

PSR REPORTS



PSR is the U.S. affiliate of International Physicians for the Prevention of Nuclear War, recipient of the 1985 Nobel Prize for Peace.

P H Y S I C I A N S F O R S O C I A L R E S P O N S I B I L I T Y

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PSR Opposes Festering U.S. Policy in Iraq

Almost two years have passed since the Bush administration launched its ill-advised and illegal invasion of Iraq. In December 2004, the CIA called off its search for weapons of mass destruction in Iraq, having found nothing. Both Charles Duelfer, the CIA's special adviser to the Iraq Survey Group, and his predecessor, David Kay, found that Iraq had eliminated its chemical, biological, and nuclear weapons after the 1991 Gulf War. The spurious threat against which the invasion was launched, in defiance of the United Nations and international law, has been shown for the sham PSR always insisted it was.

The Iraqi people continue to pay a high price in deaths and injuries, hunger, and privation. As estimated by Johns Hopkins in an October 2004 article in the British medical journal *The Lancet*, some 100,000

Iraqis have died as a direct or indirect result of the war—either through military action, from lack of adequate food and clean drinking water, or because of the systematic degradation of medical services.

The war is exacting a high price in the United States, as well. More than 1,400 service personnel have given their lives; another 10,000 have been injured, often losing limbs or suffering terrible head wounds. The cost in psychological damage will not be known for years to come. The Administration has attacked the U.S. Constitution as part of this war, threatening to detain some prisoners for life without trial, invading Americans' privacy, and flouting the Geneva Conventions and other international laws by allowing the torture and inhuman treatment of Iraqi detainees.

In late December, Jeffrey Ritterman, M.D., of San Francisco PSR,



DOD PHOTO BY STAFF SGT. JONATHAN C. KNATH, U.S. MARINE CORPS

traveled as part of a larger group to Jordan to arrange for the delivery of medical and other humanitarian

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U.S. Marines prepare to patrol the city of Fallujah, Iraq, in November 2004.

The Sleeping Giant Wakes Health Messengers Reframe Environmental Policy

The Clean Air Act is one of the nation's premier public health statutes—a law put into place in 1970, and significantly strengthened in 1977 and 1990, to protect the nation's health. Yet the Bush Administration has targeted this historic legislation for significant overhaul through its so-called "Clear Skies" proposal, and is expected to spend some of its political capital this year to see it changed forever. The health community is

a "sleeping giant" on this issue—a group with such breadth and depth of expertise that it could rise up to stop an industry-backed onslaught and protect the health of all Americans.

PSR is developing a coalition of health organizations across the country to do just that: to stop Bush's systematic dismantlement of our fundamental environmental health safeguards. We will reshape the debate as one of American

values, highlighting a wide range of health concerns and dramatizing the President's willingness to sacrifice our health, and our healthy future, for the near-term profit of his corporate allies.

The Invisible Issue

Environmental issues went missing from the 2004 election debate. Did the environmental community lack a compelling agenda? Shrill arguments and technical solutions have weighed down many recent environmental policy debates. Faced with challenges perceived to be much more severe—namely, national security and terrorism—the American people seem numb to environmental issues, even those as threatening as global climate change. What will it take to regain their interest, ingenuity, and power?

It is time now for PSR to appeal to Americans' better side—to the side that values families, healthy communities, scientific innovation, and a society that strives to protect us from harm. We must present these environmental issues as exactly what they are: vital for our children, our aging population, and our future.

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Thirty-five years after passage of the Clean Air Act, industrial pollution still poses a health threat for many Americans.

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FROM THE PRESIDENT

The Costs of War, in Iraq and at Home

As I take up the Presidency of PSR for 2005, I'd like to begin with a word of thanks to all of you for your confidence in entrusting me with this responsibility. Some of you no doubt know that I came to PSR through IPPNW, an unusual route in the history of both organizations. I remain close to the wonderful folks in the leadership of IPPNW. But it is an especial privilege to have been for the past several years in the leadership of our national PSR, because it is from here in the United States that change will have to spring if we are to have the peace with justice that we all want so badly.

What got me interested in the issues of PSR—"SMART" security, environment and health, violence prevention, and social justice—was my experience with the aftermath of war, as a U.S. medical officer in Hiroshima and Nagasaki 25 years after the bombings. That experience taught me that long after wars have ended, their brutal violence—physical, psychological, social, and environmental—continues.

During his campaign for the U.S. Presidency, John Edwards gave over and over an effective stump speech in which he eloquently spoke of "two Americas," an America peopled by

Long after wars have ended, their brutal violence—physical, psychological, social, and environmental—continues.

those who enjoyed all that our country has to offer, and another America in which our countrymen are deprived of health care, decent jobs, and the education that is their right.

But regarding war, and specifically the war in Iraq, there are two Americas, as well. There's the America that is giving their blood, their life, and their mental health in a quagmire of a false cause; and there's the rest of America, most of us, for whom the war is a distant echo with no impact on our lives at all. President Bush is not correct—we are not a nation at war; we are a minority of Americans at war, combatants and their families. It is a grave social injustice.

On December 9, 2004 the *New England Journal of Medicine* published a photo essay from the U.S. military field hospitals of Iraq. The pictures

of young American bodies torn apart will never be published in our newspapers or news magazines. You'll never see them on television. When a battlefield physician in Iraq, U.S. Army Major Michael Cohen, put similar pictures on a web site to show Americans what was really happening, he was instructed by the Army to shut it down.

For several years now, scores of members of PSR and IPPNW have documented the terrible effects of this misguided war on non-combatant innocents in Iraq, despite "official" euphemisms to the contrary.

How are these dark tragedies relevant to the future work of PSR?

We must be the holders of the mirror, showing America and the world the real face of war. Without hesitation and against well-funded opposition, we have to expose the harsh impact of environmental destruction on health, of gun violence, of unequal and unjust access to health care.

It's time to put a stop to the euphemisms, the sugar coating, and the intellectualization of brutality. That's our social responsibility.

John O. Pastore, M.D., FACC
JOHN O. PASTORE, M.D., FACC

PSR Efforts Help Preserve D.C. Gun Ban

After allowing the assault weapons ban to expire this fall, Congress made a last-ditch effort to roll back yet another gun control law. The House of Representatives passed the D.C. Personal Protection Act by a vote of 250–171. The measure would have ended the D.C. ban on handguns and semiautomatic weapons, rolled back registration requirements for ammunition, and decriminalized the possession of guns in homes and workplaces.

Proponents of the District's gun ban complained that the bill was political posturing on the eve of the November elections. Because the bill would have prohibited the mayor and D.C. Council from enacting local gun limits that exceed current federal law, it would have encroached on "home rule," the District's already limited authority over its own affairs. (Federal legislation affecting the District is popular among members of Congress, who can earn points from conservative interest groups without attracting the attention of more moderate constituents back home.) D.C. residents, along with business, consumer, public health, and gun control groups, overwhelmingly agree

that overturning the handgun restrictions would make their workplaces and public spaces more dangerous.

The District's current ban on handgun possession has proven effective. Most of the crime guns used in the District originate from jurisdictions with more relaxed gun laws. Gun dealers in the District accounted for 3 percent of recovered crime guns in 2000. In contrast, 59 percent of traceable D.C. crime guns were first purchased in Virginia or Maryland. Another 18 percent of D.C. crime guns were purchased from gun dealers in North Carolina, Florida, Georgia, and South Carolina, all states with more lenient gun laws.

After the House passed the D.C. Personal Protection Act, Sen. Larry Craig (R-ID) initiated a companion bill in the Senate. PSR worked with the Consumer Federation of America, the Coalition to Stop Handgun Violence, and the Violence Policy Center to gather names of organizations, associations, businesses, and residents on a petition urging the Senate leadership to block the bill. Mayor Anthony Williams and City Council Chair Linda Cropp also sent Senate leaders a letter, which stated, "As



The D.C. Personal Protection Act would have legalized possession of handguns on streets such as this one several blocks from the Capitol.

elected leaders of this city, we take sharp exception to both the substance of the proposal and the inappropriate intrusion into what is viewed all across the country as a local matter. On behalf of the residents of the District of Columbia, we are incensed over the prospect of such a law and respectfully ask that you withdraw it." Eventually the bill died from lack of support.

This failed attempt to overturn the D.C. gun ban comes on the heels of a huge defeat for the gun lobby last winter, when U.S. District Judge Reggie B. Walton ruled the District's ban on the sale and possession of handguns is indeed constitutional. The suit brought by the National

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John O. Pastore, M.D., FACC

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To receive *PSR Reports* regularly, we invite you to join PSR and support our work. Write to PSR, 1875 Connecticut Ave., NW, Suite 1012, Washington, DC 20009, or visit our website at www.psr.org.

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Cutting Edge Design

New PSR Campaign Addresses Threat of Catastrophic Terrorism

The post-9/11 world has seen increased fears of terrorist use of Weapons of Mass Destruction (WMD), in particular nuclear weapons. These concerns have brought new urgency to the debate on how best to keep nuclear materials out of terrorist hands. During the first presidential debate last October, Senator Kerry and President Bush both said that preventing nuclear proliferation and nuclear terrorism would be their top national security priority. PSR leaders agree that addressing this threat should be our top priority.

Indeed, PSR made an early contribution to this debate with a 2003 article in the *British Medical Journal*, in which we outlined the appalling consequences of a terrorist detonation of a small nuclear weapon in New York Harbor. Were this hypothetical attack to occur, hundreds of thousands of people would die, and hundreds of thousands more would be left with terrible injuries, including burns, broken limbs, internal injuries, and radiation poisoning. Simultaneously, medical services in the affected area would be largely destroyed, with many medical and emergency personnel numbering among the dead and injured. Such a catastrophe must never be allowed to occur.

PSR's goal is to enhance security for all by preventing of the use of nuclear, chemical, and biological weapons. Because terrorist use of a nuclear weapon poses the single greatest threat to the health and well being of Americans, PSR is launching a new campaign to prevent nuclear terrorism. This campaign will educate the American public, lawmakers, officials, and the media about the danger posed by a terrorist nuclear attack. Since prevention is the only viable policy in the face of this threat—after all, there can be no rational response to a nuclear attack—PSR will propose strategies to prevent such event from ever taking place.

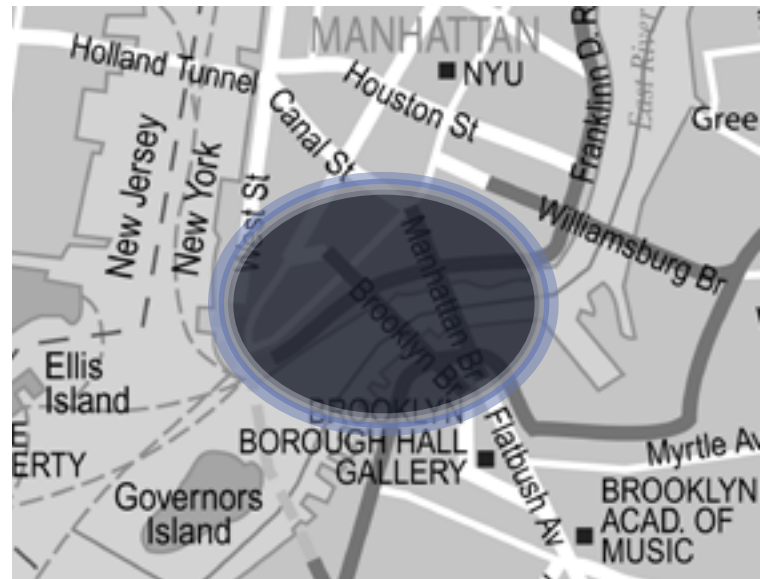
The nuclear terrorism campaign is an integral part of our SMART Security initiative. PSR was an early leader in opposing Bush foreign policy doctrines; our SMART Security campaign called on presidential and congressional candidates to pursue a **Sensible Multi-lateral American Response to Terrorism**. SMART organizing will remain a key part of PSR's work in 2005, with a new focus on the threat-reduction measures that can be taken to make America safer from WMD terrorism.

The first line of defense must be to control nuclear materials, ensuring their safety and security; this policy of threat reduction on a global scale is vitally important. Loose nukes in the former Soviet Union, as well as unsecured highly enriched uranium or plutonium there, in Pakistan,

and in many other countries could be used to make nuclear weapons or dirty bombs. We must work to assure the security, and then the disposition, of these materials. At the same time, inspection of cargo containers arriving in the U.S. must be vastly improved, and worldwide monitoring and control of key technologies must be enhanced.

Disarmament and arms control form a central part of PSR's new campaign. Existing nuclear arsenals must be reduced, and eventually eliminated. No new nuclear weapons—or, crucially, nuclear weapons states—must be created. Our safety, in the long run, can only be ensured by rigorously controlling the elimination of these weapons from the arsenals of all states and, thus, denying these weapons to terrorists.

By educating the public education about nuclear dangers and the need for disarmament, PSR physicians and their supporters can play a central role in the effort to reduce WMD threats. Part of PSR's task is to demonstrate that our proposals would strengthen U.S. and global security. PSR does not seek disarmament for its own sake, but rather because it is the only security policy that will offer a concrete guarantee that nuclear weapons will never be used against America, or any other nation. **PSR**



U.S. IN IRAQ

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supplies to the Iraqi people. This was a concrete demonstration of the moral values for which PSR and its supporters stand.

PSR continues to expose and oppose the immoral and illegal policies of this Administration. In January, PSR joined with Veterans for Common Sense and other allies to fight the nomination of Alberto Gonzales as Attorney General through a series of petitions, letters, campaigns, ads, and media work. As White House Counsel, Gonzales was responsible for memoranda advising the President that the Geneva Conventions do not apply to the War on Terror and that the use of torture is therefore permissible. He also advised the President that Congress and the American people have no right to call the Administration in general, and the President in particular, to account for these abuses of power. Thousands of PSR activists, responding to an electronic alert, phoned their Senators to say that they oppose this nomination just as Alberto Gonzales arrived at his confirmation hearing on January 6.

The Administration is asking Congress for tens of billions of dollars more to continue fighting in Iraq and

to prop up the government in the protected Baghdad Green Zone—a government that, even after elections, in portions of the country fails to provide security and services or to include all Iraqis. PSR will lead the opposition to this request, demanding that the money be spent to bring American troops home, to provide for the genuine security and stability of Iraq, and to reconstruct the basic public infrastructure in Iraq that American troops have destroyed. Sadly, these issues are unlikely to be resolved in 2005. PSR will do its best to promote responsible engagement in the region to build peace and security for all in the Middle East. **PSR**

DC GUN BAN

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Rifle Association challenged the ban on Second Amendment grounds. The court dismissed the suit, concluding that “the Second Amendment doesn't confer an individual right to possess firearms. Rather, the Amendment's objective is to ensure the vitality of state militias.” Congressional leaders have not yet shown signs of revisiting the District's gun ban in the new year. **PSR**

SLEEPING GIANT

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Making the Risks Clear

Clean air is the perfect place to start. Most Americans take for granted that the government ensures the air is safe to breathe. Although air pollution is less visible today than in the late 1960s, when the political will was growing for the Clean Air Act, many threats to our health remain airborne today. More than 146 million Americans live in areas that do not meet the national air quality standards for at least one of six major air pollutants. Code Red air pollution alerts have been trumped by the new, more severe Code Purple, and even Code Maroon. Cities such as Los Angeles and Houston are visibly polluted, while rural areas such as the southern Appalachians are obstructed by haze.

In poll after poll, Americans hold clean air as one of their core values. Yet recent focus group results indicate that the general public does not understand that air pollution is linked to health problems beyond asthma attacks, including as many as 30,000 premature deaths each year. Moreover, the health implications of poor air quality are most severe for children and the elderly.

We must make these health concerns clear and compelling, and inspire Americans to act. As PSR demonstrated in our mercury

campaign last year, when the American people understand that air pollution is responsible for the majority of our mercury pollution, and that women of child-bearing age and young children are at risk, they demand public health protections.

Reclaiming the Debate

If Americans value clean air and healthy children, how has the Administration succeeded in its attempts to undermine the health protections of the Clean Air Act? First, they have counted on the fact that environmental issues fly “under the radar screen.” Second, they have tightly controlled the range of scientific evidence that inform their proposals, shutting out any findings or scenarios that would reflect poorly on industry. Finally, in partnership with industry, they have mastered the art of framing their message to appeal to mainstream Americans. Stricter air standards for coal-fired power plants would prove costly for industry and our economy, the Administration tells us, and, therefore, for consumers.

We must reshape the debate to accurately portray the risks inherent in air pollution. Our charge is to:

- Challenge the notion that American competitiveness trumps public health, and demonstrate the cost to society of not protecting the

health and well-being of future generations. PSR will highlight findings that the enormous health care costs of pollution-related illness and disability suffered by children come directly off the “bottom line” of the nation’s economic performance.

- Reframe the debate as one about the value of healthy families. Expanding our successful work on mercury standards, we will make clean air a “kitchen table” issue, giving families a greater appreciation for how air pollutants harm their lives—whether through the air they breathe, the mercury they consume through fish, or the respiratory, cardiovascular, or peri-natal conditions they suffer.

- Communicate the compelling nature of the health concerns. PSR will work with other health organizations to educate a broader swath of clinicians about how specific health effects are linked to poor air quality. PSR will focus on cardiovascular and peri-natal health, and engage new cadres of health professionals in advocacy efforts.

- Appeal to Americans’ value of the “can-do” spirit and scientific innovation. PSR will demonstrate that the requirements of the existing Clean Air Act are achievable under current timetables, would harness American technology, and can help the U.S. lead the world in the reduction of major air pollutants.

Facts on the Bush Administration's “Clear Skies” Initiative

The President's so called “Clear Skies” Initiative, re-introduced in the Senate in January 2005, would loosen the protections in our current law, placing the health of all Americans — especially our children — in jeopardy. Here's what's at stake:

PARTICULATE MATTER AND OZONE

- EPA and the states are required by current law to ensure clean, health-protective air by 2010. Ozone smog and particulate matter (soot) are linked to serious health problems including asthma, irritation of the lungs, bronchitis, pneumonia, decreased resistance to respiratory infections, and even early death.
- Using EPA methods and modeling standards, the Clean Air Task Force estimates that excess pollution under the Administration's plan would result in more than 100,000 avoidable deaths, two million or more unnecessary asthma attacks, 15 million or more lost work days, and tens of thousands of unnecessary hospitalizations over the next 15 years.
- In 2020 alone, health-protective air quality standards could increase the energy industry's pollution-control costs by \$3.5 billion, BUT SAVE \$61 billion in reductions in premature death and disease.

MERCURY

- Nearly 8% of women of childbearing age—literally millions of American women—have blood mercury concentrations higher than the level considered safe by the EPA. These women will transmit this mercury to their children in utero. In 2004, EPA scientists estimated that 630,000 newborns annually are at risk due to exposure to unsafe maternal mercury blood levels.
- The health effects of mercury on child development include declines in motor skills, learning capacity, and memory, along with other symptoms of irreversible brain damage. Adverse effects on cardiac function have also been detected.
- EPA projected in 2001 that mercury pollution from power plants could be reduced by up to 90 percent by 2008. The Bush plan (29 percent by 2010, 69 percent by 2018) leaves women of childbearing age and developing children exposed to mercury pollution for far longer than necessary.

CARBON DIOXIDE

- The World Health Organization (WHO) estimates that 154,000 deaths worldwide were attributable to climate change in 2000 and 5.5 million healthy years of life were lost due to disability or death.
- As the single greatest consumer of fossil-fuel energy sources and the single largest emitter of global warming pollution, the U.S. must take the lead in addressing, not ignoring, the problem. The entire planet is imperiled by the Administration's failure to even consider limits on the carbon pollution that causes global warming.

Why Health Professionals?

The medical and public health communities are well positioned to lead an integrated national and community-level effort to put public health at the center of the current air quality debate. We have won other public health battles, including strengthening the National Ambient Air Quality Standards (1997); passing the Food Quality Protection Act to limit infants and children's exposure to pesticides (1996); conducting campaigns at the national, state, and local levels to reduce mercury pollution from power plants and waste incinerators; and carrying out numerous state-level toxics reduction efforts.

Recent opinion research confirms what PSR members have always known: that physicians, nurses, and other health professionals are the most credible voices on these issues. In fact, when EPA Inspector General Nikki Tinsley recently issued a report on how that agency had skewed its policy analysis on mercury regulations, it was the message from health experts that caught her ear. The evidence of discounting children's health cited in her report drew heavily from letters submitted by EPA's Children's Health Protection Advisory Committee to then-EPA Administrator Michael Leavitt.

To apply this expertise to the clean air debate, PSR will identify credentialed medical and health professionals to convey a scientifically grounded message about the health threats



posed by air pollution. In addition, we will recruit and organize leaders and groups representing those who suffer the health effects of air pollution, ensuring that the human costs of weaker safeguards are vividly expressed to the public and press.

Because of the array of health effects associated with air pollution, we must engage health organizations that address such issues as respiratory health (asthma, lung development and function, lung cancer); cardiovascular health; neurodevelopment impacts, including learning disabilities; peri-natal outcomes, including low-birth weight; family and community health; and reproductive health.

The Work Ahead

PSR is calling on health leaders to join us in a focused policy debate on:

- Opposing Congressional efforts to dismantle clean air protections via “Clear Skies” and other proposals. This entails protecting the existing provisions of the Clean Air Act for ozone and particulate matter; maintaining the right of states to adopt clean air measures stricter than the federal standards; and reducing emissions from power plants—as much and as soon as possible—for the four major air pollutants: ozone, particulate matter, mercury and carbon dioxide.

- Opposing EPA’s proposed regulations for mercury pollution from power plants, as well as the Clean Air Interstate Rule addressing ozone and particulate matter, and continuing to challenge these policies in public, on Capitol Hill, and in the courts.

- Protecting the “New Source Review” provisions in the Clean Air Act,

which govern pollution from power plants, oil refineries, and other aging facilities.

- Participating in state and community air quality debates to help involve local health and medical leaders at the state and federal level.

PSR recognizes that this effort will require a broad partnership across many disciplines, and we call on all health professionals to join us. The giant stature of professional health organizations, and of groups representing those with relevant medical conditions, is a powerful force for reshaping other pressing environmental health issues, as well. The threat of climate change is upon us and necessitates an even greater outcry. The giant we rouse to preserve the Clean Air Act will play a forceful role in what is ultimately the gentlest and most essential act: protecting our children and, through them, our human future. **PSR**

WHAT YOU CAN DO

PSR is recruiting individuals and organizations at every level to block the Administration’s effort to weaken the Clean Air Act. To join us, visit www.envirohealthaction.org.

MEDICAL GROUPS SPEAK OUT

- The American Academy of Pediatrics has issued a policy statement on the health risks to children posed by air pollution. Visit www.pediatrics.org/cgi/content/full/114/6/1699

- The American Heart Association’s statement on air pollution and cardiovascular disease is available at <http://circ.ahajournals.org/cgi/content/full/109/21/2655>

- Information on PSR’s mercury campaign can be found at www.MercuryAction.org

CHAPTER PROFILE

Greater Boston and San Francisco Chapters Produce Pediatric Environmental Toolkit

Greater Boston PSR (GBPSR) and San Francisco Bay Area PSR (SF PSR) have been working collaboratively since the mid-1990s. They are now engaged in an exciting new joint project, the Pediatric Environmental Health Toolkit, a clinical tool on environmental health hazards for use by pediatricians and family practitioners. By joining forces, the chapters are maximizing resources, working toward their common goals, and creating a pilot project that can be replicated by other chapters in equally fruitful alliances.

The new Pediatric Environmental Health Toolkit project was prompted in part by demand at PSR workshops, clinical tools to help providers incorporate environmental guidance into their everyday practice. The Toolkit planning committee includes four pediatricians from Northern California (Lisa Asta, M.D.; Guenter Hofstadler, M.D.; Brian Linde, M.D.; and Mark Miller, M.D., M.P.H.), one from Massachusetts (Siobhan McNally, M.D.), and one from Minnesota (David Wallinga, M.D.). Maria Valenti and Michelle Gottlieb of GBPSR and Julie Silas and Lucia Sayre of SF PSR coordinate the project. Joint fundraising efforts by GBPSR and SF PSR resulted in grants from

the John Merck Foundation, San Francisco Foundation, the Orchard Foundation and a contribution from PSR National.

The Toolkit includes materials for both providers and patients on ways to prevent children’s exposure to toxic chemicals and other substances that may affect their health. Employing the conceptual framework of Dr. T. Berry Brazelton’s innovative “Touchpoints” program, the materials identify critical developmental stages and opportunities for age-appropriate intervention during regular pediatric checkups.

Toolkit Materials

The materials were designed to be visually appealing, practical, and easy to use. Materials for medical providers include:

- a laminated desk reference card with summaries of major toxicants, their potential health effects, routes of exposure, and prevention strategies;

- a laminated pocket card with top prevention guidelines, presented by developmental stage, for use in well-child visits;

- a summary of key concepts in pediatric environmental health; and

- an internet resource guide on CD-ROM with over 100 medical, health, and advocacy organizations, government agencies and hotlines.

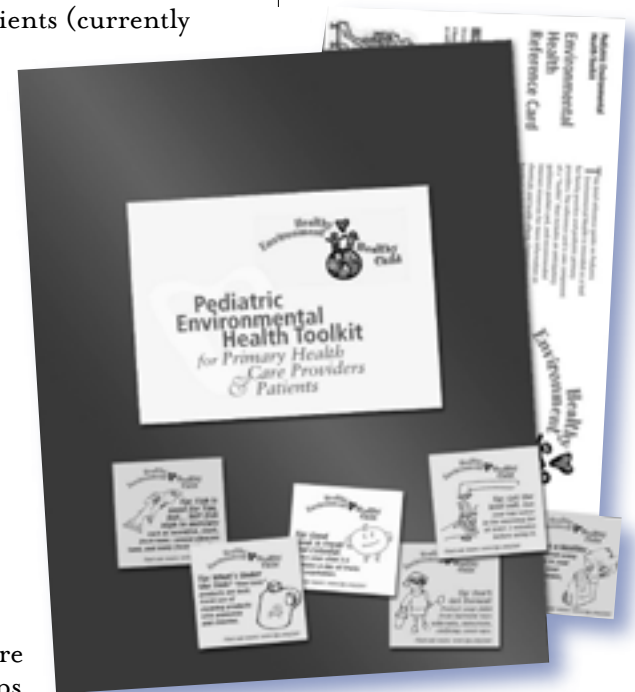
Materials for patients (currently available in English and Spanish) include:

- “prescription” slips for each of seven developmental stages, each with several high-priority tips, such as how to avoid mercury in fish, protection from solvents, or reducing pesticide use; and

- six different magnets with tips for prevention.

Some practices are attaching the Rx slips to all the well-child charts, while others keep them in their pockets for distribution. Some practices give magnets out at the desk; others have attached them to all metal surfaces in the exam room and allow children to pick one, while handing the Rx slip to the parent or guardian.

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IN MEMORIAM

Leslie A. Falk, M.D., Helped Shape Modern Preventive Medicine



Long-time PSR activist Leslie A. Falk, M.D., died peacefully on November 28, 2004, at a retirement community in Shelburne, VT. A staunch supporter of PSR, Les was involved in many of the notable events in 20th century preventive medicine.

Born April 19, 1915, in St. Louis, Les was one of the first Jewish Americans to win a Rhodes Scholarship for study at Oxford University. There, he worked with the team that developed penicillin; one of his contributions was a device to manufacture penicillin in usable quantities. His experiences at Oxford sparked his lifelong passion for preventive medicine and social justice.

Back in the States as a medical student at Johns Hopkins, he was in charge of hosting the featured speaker for a meeting of the Association of Medical Students, Joy Hume. He immediately fell in love. They were married in 1942, and began a 44-year partnership of intertwined family,

community, and political activities.

After a residency at Hopkins, Les joined the Army Medical Corps. Kept out of active duty by asthma, he was assigned to a U.S. Senate committee, for which he helped produce a major report on the need for health insurance, as well as legislation that launched the National Institute of Mental Health. After the war, he served as medical director in a devastated area of Byelorussia for the U.N. Relief and Rehabilitation Association. Upon his return, he directed the U.S. Public Health Service program for migrant farm workers in the Southeast.

Les was a medical administrator for the United Mine Workers Health and Welfare Fund in Pittsburgh from 1948 to 1967. In the 1960s, he helped found and lead the Medical Committee for Human Rights, which developed medical services for civil rights workers and black Mississippians. That led to his recruitment by Meharry Medical College in Nashville,

TN, one of eight historically black U.S. medical schools. He joined the faculty as chair of the Department of Family and Community Medicine, established a family practice residency, and inspired many classes of medical students until his retirement in 1989. He was the founder and first director of the Matthew Walker Community Health Center.

His interest in preventive medicine drew him increasingly to address issues of war. He was an early member of PSR and a delegate to the Moscow and Hiroshima conferences of International Physicians for Prevention of Nuclear War. In Vermont, he participated in Friday anti-war vigils at the federal courthouse in Montpelier.

He was predeceased by his wife, and is survived by his four children, nine grandchildren, and Helen Tannen of Northfield, VT, the companion of his last years. Memorial contributions may be sent to PSR, 1875 Conn. Ave. N.W., Suite 1012, Washington, DC 20009. **PSR**

TOOLKIT

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Pilot Phase

The chapters began a pilot phase of the project in August 2004. Seventeen pediatric and family health practices in California and Massachusetts are participating; 34 providers in a cross-section of demographic sites will reach 30,000 to 60,000 patients during the course of a year. In addition, 80 pediatric residents at the University of California San Francisco are participating. They use the toolkit in lectures and case-based explorations of environmental health issues in pediatrics, as well as during their weekly clinic.

Evaluation

Evaluation is a critical aspect of the project. In conjunction with a professional consultant, GBPSR and SF PSR have developed survey instruments and interview approaches to evaluate the toolkit and to measure behavior changes on the part of the practitioners. Analysis of feedback from pilot participants will determine the next steps. Ultimately, the chapters plan to communicate their findings to key professional associations, with the hope that pediatric environmental health training can become standard practice.

Feedback from Pilot Participants

The chapters are also seeking funds to conduct focus groups with patients. Anecdotal feedback thus far has been positive. Some providers are finding the materials prompt further discussions about environmental health with their patients. Patients' questions have addressed fish consumption, dry cleaning solvents, pesticides exposure among farm workers' children, and more. Providers are encouraged to contact the toolkit authors when they need guidance on a particular issue; a team of physicians reviews their questions and provides uniform answers.

Next Steps

This spring, GBPSR and SF PSR will document their findings. Already,

medical associations and government agencies have shown considerable interest in this project. The chapters hope to prompt detailed discussions about how to institutionalize use of the toolkit, since large-scale production and dissemination would require a major investment. Once again, GBPSR and SF PSR hope to collaborate with several other chapters to conduct training programs on the toolkit, funded by a grant now pending from EPA.

Given the vulnerability of the developing fetus, and the importance of preventing toxic exposures well before conception, GBPSR and SF PSR are also considering developing a Prenatal Environmental Health Toolkit. Discussions are taking place with ob/gyns, midwives, and other health professionals who work with pregnant women and their families about adapting the pediatric toolkit for this community. **PSR**

WHAT YOU CAN DO

GBPSR and SF PSR are currently scheduling presentations on the toolkit findings. If you are able to help them schedule pediatric grand rounds, a session at a state pediatric or family practice association conference, or another appropriate venue, or help them publish findings, please contact Maria Valenti at GBPSR, (617) 497-7440. To be notified of toolkit evaluation findings and future steps, including availability of the toolkit, please send an e-mail to psrmabo@igc.org.

A Record of Chapter Collaboration

GBPSR and SF PSR have been working with other PSR chapters on environmental health initiatives for a decade, beginning with the project *Generations at Risk: Reproductive Health and the Environment*. Initially, GBPSR produced a report with Massachusetts-specific toxic chemical emissions data. Nationwide interest led to collaboration with the Los Angeles and San Francisco PSR chapters, as well as members in New Jersey, to produce similar reports for their states.

Another cross-chapter success was *In Harm's Way: Toxic Threats to Child Development*. This GBPSR report was released in 25 states, with assistance from local chapters and individual members. The report's national success bred demand for a training program for health professionals. A day-long pilot training session was held by GBPSR at the New York Academy of Medicine. From that event, a template was developed so the program could be easily replicated around the country. Subsequent training sessions were conducted at major medical centers in San Francisco, Boston, Portland (OR), Seattle and Minneapolis. The conferences helped strengthen the capacities of the chapters, always an important goal of local projects.

MEMBER PROFILE

Art Strauss's Barrie Stories

EDITOR'S NOTE: PSR members cite widely varied motivations for their deep commitment to our issues. Here, Arthur E. Strauss tells the extraordinary story of his mother's journey. Ivy Marguerite Barron Strauss, known as "Barrie," was born in England. Through her U.S. military service, she arrived at a profound understanding of the importance of peace.

When the Germans began bombing England in World War II, Barrie wanted to return home to be with her people during their ordeal. As an American citizen by virtue of marrying my father after World War I, she had dual citizenship but had made a family for her husband with two children in Columbus, Ohio. As WWII began, she set up a chapter of the British War Relief in our town. She enlisted in the WACs as soon as she could, when the U.S. entered the war. At age 49, her last year of eligibility, she persevered through boot camp's rigors and returned to England to help fight Hitler.

The military assigned her to the 8th Air Force of the U.S. Army Air Corps, made her a teletypist, and sent her to London to serve the bomber command engaged in the air war over Germany. She had long been warrior-oriented, so she fit right in, taking part in England's "Finest Hour" with her nieces; one was a welder helping build military aircraft, the other a driver chauffeuring the military brass to meetings around London and the countryside. Her mother, like so many Britons, played the role of target for German buzz bombs and V-2 rockets. So Ivy Barron Strauss, supremely happy, was at home in her native land and contributing.

World War II ended in the European Theater with the collapse of the Third Reich under the massive Allied military might. Jubilant bomber crews, seeking to include their on-the-ground, behind-the-scenes support staff in the celebration, offered them rides over Germany to view the devastation in a "Mission Accomplished Flyby." Barrie eagerly accepted and was soon watching the panorama of devastation from her perch in the bombardier's seat of a B-17 or B-24. These flights were soon scrubbed, when the realities of the obliteration of cities, people, and culture became obvious.

But Barrie was still a child of God. She was still at heart that hard worker for the Columbus Chapter of the British War Relief, sharing America's bounty with the English sufferers from war's destruction. She had suffered herself in WWI, when German Zeppelins and Gotha Bombers attacked London. And, of course, she remembered the terror of German buzz bombs and rockets overhead in WWII, because she had put herself again in harm's way to help bring



The experiences of Barrie Strauss (TOP) as a WAC in WWII still inspire the PSR efforts of her son, Art Strauss, shown here with his wife, Cynthia.

down Hitler's dreams of empire.

When she saw the evidence of what she and the Allied bomber crews had done to Germany, she transformed her sufferings and compassionate actions for others into a unique personality. She returned "home" to her American family and resumed her peaceful life, but with a growing perspective. She voiced it in a simple letter [now lost], which was honored, along with her portrait in Army uniform, in a small shrine to Peace just off the campus of Ohio State University in Columbus. Her quiet example of working towards Peace above and beyond war's first level of patriotism, was enshrined in the hearts of her family and all who knew her. The shrine may be gone, but Barrie is still out there, reminding us that we are All One People on this Fragile Earth, our Island Home. **PSR**

INVEST YOURSELF

HAVE YOU INCLUDED PSR IN YOUR WILL?

By leaving a bequest to PSR, you can ensure that your values and dedication live on. A bequest can also lower your taxable estate, increasing what you leave to your family and loved ones. Check with an attorney or tax advisor to see how a bequest to PSR would fit into your estate plans.

For sample bequest language or more information about including PSR in your will, please contact Elizabeth Pegram, major gifts associate, at the address below or epegram@psr.org.

MATCH YOUR GIFT

Many companies provide matching gifts for employee charitable contributions. Please check to determine whether your gift to PSR will be met, doubled or tripled by your employer. It's a great way to make your gift go further to support PSR. Just include your company's matching gift form with your contribution, and we'll complete it, send it in, and let you know when your gift has been matched!

STAY ACTIVE

Would you like to be more involved in PSR's advocacy efforts? A great place to start is PSR's Activist Updates. Each of PSR's program areas reaches out to members through Action Alerts and e-mail. To learn more about the Activist Updates, contact us here (information below) and be sure to mention what issues interest you most.

Coming to Washington, DC, and have an hour to spare? How about visiting one of your elected officials to talk about the issues of most concern to you? Contact the PSR office at least a week in advance, and we'll help schedule a meeting, provide you with background materials, and possibly even accompany you on your lobbying call.

Contact your elected officials:

U.S. SENATE, Washington, DC 20510

☎ (202) 224-3121

U.S. HOUSE OF REPRESENTATIVES,

Washington, DC 20515

☎ (202) 224-3121

THE WHITE HOUSE, 1600 Pennsylvania Ave., NW

Washington, DC 20500

☎ (202)456-1414

KEEP IN TOUCH

Contact PSR at:

1875 Connecticut Ave., NW, Suite 1012

Washington, DC 20009

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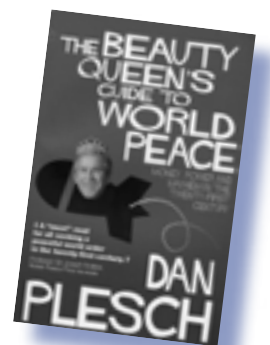
www.psr.org

BOB'S BOOKSHELF

To find out what we're reading to keep up on the latest advances in our mission areas, log on to our web site and visit Bob's Bookshelf.

There, you'll find reviews of books on violence prevention, security, and environmental health that inform us on the activities and research in our community.

Then click on the Amazon.com link on the main page to go buy those books! Amazon.com gives us up to 10 percent of all sales purchased through the PSR web site. It's a great way to improve your knowledge and support PSR!



In the BEAUTY QUEEN'S GUIDE TO WORLD PEACE, Dan Plesch argues that there can be no military solution to terrorism: world peace requires an economic and political revolution founded on the principles of democracy and human rights. He uses historical evidence—and an unrivalled command of the facts about military conflict in the twenty-first century—to make a powerful case against the warmongers and provide a compelling blueprint for peace.

WORKING ASSETS HELPS FUND PSR'S SECURITY PROGRAM

PSR member support works in multiple ways. In 2004 PSR was nominated and placed on the donation ballot of Working Assets, a long distance telephone company that donates a portion of customer charges to nonprofit organizations nominated by its customers. Throughout last year, we asked our members who are Working Assets subscribers to vote to support PSR. We just received notice that votes for PSR generated a \$70,000 grant for our security work in 2005! We received this generous grant because of the tens of thousands who gave PSR the most votes—over other deserving organizations—in the Peace and International Freedom category.

FROM THE EXECUTIVE DIRECTOR

Torture Doctors



Torture—much in the news these days—is fundamentally a medical procedure that hangs the Hippocratic Oath, medical ethics, and military law by their heels. The Hippocratic Oath embodies the deepest, ancient moral values of the medical profession in its statement: “to the sick I will do no harm or injustice.” Torture inverts medical disciplines—internal medicine, orthopedics, trauma, psychology and psychiatry, cardiology, neurology—to inflict premeditated harm on a vulnerable human being. The usual practice is to cause sufficient suffering and bodily injury, short of death, to induce a patient to relinquish private information or confess. Torture is not only illegal; it is, in a word, abhorrent.

I have been proud to represent and speak for PSR at national events denouncing torture and actively opposing the nomination of Judge Alberto Gonzales—the author of the Administration’s pseudo-legal justifications for its torture of prisoners—for Attorney General of the United States. PSR has been joined in these efforts by other activist public health organizations, such as Physicians for Human Rights, as well as by the American Public Health Association, and even the venerable American Medical Association. All these groups have spoken out sharply against torture, in response to credible reports of its use by American military and intelligence personnel at Guantanamo Bay, in Abu Ghraib, and elsewhere. Indeed, the use of torture by the United States has for more than two years occupied the articles and commentary of leading medical journals such as *The Lancet* and *The New England Journal of Medicine*, where it is roundly condemned on legal, medical, and ethical grounds.

Medical personnel have an obligation to refuse to participate in torture, and to report such behavior when they observe it or treat its victims.

What the American public and policy makers must understand is that physicians, nurses, medics, and other medical personnel who serve in the Armed Forces have an obligation to refuse to participate in torture, and to report such unethical and illegal behavior when they observe it or treat its victims. To date, to our knowledge, this has not happened. Instead, we have reports of doctors called to treat dislocated limbs and bruised genitals; of a nurse, asked to treat a detainee undergoing a panic attack, who observed piles of hooded, naked detainees, yet failed to report the abuse until after investigations began; and of physicians who have used medical records of detainees to help design effective interrogation techniques. Shockingly, the Department of Defense still maintains that doctors who cooperate in interrogations are not practicing medicine and are therefore exempt from the rules of warfare pertaining to physicians and the Hippocratic Oath. There is absolutely no precedent for such a view. Again, recent commentary in medical journals condemns it.

Given the nature of the psychological stresses and humiliations, beatings, other bodily injuries, and some resulting deaths that we now know about, the torture of detainees

in American custody could not have occurred without being observed, condoned, or participated in by medical personnel. In his landmark study *The Nazi Doctors*, Dr. Robert Jay Lifton describes the process by which physicians in Germany were socialized to more extreme forms of torture. The habit of responding to command and authority—first in the medical profession, then in the military, and, ultimately, as leaders in the death camps—turned compassionate, even idealistic doctors into practitioners in a system of atrocities. That is why the Geneva Conventions are so explicit about the need for doctors to treat all parties humanely, to uphold the human dignity and worth of detainees, and to recognize as illegal any orders to do otherwise.

Physicians for Social Responsibility will continue to actively oppose torture and the war policies that give rise to it. We have joined with Veterans for Common Sense in a national letter campaign, and with MoveOn, Amnesty International, Win Without War, and others in national media campaigns. We will not rest until this fundamental assault on human dignity, and the on core concepts of medical treatment and trust, is halted.

Dr. Robert K. Musil is the Executive Director and CEO of Physicians for Social Responsibility. He is a graduate of the Johns Hopkins School of Public Health and a former Army Captain who refused orders to Vietnam on grounds of conscience. He is also the former head of CCCO: An Agency for Military and Draft Counseling and the Military Affairs Project of the Center for National Security Studies.

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