

# Death comes decades earlier in Tenderloin than in city as a whole

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men and women were: 1. AIDS/HIV, 2. depression, 3. schizophrenia/psychosis, 4. diabetes, and 5. hypertension.

Staff of Glide's HIV screening and referral program, one of 19 in the city, estimate 2,000 HIV carriers live in the Tenderloin. That's roughly 1 in every 15 people in the neighborhood, or 6.67%, and triple the citywide 2.35% rate, based on 18,576 HIV carriers, according to DPH's 2010 "HIV/AIDS Epidemiology Report."

The report says 48% of people living with HIV are men who have sex with men, 30% are men who have sex with men and are injection drug users, 13% are injection drug users, and the remainder are in seven other much smaller categories. While the Castro district has the preponderance of carriers, the Tenderloin leads all districts with the number of injection users, as reported by clinics. Also, "The Tenderloin had the highest number of homeless injection drug users newly diagnosed with HIV/AIDS" in 2006-10, the report said.

Glide sometimes refers HIV/AIDS patients for treatment to S.F. General Hospital's Ward 86, the city's leading treatment center, but more often to the closer Tom Waddell Clinic at the western edge of the Tenderloin. Pace says that among the 3,000 patients seen annually at the clinic, there's consistently a case-load of 30 to 50 AIDS patients. The leading causes of death for AIDS patients are liver disease and complications from substance abuse, he says.

## CLINICIANS' CONSENSUS

There are five major medical clinics in the Tenderloin, two are city-run and three are private. Clinic staff consensus suggests that AIDS contends as the No. 1 killer with myriad cancers, diabetes, heart disease and liver damage, not necessarily in that order. Hospitalization rates for diabetes and its complications are five times the city average and asthma is yet another complication.

Outside of neighborhood clinic statistics, hard medical data and mortality rates for the Tenderloin don't exist.

The neighborhood is generally defined as Polk Street to the west, Market to the south, with Post on the north side and Mason Street the eastern border. Health and mortality data, though, are available by ZIP codes and the Tenderloin is part of three overlapping ZIPs. Most of the neighborhood is subsumed in 94102 along with Civic Center

and Hayes Valley, which is largely middle income. ZIPs 94109 and 94103 contain small chunks of the Tenderloin.

Any recitation of ZIP code data for causes of death is skewed by the relative prosperity surrounding the Tenderloin's poverty. Even so, a city report based on 2000-'01 data showed the 94102 ZIP's leading causes of premature deaths to be: 1. HIV, 2. heart disease, 3. poisonings, 4. alcohol use, 5. cirrhosis of the liver. The report noted that the Tenderloin "is more plagued by substance abuse than San Francisco as a whole" and "injection drug use contributes to HIV transmission."

For the city as a whole, causes of death are different. Health Department data show heart disease heads the men's mortality list, based on 2007 figures, the latest available, followed by lung disease, cerebrovascular disease, chronic pulmonary obstruction and hypertension. The women's list is similar with the exception of Alzheimer's disease and other dementia, which is No. 4. And, citywide, AIDS/HIV was No. 7 among men and not even in women's top 20.

## HOUSING AFFECTS HEALTH

The majority of the city's 501 single room occupancy hotels are in the Tenderloin, most built after the 1906 fire and earthquake. Some are sketchy abodes, privately owned flop houses. Others, renovated and up to code, are run or owned by nonprofits, generally in collaboration with city departments to accommodate low-income residents and formerly homeless. The 10-by-12-foot rooms can be a godsend to a single person or a harrowing cell to someone fighting depression, chronic pain and/or addictions.

"Clients are impacted by where they live," Valdes says. "The bad SROs have filthy carpets, mildew, bugs and mold. It's a small space and some of those walls are blackened with mold — we've seen that."

In that event, people are actually better off living outside, she says. But homelessness is a downward spiral. It can take a whole day to get into a city-run shelter. "Some," she notes, "are allowed to sleep in parking lots, instead of doorways."

St. Anthony's clinic sees a lot of substance and alcohol abuse and, as a result, often brain damage, Valdes says. Methamphetamine, for example, makes people anorexic, psychotic and suicidal; overdosing can cause heart attack and stroke.

"Self-medicating against things that harm them is a lose-lose roulette that



Dr. Joseph Pace at the Housing and Urban Health Clinic gives patients latitude in choosing their medications and treatment.

eventually takes their life — or they will escape it all (quickly) with an overdose.

"Complications come on quick," Valdes says, "and require many hospitalizations. Liver disease, infections, gangrene, limbs amputated."

It's difficult enough to live on the street and maintain good health. But to recover from bad health out there is tougher.

"It's hard to stay on that path to recovery when there's so much adversity around you — people throwing up in the street, shooting up on the sidewalks," says Hill at Glide. Dope peddlers are everywhere, offering to ease suffering for a few bucks.

## CHILDHOOD ABUSE A FACTOR

The outlook for the average long-time-poor man or woman who seeks help at a Tenderloin medical clinic is troublesome and not hopeful. When Pace has asked about a patient's background and how he or she became homeless, many tell stories of violence from early childhood, ruthless abuse by parents or other relatives, "all sorts of violence in difficult home environments." So they try to escape their emotional demons with feel-good or deadening substances off the street.

The clinic's doctors refer to a "dose response curve," in prescribing patients' medications. The worse the childhood experience the heavier the dose of whatever is prescribed. Disastrous childhoods lead to alcohol and drug abuse as adults, then to heart disease, HIV/AIDS, diabetes, cancer, lung disease from chronic stress, adrenaline surges and chronic inflammation.

"My opinion has been shifting on this over the last six months," prescribing patients' medications, Pace says about what he now considers an undeniable correlation. "I think we underestimate the patients and the true pain they carry. They do their best with what they've been dealt — and there's more to a story than we see — and their problems affect learning, too. The violence and drug trade keep fueling a fire when people are trying to survive."

Glide's Hill believes her average client reads at the fifth-grade level and suspects many have been victims of violence and sexual abuse as youngsters. Such details contributing to low self-esteem are elusive. In the UC doctoral program she pursues, she has learned as a rule of thumb "you have to ask a woman client nine dif-

ferent times if she had been abused before the truth comes out."

Pace said his sense of professional passion has been revived by his work in the neighborhood. Moreover, he's following a "strength-based course" of treatment, looking to the patient for guidance, giving options, letting the patient take charge — a self-help approach.

## 'UNLOCKING PEOPLE'S POTENTIAL'

"It takes a lot of encouraging them," something he says is not the bulwark of most systems of care. "We don't do it enough," he says. "We need to go back to the source." It starts with asking what the patient wants and why. But in every situation the patient has a chance to override. Sometimes Pace gets, "I don't know, you're the doctor." It takes patience to deal with that, he says, until a patient is comfortable saying what he or she wants.

One patient, he said, when he realized what was happening, "added and added and added. He hadn't been taking his meds and he shifted his perception. That was three years ago. I can't remember now when he was last in the hospital. Before, he'd spend three months at a time in there. I imagine it helps, too, that there's a nurse in his supportive housing.

"Unlocking people's potential is so much of our work."

It's easy to lose track of patients in the Tenderloin. They can wander off and never be heard from again. Clinic staff call jails and other hospitals for the missing. One woman Valdes finally found at S.F. General, where she died after three months in intensive care, consumed by infections.

"Sometimes we hear, sometimes we don't. Sometimes they get on a bus or a train and go to L.A. or the Central Valley, trying to go home."

Glide's Hill says a citywide database would help locate patients. She doesn't know how many of her patients die, or where, unless the medical examiner calls or someone who finds the body sees a prescription bottle with the clinic name and phone number on it and follows up.

A female patient Hill had seen several times dropped out of sight, then months later showed up at St. Francis Memorial Hospital emergency diagnosed with terminal cancer. "They disappear, then I get a call from the coroner that they've ODD on methadone," she says. "A lot lose their recovery during the

Christmas holidays.

"It's almost a hidden population here," Hill continues. "They may go to UC and I never see them again. Or some go to other places to die, too. I've had trouble tracking my own patients. If we had a database for the whole city it would be better — and less costly."

The first question a clinic patient is asked: Have they been in S.F. General's emergency room in the past two weeks?

"It's where some of them get their health care," Hill says. "They wait until they can't stand it anymore and then go in — or are taken in. It's mental health that puts them there, or chronic pain. Sometimes it's to get out of the weather." She's seen patients just get tired, they're lonely, and then they die.

## FINDING A PLACE TO DIE

Giving up on life can happen even when things start looking up. Rev. Glenda Hope, who has conducted memorials in TL SROs since the 1980s, believes that once people who have been chronically homeless are given housing, their attitude can change. They are content that their bone-grinding survival struggle outdoors is over and, after a few months, choose to rest in peace and die under a roof in a warm place.

Hill tells a story about a man called Popeye, a clinic regular who cleaned himself up, got a job at Glide and Glide put him in one of its nice apartments on Mason Street.

"He hadn't been there four months and he hanged himself," Hill says, nonplussed. "You don't know what's inside people."

"And death in the Tenderloin affects us, too. Popeye had services here by (Rev.) Cecil Williams. We all talked about it. We talk about the terrible things."

This case and others have changed her, she says. Before she came to Glide, she'd drive by the ragtag soup line on her way to work and wonder why those people didn't get jobs. "So naive," she says now, recalling circumstances that crush people and land them in the Tenderloin. Like the man from Indiana who was married, had four kids and a good job. But the whole family was killed in a car accident. He never recovered psychologically and became adrift in the neighborhood.

"They've given me empathy," she says. "I've learned the Tenderloin is a hard place to live." ■



PHOTOS BY TOM CARTER

Poet Ed Bowers is the artist in the box on Hyde Street, reciting a poem as passers-by check out the Faithful Fools' latest invention for the arts.

# This fun Fool-ish thing — pop-up artists in a box

BY TOM CARTER

INSPIRED by the Fisherman's Wharf's Human Jukebox of yore, now to Tenderloin's soiled sidewalks comes pop-up arts in a box.

An unpretentious white box rolled out of Faithful Fools the morning of Sept. 9, debuting on a cheerfully sunny day. Its creative band of 10 Fool travelers stood by, eager to perform or support.

The idea had been cooking at Faithful Fools for years, said Ed Bowers, poet and Central City Extra Art Beat writer, recalling 30 years ago when bearded Grimes Poznikov, inside a colorful cardboard box, played trumpet for coins and bills at the wharf and was known as "The Automatic Human Jukebox." In 2005, Poznikov died of alcohol poisoning on a sidewalk near U.S. 101.

Bowers long dreamed of presenting poetry out of a box. The horizon expanded when other Fools got involved, and now the box is to be used for any art to encourage art.

Denis Paul, an architect-house-builder-turned-minister, constructed the box of ½-inch plywood in two days. It's collapsible, 25 by 25 and 52 inches high and sits on a frame with rollers. A hinged side door lets an entertainer in. A hatched lid sits on top, and swings open for the artist to pop up and perform. The front panel has a cutout section shaped like a fool's cap.

"It's artwork deciding what it wants to be," said Paul. "We make it up as we go along."

Josh Mann was first to hunker down and crawl in, popping up with his trumpet to play some tingling riffs. Bowers followed and read a long poem. After him, Melissa Fafarman got in and sang.

Passers-by hardly gave them a glance, though. Karla Cativo, strolling by, stopped, jumped inside and rattled off her thoughts like a free-form poem, looking pleased with herself afterward.

"It's been a Herculean effort, but just two days to build," said Paul. "We've had poetry and singing and maybe there will be dancing in the streets." Yes, yes, people said. "But now let's take it back inside

and dream of what can be."

They pushed the box back inside, surrounded it and gazed lovingly at it as suggestions flew: a megaphone would be handy; paint the sides and make the inside of the lid like a picture frame; it can be a reverse confessional booth — people telling good things they've done — no, priests confessing their sins, yes. The box can go in front of City Hall, U.N. Plaza, anywhere there's a crowd.

"And maybe to Davis and Bakersfield," piped Paul. "It fits inside my Honda Accord."

The brainstorming went on and on. ■



Josh Mann toots his horn in the first performance in the art box.

**Christina Trinidad, 39, shown here with Dr. Sonia Bledsoe, has been a St. Anthony medical clinic patient 10 years and attends educational programs on how to avoid a potentially lethal lifestyle. A native of El Salvador, Trinidad is glad she and her children qualify for the free clinic, where Spanish is spoken.**

