

RACHEL'S ENVIRONMENT & HEALTH NEWS #756

---November 14, 2002---

HEADLINES:

THE YEAR OF PRECAUTIONARY ACTION

=====

Environmental Research Foundation

P.O. Box 160, New Brunswick, N.J. 08903

Fax (732) 791-4603; E-mail: erf@rachel.org

=====

All back issues are on the web at: <http://www.rachel.org>  
in text and PDF formats. To subscribe (free), send E-mail  
to [listserv@lists.rachel.org](mailto:listserv@lists.rachel.org) with the words

SUBSCRIBE RACHEL-NEWS YOUR FULL NAME in the message.

The Rachel newsletter is also available in Spanish;  
to learn how to subscribe in Spanish, send the word  
AYUDA in an E-mail message to [info@rachel.org](mailto:info@rachel.org).

=====  
**THE YEAR OF PRECAUTIONARY ACTION**

Here we begin our review of 2002, a year dominated by war and preparations for war (a subject to which we will return). But first let's look at some positive developments of 2002.

The principle of precautionary action really took off during 2002. The groundwork was laid in 1998 by the Science and Environmental Health Network (SEHN) which has worked since then to embed the principle in everyone's thinking. See RACHEL'S #586 and <http://www.sehn.org>.

During 2002, it became apparent that SEHN's work has paid huge dividends. The precautionary principle is catching on. The principle is simple enough: when there is reasonable suspicion that harm is occurring or about to occur, we all have a duty to take action to prevent harm even if some cause-and-effect relationships have not been proven to a scientific certainty.

The precautionary approach stands in stark contrast to "business as usual" which dominates our culture and which says, "Do whatever you want until someone can line up the dead bodies and prove that harm is occurring." The precautionary principle is best summed up as "better safe than sorry." As simple as it may seem, precautionary action represents a completely different approach to the protection of human and environmental health.

Two new collaborations or campaigns based on precautionary action developed during 2002.

The first is CHE, the Collaborative on Health and Environment, created by Michael Lerner and his colleagues at Commonweal in Bolinas, California. The second is the Environmental Health Campaign developed by Lois Gibbs and her colleagues at the Center for Health, Environment and Justice in Falls Church, Va.

#### CHE - Collaborative on Health and Environment

In only 9 months, CHE has grown to include more than 350 organizations and individuals committed to improving environment and health through precautionary action. The only thing CHE members hold in common is a consensus statement, printed below. Membership in CHE is free and without obligation.

The CHE web site is being developed now. Soon it will contain peer-reviewed statements (and scientific documentation) indicating links between environmental deterioration and asthma, brain cancer, breast cancer, childhood leukemia, endometriosis, infertility, learning and behavior disorders, prostate cancer, and testicular cancer, among others. To see the work in progress, go to the CHE web site (<http://www.cheforhealth.org>) and look in the "Science" section at the bottom of the first page. The preliminary work is impressive. Here is the CHE consensus statement. If you agree with it, why not join CHE?

#### The Collaborative on Health and the Environment Consensus Statement

##### 1. The State of the Science:

The public believes what scientists have long known -- that environmental factors are important contributors to disease and developmental disabilities. The understanding of risk varies widely among individual toxicants and diseases. The developing human fetus appears to be uniquely at risk of harm from environmental toxicants, and such damage can be profound and permanent. Although some linkages are well established and knowledge about others is emerging, more research is needed regarding the mechanisms, levels and types of exposures that can adversely affect health. Research must include the study of interactions among chemicals and longitudinal studies examining links between early developmental exposures and health challenges much later in life, in order to determine what might be making us sick and how to prevent future illnesses.

##### 2. The Need for a Heightened Public Health Response:

Many cases of some diseases and developmental disabilities could likely be prevented if exposure to contributory environmental factors before and after birth were lessened or eliminated. Some strategies for prevention are well known, but more resources need to be devoted to prevention research and practice than is currently the case. Better epidemiological tracking of chronic diseases and developmental disabilities is needed. More detailed and widespread monitoring of human exposure to toxicants is vital. This should include health tracking of conditions, including disease surveillance, biomonitoring to inform individuals and healthcare professionals regarding the extent of actual "body burdens" of known and suspected toxicants, and rapid response epidemiology where indicated. Innovative, scientifically reliable methods are needed to study communities with clusters of diseases versus unaffected populations. Where the weight of plausible scientific

evidence shows that contaminants are likely to contribute to increased disease, exposures should be reduced or eliminated. Good, uncompromised science must be the underpinning of all such efforts.

### 3. The Importance of a Precautionary Approach

The precautionary principle should become a guiding factor in public health and environmental policy. The precautionary principle indicates that, when there is plausible scientific evidence of significant harm from a proposed or ongoing activity, preventive or corrective action should be taken to reduce or eliminate that risk of harm, despite residual scientific uncertainty about cause and effect relationships. Implementing the precautionary principle requires assessment of how to accomplish desired goals, looking for the safest alternatives, democratic participation, and reversal of the burden of proof. That is, the proponent of an activity bears the burden of assessing its safety and of showing that it is both necessary and the least harmful alternative. Decisions affecting public and environmental health should be fully participatory.

### 4. The Need for New Models of Collaboration in Environmental Health:

Efforts in environmental health have too often been fragmented. Medical, patient, public health and environmental groups and others sharing some convictions too often have not worked together towards common goals. Our emerging realization of the scale of the problem, and the growing body of scientific information linking plausible cause with effect, encourages a commensurate response. A new emphasis on a diverse and inclusive collaboration is essential to successfully reducing public exposure to environmental toxicants and helping to implement preventive strategies. Established researchers and health-affected (or patient/client) groups can collaborate in conducting important new research. Medical organizations can also work with health-affected groups towards better approaches to treatment, services, or interventions. Organizations that are engaged in the issues of environmental justice, poverty, civil rights and human rights must be represented and work together as equal partners. Everyone concerned - health-affected groups, scientists, health professionals, and environmental organizations - can serve as resources for each other in collaboration such as these that will help reduce public exposure to environmental toxicants and contribute significantly toward creating a healthier society. [End of consensus statement.]

The Collaborative on Health and the Environment (CHE) has been established to address this need, and to take environmental health efforts into a new era of improved scientific understanding, cooperation among diverse interests sharing similar goals, and better policies and preventive efforts.

Partners in CHE's work have only endorsed this consensus statement and otherwise participate as they deem appropriate.

Contact: The Collaborative on Health and the Environment, c/o Commonweal, P.O. Box 316, Bolinas, CA 94924. Email: [info@cheforhealth.org](mailto:info@cheforhealth.org) or <http://www.cheforhealth.org>

### Campaign for Environmental Health

This campaign centers on a platform statement that was developed during 2002 with the participation of 80 leaders from grass-roots and national environmental groups. Here is the most recent version of the platform:

**BE SAFE: Blueprint Ensuring our Safety And Future Economy**

In the 21st century, we envision a world where our food, water, air and land are clean and safe, and our children grow up healthy and thrive. We can make this world a reality. The tools we bring to this work are prevention, safety, responsibility and democracy. Precautionary action is preventive medicine for our environment and health. We support this approach because it makes more sense to:

- \*\* Prevent pollution instead of spending millions of dollars to clean up the mess;
- \*\* Protect our children, and avoid illness and suffering, rather than asking how much damage from chemical exposure is acceptable;
- \*\* Use renewable, sustainable technologies instead of depleting our resources; and
- \*\* Have responsible parties restore damage, such as permanently cleaning up drinking water poisoned by toxic dumps, instead of burdening communities with health threats and expensive, short-term treatments.

We choose a "better safe than sorry" approach motivated by caution and prevention. We endorse the common-sense approach outlined in the Blueprint's four principles listed below.

**Heed Early Warnings:** Government and industry have a duty to prevent harm, when there is credible evidence that harm is occurring or is likely to occur -- even when the exact nature and full magnitude of the harm is not yet proven.

**Put Safety First:** Industry and government have a responsibility to thoroughly study the potential for harm from a new chemical or technology before it is used -- rather than assume it is harmless until proven otherwise. We need to ensure it is safe now, instead of being sorry later. Research to investigate the impacts on workers and the public should be confirmed by independent third parties.

**Participatory Democracy:** Precautionary decisions place the highest priority on protecting health and the environment, and help develop cleaner technologies and industries. Government and industry decisions should be based on meaningful citizen input and mutual respect (or the golden rule), with the highest regard for those whose health may be affected rather than those with financial interests. Independent science should inform public policy, and give the public information to make decisions about threats and guarantee effective safeguards and enforcement.

**Choose the Safest Solution:** Decision-making by government, industry and individuals must evaluate alternatives, and require use of the safest, technically feasible solution. We support innovation and promotion of technologies and solutions that create a healthy environment and economy.

We choose the precautionary approach to protect our health, environment and economy for ourselves and for future generations. [End of platform statement.]

The Environmental Health Campaign will unfold over the next two years. The immediate goal is to have groups and individuals sign on to the platform and then, if they choose to, participate in the campaign.

To sign on to the platform, or to get more information about the campaign, contact Anne Rabe (annerabe@msn.com), or: Environmental Health Campaign, Center for Health, Environment and Justice, P.O. Box 6806, Falls Church, Virginia 22040; phone: 703-237-2249; E-mail: chej@chej.org.