

Dr. Togasaki remembers

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time I got back a year or two after the war, there wasn't much left, all my good things were gone. And I think that happened to most of the Japanese. I did get my house back, but it was one grand mess, so I just started over again. I set up practice here in this neighborhood, and everybody was happy to see a Japanese woman doctor. In all the years before I retired, there was only one other Japanese woman doctor in this area, but she got married after a year and left.

What about the neighborhood now and the Japan Center [built in 1968]? Do you like it?

I don't like it. So many of the Victorians were torn down for it. I think it's a steal because the area should have re-

mained for the average Japanese family. They had to move out — scattered out to the Sunset — and their businesses closed. They lost every way. The builders destroyed the neighborhood. Maybe as time goes on things will change and people will be able to come back, shop in a Japanese store, the way it was before.

Me, I'm perfectly happy to stay here. I grew up on Post and Buchanan. What was there is all gone now, but, you see, it's still near where I grew up.

This is another in a series of photos and excerpts, edited by Marjorie Beggs, from the Neighborhood Oral History Project interviews that the Study Center conducted in 1977-78 under a CETA contract. ■



PHOTO BY CLEM ALBERS, COURTESY OF THE BANCROFT LIBRARY, U.C. BERKELEY

Dr. Kazue Togasaki, one of the first two Japanese American women to get a medical degree, was an obstetrician but is seen here vaccinating newcomers at the Manzanar relocation center, April 1942.

Public defender affirms city stance: No forced treatment

BY MARK HEDIN

Forced treatment is a big issue in San Francisco, where chronic inebriates and mentally ill people run up disproportionate costs at S.F. General and continually require interventions by the criminal justice system.

At his annual Justice Summit, held this year March 19 at the Main Library's Koret Auditorium, Public Defender Jeff Adachi hosted a panel discussion, "Forced Treatment and Constitutional Rights: Can They Coexist?"

Several panelists referred to Laura's Law, the state's 2002 response to a triple slaying by a Grass Valley mental health client. It provides for committing people to treatment programs, even against their will.

But, as panelist Eduardo Vega, executive director of the Mental Health Association of San Francisco, pointed out, that law, AB 1421, has been implemented in only Nevada County, where it's been applied to just four individuals.

Another panelist, Kara Ka Wah Chien, managing attorney in the public defender's office, told The Extra that San Francisco is unlikely to follow Nevada County's example, although city officials dating back to Mayor Newsom in 2003 have advocated doing so.

"For San Francisco, the way I see it, is that there is a tendency to look for something different from Laura's Law to make it more effective. Laura's Law is very controversial in a way.

"Patients' rights advocates have problems with it," she said, "and if not patients' rights, the people who work with it.

"It's not like 5150," she pointed out, where a professional or an officer makes a determination that a person is unsafe to him or herself or others. Un-

der Laura's Law, she said, "If I'm a landlord and I don't like my tenant, I can call someone to get this person assessed."

There are currently some systems in place under which people, willing or not, can be managed. LPS (Lanterman-Petris-Short Act) conservatorships begin with a 72-hour hold for initial, professional observation, which can be followed by a 14-day extended treatment regimen and then a 30-day temporary conservatorship if the individual is found to be a danger to others or him or herself.

Police Chief Greg Suhr complained from the stage that such conservatorships "take an act of God" to get, but Chien disagreed, pointing out that there are approximately 800 people in San Francisco already in that pipeline.

In addition, San Francisco's Department of Public Health two years ago began a voluntary program, the Community Independence Pilot Project, whereby clients who might otherwise become LPS-designated wards of the state are assigned a caseworker who makes decisions on the patients' treatment and can administer medications. Though only nine people are currently in the program, Chien said, it has yielded a 65% reduction in costs for those individuals.

A city evaluation of the program found that the costs of stabilizing the first six individuals in the program for the first 12 months of their participation was a bit more than \$250,000. In the prior 12 months, the city had spent more than \$700,000 providing them with acute care.

"The reason it does well is because it's voluntary," Chien said.

Panelist Deni McLagan of San Diego described that city's "serial inebriate" program, of which she is associate di-

rector, which treats people who have accumulated five "drunk in public" citations. She said that arrests and health care costs have dropped and that 30% of the clients complete the entire program, and 70% complete at least a month's worth of treatment.

Suhr complained that San Francisco no longer authorizes 90-day holds. "It's no fun arresting a drunk," he said, "but my outcomes show that they benefit from it. We have to do something to get the person to stop putting the poison in their system.

"We don't do it, and we should. It's the kind thing to do," he said.

Adachi is exploring the San Diego program, which tackles addiction, a need distinct from that which mental health professionals serve, Chien said.

Something does need to be done, Fancher Larson, senior advocate at S.F. Mental Health Clients' Rights Advo-

cates, told The Extra, while pointing out that Laura's Law "calls for a lot of services to be made available that we don't have."

"The thing with the system," she said, is "once they have the capacity to do something like that, they overdo it. They can pick 'em up for not taking their meds and institutionalize them and take away their freedom. People have a right to due process."

When treatment works, Chien said, "it works because of the person accepting that they need some kind of help.

"As a public defender working with the populations who are in the system," she said, "there are three things that work: Therapy, medication and support groups for social skills, rehabilitation and peer support, and good case management. If you force someone, it only works during the time you force them." ■

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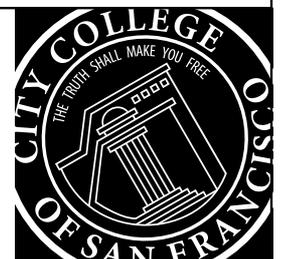
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