similar procedures which allow for citizen input to the Planning Commission. However, the Commission retains all decision-making power, and neither panel has the statutory authority to block permit issuance. If the design board is not able to come to an agreement with a developer, the board may (like any citizen) request that the commission use its discretionary power to review a project.

One of the functions of the design review board, according to Terry Milne (1989), external secretary of the east slope panel, is to notify neighbors when a project is proposed. At the same time, he acknowledges that the neighborhood's input must be tempered by the reality that some construction will proceed. This, of course, is among the key issues in design review: whether a community should have any sway over the rights of a developer on private land. Additionally, concerns are often raised about the squabbling over narrow interests on the part of residents of an affected neighborhood (Zotti, 1987: 24-5).

Yet there is a sound rationale for design review in that any given project can have implications well beyond its property line. The very concept of planning is rooted in the notion that cities (and, by extension, their residents) must have some control over not just transportation, public safety and schools, but over the direction that development takes. Jonathan Barnett, a New York planning consultant, author and teacher, stated in 1987:

> "Developers often don't pay much attention to off-site considerations. Review boards can make them adhere to some minimal standards of urban design. Sometimes the board may be the only spokesman for urban design that the community has." (Zotti, 1987: 27)

Among the keys for any successful design panel is to work within an established framework that is supported by the municipal authorities. By establishing the Bernal Heights design review boards, the San Francisco City Planning Commission has put in place a mechanism for defusing conflict before it reaches city hall. And because the system has generally worked well, the commission places a good deal of weight on the opinion of the design panels. Terry Milne (1989) says his group has been successful because it works through organized procedures and channels. "One of the reasons for our strong track record is that we're offering solutions instead of just complaining."[2]

By contrast, an effort to establish design review in a Victorian neighborhood of Minneapolis met with failure in the early 1970s when political support was not forthcoming. Evidently, citizens were afraid that their private property rights would be usurped (Zotti, 1987: 24).

The Bernal Heights design review boards are composed entirely of neighborhood residents chosen in yearly elections, and that is not a formula that sits well with some planning authorities, who feel a mixed professional-lay makeup is more appropriate (Zotti, 1986: 27). But by providing some sense of citizen empowerment without usurping actual decision-making authority, the Bernal Heights boards appear to serve a useful purpose. The east slope board, for example, has requested Planning Commission discretionary review in fewer than half a dozen cases in its two plus years of existence, and none has required a hearing, according to Terry Milne (1989), external secretary for the board. Instead, planning department staff were able to mediate disputes or the developers withdrew the projects. In that time span, approximately 75 projects went forward, about half of which were construction of new homes and half, extensive remodeling (Milne, 1989).[3]

Each seven-member board is advised by the Department of City Planning of a building permit application within its jurisdiction, and the department then defers action on the permit for up to 60 days "to enable the (board) and the developer to agree on a design that meets the spirit and intent" of the East Slope or Elsie Street guidelines (CPC, 1986).

The East Slope and Neighborhood Character

The concerns of the east slope residents are many, and the often emotional issues that are raised illustrate the difficulty in translating sentiment into action. In the bulldozer incident noted above, a newspaper account quoted neighbors along Brewster Street, a rutted, unpaved street perched above the James Lick Freeway near the Army Street interchange, as worrying about excessive development, gentrification, and

the loss of an informal "park" in the empty lot that was to be built upon. But it was not these amorphous issues, but three specific questions that were raised before city officials by the neighbors. The Bureau of Building Inspection temporarily held up construction when it decided the contractor had not properly posted notification of the impending project (S.F. Chronicle, 1986a). Neighbors also questioned whether the lot had been properly surveyed and whether the project endangered a large old tree (White, 1986). The Board of Permit Appeals eventually upheld the construction permit and the neighbors failed to overturn it in a court challenge, but the seeds had been sown for organized participation on the east slope.

There appears to be an ambiguous line beyond which east slope neighbors are not willing to look the other way, says Terry Milne (1989), for while residents have a "fairly high tolerance" for simple remodeling such as a new foundation or even a room addition, there is major concern about developers erecting buildings that are not compatible with surrounding structures.

In creating the East Slope Design Review Board, the Planning Commission recognized that an oft-discussed but somewhat elusive quality, "neighborhood character," is worthy of consideration in development proposals. Such consideration, in fact, is specifically recognized in the Urban Design Element of the San Francisco Master Plan, where Objective 1 is "emphasis of the characteristic pattern which gives to the city and its neighborhoods an image, a sense of purpose, and a means of orientation" (DCP, 1988a).

As a result, the ordinance establishing the design review board took note of the fact that the east slope "is a hillside neighborhood, characterized by steep slopes, an irregular street pattern, cohesive clusters of older housing, numerous vacant lots and informal open spaces." Acknowledging "the wishes and community aspirations of many of the residents" of the east slope, the ordinance went on to state that design review would provide a forum for defusing potential conflict between builders and residents concerned about large-scale alteration of their neighborhood:

> A set procedure for review of plans and development proposals may prove to be a benefit to both builders and the community and in the long run result in the more expeditious approval of projects. Builders would benefit from the opportunity for a consistent forum on preliminary review of plans while the community would benefit from the opportunity for early input and better understanding of what is proposed. (CPC, 1986)[4]

A Broader Set of Rules

The East Slope Design Review Board has jurisdiction over an area of approximately 50 city blocks, many of them irregular, in a triangle-shaped section of Bernal Heights bounded roughly by Army Street, the James Lick Freeway, and Alabama Street. There are two westward-projecting segments: along Ripley Street, north of the hilltop, and along Powhattan Street, to the south. The Northwest Bernal board watches over a considerably smaller territory of some 20 blocks bounded by Coso Avenue on the north, Bonview Street on the east, Cortland Avenue on the south and Coleridge Street on the west. Together, the two areas cover less than half of Bernal Heights, but they do include most of the sensitive hillside lots and smaller homes. The two areas also contain one of the largest concentration of buildable lots in San Francisc.[5]

Shortly after the street improvements were completed on Elsie Street, on the northwest slope, neighbors saw homes built along Elsie Street that were several feet taller than they had thought would be approved by the design review board there. The result was that a group of neighbors contacted Supervisor Bill Maher, then a resident of Elsie Street, and convinced him that the voluntary guidelines of the design panel were not sufficient. With support from east slope activists, who recognized the new restrictions would help control development in their neighborhood as well, Maher introduced legislation creating the Bernal Heights Special Use District. It was passed by the Board of Supervisors in December 1987 (Hussey, 1989; Bolton, 1989).

It is the special use district regulations, and eventually, permanent controls that will take the place of the district, which will set Bernal Heights apart when the citywide residential rezoning package is finally approved. The special use district established interim controls limiting new development to that allowed under RH-1 (single family home) zoning.[6] In addition, the controls:

- set a maximum height limit of 30 feet, as opposed to 40 feet in other RH-1 areas, and require that buildings "step down" the grade on steep lots;
- limit homes to no more than 2,000 square feet, except on large lots;
- specify that at least 45 percent of the lot must be devoted to front setback plus rear yard, with at least 25 percent of the lot depth devoted to rear yard;
- mandate the inclusion of one parking space per 1,000 square feet of living space, but limit driveway curb cuts to 10 feet in width, thus barring double-wide garages; and

- require that the Department of City Planning review the design of new buildings. (S.F. Supervisors, 1987)

Again, neighborhood character was cited as an underlying reason for creation of the special use district. The ordinance noted that:

> the Residence Element of the Master Plan seeks to set allowable development in established residential areas at levels which will maintain neighborhood scale and character and to increase the supply of housing without overcrowding or adversely affecting the prevailing character of existing neighborhoods. (S.F. Supervisors, 1987: 1)

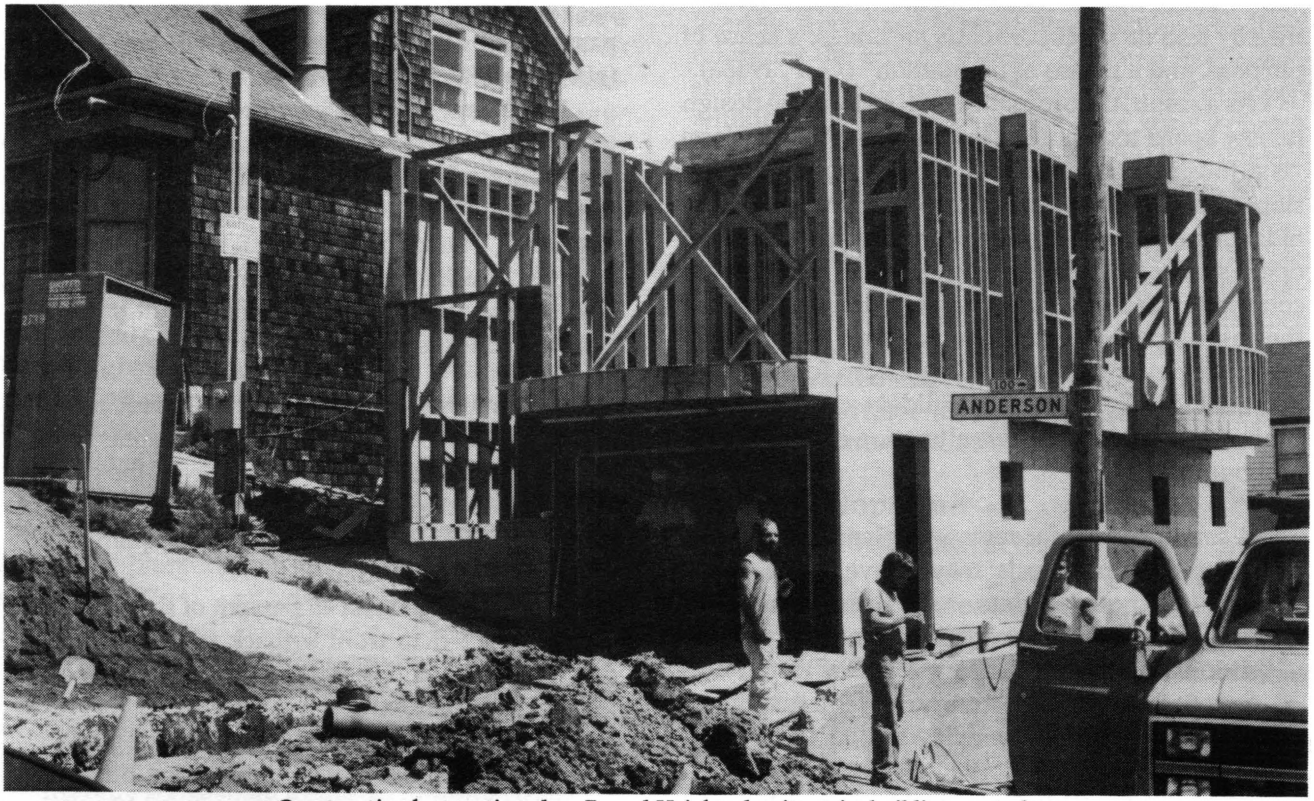
The legislation also found that Bernal Heights was "characterized by small residential structures" and was subject to proposed construction "that is out of character with existing development patterns with respect to building height, coverage, density and design" (S.F. Supervisors, 1987: 2).

According to Charles Bolton, an activist on the northwest slope who was involved in the initial efforts to establish the special use district, testimony before the supervisors was overwhelmingly in favor of establishing the new rules. But Bolton also acknowledges that residents of Bernal's southern slope (south of Cortland Avenue) were not well enough represented during the initial phase of devising the regulations, an effort he says was directed by "a small group of dedicated activists." His feeling is shared by Amy Love, a south slope resident who, with Bolton, co-chaired a committee of about a dozen residents from all sections of Bernal Heights which hammered out a compromise package of zoning rules to be introduced before the Board of Supervisors as permanent controls (Bolton, 1989; Love, 1989).[7]

The package was presented to a neighborhood meeting in late April 1989 at which nearly 300 people turned out and voted in favor of all four provisions of the so-called compromise, which proposed:

- eliminating the neighborhood-wide single-family home zoning in the special use district rules and returning those areas previously zoned for two or three units to their earlier status;
- eliminating the special use district's 2,000-square-foot cap on building size and substituting height and bulk restrictions and limiting the lot coverage by the building to approximately 55 percent;
- relaxing the parking requirement in the temporary controls; and
- restricting demolition of existing buildings.

The neighborhood-sanctioned package, approved by about a 2-to-1 margin (except for the first provision,



Construction has continued on Bernal Heights despite strict building controls Photo by Karl Heisler

on which the vote was narrow), must still be drafted in the form of an ordinance and must be approved by the City Planning Commission and the Board of Supervisors. It is likely that some neighborhood activists will attempt to strengthen portions of the controls when they come before those bodies for a public hearing (B.H. mtg., 1989)

Among the most contentious issues to be resolved in the final version of the controls are the limits on building size and lot coverage. Because Bernal Heights contains a sizable number of smaller-than-normal lots, these two issues relate directly to the issue of building height: a smaller "footprint" on the lot would necessitate a taller building to achieve the same floor area. But a cap on square footage would then limit the height of a building. Conversely, a height limit along with a maximum lot coverage would put a de facto cap on square footage.

Despite the apparently strong public support expressed for the special use district legislation before the Board of Supervisors, the strict regulations have raised the hackles of a number of people outside the east and northwest slopes. Not surprisingly, these areas were until recently politically "unorganized" on planning issues. Now, however, many south slope residents have been mobilized, in part through their membership in the local Catholic church, to work in favor of lesser restrictions when the Bernal Heights permanent controls are drafted.[8]

Redevelopment Areas

Several studies over the years have identified infrastructure problems on Bernal Heights, including narrow and sometimes unpaved streets, with resulting inadequate access for public safety vehicles and personnel. Most recently, these concerns have been focused on three specific areas of the east slope.

In 1986, when the Board of Supervisors placed a moratorium on east slope construction, both design issues and inadequate infrastructure were identified as problems. The design concerns were addressed by the creation of the design review board, but concerns over unpaved streets, low water pressure, and inadequate sewerage remained in three small areas, the largest of which covers just six blocks. These three areas have remained under a building moratorium for three years as the issues were studied and solutions proposed.

The Board of Supervisors initially established a special use district (distinct from the larger S.U.D. covering all of Bernal Heights) that would have prohibited single-lot development in the three areas in an effort to produce coordinated development that would include infrastructure improvements. However, this proposal was vetoed by then-Mayor Dianne Feinstein due to a new U.S. Supreme Court decision that it was feared would have found the special use district constituted an unlawful "taking" of private property (DCP, 1988b).

The next proposal would have created an assessment district, but it was found this would have imposed prohibitive costs on property owners. An attempt to have the city complete needed improvements was tabled due to the recent budget crisis (DCP, 1988b).

Finally, the three sub-areas were placed in a Redevelopment Survey Area by the Board of Supervisors in October 1988. If the project proves feasible, the Redevelopment Agency would undertake the infrastructure improvements. One advantage of this solution, according to planner Jon Hussey, is that Redevelopment can work by more flexible rules in, for instance, paving streets, than can other city agencies. Thus, a solution more appropriate to the scale of the area may emerge (Hussey, 1989; DCP, 1988b).

Case Study

In late 1988, the owners of a large (22,000-square-foot) parcel of land within the jurisdiction of the East Slope Design Review Board sought approval of a plan to subdivide the lot and build eight new homes. (There were two existing homes on the site.) The developers sought a conditional use authorization for the project as a Planned Unit Development (P.U.D.) in order to exempt the project from the otherwise-required lot coverage and rear yard obstruction standards of the special use district.[9]

The east slope design board reviewed the proposal and met several times with the architect[10] but was ultimately unable to reach a compromise. The design review board expressed concerns that the project would create too much density, and also mentioned potential traffic and parking problems, as well as concerns about building design. (Some neighbors expressed worry about the loss of views, but the review board did not address this issue.)

The developers, three local realtors, were unwilling to compromise on their initial plan for a total of 10 units, even after an initial appearance before the Planning Commission, at which several commissioners stated their reservations about the project's density. At a second commission meeting, in November 1988, the project was rejected.

While the commission hearing was necessitated by the conditional use application, and not by the design review board, it was clear that the commissioners placed considerable weight on the design panel's recommendations. In fact, at the first meeting, the planning commissioners admonished the developers and the design board to make further attempts to reach a compromise. The design review board subsequently agreed to a proposal for eight lots with nine

units (one duplex), while the developers tentatively offered nine lots with 10 units, an offer that was later withdrawn.

In January 1989, the developers submitted a new proposal, this time simply for a subdivision of the parcel into nine lots. Although such a plan would technically not require a public hearing, the lingering antagonism among neighbors will likely result in a hearing being scheduled, as the subdivision would still create what many feel is an unacceptably large number of lots. Meanwhile, the developers insist that the review board exercises too much power.

Perhaps the lesson to be learned here is that, while the project in question was large in relation to the neighborhood, a compromise probably could have been achieved had either been more willing to bend. The developers felt strongly that their property rights were being abused, while many neighbors felt that they were losing a valuable resource in the form of a substantial open space, and that their willingness to accept eight homes in place of the existing two was substantial.

Clearly, a less neighborhood-oriented planning commission than San Francisco's could easily have ruled the other way on this issue. The stated grounds for denial of the project centered on density and preservation of neighborhood character: both issues are written into the Master Plan and Planning Code, but could be interpreted in different ways (CPC, 1988). Ultimately, the developers were politically naïve in their refusal to work through an existing mechanism that has the blessing of the City Planning Commission.

That mechanism — the Bernal Heights design review boards — is unique in the degree to which it empowers "ordinary citizens" in the planning process. And the seriousness with which the commission treats the system is indicative of what an organized citizenry can accomplish, particularly in a local arena. Whether the resulting decisions positively affect the entire community is another question, and one which in San Francisco is sometimes subverted by neighborhood interests. But this is merely political reality; the city as a whole is unlikely to have the constituency of an individual neighborhood. Neighborhood organizations exist to promote the goals and objectives, such as retention of existing housing, preservation of open space, prevention of excessively dense development and maintenance of "neighborhood character," which are important to the residents of that area.

Based on the design review board's stated track record, it appears that the process as in place functions well. Developers may not like having to submit to the citizen approval process, and some neighbors may feel their voice is co-opted by an "official" group. But if the Planning Commission can avoid having to step into neighborhood squabbles, the daily permit approval process may function more smoothly. A design review board is probably not the forum for long-range planning. But perhaps if this neighborhood-based planning process is deemed a success and expanded, the planning department and commission might be able to devote more resources to longer-term goals.

Endnotes:

[1] The San Francisco chapter of the American Institute of Architects is planning to initiate a citywide voluntary "Advisory Design Review" consultation service this spring. The process is designed to foster "objective, constructive discussion of a proposed design in a neutral setting with a panel of architects, the purpose being to informally resolve a dispute as early as possible in the design process." Either party may initiate the review process, and the results are not binding but are forwarded to the planning department. In addition, Community Boards, a private, non–profit organization which facilitates resolution of neighborhood disputes, sometimes provides a forum for discussion of such design conflicts (AIA/SF). In addition, under the San Francisco Downtown Plan, which limits the amount of office space which can be constructed yearly, building designs are reviewed by a panel of architectural experts and then judged by the Planning Commission.

[2] See the Case Study for a view of the design review board in action.

[3] In late 1988, the East Slope Design Review Board opposed a large subdivision and construction project which was before the commission on an application for a conditional use. The project was rejected by the commission after the review board and the developer were unable to reach an agreement. See the Case Study.

[4] The Board of Supervisors had placed a moratorium on east slope construction in April 1986 as a result of the bulldozer incident. The planning department was requested to study the east slope, and it identified two major problems: design compatibility and infrastructure inadequacy. The design issue was resolved with the creation of the design review board. However, concerns about deficiencies in infrastructure remained. See the section on Redevelopment Areas. (DCP, 1987)

[5] In fact, the boundaries for the East Slope DRB were drawn by examining which blocks included the bulk of the empty lots on the east slope, according to Steve Antonaros, an architect and chair of the Northwest Bernal Building Review Board. Antonaros was instrumental in setting up the east slope design panel. (Antonaros, 1989)

[6] The underlying zoning for much of Bernal Heights is RH-1 in some areas and RH-2 (two-family) in others, with a small portion zoned RH-3 (three-family).

[7] The interim controls under the special use district expire June 11, 1989, although it is anticipated that they will be extended six months to enable the committee to complete work on its proposal for permanent controls. These new regulations would then require the supervisors' approval.

[8] A particularly thorny question that underlies some of the debate appears to be the very issue of who is politically active and who is not; in Bernal Heights, for all its tradition

of liberalism, there are concerns that the substantial Latino and Filipino populations on the south slope has been ignored. People working on both sides of the issue of strict square footage limits acknowledge that the south slope population is made up of many more large families than inhabit the east and northwest sides of the hill; opinion appears to be divided about whether these families should be accommodated. (Bolton, 1989; Love, 1989)

[9.] A Planned Unit Development, permitted as a conditional use, is intended to produce "a stable and desirable" development which will benefit the occupants, the neighborhood and the city. It thus may be allowed to deviate from certain Planning Code requirements (e.g., it may exceed the normal zoning for the area) in cases where the design complements the neighborhood.

[10.] Moreover, a P.U.D. carries with it special restrictions, including that it promote applicable objectives of the Master Plan, provide adequate off-street parking, and provide usable open space, among other requirements.

[11.] The project architect was Steve Antonaros, president of the Northwest Building Review Board, who had been instrumental in establishing the east slope panel.

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