

SAN DIEGO PHYSICIAN



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COVID-19

CMA Urges Biden Administration to Support Community Providers As COVID-19 Vaccinators

THE CALIFORNIA MEDICAL ASSOCIATION (CMA) believes that community physician practices are key to helping the state achieve its vaccination goals. Millions of Californians receive care from an independent physician practice. These practices already have relationships with patients and are an important avenue for building trust and sharing accurate information about vaccine safety and efficacy.

CMA is urging the Biden Administration to take actions to support increased participation by community providers, including independent and small physician practices, in the COVID vaccine network, such as:

- Removing the daily Vaccine Finder reporting requirement
- Creating a system to distribute small-dose order distribution for pediatric and adult providers
- Encouraging manufacturers to move to a smaller vial size
- Streamlining the CDC application process for all providers
- Increasing financial assistance for providers to provide support for workflow changes and time spent attempting to participate

California physicians have the interest in and capacity to administer vaccinations in their offices. In a survey of more than 4,000 community physician practices completed in January 2021, almost half said they were interested in administering COVID-19 vaccinations to their patients.

Community physician practices can also help ensure a more equitable distribution of the vaccine, meeting many low-income patients and communities of color where they are instead of asking them to rely on technology or distant sites to receive their vaccinations. This is especially urgent as we prepare to begin vaccination of adolescents. CMA believes that vaccination at regular points of care should be prioritized for the pediatric population. **SDP**

ADVOCACY

CMA President Speaks Out on Continued Threats Against Public Health Officers

CALIFORNIA MEDICAL ASSOCIATION

President Peter N. Bretan Jr., MD, issued the following statement in response to continued attacks on public health officers, including recent death threats against Phoung Luu, MD, public health officer for Yuba and Sutter counties:

“One of the unfortunate side effects of this pandemic has been the demonization of public health officers by fringe voices and anti-vaccination activists. Public health should not be a political issue and the public must also speak out when public servants like Dr. Luu come under attack. The death threats she has received are unacceptable and must not be tolerated. While we have seen an uptick in targeting of public health officers around the state and across the country, the most vitriol seems to be reserved for women and those of Asian-Pacific Islander descent. Enough is enough. We cannot tolerate efforts to intimidate public servants like Dr. Luu, and must ensure we have public protections in place for public health officers. As we work together to bring this pandemic to an end, we must also work to address the increase in racial hatred and the increased threats against those who are working overtime to keep the public safe.” **SDP**



PUBLIC HEALTH

New “State of Care” Campaign to Expand Awareness About Adverse Childhood Experiences

THE CALIFORNIA DEPARTMENT OF Health Care Services (DHCS) and California Office of the California Surgeon General (CA-OSG) have launched the “State of Care” healthcare provider engagement campaign to expand the reach and impact of the ACEs Aware initiative.

Utilizing the slogan “Our State of Care is ACEs Aware,” the campaign is raising awareness on the long-term health effects of unaddressed Adverse Childhood Experiences (ACEs) in children and adults.

The California Medical Association (CMA) is a proud grantee of ACEs Aware, and we support science-based prevention strategies, equitable response solutions, and best practices that can be replicated or tailored to serve community needs.

By screening for ACEs, providers can better determine the likelihood a patient is at increased health risk due to a toxic stress response, a critical step in responding with trauma-informed care that connects patients with a supportive network of care to mitigate the impact of ACEs.

“Decades of research demonstrate that ACEs and the resulting toxic stress response, when left untreated, contribute to some of the most significant and costly societal challenges facing our communities,” says California Surgeon General Nadine Burke Harris, MD. “The State of Care campaign is designed to help providers understand the importance of screening for ACEs and to leverage our ACEs Aware resources to effectively integrate ACE screening and referrals into their practices.”

The core component of the State of Care campaign is a free, two-hour “Becoming ACEs Aware” online training and certification. Once certified, providers who participate in Medi-Cal can receive payment for screening patients for ACEs and responding to the symptoms of toxic stress.

“The COVID-19 pandemic has underscored the need for strong trauma-informed care teams to be integrated into healthcare practices and clinics, and across our communities,” says Karen



Mark, MD, medical director for DHCS. “The State of Care campaign will reach more providers and send a clear message that California is leading the way in identifying, preventing, and addressing the impacts of ACEs and toxic stress.”

More than 17,600 individuals have completed the ACEs Aware training since it became available in December 2019. As a result, Medi-Cal providers screened more than 300,000 patients for ACEs between January and September 2020. Providers who complete the training receive 2.0 hours of Continuing Medical Education and/or 2.0 Maintenance of Certification credits.

Additionally, the ACEs Aware initiative is working closely with the ACE Resource Network to promote the new NumberStory.org initiative, a resource for consumers and patients to learn more about ACEs, toxic stress, and how to heal.

“ACEs are not destiny,” says Dr. Burke Harris. “Community organizations, healthcare teams, and individuals throughout California can play a vital role in improving lives and transforming health outcomes. Together, we can make our state of care ACEs Aware.” **SDP**



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Champions for Health Annual Report for Fiscal Year 2019–2020

Champions for Health is dedicated to providing access to critically needed healthcare for uninsured, low-income residents of San Diego County who would otherwise face insurmountable barriers to care. We recruit, mobilize, and support hundreds of volunteer physicians and other professionals to provide free specialty healthcare.





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Dear Friends,

What a whirlwind of a year we have all lived through! Heroes were around every corner helping those in need, reaching out to each other with kindness and concern. Lives were lost, jobs were lost, but hope still clung to everyone's heart. We could make it through if we did it together. Champions for Health is grateful and thankful to our many hundreds of healthcare volunteers. Even though none of us could see the light at the end of the tunnel, and we didn't know where the tunnel would lead us, we each lit a candle of hope from within and shone that light on those around us. The many thousands of participants who benefitted from your time, skill, and knowledge are grateful that your light shone on them and made their health and life better.

With much appreciation,

Adama Dyoniziak, Executive Director
Champions for Health Board of Directors and Staff

Volunteers

“Health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health ...” (Robert Wood Johnson Foundation). Health equity is Champions for Health’s vision for our community as we remain committed to serving San Diegans and removing insurance, transportation, language, and technology as barriers to preventive and specialty care. Our volunteers are examples of health equity in action. They voluntarily bring their ability to relate to people and their own life experiences to transform health and wellbeing in our communities. Our volunteers are champions for health equity!



“It brought me great joy to meet people in need, right where they are. It is because of organizations such as Champions for Health that I can hang on to my hope that equity gaps will be addressed and change will come.”

— Qiana Neff, Southwestern College nursing student

“So many partners are coming together to support their communities, like a call to action. At times, it feels like a celebration.”

— Andrew Gonzalez, Director of Community Health, CFH



PASD physicians
223

Speakers Bureau presenters
300

Health screeners
1,800

Interns
8



“The best part about volunteering with Project Access is it has a fun team. The most gratifying part is to help a person by correcting something inside their body and seeing the person’s life turn around.”

— Dr. Dhruvil Gandhi, MD

Community Wellness

Our free Community Wellness programs mobilize volunteer physicians, nurses, nursing students, pharmacists, and healthcare professionals to have conversations with people about healthy lifestyles through our Live Well San Diego Speaker’s Bureau, and to prevent illness through immunizations and health screenings. We go to where people live, work, play, and pray, especially concentrating our efforts with partners located in the Healthy Places Index zip codes. While COVID-19 kept us indoors starting March 2020, we were virtual via Zoom, Webex, and Youtube Live with COVID-19 presentations translated into the eight threshold languages. We used a hybrid approach of drive-through and walk-up stations for our flu clinics for greater access and volunteer and participant safety. Flu shots can cost a consumer an average of \$40 — we helped consumers save \$240,000 this year in out-of-pocket expenses.



Flu vaccines	Immunizers	Sites	San Diegans educated
6,000	1,800	125	6,719

Project Access San Diego

Our safety net of pro bono specialty healthcare services and procedures continues to be a shining example of health equity in action. Even with the implementation of the ACA, at least 220,000 San Diegans continue to be uninsured, and this number increased substantially during the pandemic.

Through Project Access, specialty physicians and their medical care teams provide services, procedures, and surgeries. Ancillary healthcare partners provide their facilities and services. Medical interpreters create language access. All of these pro bono services are for uninsured San Diegans who are referred by participating clinics, and transform these patients' lives from pain and dire medical diagnoses to health, renewed family involvement, and productive work and community life.

Since 2008, Project Access has facilitated care for more than 7,500 uninsured patients by providing 15,000 free consultations and 1,645 free surgeries — and \$24.1 million in pro bono services to date. For every \$1 spent on program expenses, we provide \$10 in contributed healthcare services — a return on investment of 1,000%.



“To whom much is given, much is required. We have a unique gift and training: We can use that gift and give back to those in the community who are not as fortunate.”

— Dr. Anne Trivitt, Dermatologist

Our Project Access Partners

Alliance Retina Consultants, Inc.
Arch Health Partners
ASMG
Balboa Nephrology
cCare California Cancer Associates
Center for Hormonal Health and Well Being
Coastal Gastroenterology – Genesis
Healthcare Partner
Coastal Pain & Spinal Diagnostics Medical Group, Inc.
Coastal Skin & Eye Institute
Core Orthopaedic Medical Group
County of San Diego HHSA
Davies Eye Center
CSUSM Student Healthcare Project
Eye & Retina Institute of San Diego
Eye Care of San Diego
Eye Institute of California
Family Allergy, Asthma, Immunology and Sinus Center

Family Health Centers San Diego
Gastroenterology & Liver Institute
Greider Eye Associates
Grossmont Dermatology
Hanger Prosthetics & Orthotics
Hearwell Aid Center
IGO Medical Group
Imaging Health Care Specialists
Kaiser Permanente
La Jolla Endoscopy Center
La Jolla Neurosurgical Associates
La Mesa Cardiac Center
Neighborhood Healthcare
North Coast Surgery Center
North County Ear, Nose & Throat, Head & Neck Surgery
North County Health Services (TrueCare)
Otay Lakes Surgery Center
Pacific Surgery Center

Parkway Endoscopy Center
Premier Surgery Center
Retina Consultants of San Diego
San Diego Cardiac Center
San Diego Cardiovascular Associates
San Diego ENT
San Diego Endoscopy Center
San Diego Hand Specialist
San Diego Podiatry Group
Scripps Health
Scripps Mercy Surgery Pavilion
Skin Surgery Medical Group
Spine and Sport Physical Therapy
Tri City Medical Center
Tried and True Physio
UCSD Student-Run Free Clinic
Vision Care and Correction of San Diego
Vista Community Clinic
Volunteers in Medicine



Physician Support

Physicians are integral to health equity, especially in your volunteer work with the most vulnerable San Diegans. In turn, Champions for Health supports physicians through links to professional development, such as with the Healthy Brain Initiative. December 2019 marked five years of focus on expanding the knowledge and expertise of primary care providers to screen, evaluate, diagnose, and provide care management for individuals with cognitive decline and dementia. The clinical roundtable provides best-practice content through the publication of clinical guidelines, website content, a mobile application, grand rounds, conferences, and on-demand CME webinars. More than 2,800 providers have received in-person or online training, and all primary care providers received educational materials and patient engagement tools. Health systems have incorporated the guidelines into their clinical practices, and evaluation studies have shown that screening rates of older adults significantly increased, and physician confidence in evaluation and diagnosis improved due to the adoption of these best practices.

“As a practicing physician, volunteering for Project Access is perfect. The process is simple: You receive medical information in advance to optimize the patient and physician time during consultations. You get to provide state-of-the-art care in top-notch hospitals. It is so rewarding to transform people’s lives.”

— Dr. Hernan Goldsztein, Ear, Nose and Throat Specialist



PASD patients
1,056

Hospitals
6

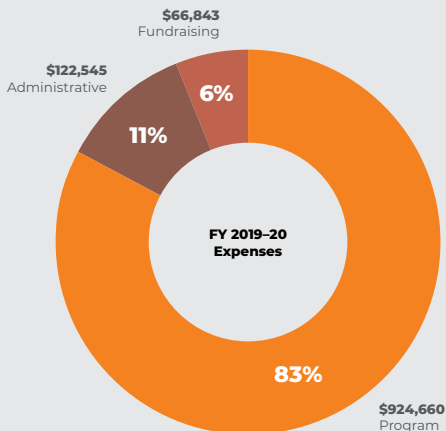
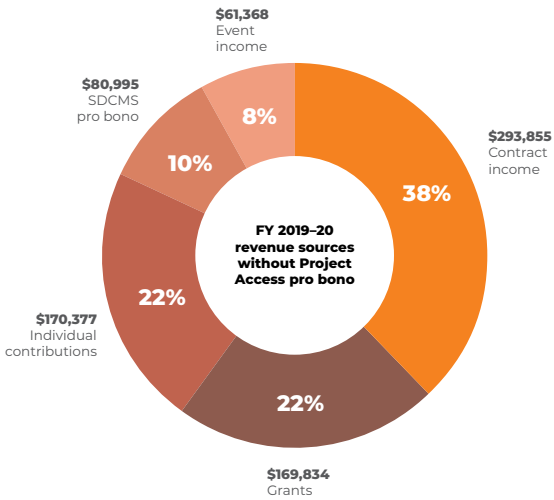
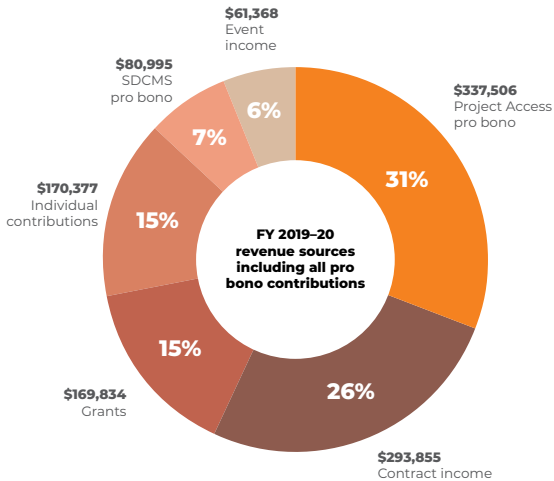
Outpatient surgery centers
8

Ancillary partners
80

Medical interpreters
160

PASD specialty areas
34

Financial Highlights



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- Brian Woods
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82
Procedures/
surgeries

1,344
Specialty
appointments

251
Interpretation
services

\$2,630,466
Donated
specialty care



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Barrio Logan Planning Group
Bayside Community Center
Big Brothers Big Sisters
Bird Rock Community Council
Bonsall West Elementary School
Borrego Health
Boy Scouts of Solana Beach
Cal Coast Credit Union
California Mentor
Casa de Amistad
Catholic Charities
Central/North Central Behavioral Health Collaborative
Chula Vista Community Collaborative
Chula Vista Elementary School
Clairemont Town Council
Classical High School
Coalicion de Promotor de San Diego
Communities Fighting COVID
Copley Price YMCA
Corporation for Supportive Housing
CRASH Inc. – Women’s House
Dreams for Change
e3 Civic High School
El Cajon Adult School
El Cajon Silvercrest Salvation Army
El Capitan High School
El Cerrito Community Council
Elder Help San Diego
Encanto Baptist Church
Fallbrook High School
Fallbrook Regional Health District
Family Recovery Center
Farm ACW
Farm Worker CARE Coalition
First Presbyterian Church
First United Methodist Church
Francis Parker School
Golden Hill House

Grace Church
Greater Golden Hill Planning Committee
Greater San Diego Association of Realtors
Grossmont Health Occupations Center
Grossmont College School of Nursing
Grossmont Healthcare District
Grossmont-Cuyamaca Community College District
Hearts and Hands Working Together
Hidden Valley Middle School
High Tech Elementary – Chula Vista
Home Start
Hoover High School
Hotel Sanford
Immanuel Chapel Church
Imperial Beach Clinic
International Help Group
International Rescue Committee
Jackie Robinson YMCA
Japanese Friendship Garden
Kaplan University
King Chavez Arts and Athletics Academy
Knox Middle School
Laurel Elementary School
Lemon Grove Collaborative
Linda Vista Community Collaborative
Live Well @ Home
Manchester Grand Hyatt San Diego
Mann Middle School
Memorial Prep Academy
Mercy Housing California
Mesa College
Mexican Consulate
MHS North Inland Teen Recovery Center
Mission Middle School
Mt. Moriah Christian Church
National City School District
National University School of Nursing
Nepris
North County Health Services/True Care
North Coastal Prevention/Early Intervention
Northgate Gonzalez Market
Oceanside High School
Oceanside Silvercrest Residence
Office of Binational Border Health
Office of Small Business Advocates
Office of the Primary Public Defender
Old Mission Rotary Club
Olivewood Gardens & Learning Center
Orange Glen High School
Otay Mesa Planning Group

Our Lady of Mount Carmel Church
Pacific Southwest Community Development Corp
Pence Elementary
Perry Elementary
Philippine Nurses Association of San Diego
Point Loma Rotary Club
Project New Village
Retirement Housing Foundation
Rolando Park Community Council
Rosa Parks Elementary School
Rotary Club of Del Mar
Salvation Army Kroc Center
San Diego Airport Administration
San Diego Black Nurses Association
San Diego Blood Bank
San Diego County Behavioral Health Services
San Diego City College School of Nursing
San Diego County HHS
San Diego County Office of Education
San Diego County Parks & Recreation
San Diego County Pharmacists Association
San Diego County Regional Airport Authority
San Diego Housing Federation
San Diego Immunization Coalition
San Diego Independent Living Association
San Diego LGBTQ Latinx Coalition
San Diego Mesa College
San Diego National Association of Hispanic Nurses
San Diego Nights
San Diego Office of Migrant Education
San Diego Unified School District
San Diego Youth Partnership
San Marcos Elementary
San Ysidro Health
SDSU Graduate School of Public Health
SDSU School of Nursing
Silver Sage Apartments
Solana Beach Branch Library
South Bay Family YMCA
South Bay Union School District
Southwestern College
Southwestern College Adult School
St Mark’s Church
St. Martin of Tours Catholic Church
Stellar Care
TAY Council
Teachers for Healthy Kids
The Laurel Foundation
Toby Wells YMCA
UCSD Christian Pharmacists Fellowship International
UCSD Health Free Clinic
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Champions for Health Is Proud to Be a Live Well San Diego Partner



Latinos Are the Most Eager to Get Vaccinated, Survey Shows – but Face Obstacles

BY ANNA ALMENDRALA

HISPANICS WHO HAVE YET to receive a COVID shot are about twice as likely as non-Hispanic whites or Blacks to say they'd like to get vaccinated as soon as possible, according to a survey released Thursday. The findings hint at fixable, though difficult, vaccine access problems for the population.

One-third of unvaccinated Hispanics say they want the shots, compared with 17% of Blacks and 16% of whites, according to the survey released Thursday by KFF. (KHN is an editorially independent program of KFF.)

One-third of Hispanic adults who haven't received the COVID-19 vaccination say that they'd like to get it "as soon as possible." The figure is about twice that of non-Hispanic Black and white groups, and suggests that targeting Hispanics for vaccine education and outreach represents a major opportunity to raise overall vaccination rates.

The results reflect an opportunity for public health departments and local governments to reach out to Hispanics with information and vaccinating teams, says Liz Hamel, vice president and director of public opinion and survey research at KFF and director of the organization's monthly COVID vaccine surveys.

"There definitely is a large chunk of the Hispanic population that's eager to get it, but they just have either not been able to fit it into their schedule, or they have some concerns or questions, or they haven't been able to access it," Hamel says.

According to the Centers for Disease Control and Prevention, only about 13% of people in the U.S. who have received at least one vaccine dose are Hispanics, though they make up about 17% of the overall population. (Only about half of the

CDC's data includes the race or ethnicity of vaccinated individuals.)

Among unvaccinated Hispanics, 64% were worried about missing work because of vaccine side effects, and 52% were concerned about having to pay for the shots — although the shots are offered at no cost. These numbers are even higher for Hispanics who lacked lawful permanent resident status.

"It's hard for somebody who lives day to day to take off half a day to come to a clinic and try to get a vaccination," says Dr. José Pérez, chief medical officer of the South Central Family Health Center, a nonprofit health organization with clinic locations throughout South Los Angeles. "If they don't work that day, they don't earn a living and they don't eat."

Those facing immigration issues were more likely to be worried about being asked to show government-issued ID or a Social Security number, according to the KFF survey.

The Trump administration's anti-immigrant policies scared people

away from seeking any public health services for fear it could jeopardize their immigration status, Pérez says.

"For Americans who are used to having order in their life and don't have to be fearful of this or that, this may seem a little bit foreign," he says. "But for the immigrant community in South L.A., these are factors that they deal with on an everyday basis."

Despite the survey's hopeful message, Pérez's organization has administered only a fraction of the doses it has on hand, although it has expanded vaccination sites and now offers a shot to anyone who walks into one of its clinics, Pérez says.

"All we can do is continue to push, educate, and continue to put our name out there," he says. "Hopefully, we'll catch up."

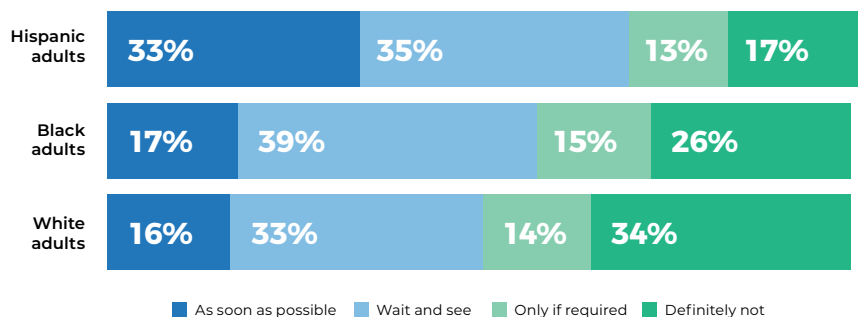
The Biden administration recently announced tax credits for small businesses that give their workers paid time off to get the shot and recover in case of side effects. Providers are not allowed to charge people for the COVID vaccine, and must give out shots regardless of immigration status or health insurance coverage.

In California, where Hispanics make up nearly 40% of the population, 48% of COVID deaths and 63% of COVID infections, about 32% have received vaccinations. Cases and deaths are especially concentrated in dense, low-income neighborhoods that are majority Latino.

Community health clinics and organizations throughout the state are taking the case for vaccinations to sidewalks, supermarkets, and anywhere

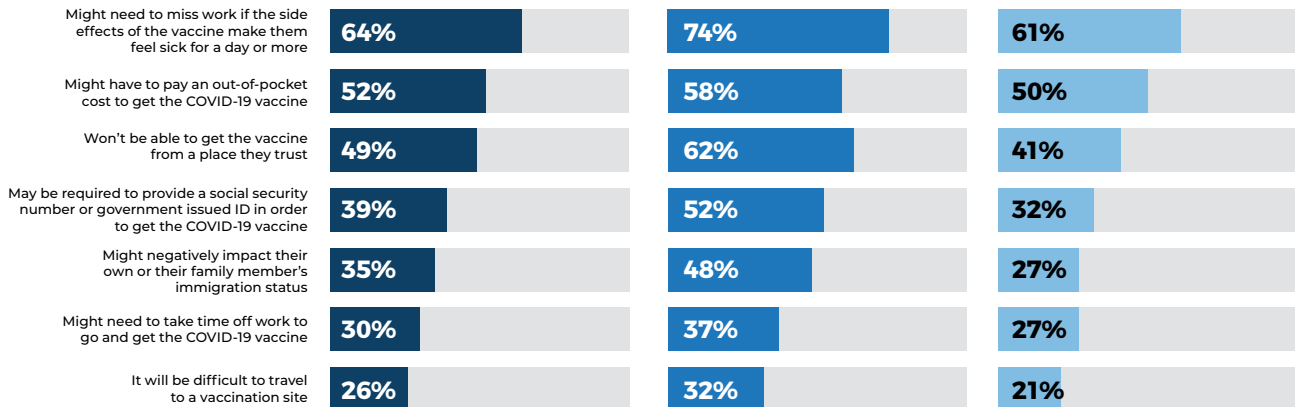
Among those who have not been vaccinated for COVID-19, a larger share of Hispanic adults says they want the vaccine as soon as possible, fewer say "definitely not."

When an FDA authorized vaccine for COVID-19 is available to you for free, do you think you will...?



COVID-19 vaccine access concerns among Hispanic adults vary by immigration status, insurance status and income

Percent who say they are very or somewhat concerned about each of the following when it comes to the COVID-19 vaccine.



else people gather, seeking to ensure people know how to sign up for a shot.

In the ZIP code around South Central Family Health Center's main site, only 16% of eligible residents had at least one shot as of May 7, according to the California Department of Public Health's vaccine tracker. Five months into the nation's vaccination campaign, as the CDC relaxes mask recommendations, the clinic is still pushing the importance of masks because of how few people have been vaccinated, Pérez says.

"Vaccine hesitancy" has become a catch-all excuse to explain low rates of vaccinations among minority populations, but the problem is complex, says Nancy Mejía, chief program officer of Latino Health Access in Santa Ana, a nonprofit that contracts with Orange

County to bring the COVID vaccine to Latinos.

Her group's community health workers, or promotoras, encounter people who face a wide variety of obstacles to get the shot, she says.

"We hear all of these questions about, 'Well, I don't have health insurance,' or 'Do I have to pay?' or 'I don't have email, how do I register?'" Mejía says. "When folks talk about hesitancy, we really have to ask what it is that we're talking about and not continue to place blame on individuals who actually have really good questions."

Now that demand for vaccine appointments has plunged, Mejía and her group are focusing more on mobile vaccine events at condominium buildings, swap meets, and parking lots where pedestrians and residents

can simply walk up. The events are happening in the evenings after work or on the weekends to make the decision to get vaccinated as easy as possible.

"We're seeing other places that have been open the entire day and gotten only five people in," she says. "So, for us being open just a few hours in the evening, and getting over 100 people — that's a success story."

Carmelo Morales, a 35-year-old Los Angeles resident, used to count himself among the vaccine skeptics. After talking to friends and seeing posts on Instagram, he feared the shots might be a plot to make people sick. He didn't see the urgency of getting a shot.

But Morales, who works in a meatpacking plant, has been deeply affected by the cases and deaths he has seen among colleagues and their families over the past year. One day in late April, as he was walking home from work, he noticed healthcare workers at a church near his house packing up after a COVID vaccine event.

He asked if there were any leftover doses, and because his house was nearby, nurses waited for him to run home to get his ID so he could get his first shot.

"I just thought about it and was like, hey, it'd be better just to be maybe on the safer side." **SDP**

Kristina Fiore leads the Enterprise & Investigative team for MedPage Today, where this article first appeared, and has been a medical journalist for the past decade.

Homicides Surge in California Amid COVID Shutdowns of Schools, Youth Programs

BY PHILLIP REESE

A MID A PANDEMIC THAT left law enforcement agencies stretched thin and left young men with little to do, California registered a devastating surge in homicides in 2020 that hit especially hard in Black and Latino communities.

The number of homicide victims in California jumped 27% from 2019 to 2020, to about 2,300, marking the largest year-over-year increase in three decades, according to preliminary death certificate data from the California Department of Public Health.

There were 5.8 homicides per 100,000 residents in 2020, the highest rate in California since 2008.

Similar increases were seen nationwide. The number of homicides in a sampling of large cities grew 32% from 2019 to 2020, according to preliminary FBI data. The data encompasses more than 200 cities with more than 100,000 people but does not include some big cities, like New York, Chicago, and Philadelphia, that did not report.

The California death certificate data reveals striking disparities among those who fell victim to homicide in 2020.

The number of homicides that took the lives of Black Californians rose 36% from 2019 to 2020, while homicides that took Hispanic lives rose 30%. By comparison, the number of white homicide victims rose 15% and the number of Asian victims rose 10%.

Most victims of homicide in 2020 were young, between 15 and 34 years old; the number of homicide victims in this age group rose from about 900 in 2019 to 1,175

in 2020, a 31% rise.

Firearms were the most common instrument of death, and the number of homicides involving guns rose 35% last year, the state data shows. Extending another long-standing trend: Males were five times as likely to be the victims of homicide as females. The number of male victims rose 30% in 2020, compared with a 14% rise in female victims.

The increase in deadly violence played out across large swaths of the state, urban and rural, and was keenly felt in the San Francisco Bay Area. Among California's 10 most populous counties, the sharpest increases were reported in Alameda County, where homicides rose 57%, followed by Fresno (44%), Sacramento (36%), and Los Angeles (32%). Only one of the 10

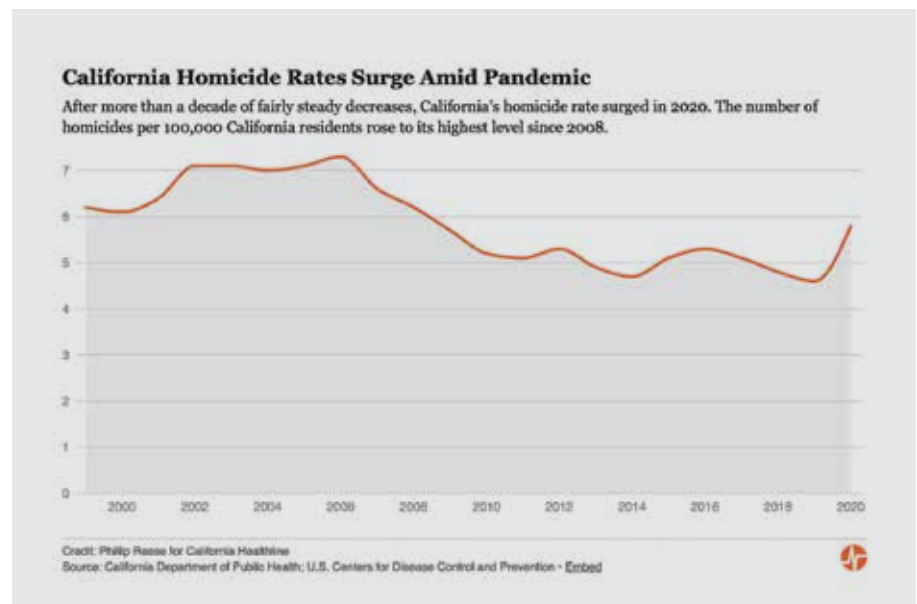
most populous counties — Contra Costa — saw a decline in homicides last year.

Law enforcement officials and criminologists said an increase in conflict among young adults, particularly those in street gangs, was a significant factor in the violence. They noted that schools and sports programs shut down as COVID-19 surged, as did large numbers of community and nonprofit programs that provide support, recreational outlets, and intervention services for at-risk youth.

"They were bored," says Reynaldo Reaser, executive director of Reclaiming America's Communities Through Empowerment (R.A.C.E.), which offers sports leagues, gang mediation, and youth development in impoverished neighborhoods of South Los Angeles. "And so, having nothing to do — no programs, no sports, no facilities open — the only thing they could focus on is each other."

Reaser runs a dynamic youth softball league that typically would draw more than 600 players and spectators during Sunday play, he said, many of them young gang members. But those games and other programs were curtailed during the covid pandemic.

Terrell Williams, an 18-year-old who lives in the West Athens area of South Los Angeles, says he spent many nights doing "delinquent stuff" before Reaser's program changed his life. He says many of his peers felt cooped up and restless



during the pandemic lockdowns, which contributed to an increase in violence.

“COVID tended to, I guess, make people not want to stay inside the house, and drove them outside more towards each other,” he explains.

Jorja Leap, a UCLA anthropologist and expert in gangs, violence, and trauma, echoed that theme, saying the restrictions on youth intervention programs and other healthy activities played “a huge role” in the rise in violence.

“The sports after school — football, basketball, whatever it might be — all that is stopped,” says Leap, a faculty member at UCLA’s Luskin School of Public Affairs. “So, frankly, you got a lot of adolescent and young adult energies out there.”

Young adults were particularly vulnerable to the mental toll of the pandemic. “They finally get programs; they have people interested in them. And then, it’s

all of a sudden withdrawn,” she says.

Pandemic-fueled anxiety and isolation corresponded with a huge increase in gun sales, which may also explain some of the increase in homicides. “I am worried about how easy it has been to get a gun during such a crisis time in America,” she says.

“It’s not ‘Pick one factor,’” she adds. “All of these factors reinforce each other.”

David Robinson is the sheriff in Kings County, a largely rural county in Southern California that registered 15 homicides in 2020, up from four in 2019. He is also president of the California State Sheriffs’ Association, giving him a wide lens on a difficult year.

Robinson agrees that an increase in gang activity and the “mental impact” of telling young adults they had to stay indoors likely contributed to the violence. But separately, he cites the toll the pandemic took on police agencies.

Many officers fell ill with COVID, forcing their agencies to reduce patrols and other crime prevention efforts.

The mass protests that followed George Floyd’s murder by a Minneapolis police officer last May also diverted resources, says Robinson. And the anger directed at police made it tougher for some officers to do their jobs.

“When there’s this call to defund police, it has an impact on the mentality of the men and women doing the job,” he says, adding that constant criticism can cause officers to “become more reactive than proactive.”

Robinson echoes other law enforcement officers in noting that thousands of inmates were released early from state prisons and county jails during the pandemic to stem COVID outbreaks. He thinks research eventually will show a correlation with the surge in homicides.

Leap disagrees. “If you get two shoplift-



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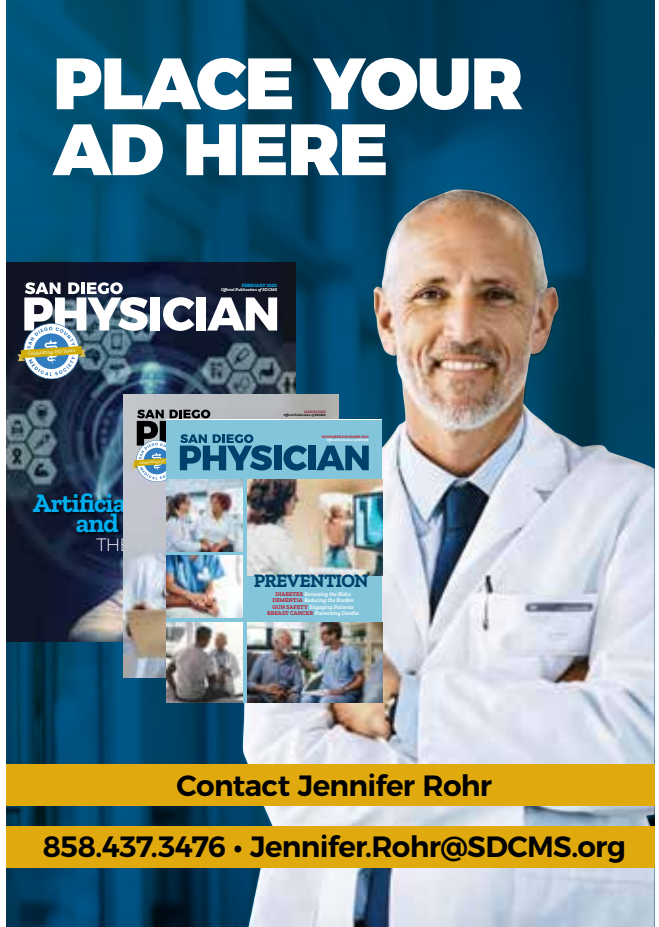
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ing charges, it's a felony," she says. "That's who they're releasing. They're not releasing people from death row."

With mass vaccinations taking place across the state and nation, more places are reopening and young adults have more options to engage in something positive. But Leap explains it will take a broad effort to bolster jobs and education, along with short-term intervention aimed at those still hurting from the pandemic, to improve the social conditions that contributed to the increase in homicides.

"As much as we've never dealt with a global pandemic in modern times, we've never dealt with the aftermath of a global pandemic," she says.

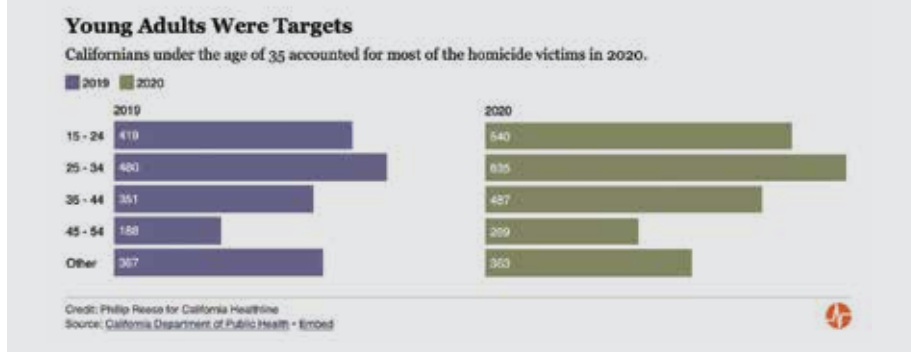
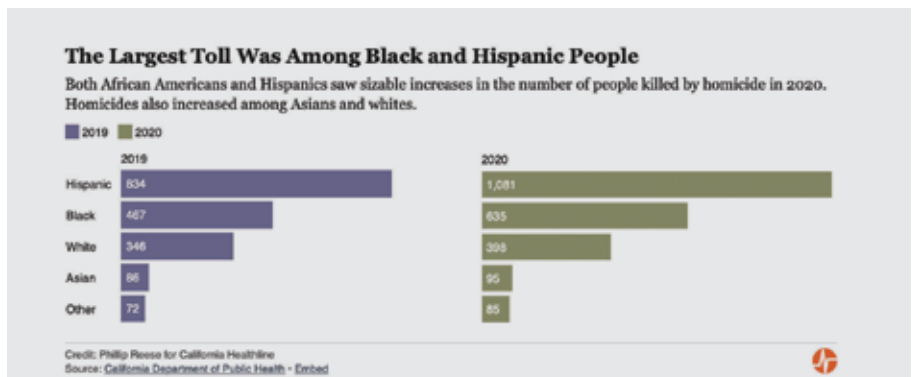
Reaser, in Los Angeles, is nonetheless optimistic. After a year of shutdowns, his youth softball league is starting up again. Finally, instead of trying to work out conflicts over the phone or online, Reaser can get young adult rivals to talk face to face and bond in a positive way.

"I really think that a lot of programs will open up," he says. "A lot of violence will slow down."

Methodology

This story draws on data from three sources. The data from these sources matches closely, but not precisely. Cause of death and population figures for 1979 through 2018 come from the federal Centers for Disease Control and Prevention. Cause of death figures for 2019 and 2020 come primarily from the California Department of Public Health and are based on death certificates. The exception is 2019 data for eight largely rural counties with few homicides. CDPH did not publish specific 2019 homicide figures for those counties due to data privacy rules. For those counties, 2019 homicide data comes from the California Department of Justice. **SDP**

Phillip Reese is a data reporting specialist and an assistant professor of journalism at California State University-Sacramento. This story was produced by KHN, which publishes California Healthline, an editorially independent service of the California Health Care Foundation.



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Can We Breathe Yet?

Mental Health and Law Enforcement Reform in San Diego

BY JAMES S. GRISOLIA, MD

ON APRIL 20, A JURY convicted Derek Chauvin on all counts for murdering George Floyd. The day before, our San Diego Metropolitan Transit System District revealed a similar case: MTS security officers knelt on a young man's neck and back until he died of asphyxia.

The MTS case occurred in 2019, when Angel Zapata Hernandez, a young man with schizophrenia, wandered back and forth across tracks just north of the downtown Santa Fe Depot. A compliance inspector and a security officer followed him, eventually struggling with him and handcuffing him in a prone position. Both officers held him, one with a knee in his back, another with a knee on his neck. After 6 minutes of restraint, he died of asphyxia within sight of the

historic 1915 railroad station.

MTS quietly met with his family, reaching a settlement of \$5.5 million along with changes in security policy and training modeled on the "8 Can't Wait" police reforms. Only then, on April 19 of this year, were the internal security videos released.¹

Derek Chauvin might be a bad apple, but he sprang from a tree that we have poisoned. As a society, we place law enforcement in impossible positions; sometimes it can only respond with dysfunction. For example, expecting law enforcement to control psychiatric patients creates needless trauma. Not only for the detainee and his family, but potentially for the officer, whose training demands control for safety.

In 2016, the sister of Alfred Olango called 911 as he was distressed over

the death of a childhood friend from Uganda. El Cajon police approached, did not have the tools to de-escalate, and shot him to death when he pulled a vape pen from his pocket.

Since 1996, San Diego sheriff and police departments have collaborated with County Mental Health to create the PERT (Psychiatric Emergency Response Teams) program, pairing specially trained police officers with mental health professionals. However, when confronting acute psychiatric distress, "special training" sometimes melts away and cops will still act like cops, with the "behavioral health professionals" quickly sidelined. De-escalation can give way to: control, or else.

San Diego County has recently turned to a different approach, called the Mobile Crisis Response Team, or MCRT. An



MCRT pilot program in North County began in January, and according to program director Megan Patrick-Thompson, PhD, they are still educating community agencies regarding when to call MCRT instead of the police or sheriff. Currently she estimates they receive three to five calls weekly. MCRT handles nonviolent mental health crises, responding with a team including a mental health clinician, a crisis manager, and a peer support specialist. Possible services include crisis intervention, risk assessment for suicide or other harm, psychological support, referral to community programs, and urgent transport to appropriate programs such as crisis houses, hospital emergency departments, county mental health, etc. The team follows cases up to 30 days after the acute intervention.

Peer support specialists have personal

or family experience with mental health conditions and complete a certificate program to assist in urgent situations. “Just having someone who has ‘been there’ can completely change the tone of the conversation with the client, or with family members while the clinician is talking to the client,” says Dr. Patrick-Thompson. This human connection can calm a frightened or angry client so they can better listen to advice or options.

On April 22, a Senate Judiciary subcommittee addressed policing and behavioral health in Washington, DC. CAHOOTS, an MCRT program operating in Eugene, Ore., testified that in 2019 they responded to 17% of police calls. MCRT staff requested police backup for 1.5% of calls or 311 calls, of which only 5% were tagged as an “imminent threat.”² This demonstrates that 911 operators can be trained to reliably distinguish violent from nonviolent mental health calls.

Recently, the San Diego County Board of Supervisors voted to extend MCRT to the entire county and requests for proposals have gone out to various organizations. According to the County, during the 2019–2020 fiscal year, local law enforcement agencies received more than 54,000 calls involving a psychiatric crisis. Unburdening the police from dealing with psychiatric emergencies could improve management for psychiatric patients and their families, while freeing up law enforcement.

Refocusing police resources away from mental health crises only starts the necessary evolution in police culture. Supreme Court Justice Louis Brandeis once wrote, “Sunshine is the best disinfectant” — now vindicated by the key importance of bystander video in the Derek Chauvin prosecution, and many other videos from police body cams and onlookers. With increased transparency comes accountability, and with that, change in behavior and in culture. Last November, San Diego voters overwhelmingly passed Measure B, dissolving the powerless Community Review Board in favor of a Commission on Police Practices, which will have independent power

to investigate. La Mesa’s City Council approved a new police oversight board with an independent auditor. In June, the San Diego County Board of Supervisors voted to restructure the Citizens’ Law Enforcement Review Board, with oversight for the Sheriff’s Department, at the same time that the MCRT program was expanded county-wide. While most local departments have de-escalation policies, independent oversight will bring accountability to change police practices and mandate de-escalation. Nationally, the House passed the George Floyd Justice in Policing Act in 2020, and bipartisan legislation is being slowly and tentatively negotiated in our fraught Senate.

Body cam and bystander video lay bare the problems that always lurked beneath the surface of law enforcement. Out of these tumultuous times, we can hope for changes that will make society fairer and more just. Families and entire communities have been traumatized for decades, losing loved ones in a traffic stop or for other insufficient reasons. Transition will create stress for law enforcement officers as new, more humane procedures displace the old status quo, and fresh training will strain to match society’s changing expectations. As physicians, we will continue to provide comfort and bind many wounds, physical and emotional, ministering to all sides. But too many Americans hold their breath when they see a police uniform or a police car. Imagine a future where we can all breathe easy.

References

1. MTS and Transit System Security Reach Settlement in Death of Angel Zapata Hernandez. www.sdmts.com/news release April 19, 2021.
2. “Who Responds Best to Mental Health Emergencies?” Firth S, MedPageToday, April 23, 2021. **SDP**

Dr. Grisolia is chief of staff-elect at Scripps Mercy Hospital in San Diego and a clinical neurologist. He is also an SDCMS member and editor of San Diego Physician.

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