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January 23, 2005

Mitchell Katz, M.D.
Director of Public Health
Department of Public Health
101 Grove Street
San Francisco, CA 94102

Re: San Francisco Director of Public Health Plays the “AIDS Card”

Dear Dr. Katz,

As one gay man to another, may I share with you that showing your slip was not pretty when it came to your playing the “AIDS Card” last Friday in the *Chronicle*, just as O.J. Simpson’s lawyer playing the “Race Card” was also not pretty back in 1995?

I am writing to express my profound disappointment that you appear to have chosen to play the AIDS Card in what can only be described as a crass attempt to solicit public support among the AIDS community by obfuscating the fact that your unilateral changes to the Laguna Honda Hospital (LHH) admissions policy does, in fact, differentially displace elderly San Franciscans who do not utilize SFGH.

Sadly, it appears to me that you are playing the AIDS card based on a single, however unintentionally inflammatory, letter written to you by LHH’s two AIDS physicians, Colleen Riley, MD and Steven Thompson, MD.

I am writing to you in my role as a private citizen; I am not speaking for the Committee to Save Laguna Honda Hospital, nor for the group you loosely describe as your “critics,” nor on behalf of anyone else. I am speaking here only for myself, a gay man appalled by another gay man’s use of playing the AIDS Card, a gay man who just so happens to be the Director of Public Health (that would be you).

As one of the critics of your unilateral admissions policy changes, I was struck on a personal level by the *San Francisco Chronicle*’s news story (“Admissions dispute at Laguna Honda,” January 21). While the *Chronicle* reporter did not include a direct quote, she nonetheless attributed to you that you are alleging that your critics — apparently that would include me — are merely “reacting to an increase in younger African Americans and AIDS patients.” Elsewhere, the reporter attributes that you believe that “the root of the complaints” regarding the admission policy appear to be due to “prejudice” against “younger patients [who] are African Americans or have AIDS.” You then infer that critics of your admission policy change are “stigmatizing and victimizing” people with AIDS. Oh, brother!

From what has been reported to me, the *Chronicle*’s reporter may have offered you an opportunity to retract your misguided statements, but you chose instead to let your needlessly inflammatory statements stand, as reported.

Since you have chosen to stand by such ludicrous assertions, I take your comments about your critics on a most personal level, because not once during the past ten months that I have exchanged correspondence and conversations with others regarding the LHH admission policy changes have I ever used, nor have I ever heard, any discussion whatsoever about either increases in African American or

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AIDS admissions into LHH. I can assure you that no such remarks, and certainly no such conversations, ever occurred by anyone, despite what you, Dr. Riley, and Dr. Thompson may choose to believe. Perhaps you're collectively hearing voices, or perhaps letting your collective imaginations run amuck about conversations you may "sense" have occurred, but which have not.

As you must surely know, I have been an accountability advocate regarding AIDS issues for many years, seeking to ensure that AIDS resources actually reach people with meaningful services, and that AIDS resources are not misappropriated. Having lost my partner of 13 years to AIDS 10 years ago, I do not harbor prejudice against AIDS patients, and I am deeply offended that you would make any such assertion, since you know fully well that I am indeed justly critical of many of your decisions.

Disturbingly, Riley and Thompson's letter to you dated December 28, 2004 is riddled with quoted phrases that seek to paint critics of your LHH admission policy changes as having made or uttered. Their quoted phrases include "undesirable," "jammed into," and "failures." But those quoted phrases are merely terms chosen by the two MD's, not comments I have made, or heard anyone else make. If nothing else, these two MD's should have included those terms in single-quote marks, not double-quote marks, in order to make it clear that they were not quoting someone, and that they were, instead, using phrases of their own choosing.

Riley and Thompson assert that many of their AIDS patients are younger than the average age of LHH residents, and many of their AIDS patients have substance abuse issues or histories of mental illness. They then assert that the substance abuse and mental illness characteristics "unfortunately have often been used by others to describe what they consider 'undesirable' patients [being admitted] at Laguna Honda" — although they coyly do not elucidate who they mean by 'others.' I have never heard anyone use the term "undesirable" to describe younger patients being granted preferential admissions into LHH.

What Riley and Thompson have left out of context — and the context that you did not make explicit when you were interviewed for last Friday's *Chronicle* article — is that criticism of admitting people with substance abuse issues or mental illnesses — whether they have AIDS or not — into LHH has centered foremost on the fact that they cannot be adequately cared for at LHH, and they pose a danger to themselves and others, particularly since we do not have the appropriate staff and resources to safely care for them. I remind you, sir, that LHH is not licensed as a residential drug treatment center, nor do we possess a license as a psychiatric facility. Without appropriate mental health and substance abuse programming in place and at sufficient capacity beforehand, substance abuse and mental health clients referred to LHH — whether or not they have AIDS — are not receiving the appropriate level of care that they deserve, and to which they may be entitled. Indeed, a case could be made that if the appropriate services are not in place, then referring them to LHH for services they will not receive would clearly violate the medical ethics precept of "first do no harm." I'm confident you have heard of this precept before now, or else you wouldn't possess a license to practice medicine.

Riley and Thompson assert that there is wide disagreement about what it means in practical terms to have plans in place for the safety of LHH residents and LHH staff. I believe that they are wildly inaccurate when they state there is widespread disagreement about what this means in practical terms. As a member of LHH's Workplace Violence Prevention Workgroup that was recently formed as a result of a State citation regarding staff safety, I know for a fact that there is widespread agreement — not disagreement — about practical interventions that can be implemented to increase everyone's safety.

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Astoundingly, the pair cite only the safety of a single AIDS dementia patient around his elopement risks and risk for falls, and fail to mention the risk he may pose to others since LHH does not have an AIDS dementia unit. This is not just about his safety, but the safety he may pose to others.

First, I have advocated at LHH for early detection of falls risk, knowing that people who suffer hip injuries related to falls have an increased risk of death within the first year, and I have made those suggestions hoping to decrease the incidence of falls at LHH that result in hip fractures for both AIDS patients and non-AIDS patients.

Second, his risk of elopement is real; LHH has nearly 100 entrances and exits, and lacks sufficient staff, let alone security staff. Inadvertent wandering from the premises (elopement), and conscious decisions to leave LHH against medical advice (AMA), or to leave LHH in an AWOL status is an issue for us all, precisely because we know that people with dementia — whether related to AIDS or some other disease manifestation — pose a danger to others because of the progressive loss of their cognitive abilities; personality disintegration; confusion; disorientation; and impaired memory, judgement, and impulses.

But I and others are just as concerned about the safety to others posed by dementia's related to Alzheimer's, Huntington's and traumatic brain injuries, not just with patients who have AIDS-related dementia's. Concerns about dementia patients are not driven by any "prejudice" against how the dementia was acquired, I can assure both you, and Riley and Thompson.

Drs. Riley and Thompson are completely wrong that "perceived problems" have become a disproportionate focus of discussion. In actuality, they have ignored documented, actual problems related to the safety of "self and others"; it is the documented problems which are the subject of discussion. Were the three of you to be completely honest, you would release to the public aggregate data about the numbers of AWOL's, the number of unusual occurrence reports filed, the number of AMA's, the number of assaults made against staff and other patients, and the number of patients who were transferred out of LHH on psychiatric observations (5150's) during each of the past four years for LHH's AIDS patients. If that data were to show inordinate numbers than reported by other LHH specialty units or other LHH long-term care units, then the public — including the broader AIDS community — has a right, and deserves, to know whether adequate programming is in place at LHH to provide the best possible care for our AIDS patients, and if LHH does not, what steps are being taken in order to ensure that Riley and Thompson can provide the appropriate level of care for their patients.

No one is disputing, as Riley and Thompson misallege, whether LHH has sufficient space in which to provide a variety of services to a wide spectrum of San Franciscans, and nobody is disputing the benefits Drs. Riley and Thompson have worked diligently to bring to their patients. None of the critics of your admission policy change that I have ever spoken with have ever dismissed Riley and Thompson's important contributions at LHH. But space is limited at LHH, and it can care only for a finite number of patients.

Interestingly, Riley and Thompson assert that it would be "naive to assume that admission to Laguna Honda will resolve complicated social problems related to substance abuse or psychiatric illness." So a fair question to ask is that if LHH cannot resolve complicated social issues, why is the mission of LHH being changed to being a "social rehabilitation center"? This is not a naive, or rhetorical, question that I am asking of you, and I would greatly appreciate an answer in short order.

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Finally, Drs. Riley and Thompson note that considerable community interest and support was generated in 1999 to pass the bond issue to rebuild LHH because of the AIDS services provided at Laguna Honda, whether or not those services can still be described as being “unique.” Many San Franciscans are grateful that the AIDS community supported the LHH bond measure known as Proposition A. But what Riley and Thompson neglect to note is that it was not just the AIDS community, but the broader gay and lesbian community (OK, the LGBT community) who supported the bond effort and helped assure its passage. The broader community did so, not just out of compassion for our brothers and sisters who have AIDS, but because many of us in the baby boomer generation know that the entire LGBT community will need access to the long-term care, skilled nursing home services provided at LHH.

While it may be true that the LGBT community has more disposable income than other segments of society, that does not mean that we have planned for our senior years any better than anyone else. I hear that Health Commissioner Roma Guy and other social workers are speculating that since San Francisco has seen a decline in the number of blue collar workers who can continue to afford living in San Francisco, that the beds at Laguna Honda will no longer be needed in the future for blue collar San Franciscans, and that San Francisco will soon only have rich people who can afford their own nursing home payments, and extremely poor people who cannot, with no blue collar citizens left inbetween. Guy’s not-so-scientific speculation is intended, or so I hear, to justify the changing mission of, and the changing demographics at, Laguna Honda Hospital.

I don’t buy it. Tell that to the gay and lesbian firefighters and police officers who still consider themselves blue collar workers, or to their aging parents and relatives who may still need LHH’s long-term care services.

Utterly missing from the Riley/Thompson letter is any meaningful discussion about the “typical elderly nursing home resident” of LHH who are indeed being differentially displaced and denied admission. While you falsely asserted in the *Chronicle* article that you need “proof” displacement of the frail elderly is occurring, there is more than adequate proof and not just anecdotal evidence. Call Benson Nadell, San Francisco’s Long-term Care Ombudsman. Ask him for specifics; I’m sure he has them. Or ask your many DPH information systems professionals to accurately analyze extant aggregate data in LHH’s various databases, including the ADL system and that next-to-useless Web-based Referral Tracking database; that should provide you with all the “proof” needed about the supplanting and displacement of San Francisco’s frail elderly.

From water-cooler conversations that spread like wildfire at Laguna Honda when the *Chronicle* article appeared last Friday, many are now wondering just how badly you may have shot yourself in the foot by playing the AIDS Card to downplay the fact that elderly San Franciscans are in fact being denied admission to LHH as a result of your decision-making. Surely, the limited public support you may have gained by playing the AIDS Card in the media will be outstripped by both community outrage at such tactics, and the energizing of LHH clinicians nearly unanimously appalled that you would stoop so low.

A question remains: When you let your AIDS Card slip hang so low, did you intend to simultaneously shoot Dr. Riley and Dr. Thompson in the foot, too, with a single, loose-cannon AIDS Card bullet?

Sincerely,

Patrick Monette-Shaw
Independent Community Observer

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cc: The Honorable Gavin Newsom, Mayor of San Francisco
John Kanaley, Executive Administrator, LHH
Steven Thompson, MD, LHH
Colleen Riley, MD, LHH
Sister Miriam Walsh, Director of Pastoral Care, LHH
Virginia Leishman, RN
The Honorable Sean Elsbernd, Supervisor, District 7
San Francisco Board of Supervisors
Clerk of the Board, San Francisco Board of Supervisors
San Francisco Health Commission
Benson Nadell, Director of San Francisco Long Term Care Ombudsman Program, Family Service
Agency of San Francisco
Susan Mizner, Director, Mayor's Office on Disability
Bruce Livingston, Executive Director, Senior Action Network
John Farrell, Laguna Honda Committee for the West of Twin Peaks Central Council