

STEVEN P. DINKIN A Path Forward

CIVILITY ON TRIAL IN DEPP-HEARD DEFAMATION CASE

In the spectacle that was the Johnny Depp-Amber Heard defamation trial, which recently concluded, incivility was on full display.

It wasn't just the plaintiff (Depp) or the defendant (Heard) who behaved badly. Both did. But the American public was complicit, voraciously consuming the courtroom drama and callously weighing in on it — less often based on testimony than star power.

On that measure alone, Depp — an actor and musician with a large and loyal fan base — was bound to emerge victorious, at least in the court of public opinion.

If you somehow managed to dodge the story, it began in 2018. Heard wrote an op-ed in *The Washington Post* calling herself a “public figure representing domestic abuse.” Heard said she had endured years of harassment and assault — but kept quiet, doubting justice would be served.

That changed when Heard became a women's rights ambassador for the American Civil Liberties

Union. She felt compelled to speak out, even knowing she would likely feel “the full force of our culture's wrath.”

Heard's op-ed never mentioned Depp by name. The two split in 2016 after a short marriage; when Heard filed for divorce from the actor, she also filed a domestic violence restraining order against him.

In 2019, Depp sued Heard for \$50 million, claiming she defamed him, with “seismic” consequences for his life and career. From a legal perspective, defamation is considered a high bar: If a public figure, the plaintiff must prove a statement is not only untrue, but that it was made with malice.

But Depp was undeterred, despite losing a defamation suit against *The Sun*, a British tabloid, which called Depp a “wife beater.” The judge in that case found Heard's abuse claims to be substantially true.

The U.S. trial began in April of this year. On the witness stand, Heard described Depp's violent behavior — fueled by his sub-

stance abuse — and the physical and emotional toll it took on her. Depp insisted that Heard was the liar and abuser in the relationship.

Tawdrier than their testimony was the way in which the proceedings played out on social media. Coverage was live, with multiple cameras capturing every word and every reaction. The gallery was packed with Depp supporters, who lined up in the middle of the night to get their seats.

Amanda Hess, a critic at large for *The New York Times*, noted that the amount of material recorded each day enabled viewers “to examine every inch of the courtroom with a conspiratorial zeal,” creating their own versions of what occurred.

Heard was mocked and reviled; Depp was exalted and cheered. Hess aptly described the courtroom as a movie scene, with actors who had been cast in separate genres: Depp playing the suave comedy hero and Heard, “the histrionic villain from an '80s erotic thriller.”

On June 1, after three days of

deliberation, the jury found Heard liable on all three claims of defamation. They awarded Depp \$15 million in damages, which was reduced to \$10.35 million in accordance with Virginia law.

The jury separately found that Depp, through his lawyer, had defamed Heard on one of three claims in her \$100 million countersuit. She was awarded \$2 million in damages.

Monica Lewinsky gave her own verdict on the Depp-Heard trial in *Vanity Fair*, saying it signaled the continuing devaluation of our dignity and humanity, especially among social media users.

Lewinsky fairly asked at what point the opinions and actions of “virtual jurors” go too far.

She wrote, “(Does our opinion) entitle us to be cruel? Does it entitle us to feel so superior that we can create a meme or a TikTok or a tweet saying something that gets other people to laugh at someone who is already suffering?”

Lewinsky wasn't talking about freedom of speech but a recog-

nition that we are all human beings — part of a civilized society.

There has also been talk about the trial's implications for #MeToo, which created a space for women to speak out about harassment and even, name names. Some think the outcome will embolden men and silence women.

But just one day after the Depp-Heard verdict, a New York appeals court upheld Harvey Weinstein's conviction on rape and assault charges. A five-judge panel unanimously found that the lower court proceedings weren't prejudiced by the judge in favor of the prosecution. The action against Weinstein was precipitated by the #MeToo movement.

Perhaps there's hope that #MeToo — and a more civil society — will prevail. But the jury is still out.

Dinkin is president of the National Conflict Resolution Center, a San Diego-based group working to create solutions to challenging issues, including intolerance and incivility. To learn about NCRC's programming, visit ncrconline.com

CENTER Organization sought to run senior facility

FROM B1

called LiveWell San Diego — not to be confused with the county's Live Well San Diego health initiative and programs — which ran the center for about 40 years. They were succeeded by Lutheran Social Services.

Hartley was chair of the Clairemont Town Council's senior center task force that helped with the transition to Lutheran Social Services, and along with the rest of the team, helped to get the facility repaired and build out a schedule of activities.

“It hadn't been maintained on the inside for a long time, there were lots of problems — electrical, maintenance, all kinds of problems,” Hartley said.



Senior line dancers practice this month on a tennis court at the North Clairemont Recreation Center in San Diego. The group once used the rec center building, but no longer can.

Will the third time be the charm?

The City of San Diego and Cate's office are looking for an organization to step in and run a senior center in Clairemont long-term.

“It takes dedication — a dedicated person and a dedicated team — to keep up with the programming,” Cate said.

The San Diego Seniors Community Foundation is working with the city in a collaborative effort to bring a senior center back to Clairemont, CEO Israel said.

The nonprofit has received a \$25,000 donation from The Payne Family Foundation to assess and build a Clairemont Action Plan for a senior center in the neighborhood.

SDSCF is also discussing a contribution of \$100,000 from its Empower San Diego Senior Center Grants program toward a senior center solution for Clairemont, money it received through a commitment of \$2 million over the course of four years from the Sahn Family Foundation.

By the time the task force completed its work, the schedule of activities was robust and included writing workshops, technology lessons in a brand new computer lab and a lunch lecture series.

Then the pandemic hit and the center shuttered its doors. Lutheran Social Services was no longer able to pay its rent during the long closure, Hartley said.

The facility is temporarily being used as a monoclonal antibody treatment site for COVID-19 patients, but the hope is to possibly reopen it sometime after the contract with the state ends in the fall.

Why are senior centers needed?

The population of people 60 and older is increasing in the region as the Baby Boomer generation continues to age. There are 34,130 people age 60 and older living in District 6, which encompasses Claire-

mont, according to the San Diego Association of Governments. That demographic is expected to rise to 44,920 — a nearly 32 percent increase — by 2035.

“The neighborhood itself is an older community — a large population of individuals who are living there are retirees,” Cate said.

Senior centers have long been used as safe havens for older adults. “Every senior really deserves to have someone they can turn to and trust, and we really believe that senior centers are part of that, not the entirety, but a big part of that,” said Rich Israel, chief executive officer of the San Diego Seniors Community Foundation.

The centers are particularly important for those who are less likely to live in senior housing communities — which tend to have a hefty price tag — including those who have low or middle incomes and

communities of color, Dr. Dilip Jeste said. He is the UC San Diego psychiatry professor specializing in aging and senior associate dean for Healthy Aging and Senior Care.

Through the various programs they offer, senior centers have been shown to help older adults maintain or improve their physical, mental and cognitive health. In doing so, that can help them age in place longer and decrease the long-term health care costs associated with nursing homes and assisted living facilities.

“The local communities should do whatever they can to support senior centers,” Jeste said via email.

As with other senior centers, facilities like the one in Clairemont can also be a social hub for older adults.

When Linda Quint, 69, and her husband first moved to Clairemont from Pacific Beach, they didn't

really know anyone. She found out about the senior center through a friend who was teaching a chair yoga class there.

Soon, she became a regular student at the class, and would hang out after it to do puzzles, which allowed her to make new friends with a close-knit community nearby.

“I noticed it's named after someone and it's a ‘friendship center’, and it seemed like it was just that — a friendship center,” Quint said. “A lot of the ladies in the class knew each other, and it sounds like they knew each other for years.”

Without the a local senior center, Quint said she's felt extremely lonely.

“I miss the fellowship of meeting and being at the exercise class,” she said. “It was a great class — seniors really needed that particular exercise class. To a lot of them it was a lifesaver.”

Israel said the decision is still pending approval from SDSCF's grants committee and while they're considering the former facility, they are also looking for other location options.

Clairemont resident Buck Amador said he supports efforts to reopen the facility.

During his recent walk around the adjacent park, the 94-year-old said he had moved from Anaheim to San Diego four years ago to be closer to his two sons.

Because of the social distancing during the pandemic, Amador hasn't had a chance to make many local friends outside his family.

Reopening the facility, he said, would help him to meet more people his age and participate in active groups.

“It would give us seniors something to do, and it's good place to go — it's close — and it would be a lot healthier,” Amador said.

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American Civil Liberties Union Executive Director Anthony D. Romero, Feeding San Diego Founder and Board Chair Gwendolyn Sontheim, Katie Chen and San Diego County Taxpayers Association President and CEO Haney Hong.

SCENE

Feeding San Diego

Organization celebrates its 15th year — and 300 million meals

BY U-T STAFF

Feeding San Diego celebrated on May 15 its 15th anniversary, and 300 million meals distributed to San Diegans in need since 2007. The event was held at the organization's Sorrento Valley headquarters.

Guests included longtime donors and supporters, including many members of the nonprofit's board of directors. The guest of honor was Gwendolyn Sontheim, who founded Feeding San Diego and currently serves as the organization's board chair.

Sontheim was awarded the inaugural Starfish Award, inspired by The Starfish Story that shares the moral that everyone can make a difference — even if

that difference affects one person. The award was given to her to commemorate her longtime commitment to making a difference in people's lives.

Guests enjoyed a preview of Marisi La Jolla, an Italian restaurant debuting this summer. Fare included wagyu tartare and a signature cocktail from Beau du Bois, vice president of bar & spirits. The intimate gathering feted just over 100 of Feeding San Diego's supporters, including corporate partners, board members, food donors, and community organizations that work in partnership with the organization. The guest list included American Civil Liberties Union Executive Director Anthony D. Romero and The San Diego

Foundation's Vice President, Chief Impact and Partnerships Officer Pamela Gray Payton. Tours of the newer facility, which was completed in September 2020, were given, and remarks were made by Feeding San Diego CEO Dan Shea.

If your organization has held a philanthropic event, you're welcome to email a high-resolution photo along with information on the event to society@sduniontribune.com. Please clearly identify those in the photo, make them aware their image might appear in print and online, include the photographer's name for credit and be sure to include the who, what, where, when and why information on the event.

SECURITY Drills are difficult in hospitals

FROM B1

perience with health care security than Chris Van Gorder, chief executive officer of Scripps Health. A sworn police officer injured in the line of duty, Van Gorder's first health care job was director of security at the hospital where he recuperated from the injury that ended his law enforcement career.

In an email last week, he noted that health care facilities are limited in the extent that they can practice for such attacks. In hospitals especially, it is difficult to bring the kind of realism that makes threats and responses feel real.

“Real drills with actors as shooters and dozens of police officers, deputies and SWAT team members is intense and even frightening to staff participating, as I've been told by many employees,” Van Gorder said. “That's why I am not in favor of drills with real patients who might have behavioral health issues or might be medicated and not realize this is just a drill.”

That appears to be the standard, at least locally. Drills are generally “tabletop” exercises where workers talk through how they would respond to a given situation — say, a person entering their building with a gun — rather than going through acted scenarios.

There has been much talk in the wake of shootings in New York, Texas and Oklahoma that those who find themselves targeted

should themselves take aim. The argument is generally that a workplace with armed occupants will be less likely to be the location of an attack.

So far, there does not seem to be any such movement under way in San Diego.

Dr. Toluwalase “Lase” Ajayi, recently inaugurated as the 152nd president of the San Diego County Medical Society, said last week that she has not detected any move toward physicians arming themselves in reaction to the Tulsa shooting.

Doctors, she said, tend to be focused on treating causes rather than symptoms, and those she has spoken to tend to favor stiffer gun regulation rather than bringing firearms to work.

But there has been plenty of worry.

“To think that you could be attacked for doing your job, trying to do your best, and not just you but your team, it's extremely scary,” she said.

The pandemic, she added, has clearly increased the number of tense situations unfolding in many health care settings. Some of her colleagues, she said, recently told her of being spit upon by a patient who did not appreciate receiving the results of a positive coronavirus test.

“Just in general we're seeing this increase in aggression toward the medical professions, and it speaks to a larger societal burden,” Ajayi said.

How to respond to violence, especially gun violence, largely comes down to regulation as far as organized medicine is concerned. The powerful American Medical Association renewed its call for a ban on “military-style” weapons and high-capacity magazines Friday, supporting bi-

partisan talks in the Senate after Congress passed a new gun-regulation bill Wednesday.

Of course, there remains a call to harden targets and to arm those who find themselves working in places that come under assault.

Ajayi said the local perspective of doctors, at least those she has spoken to, tends toward skepticism that increasing layers of defense or increasing the presence of firearms in the hands of trained defenders will do much good against truly determined patients. Turning health care locations into bunkers, she said, is not likely to get support from medical professionals trained to increase access to care.

“ Militarization of health care, that bunker mentality, would absolutely do harm because it decreases access to care, takes away patient autonomy,” she said. “At the end of the day, it's the marginalized patients who suffer the most.”

It is not clear just how often violence, especially gun violence, against medical workers occurs. Google searches turn up plenty of anecdotal reports of similar incidents from an orthopedic surgeon killed at a shooting in a medical plaza in Rancho Mirage in 2020 to a disgruntled medical employee shooting his colleagues at a New York hospital in 2017.

San Diego's highest-profile situation of similar danger to a local doctor occurred in 1994 when a patient angry over the outcome of a prostate procedure shot Dr. George P. Szollar, a urologist, in the groin. The physician survived, and his 62-year-old assailant served prison time after fleeing to Mexico.

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