

# Hastings cops make case to UC board

Specter of shooter on campus raised as main rationale for arming officers

BY JONATHAN NEWMAN

**I**N a narrative rivaling Warren Zevon's sardonic "Lawyers, Guns and Money," UC Hastings' public safety officers request to carry firearms inched forward Sept. 9 at the law school's Board of Directors quarterly meeting.

Supporters of the request stressed how well-trained and cop-savvy the officers are who toil for Hastings yet how woeful the probable outcome should an aggrieved shooter show up on campus with the officers weaponless.

Bill Palmini, Hastings' chief public safety officer, a 44-year veteran of police work, opened by acknowledging that when he came to Hastings 5½ years ago he would not have supported his officers' request to be armed. "They simply weren't qualified to have firearms then," he

said. Now, however, his officers are public police academy graduates and trained to handle weapons properly.

Palmini — whose 35 years with the Albany Police Department included volunteer work in which he and a partner, dubbed "Elvis and the Lawman," performed musical driving-

safety tips for teens — cited the Tenderloin's sky-high crime rates and raised the specter of an "active, armed shooter" wreaking havoc, the overarching theme of the officers' presentation to the board.

"We have no control over the SFPD officer assigned to campus," Palmini stated, referring to Hastings' contract with the city that assigns an armed officer to the campus from 5 to 11:30 p.m. weekdays at an annual cost of \$110,000. He doubted whether S.F. police officers receive more weapons training than his officers. Palmini suggested that the quality of support from Tenderloin

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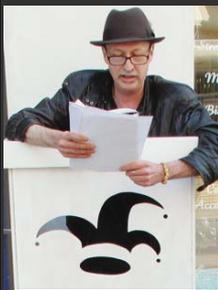
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# CENTRAL CITY

# EXTRA

SAN FRANCISCO

## MANY DIE YOUNG



PHOTO BY LENNY LIMJOCO

Liezl Baltazer, 34, (left) is a "lucky" one among Glide's more than 3,000 patients per year. The clinic helped detect a pituitary tumor, later removed at S.F. General Hospital. "The bottom line could have been death," says nurse practitioner Sandy Prentice (right).

## Death in the Tenderloin

Like life here, dying's different than in any other neighborhood

BY TOM CARTER

**T**HE city's poorest neighborhood, the Tenderloin, is a rough place to live and a hard place to die. Central City Extra's obituaries tell the stories of many who die here, but this story attempts to detail the neighborhood's main causes of death, and to put them in perspective with what kills people in the city as a whole.

In San Francisco, a man's life expectancy is 78 years, according to the Department of Public Health. Women usually live at least five years longer.

"It's 20 years less here," in the Tenderloin, says Dr. Ana Valdes, medical director of St. Anthony's 2-year-old free clinic, an upgrade of its medical services for the destitute going back 53 years. The clinic on Golden Gate Avenue is across from St. Boniface Catholic Church and near St. Anthony's Dining Room, renowned for its daily bread lines. The clinic sees nearly 300 patients a month, all are poor, 25% homeless, and the majority are alcoholics.

"Men are dying in their 40s and 50s," Valdes says. "For women, maybe 60s."

Four blocks away at Glide Memorial Methodist Church's 4,000-square-foot free

clinic — a stone's throw from the luxury Hilton Hotel — Karen Hill agrees.

"Clients die early here because of their lifestyle," says Hill, clinic manager and an R.N. She has worked there seven years. "A fair amount die of self-inflicted injuries, and alcohol and drugs play a part. Cancer is another leading cause."

The spiffy clinic, not as famous as Glide's colorful Sunday church services that sometimes attract curious celebrities, works with UCSF's School of Nursing and St. Francis Memorial Hospital, the neighborhood's only comprehensive medical center. In 2010, Glide's clinic served 3,105 clients; roughly 90% were homeless.

A block south at 234 Eddy St. is the S.F. Department of Public Health's Housing and Urban Health Clinic that serves up to 100 poor, formerly homeless patients per month. All live in supportive housing, which means an SRO usually run by a nonprofit. The average patient, says Dr. Joseph Pace, has multiple diagnoses, all complicated by mental illness and addiction; diabetes and hypertension are common. Twenty-one of the clinic's patients died in 2010. Their average age was 58.

"By the time they see me they've been contending with these issues for quite some time, since young adulthood," says Pace, DPH's director of Primary Care Homeless Services who works there Wednesdays and at the Tom Waddell Health Center at 50 Ivy St. other weekdays. "They've been homeless and they self-medicate." That, of course, means using alcohol and illegal drugs as well as a host of prescription med possibilities.

The clinic's 2010 review, Pace said, found that the leading diagnoses for both

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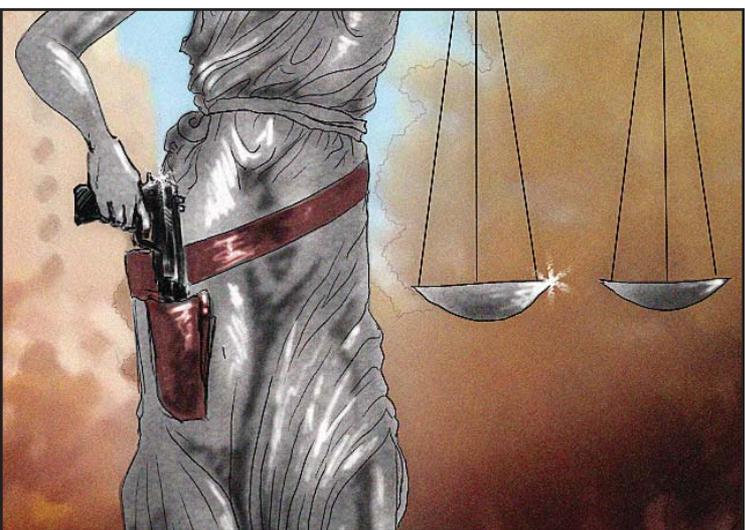


ILLUSTRATION BY AKIKO SMITH

UC Hastings police will be paid more if they are armed.