

COMMONWEAL

com•mon•weal (n) kōm'an-wēl noun 1. The public good or welfare 2. Archaic: a commonwealth.

S P R I N G 2 0 0 6

I am writing to all of you from Clean Med, the signature conference on greening the health care industry, created and co-sponsored by the organization I helped found, Health Care Without Harm. The work at Commonweal is going so well that I can continue to be part of Health Care Without Harm and other national and international efforts to heal people and the planet we share.

This morning as the pre-conference breakfast buffet was being set out in the conference hotel, early risers were passing around today's edition of the Wall Street Journal. In it was an article by Peter Waldman on the announcement by Baxter Healthcare and Hospira (formerly part of Abbott), the nation's two largest manufacturers of intravenous products, to offer products made without polyvinyl chloride plastic or the phthalate DEHP. The Wall Street Journal article explains the rationale for the new product development as the demand for "safer products" and "public health advocacy." To me, that explanation is a powerful affirmation of 10 years of organizing, education, cajoling and collaboration of Health Care Without Harm.

When HCWH accompanied shareholders who were part of the Interfaith Center for Corporate Responsibility to visit Baxter and Abbott for the first time in 1998, both companies dismissed our concerns. They disputed the science we used to explain our concerns with the same tiered set of arguments that industry continues to use to challenge the studies on environmental health problems:

- Their products have been used safely for many years.
- The science that suggests that chemicals in products can cause harm are animal studies with little relevance for humans.
- Even if the animal studies on chemicals are too powerful to be dismissed, the amounts of exposure to these

chemicals from their products are a safe amount of exposure.

These arguments appear so logical that it can be daunting to challenge them. But the last decade of environmental health science has taught us that:

- Product safety can't be assured by only looking for problems that are obviously caused by a single source. Acute responses—food poisoning, a rash, sudden breathing problems—can sometimes be traced back to a single source of exposure. There are also a handful of diseases that are only caused by one source—like the cancer mesothelioma from asbestos. But most health prob-

lems linked to chemicals have many possible sources or occur weeks, months or years after exposure takes place.

- Animal studies are designed to tell us what is happening in people, not rats. Reasonable people may disagree over the ethics of using animals to develop new pharmaceuticals and to determine the safety of chemicals. But it is unreasonable and dangerous to ignore well-designed studies that show a chemical is causing problems in animals. Especially when people who may be similarly exposed are having a similar health problem.
- We don't have enough information about most chemicals to be able to

At the CleanMed Reception...

Rachel Carson, (a.k.a. Charlotte Brody) trailed by the animals she helped protect, with Gary Cohen and Florence Nightingale (a.k.a. Anna Gilmore Hall, the new Executive Director of HCWH).



PHOTO BY BILL RAVENESI

determine their safety. Only 11% of the chemicals in cosmetics, for example, have ever been tested for safety. When chemicals are screened, risk assessment, the current methodology used to determine safety, cannot adequately gauge if there is a problem. Risk assessment is based on a set of simple assumptions about how chemicals work and how people's bodies work. The emerging science of environmental health is teaching us that risk assessment does not adequately capture the subtle and complex ways that chemicals can impact our health.

The decision of Hospira and Baxter to move to a new generation of products made without DEHP and PVC was not a risk assessment-based decision. Rather it was based on the demand of customers—hospitals and other health care institutions working with Health Care Without Harm—who expressed their preference for products made without chemicals that we know can cause birth defects, harm fertility and cause cancer. I am very proud to have played a role in this achievement for public health.

At CleanMed, I also had the chance to represent a character at the reception. I chose to be Rachel Carson, the author of *The Sea Around Us* and *Silent Spring*. Next year is the 100th anniversary of Rachel Carson's birth.

Rachel Carson died of breast cancer in 1964, two years after the publication of *Silent Spring*. Three months after *Silent Spring* was published Rachel Carson gave a speech to the Women's National Press Club. In her speech she responds to the chemical and pesticide industries' reaction to her new book:

"I find it a fitting and somewhat comforting reminder that new science, especially science that suggests that change is necessary, will be attacked. And that the attackers will come from the industries that fear change... The attack is now falling into a definite pattern and all the well-known devices are being used. One obvious way to weaken a cause is to discredit the person who champions it. So the masters of invective and insinuation have been busy: I am a bird lover—a cat lover—a fish lover—a priestess of nature—a devotee of a mystical cult hav-

Charlotte Brody talking to the Nurses Working Group before receiving the 1st Charlotte Brody Award to be given to a nurse luminary at all future CleanMed Conferences.



ing to do with laws of the universe which my critics believe themselves immune to.

Another piece of the pattern of attack largely ignores *Silent Spring* and concentrates on what I suppose would be called the soft sell, the soothing reassurances to the public. Some of these acknowledge the correctness of my facts, but say the incidents I reported occurred sometime in the past, that industry and Government are well aware of them and have long since taken steps to prevent their recurrence.

We are told that chemicals are never used unless tests have shown them to be safe. This, of course, is not an accurate statement.

A penetrating observer of social problems has pointed out recently that whereas wealthy families once were the chief benefactors of the universities, now industry has taken over this role. Support of education is something no one quarrels with—but this need not blind us to the fact that research supported by pesticides manufacturers is not likely to be directed at discovering facts indicating unfavorable effects of pesticides.

Such a liaison between science and industry is a growing phenomenon, seen in other areas as well. The AMA, through its newspaper, has just referred physicians to a pesticide trade association for information to help them answer patients' questions about the effects of pesticides on man. I am sure physicians have a need for information on this subject. But I would like to see them referred to authoritative scientific or medical literature—not to a trade organization whose business is to promote the sale of pesticides.

We see scientific societies acknowledging as "sustaining associates" a dozen or

more giants of a related industry. When the scientific organization speaks, whose voice do we hear—that of science? Or of the sustaining industry? It might be a less serious situation if this voice were always clearly identified, but the public assumes it is hearing the voice of science.

What does it mean when we see a committee set up to make a supposedly impartial review of a situation, and then discover that the committee is affiliated with the very industry whose profits are at stake? ...Is industry becoming a screen through which facts must be filtered, so that the hard, uncomfortable truths are kept back and only the harmless morsels allowed to filter through? I know that many thoughtful scientists are deeply disturbed that the organizations are becoming *fronts* for industry...But here the tailoring, the screening of basic truth is done, not to suit a party line, but to accommodate the short term gain, to serve the gods of profit and production."

I think Rachel Carson would appreciate the weaving of science, gardening, advocacy, education, journalism and healing work that is Commonwealth. Now and then the phone stops ringing, I turn away from my computer and the ecology of our collective efforts on the cliffs above the Pacific are made visible to me. And I am grateful to be here.

Have a warm and sunny summer.
The light has returned!

Charlotte Brody
Executive Director

PHOTO BY BILL RAVNESS

Collaborative on Health and Environment Turns Four Years Old

by Michael Lerner

Let me encourage every reader of the Commonwealth Letter interested in Commonwealth's work to join the Collaborative on Health and the Environment (CHE). CHE is simple to join. Go to www.healthandenvironment.org and sign up. CHE is free, we promise no more than four emails a month, and you are invited to participate in very high quality monthly Partner Calls on cutting edge science and health issues. You can also join one of the Working Groups where critical issues are addressed in more depth, as described below.

This month marks four years since over one hundred Founding CHE Partners from across the country gathered at San Francisco Medical Society to found the Collaborative on Health and the Environment. The Collaborative continues to be the principle focus of my personal work at Commonwealth, together with the Cancer Help Program. Over 2000 organizations and individuals in 47 states and 23 countries are working together to raise the level of public and professional dialogue about the impact of the environment on health. The quality

of the Partnership is exceptional.


Guided by an ethic of "science and civility," the Partnership has created a safe and congenial place for dialogue on environmental health science and the exploration of shared initiatives to reduce environmental threats to public health.

Vigorous CHE Working Groups are bringing the environmental health science revolution to leading patient, health professional and community organizations. CHE has had a major impact in the field of learning and developmental disabilities and the field of fertility and pregnancy compromise. CHE has made a significant and growing contribution to dialogues on cancer and on the health effects of electromagnetic fields (EMF). CHE Working Groups on asthma and Parkinson's Disease are at an earlier stage of development, but both are very promising.

The CHE Science Working Group is leading critically important dialogues on fundamental science questions,

with a special focus on issues such as the intersection of ecological health and integrative approaches to health promotion in our personal lives.

The CHE Partnership Calls attract over one hundred Partners each month in dialogue with top national leaders in science, medicine and environmental health policy. Likewise, CHE Working Group and Regional CHE Partner calls are well attended. Regional CHE Partnerships are active in Washington state, Pennsylvania, Oregon, Alaska and New York. We are deeply aware of the interest and contribution of international Partners to the Collaborative, and are exploring ways to enhance their engagement with CHE. CHE's information Partner, Environmental Health Sciences, has made it possible for CHE Partners to keep track of news about the health issues that concern them, through EnvironmentalHealthNews.org and the daily e-letter, *AboveTheFold*.

Participating in CHE is an amazing experience. Please join us if you are interested. 



What's New at CHE

- The 2006 *Consensus Statement on Breast Cancer and the Environment* originated out of the CHE Breast Cancer Working Group. The document explicitly expresses concern with the impact of environmental contaminants not only on breast cancer, but on all the diseases and disorders of our time.
- The emerging CHE Regional Partnership in New York will host a meeting focused on women's environmental health issues on June 14th, 2006.
- The newly-formed Parkinson's Disease Working Group focuses on the role of environmental contaminants in the onset of this neurodegenerative disease. Although early in development, this group has been extremely active and energetic, and continues to grow.
- The UCSF - CHE *Summit on Environmental Challenges to Reproductive Health and Fertility* is a national summit on infertility and the environment, which will be held in January, 2007. It is co-sponsored by CHE and the University of California, San Francisco.
- CHE will host a national conference on environmental health at the University of California, San Francisco, Laurel Heights campus on October 13th, 2006.
- A New Resource, the enhanced CHE Toxicants and Disease Database, is a searchable database located on the CHE website that summarizes links between chemical contaminants and approximately 200 diseases or conditions.

CHE Offers Two New Services

Enjoy Live Streaming Audio and a Live Blog during National Partnership Calls

At least once a month, the Collaborative on Health and the Environment (CHE) hosts a conference call on a timely environmental health issue, featuring presentations from leading scientists, health professionals and other experts from multiple fields. Subjects covered previously include gene expression, environmental cardiology, endocrine disruption, nanotechnology, thyroid conditions, biomonitoring, neurodegenerative disease and many other topics.

If you have not had the opportunity to listen to one of our CHE Partnership Calls, please take a look at upcoming dates and times, in addition to recordings of past calls, at <http://www.healthandenvironment.org/news/calls>.

Below is information about the live streaming audio and the blog.

- **Live Streaming Audio:** This service will enable you to listen to the National Partnership call on your computer in real time at no charge, and is ideal for those of you who are located overseas, who may not have access to a phone or who would like to listen to the call without incurring long-distance phone charges.
- **Live CHE Blog:** The new CHE Blog will enable CHE Partners who are listening to the National Partnership Call via telephone or live streaming audio to type in questions and comments during the call. CHE staff will be monitoring and responding to the blog during the call. No special software is needed to participate in the blog.

For more information, please visit our website, www.HealthAndEnvironment.org, or contact Eleni Sotos, CHE National Coordinator, at Eleni@HealthAndEnvironment.org. ■

Construction Work Continues

The expansion of Commonweal's office building and the refurbishment of the Heydendahl House are moving towards completion. We've worked hard to use green materials and practices in the construction work including non-toxic insulation made of used blue jeans, recycled and recyclable carpeting made without PVC or other dangerous chemicals, natural tile, stone and cork and energy efficient appliances.



The Ocean Policy Program Is for the Birds

Very long-time Commonweal watchers may remember that Burr Heneman left Commonweal at the end of 1979 to begin five years as executive director of PRBO Conservation Science, a leading bird research and conservation organization. His post-PRBO career increasingly centered on marine life and fisheries policy issues—the focus of Commonweal's Ocean Policy Program since Burr returned in 1997. Now Burr's work has circled round to birds again.

The David and Lucile Packard Foundation decided recently to embark on a two-year, \$3million initiative for seabird and shorebird conservation in the Pacific Basin. Last December, the Foundation asked Burr to develop a list of strategic projects and possible grantees for that initiative. The main objective was to propose projects with near-term, direct benefits for birds.

Burr delivered his report to the Foundation in March, and in April they decided to invite proposals for the highest priority projects. Two of the projects will develop improved tuna fishing gear to replace techniques that now kill tens of thousands of albatrosses and other seabirds each year. Other projects will eradicate introduced rats on important seabird nesting islands in Fiji, French Polynesia, New Caledonia, and Palau. And some projects will identify and protect important seabird and shorebird habitats in Mexico and the western tropical Pacific.

The Foundation has asked Burr to assist with the proposal development and review process. The next Newsletter will have a report from Burr on seabird and shorebird conservation issues and how the projects funded by The Packard Foundation initiative will help. ■

What's New at the Institute for the Study of Health and Illness

From Rachel Naomi Remen, Director

We are proud to announce that we now have 47 schools actively teaching The Healer's Art, including many of the most prestigious American medical schools—up from 32 last year and closing in on 50% of American schools. They are all doing a great job! We have by now probably reached most of those medical educators who are already “in the choir.”

Some background: In the past we have attracted new schools by word of mouth and by traveling to professional meetings around the country and offering little workshops to interested faculty—very expensive, very time consuming and frankly exhausting. About 18 months ago we began implementing a long-range strategy for future program growth based on developing a solid research program that will offer the kind of data that will interest the next batch of medical educators who are not in the choir but still in the church. This is being done through presentations at national professional meetings and publications in respected peer reviewed professional journals—a plan which seemed pretty far-fetched for a little band of folks on the edge of the Pacific who are not part of an accredited University medical school. We brought in two research consultants from UCSF to help us do this: Dr. Mike Rabow (who has taught in the UCSF Healer's Art course for eight years) and Dr. Judith Wrubel. They undertook a national outcome study of the almost 600 students from the 25 schools teaching the course in 2003-4.

Today we discovered that we have been selected by peer review to present our research findings at the

annual meeting of the Society for General Internal Medicine in Los Angeles in April 2006. And last month we were selected by peer review to present our research findings at the annual

meeting of the Society for Teachers of Family Medicine in San Francisco, also in April. Mike and Judith are thrilled! (And UCSF was actually shocked!) Our research paper which is ready for submission to Academic Medicine, the “trade journal” of medical educators, will be sent out next week to several deans and educational researchers around the country for their comments and suggestions. The acceptance of this research for presentation at these two prestigious professional meetings really gives us a step up in the effort to get published.

I am very, very grateful for the opportunity to reach other faculty in this new way and to serve more students. Participating with Mike and Judith in the gathering and analysis of data and the writing of this paper has been an amazing experience—and we have two other papers in the pipeline as well. ■

10th Anniversary of *Kitchen Table Wisdom* Celebrated with New Editions

Kitchen Table Wisdom, written by our very own Rachel Naomi Remen, M.D., is a book with GREAT legs. Ever since it hit the bestseller list in 1994, it has maintained continuous popularity. Its stories of wisdom and healing have traveled around the world and it has been translated into 19 languages, the latest being Turkish! Since people can't quite get enough of it, Penguin/Putnam is publishing a special 10th Anniversary Edition which will be out this August with a new forward by Rachel. Plus, the publisher urged Rachel to put together *The Little Book of Kitchen Table Wisdom*, containing the 100 most underlined phrases from *Kitchen Table Wisdom*. It is a five-inch by five-inch book that you can carry in your pocket. Look for both of these books at your local bookstore this August.



Michael Lerner and Rachel Naomi Remen

A Brief Guide to Choices in Healing with Cancer

by Michael Lerner

We recently completed the 128th Cancer Help Program, a truly wonderful retreat in our twenty-first year. Smith Farm Cancer Help Programs in Washington, D.C. are now in their tenth year.

People often ask for a brief summary of what I would say to a friend recently diagnosed with cancer. This is what I would say:

Recognize that a cancer diagnosis puts some people in shock. If you are in shock, give yourself time to recover from the shock before you rush into treatment decisions. A quiet place, warmth, nourishing food are all valuable in recovering from shock. When you emerge from shock, you will naturally begin to ask about therapy choices.

Therapy choices can be divided between conventional and complementary or alternative therapies. The place to start is definitely with conventional therapies. Even if a surgeon gives you the diagnosis, you will almost always want to involve an oncologist in the treatment choices. Recognize that in many cancers there is a range of legitimate treatment choices. Most people will want to understand the full range of choices, but some people will just want their doctor to decide for them. Either approach is entirely legitimate. If you have a range of legitimate choices, and the choice is up to you, consider three things: (1) the likelihood of the treatment to be successful, (2) the side-effects and health consequences of the treatment, and (3) your own intuition, or gut sense, of what you would actually prefer to do. This third dimension of choice is often overlooked, but it is actually a very important part of good choices in therapies.

The first oncologist you meet will not necessarily be the one for you to



*Wind sculpture
at our
Retreat Center*

stay with long term. Having an oncologist that you feel reasonably good about is really important. The same is true for any other doctor who will be treating you extensively. There are wonderful doctors in almost every community, but it can take some time to find them. Three of the best sources are other patients, other doctors, and oncology nurses. The oncology nurses really know who is good in their community. They are an overlooked resource.

Healing is different from medical treatment. Healing is the physical, mental, emotional and spiritual process of

moving toward wholeness. The healing process can guide you in choice in all other areas—choices in conventional and complementary therapies specifically. Physical healing is promoted by good food, exercise, stress reduction, and virtually any healthy activity or pleasure that feels deeply good to you. Mental, emotional and spiritual healing are also supported by physical healing. But the latter forms of healing can also take place when one is losing ground physically—sometimes even more powerfully than when one is feeling well.

Complementary and alternative

therapies can be of great benefit to those who are interested in pursuing them. But they should not be pressed upon a reluctant friend or family member. The complementary therapies include spiritual, psychological, nutritional, and physical approaches to health. I call these four the “vital quartet” of complementary therapies because they alone clearly enhance health, and enhanced health (or “functional status”) is a known predictor of survival in many cancers.

Beyond the “vital quartet,” complementary therapies include traditional medicines, herbal medicines, alternative pharmaceuticals, electromagnetic therapies, unconventional uses of conventional therapies, and esoteric therapies. You can add to this list of ten categories of complementary and alternative medicines (CAM), but this is a reasonable list.

The “vital quartet” of spiritual, psychological, nutritional and physical

therapies is the starting place for anyone interested in CAM therapies. Prudently pursued, they do not harm and may improve quality of life. In some cases they may also extend survival.


Beyond the “vital quartet,” some traditional medicines, like traditional Chinese medicine, are widely used by cancer patients who often report good results. Further exploration of CAM therapies requires greater care, since alternative herbal and pharmaceutical therapies are not self-evidently beneficial and not obviously health promoting.

Careful internet research can often yield scientific studies of CAM therapies of surprising individual relevance. Internet resources can also be superb for choices in conventional therapies. A particularly useful website, largely on conventional and experimental therapies, is acor.org, the Association of Cancer Online Resources, which has

Meditation Chapel on our bluff overlooking the Pacific



listservs for a very wide range of different cancers on which knowledgeable patient-experts share their expertise with any who seek help.

We cover all of this and more in my book, *Choices in Healing*, from MIT Press, and in the Cancer Help Program. But these few paragraphs are a start for anyone you think would benefit from them. 

Update from the Commonwealth Biomonitoring Resource Center

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During these past few months, CBRC has continued to democratize biomonitoring by sharing information about project design and implementation gleaned from our and others' experience with many community-based groups. Testing humans for the chemicals they carry in their bodies presents a startling new view about how chemicals move around our globe, our neighborhoods and in and out of our bodies. We are learning more today about what we carry in personal chemical “cargo” than in previous decades and this information is guiding efforts to change the way we use toxic chemicals. When we understand how many synthetic chemicals we all carry in our bodies, we understand that the system designed to protect us is broken and needs to be repaired.

We are also learning about how biomonitoring project participants respond when receiving information about the chemicals found in their own bodies. For

the first time, they understand how the outside chemical environment becomes part of their own internal landscape... that no matter how often they may have personally pulled the beetles from their roses (instead of applying pesticides), or how many times they have chosen stainless steel water bottles over problematic plastic bottles, their bodies often carry

the residue of chemicals used in hundreds of other industrial products. This news can make people feel that the possibilities for preventive action, as well as chances for good health, passed us by long ago. And the person delivering the body burden information, often a physician, needs to be prepared to hear feelings of anger, of shock, of surprise. It's a time for compassion and

BIOMONITORING is the measurement in human biospecimens such as blood, urine, meconium, bone, hair, and breastmilk for the presence and concentration of synthetic chemicals. For decades, government agencies have conducted biomonitoring studies around the globe, and data from such studies indicate that humans and wildlife everywhere carry chemical “body burdens” of hundreds of chemicals. For some chemicals we have substantial information about their effects on human health, but for the vast majority little is known.

understanding, but also for sharing thoughts about how we can truly turn around the past few decades of toxic trespass.

The truth is that democratic processes take root best with access to reliable information, and that personal choices can make a big difference in the levels of chemicals our bodies carry. But it is

“To most of us, it makes sense to lower the levels of chemicals in our bodies, long before studies are initiated and completed that may tell us which of these chemicals might be harmful...”

also true that body burden levels across the population will decrease only when we institute chemical policy reform.

CBRC’s goal has been to democratize biomonitoring so individuals and communities interested in both an active role in their own health assessment and in disease prevention can have access to biomonitoring data. Many of the groups we consult with, including organizations in Washington State, New York, Maine, Massachusetts, Colorado, Israel, Russia, and Mexico plan to communicate both the aggregated data from their biomonitoring projects as well as an individual study participant’s personal chemical body burden information to project participants requesting such information.

Individual biomonitoring data in general is not predictive for individual health outcomes, and epidemiological studies in general do not convey biomonitoring data to study participants because individual information will not be directly related to medical treatment. Furthermore, health professionals are often concerned that chemical body burden data may unnecessarily alarm the individual because of the paucity of information about the significance of such data. The linkages connecting toxic chemical exposure to adverse health outcomes are rarely studied and consequently poorly understood.

However, we have encouraged biomonitoring projects to offer individual data to project participants for the following reasons:

First, although information from medical tests traditionally is not com-

municated to patients unless such information is considered to have a direct connection to an individual’s health, many people are now increasingly asking for and collecting information about, for example, their own cholesterol levels, even when these levels may not currently be considered a cause of concern. We all

are beginning to take more responsibility for our own well-being and to learn more about data that can help us connect parts of the optimum health puzzle. We understand that the puzzle is complex, that information can be contradictory, and that medical silos of specialization may discourage a comprehensive approach. Nevertheless, having information about factors that affect health helps us make better choices about how we want to lead our lives. To most of us, it makes sense to lower the levels of chemicals in our bodies, long before studies are initiated and completed that may tell us which of these chemicals might be harmful, in which combinations, at what levels, and at what critical times of development in our lives. Being deprived of our individual biomonitoring data by authorities not wishing to alarm us deprives us of taking responsibility for our own health.

Second, we have a responsibility to monitor our chemical intake and act accordingly. When electrical meters are placed in locations near household entryways where individuals can easily see the current being consumed, consumption of electrical power often goes down. We may not have enough information to connect the tide of chemicals washing through our bodies to adverse health effects, but who among us truly believes that we can continue to absorb into our bodies hundreds of chemicals without some kind of ill effect? Many of us want to stop or restrict this flow until we are certain about safety of exposure and clear about trade-offs between health and the kinds of benefits offered by chemical use.

Third, we have the responsibility to protect future generations. Ed Clark, Chief pediatrician at the University of Utah has said that for the first time, “the current generation of children are not as healthy as their parents.” We may not understand all the reasons for this startling and sad development, but sufficient evidence suggests that toxic chemical exposure plays a role. By knowing our own chemical profile, and by working to reduce that profile by voicing our personal concern, we can most effectively ensure that exposures are reduced and that children are no longer born carrying toxic chemicals in their bodies.

Fourth, we need to weigh the benefits of learning our body burden against the impacts such information might have on our lives. Some body burden information may have an impact on health insurance. It’s not clear that this is a real possibility, but some have conjectured that body burden data may at some point be used to deny or limit coverage. There is also the possibility that body burden data may be linked to sources of exposure in people’s homes or land, thereby lowering property values, given that many states require disclosure of environmental hazards when property is sold. Home equity is often the only form of savings people have and to find that their property has little value because of chemical contamination can be devastating. Nevertheless, denying information about chemical body burdens to individuals who request it does not solve either the problem of inadequate health insurance or the problem of contaminated property.

Senate Bill 1749, the Healthy Californians Biomonitoring bill, which mandates that the state establish a statewide, community-based biomonitoring program, also mandates individual access to individual biomonitoring data if so requested. This bill, authored by Senators Don Perata and Deborah Ortiz is co-sponsored by Commonweal and the Breast Cancer Fund. Commonweal Senior Policy Advisor Davis Baltz is heading up Commonweal’s support for this bill and will be glad to hear from you if you have questions or if you want to support the bill to make biomonitoring and biomonitoring data available to Californians. ■

Commonweal Garden Update

We are happy to announce that the Commonweal Garden has just received its official organic certification and we are now members of Marin Organic. We have chard, kale, beets, lettuce, onions and 40 pounds of garlic all growing in the fields and have added an additional 200 raspberries to our collection. Three weeks ago we planted 1500 strawberries in preparation for a strawberry festival that will take place in mid-July.

We are presently awaiting a nursery order of blueberries, elderberries, apples, basketry willow, currants, lemons, and filberts.

Starting April 7, 2006, and every Friday after that, from 10 am to 4 pm, community members will be able to volunteer at the Commonweal garden in a wide range of activities—gardening, preparing new planting beds, composting and worm management, harvesting, riparian reconstruction, orchard management, maintaining the greenhouse, and the cre-

ation of new hen houses and goat runs.

In March, we held a second weekend beekeeping workshop. It was well attended and together with last year's workshop the world has 39 more bee hives throughout the Bay Area providing communities with honey, pollinating our valuable plants and moving us another small step towards providing a healthy local community food system.

In May, we will be presenting our two-week Permaculture Design course. Students will learn how to observe and use the same principles that make ecological systems self-sustaining and apply them to their designs for integrated homes and gardens, energy systems and water supplies, communities that function and thrive, meaningful and fulfilling work, and economics and global political movements.

The course will also weave together the principles and practices of Permaculture with wilderness aware-


ness—learning bird language, tracking, and participating in activities that deepen one's awareness and intimacy with the rest of the natural world.

This winter we introduced two new programs. On the second Saturday of every month, Matt Berry, a Bay Area native and a staff and community member at the garden is teaching a Wildcrafting series, offering a unique approach to ecological education and blending his interests and expertise in field biology, primitive skills, and Permaculture. Inspired by Tom Brown, Jr. and the Tracker School, Matt has been practicing primitive living skills and nature awareness for 20 years. The series will cover basketry, wildcrafting, bark containers, cordage, primitive pottery, fire, tool making and much more.

And on the 30th of April, the Ecology of Leadership program will be launched. As we all face the challenges confronting the living earth, we each carry deep inside of us a dream of how we could make a difference in the world. This program is designed to creatively articulate that dream, ignite the fire and support participants in becoming unstoppable leaders in their lives, family, community and the world.

During this 8-month one Sunday a month adventure, we will explore creating a vibrant personal leadership ecology—a set of practices, mindsets, habits, and skills that will nurture and support each participant as a visionary and leader. We will be drawing upon the wisdom of our ancestors and the people in our contemporary world who, through their leadership, have brought beauty, justice and love into our lives.

We are very excited about our educational programs for this year and the continuing unfolding of the Commonweal Garden. If you would like to be on our newsletter list, you can sign up on the web site www.regenerativedesign.org. For additional information please call our office at (415) 868-9681.

We would like to express our gratitude for the opportunity to live in this exquisite garden and we wish you a joyful Spring. 

— Penny Livingston-Stark & James Stark
Michael Presley
Rachael and Matt Berry



*Penny Livingston-Stark
holding a comb of bees*

Juvenile Justice Program

The slow-paced saga of youth corrections reform in California

We remain actively involved in efforts to transform California's troubled youth prison system into a model of juvenile offender care. Commonweal has deep roots in this work. Twenty years ago, Commonweal published four books on the California Youth Authority (CYA). The first two, by Steve Lerner, documented abysmal conditions including overcrowding, high levels of institutional violence and program deficiencies in CYA facilities. These problems have not gone away.

In 2003, the CYA was sued by the Prison Law Office (*Farrell v. Hickman*). The result is that California's youth corrections system is now under a court-supervised consent decree mandating system-wide changes. The State has admitted that the Youth Authority is broken and needs to be fixed. The Division of Juvenile Justice (the new name given to CYA in 2005) has vetted plans to replace the prison culture of its institutions with a "normative" treatment model based on national best practices. But so far, tangible changes at the institutions are hard to find.

The state Inspector General (an auditor-cop agency that has broad investigatory power over state corrections) reports on-going deficiencies at DJJ institutions. These include high rates of violence, empty teacher positions resulting in cancelled classes, failure to implement promised "open programming" or ward classification systems, inadequate medical

and mental health care and poor suicide prevention (there have been four ward suicides at CYA/DJJ facilities in the last three years).

Today there are about 3,000 wards in 8 DJJ institutions. Due largely to declining crime rates, this population is less than a third of the CYA population ten years ago. Most of these state-committed youth have violent offenses, but 40 percent of the population has been committed to DJJ for lesser crimes. There is also a swift business in returning wards to DJJ for parole violations. Blacks and Hispanics outnumber White and Asian youth in DJJ facilities by about 3:1. The average age is 19 but there are some approaching the maximum age of 25. The annual cost per ward exceeds \$100,000. The failure rate is between 50 and 90 percent of releases within two years, depending on the standard used and who's using it.

In March 2004, Commonweal's Juvenile Justice Program Director, David Steinhart, was invited by the state to serve on a task force of California juvenile justice experts and professionals, convened to advise the Administration on youth corrections reforms. The "Governor's Juvenile Justice Working Group" offered some key recommendations, including:

- Reduce secure facility unit sizes from 50 or more to the national standard of 25 or less, and increase staff:ward ratios.
- Devise a facility replacement plan

that would retire huge and outdated institutions with smaller treatment-based facilities, and place youth in facilities closest to their homes.

- Get rid of prison hardware: cages, billy clubs, pepper spray, uniformed guards, lockdowns.
- Hire more teachers, vocational counselors, health and mental health professionals.
- Overhaul the current parole system with an aftercare service network to support wards with education, jobs, a place to live and other services upon release.
- Provide funds to counties for juvenile offender programs, to reduce county reliance on costly and substandard state facilities.

DJJ has accepted some of these recommendations while rejecting others. The cages are mostly gone and unit size has been re-targeted at 35-40. Moreover, the Governor's January budget proposes \$52 million in new DJJ funds to hire more planners, teachers, counselors and health care workers. But calls to shut down some of the most dangerous facilities, like the N.A. Chaderjian school in Stockton, have been rebuffed. Only one replacement facility (for 250 wards) is planned, and it would not open (if all goes well) until 2009 at the earliest. There are no plans to adjust anachronistic state sentencing laws that reinforce over-long confinement periods in DJJ facilities. There are no significant changes planned in the state's

dysfunctional youth parole system.

As the parties to the *Farrell* litigation hassle over the schedule and cost of DJJ remedies, state lawmakers are showing signs of distress. Key among them is Senator Gloria Romero (D-LA), the Majority Leader who also chairs the Senate Select Committee on Corrections. In 2004, Romero released videotapes of guards beating wards at the Chaderjian facility to news outlets—and the tapes ran on TVs all over the state. In a December 2005 hearing, she warned DJJ chief Bernard Warner that the Legislature would zero-base-budget his Division in 2006—meaning that he could not assume renewal of DJJ's \$400 million annual funding without evidence of commitment and progress toward reforms. Romero is currently carrying bills that would force DJJ's hand—on parole reform, facility development and DJJ population and length-of-stay controls.

The Juvenile Justice program continues to support the California youth corrections reform movement. At the Administration's request, we drafted a model of youth parole reform—elements of which appear in pending legislation. We have testified on DJJ restructuring and reform issues before the Legislature, the Little Hoover Commission and panels of experts retained in the *Farrell* litigation. We have worked, to the extent possible, with DJJ administrators on specific remedies. Our comments appear with some frequency in major state newspapers. We coordinate with other advocates and stakeholders (e.g. attorneys, judges, probation chiefs, law enforcement leaders).

In the months ahead, we will be watching developments closely. DJJ will offer new plans and schedules in several reports due between now and July. The new DJJ chief, Bernard Warner, has yet to be confirmed by the state Senate. Will the pace of administration reforms begin to pick up? That might begin to satisfy an increasingly skeptical corps of legislative leaders. If lawmakers are not appeased, DJJ may well be facing new budget constraints, and the Governor may be looking at bills on his desk mandating changes in DJJ programs and facilities. ■

Rural Detention Alternatives

Steve Lerner, Commonweal's Research Director, has finished his book *Fair Growth: Building Mixed Income Communities*. It is now being edited and will be submitted to MIT Press by the end of June. In the meanwhile he has taken on a project in the field of juvenile justice, which he worked on in the 1980s when his series of monographs on the California Youth Authority's prison system was published.

The Annie E. Casey Foundation's Juvenile Detention Alternatives Initiative (JDAI) encourages jurisdictions to create a continuum of alternatives to detention in order to keep low-level offenders from incarceration in high-security facilities. The idea is that once a kid is sent to detention there is a risk that his ties to his community will be severed and that he will penetrate deeper into the juvenile justice system. Keeping kids from becoming institutionalized requires building programs in their community that can protect public safety while, at the same time, providing young people with the skills and resources to be able to live at home.

Currently, the lion's share of juvenile justice budgets are spent on high-security facilities such as state training schools, where kids are locked up for years at a time, and detention facilities. Weaning jurisdictions off a dependence on high-security facilities requires demonstration projects which prove that most delinquents can be safely handled in non-secure programs at the community level. Only a small fraction of juvenile offenders need to be locked up.

Most state efforts to reduce dependence on training schools and detention facilities have focused on densely populated metropolitan areas where reform efforts get the most bang for their buck. A series of detention alternative programs are already open for business in urban areas.

These include home detention programs where kids are either at school or at home with intensive supervision by probation officers or are equipped with electronic bracelets or anklets that track their movements; intensive tracking systems where juvenile offenders are kept in the community but contacted sometimes several times a day by a tracker who sees that they follow the terms of their probation; day and evening reporting centers where kids go after school and on weekends for counseling and supervision; therapeutic foster care where kids are placed out of their homes but still kept in the community; and attendant care programs where kids are kept in the "break room" at a police station or courthouse overnight or for the weekend instead of going to detention until they can be taken before a judge.

Creating a continuum of detention alternatives is particularly difficult in rural areas where there is neither the population density nor the money to create a comprehensive set of non-secure programs for juvenile offenders. For this reason, Bart Lubow, director of the Annie E. Casey Foundation's JDAI program has asked Steve Lerner to research and write a monograph on the special challenges of detention reform in rural areas.

Lerner recently returned from a research trip to small towns in north-eastern Oregon where 17 counties have joined to form a consortium to pool their resources and expertise in order to build a robust detention alternative program. Lerner will also report on interviews he has done with juvenile justice experts in North Dakota, Illinois, New Mexico, Maine, New Hampshire, and Alaska. ■

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