




CPR's THE VOICE for Women & Families

BOTTLED WATER: BIG BENEFITS OR BIG BUSINESS?

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The National Center for Policy Research (CPR) for Women & Families uses research-based information to promote the health and well-being of women, children and families.

Graphic design contributed by neo design. 

Do 8 glasses of water a day keep the doctor away? And if so, does it depend on what kind of water you drink?

Most people think that bottled water is purer and safer than tap water, and as a result U.S. sales of bottled water have sky-rocketed to more than \$7.7 billion in 2002. At this rate, the sale of bottled water will overtake all other beverages, except carbonated beverages, by next year. And the buck doesn't stop there: Americans have also spent more than \$1 billion on home water-filtering gizmos.

Even so, millions of Americans rely on good, old-fashioned tap water. How safe is our tap water, do water filters make it safer, and are there risks as well as benefits to bottled water?

CPR set out to find some answers. We invited Erik Olson, Senior Attorney, National Resources Defense Council, and Ronni Sandroff, Health Editor of *Consumer Reports*, to one of our Fourth Friday Luncheons to talk about what's in the water.

Spending money on what's already free?

"What a lot of people don't realize is that virtually all water tastes the same when it's cold," explains Ronni Sandroff. "We've investigated bottled water for years at *Consumer Reports*. If you put an open pitcher of water in the refrigerator, the water will usually taste great. But, if the bottle is closed, the taste varies as much with the container as with the specific water."

Does that mean that all waters are created equal? "Not necessarily. Some

bottled water is spring water — but we also found that 25% of bottled waters are actually bottled tap water." The waterfalls and geysers that you see on the labels of many of these products are usually just marketing. Bottled water often comes from a municipal tap, not a paradise lagoon. "Take Dasani and Aquafina, the top-selling bottled waters in America (made by Coke and Pepsi). They're both from a tap," notes Sandroff.

Money-back guarantee for your health?

U.S. regulations for bottled water are comprised of a patchwork of state and federal standards, and they are largely underfunded. FDA regulates bottled water, but Erik Olson tells us that there is usually only one staff person at the FDA who is responsible for all the bottled water that the agency oversees. "In addition, loopholes in water regulations have resulted in most bottled water sold in the U.S. being fully exempted from any federal government oversight — which means that no one knows with certainty what's in the water," adds Olson. Also, consumers should know that the FDA regulations for bottled water are weaker than EPA standards for big-city tap water. "Bottled water plants must test for chlorine bacteria just once a week, but big-city tap water must be tested 100 or more times a month," explains Olson.

A drop in the bucket

No matter how strict you are about drinking bottled water, the body absorbs most of its water through other methods, such as bathing. Drinking eight bottles of

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WHEN IS BREAST CANCER NOT REALLY CANCER?

Breast cancer is a disease that has come out of the closet, but the attention it gets does not always result in ideal medical treatment. Many women in the U.S. get too much treatment, while others get too little. A growing controversy is the epidemic of Stage Zero breast cancer.

CPR brought together a dozen of the foremost experts on Stage Zero breast cancer — conditions that are not invasive cancer (which are called Stages 1, 2,

a woman's health, but women with LCIS are more likely to get breast cancer than other women. Approximately 25% of women with LCIS will get cancer in their lifetime, but 75% will never get cancer even if they are not treated for LCIS. Since the average woman has a 12% risk of getting breast cancer in her lifetime, LCIS represents a doubling of that risk.

At the ground-breaking CPR meeting, supported by the Office of Women's

"It could really help patients if we stopped calling this condition 'carcinoma' when it is not a cancer."

3 or 4, depending on how large the tumor is or how far it has spread). Our meeting was held in September at the National Institutes of Health.

Because of fear of breast cancer, many women with Stage Zero breast cancer are getting mastectomies to remove their breasts, even though such radical surgery is not necessary to save their lives. Some women are getting radiation or other treatments that they don't need.

Stage Zero breast cancer is a relatively new problem — it is almost always diagnosed as a result of mammograms, not because of lumps. As more women get mammograms by the age of 40 (as they should!), these diagnoses have become more common. Other names for Stage Zero breast cancer are ductal carcinoma in situ (DCIS) and lobular carcinoma in situ (LCIS).

DCIS is a type of cancer that is in the milk ducts and will not spread. It is never fatal. However, if it becomes an invasive kind of cancer, that invasive cancer can be fatal.

LCIS is an abnormal condition that is not even cancer. LCIS does not harm

Health of the U.S. Department of Health and Human Services, and the National Cancer Institute, the experts agreed that many women are getting too much treatment — treatment that can be emotionally and physically debilitating, but won't improve their health.

Lobular Carcinoma In Situ (LCIS)

There was spirited debate about LCIS, but the bottom line of agreement was:

- LCIS is not a disease that needs to be treated, it is a condition that needs to be managed.
- Although some women get mastectomies for LCIS, that is almost never necessary and should be discouraged.
- Most women with LCIS just need to have regular mammograms, so that they will get immediate treatment if they ever get cancer.
- Women who are especially concerned about their LCIS may want to consider taking tamoxifen (a hormone treatment) as a way to lower their risk of getting breast cancer in the future.

"It could really help patients if we stopped calling this condition 'carcinoma' when it is not a cancer," pointed out Fattaneh Tavassoli, MD, Director of

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Can Legislation Improve Treatment for Breast Cancer?

We Think It Can!

CPR Advisory Board member Sen. Olympia Snowe (R-ME) has introduced S.1730, the Women's Health and Cancer Rights Act of 2003.



This bill does three important things:

- Ensures that insurance companies that cover breast cancer treatment will cover inpatient mastectomy and outpatient lumpectomy, as well as radiation and lymph node dissection if medically appropriate.
- Requires insurance companies to pay for a second opinion for women who may have breast cancer.
- Ensures that insurance companies let physicians and patients decide if a woman should be hospitalized for a mastectomy and for how long, rather than limiting coverage to outpatient surgery.

CPR for Women & Families is working with Senator Snowe on this ground-breaking legislation, which would assure breast cancer patients access to a range of treatments: mastectomy, lumpectomy, and radiation therapy. Currently, many women can't afford lumpectomies and radiation, and instead undergo mastectomies they don't need. We also agree that every patient deserves a second medical opinion. The stakes are too high to do otherwise.

There are other breast cancer bills that have been introduced recently, but this bill is the most comprehensive and medically appropriate solution to the problem of inadequate treatment for breast cancer patients. CPR is proud to have helped revise this bill to make it even stronger than an earlier version, and to enthusiastically support it.

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the Women's Health Program and Breast and Gynecologic Pathology at Yale University School of Medicine. "The word scares patients and it is not even accurate." Several other experts agreed that calling the condition a "neoplasia" would be more accurate and less frightening.

Ductal Carcinoma In Situ (DCIS)

Most women with DCIS will also live long, healthy lives, but they need treatment. DCIS should be surgically removed, but this can almost always be done with a lumpectomy (which removes the cancer and some healthy breast tissue around the cancer) rather than a mastectomy (which removes the entire breast).

The experts agree that radiation can help prevent the cancer from coming back, especially for larger DCIS. However, most DCIS patients will live long, healthy lives whether or not they get radiation treatment. Since most women want to avoid getting cancer again (even if it is not fatal), radiation is

an important treatment to consider. The experts don't agree on whether very small DCIS lesions – less than 2 cm in size – usually require radiation. Some experts are more enthusiastic about how helpful tamoxifen is than others.

One issue of debate was whether women who are very frightened of getting cancer should be discouraged from getting mastectomies. Some participants thought that physicians should respect a patient's wishes if she thinks mastectomy will provide peace of mind, while others believe that mastectomies that are not medically necessary should be strongly discouraged or refused because they can do so much more harm than good.

"This conference is the first step," explains CPR's president, Dr. Diana Zuckerman. "Our next step is to work directly with patient support and education groups, as well as these experts, to find ways to help patients be better informed."

For more information on surgical options for breast cancer treatment, see www.center4policy.org/bc071502.html

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Bottled Water: Big Benefits or Big Business?

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bottled water won't change the fact that you're still exposed to everything that is in your tap water. "And keep in mind that tap water, although tested, is being delivered via an old municipal system that was probably built during the Lincoln administration," adds Olson. In addition, if you're worried about lead or other heavy metals, newer homes are not exempt: Brass faucets contain lead. "Don't drink the first drawn water or the first water of the day from any faucet. Let the faucet run for a few minutes," advises Olson.

Another concern? The bottles themselves. When water bottles are refilled, bacteria can grow inside. This is also true for pitchers and large containers that are used for water. Consumers mistakenly believe that water bottles don't need to be carefully cleaned – but they do.

To Drink or Not to Drink?

Drinking water is almost always good for you, especially compared to many other drinks. If you're worried about safety, the government issues the *Annual Right to Know Report*, which should detail the safety of your municipal water supply. "If you're having trouble deciphering the legalese, you can get the brochure called *Making Sense of Your Right to Know Report* ([see www.safe-drinking-water.org/rtk.html](http://www.safe-drinking-water.org/rtk.html))," said Olson. "But be wary of many of the water-purity gadgets on the market," warns Sandroff. "Most of them will do very little to improve the safety of your water."

And remember – if it's just taste you're concerned with, put a gallon of tapwater in the fridge. You'll be amazed at how crisp and delicious your "homemade" bottled water will be.

THE QUEST FOR BEAUTY AND HEALTH: WHAT WOMEN DON'T KNOW

Last year more than a million women had facial injections, more than a quarter million received breast implants, and millions took natural supplements — all in their quest to look and feel better. But how many of those women knew they actually risked feeling — and looking — worse? And how would they find out?

Most women rely on television and women's magazines for their health information, but don't realize they are not always getting all the information they need, or that the information they do get may not be entirely accurate or objective. That's because companies selling medications and cosmetics know how to get their message to the media and have the money to do it, while think tanks and consumer groups rarely have the resources to raise their questions or voice their concerns.

One aim of CPR for Women & Families is to provide the kind of accurate, unbiased information women need to make choices that affect their health. To help achieve that goal, CPR hosted a media luncheon last May at the Harvard Club in New York City, to alert reporters, editors and producers to what's safe — and what's not safe — for women.

"Many people assume that government agencies ensure that products are safe. That's not the case." -- Dr. Correa-de-Arajo

Representatives from *Allure*, *Glamour*, *Good Housekeeping*, *Health*, *iVillage*, *Jane*, *Lifetime*, *Newsday*, *Newsweek*, *Oprah Magazine*, *Organic Style*, *Self*, *Seventeen*, *Time*, and the *Today Show* attended the event. The results are now showing up on newsstands and on TV. For instance, Diana Zuckerman was interviewed on the *Today Show* in October, and CPR is quoted in *Jane* magazine, warning consumers about the

possible out-of-pocket costs for plastic surgery patients, and in *Self* magazine CPR talks about treatment options for breast cancer patients.

CPR is concerned with how policies affect safety, and this was an underlying message at the media luncheon. Most American women believe that all products

"I was amazed that so many products are on the market with no prior testing." -- Catherine Winters, Good Housekeeping

and procedures must be proven safe to be sold in this country, but unfortunately, this is not true. Before women consider a scalpel, needle or pill, they need to be aware of "grandfather" clauses, off-label uses, untrained physicians, insufficient testing and inadequate clinical trials.

To help inform women that these risks exist, CPR invited two government experts. Lesley Fair, JD, Senior Attorney for the Bureau of Consumer Protection at the Federal Trade Commission, explained that manufacturers do not have to prove the safety and efficacy of dietary supplements before they are sold on the U.S. market. "That is where the FTC comes in," she said. "We monitor advertising practices and penalize manufacturers

that claim they have bottled the secret to Swedish figures and larger breasts."

The journalists also heard from Dr. Rosaly Correa-de-Arajo, Senior Advisor for Women's Health at the U.S. Department of Health and Human Services Agency for Healthcare Research and Quality, who spoke about the challenges of making products safe and effective for consumers. "Many people assume that government agencies ensure that products are safe,"

she explained. "That's not the case. We advise on what is — and isn't — safe."

CPR President Dr. Diana Zuckerman spoke about plastic surgery and cosmetic injections, including Botox, Artefill and breast implants, and says "I was reassured by questions that showed reporters and producers were committed to making

sure readers and viewers understood the risks as well as the benefits of the latest miracle product or procedure." She did, however, find some of the questions surprising, with the most unforgettable one from Joan Crane of *Allure*. "She asked me if I had had any 'work done' on my face. I felt almost embarrassed admitting that I was aging naturally."

Catherine Winters from *Good Housekeeping* commented, "I was amazed that so many products are on the market with no prior testing." She added, "I can't believe that our government allows many things to be put into our bodies — or even faces — without sufficient testing."

Roni Raben from *Newsday* found the rising incidence of plastic surgery among teenagers "shocking." In 2001, an estimated 80,000 teens had plastic surgery and one report recently claimed that plastic surgery was the number two graduation gift last year, second only to cash and ahead of cars.

But the use of diet pills and supplements by teens was even more disturbing to Raben. "An eighth-grade girl can easily buy a bottle of Meta-Bo-Lite or some other ephedra product at the local drug store," she said. "Not only do we not know if the product is safe for adults, there could be dangerous repercussions for the health of a developing girl that no one knows about. Yet."

JUDY WOODRUFF: FIGHTING TO PREVENT BIRTH DEFECTS



Photo by Gwen Lewis

Diana Zuckerman and Judy Woodruff at a CPR Senate Policy Forum

Judy Woodruff is one of the best known and most-respected members of CPR's National Advisory Board. She has a distinguished career as an award-winning journalist, and is currently an anchor and senior correspondent for CNN. She is also well known for her great support for research on spina bifida, a birth defect that affects approximately one out of every thousand children born in the U.S. each year, including Judy's son Jeff.

When Jeff was born with spina bifida in 1981, it was a shock to Judy and her husband, Al Hunt. Although Jeff had a mild form, his spinal cord came out of his back and he needed a shunt to drain excess fluid from his brain. "We learned a lot about it very fast, and spent a lot of time with doctors. We were fortunate that he walked at a normal age, he thrived, and despite his problems we felt that the glass was more than half full," Judy tells us.

The summer after 10th grade, however, Jeff needed additional surgery, and after that he became profoundly disabled — he is unable to walk, has no use of his right hand, and he lost his short-term memory. "Overnight he became a different person in terms of physical abilities, but he's the same person on the inside," she explains. In a power wheel chair, he is now taking college courses part-time.

Judy points to the need for more research and for every patient to have

access to decent health care. She also stresses the need to use the information already available to prevent spina bifida, the most commonly occurring serious birth defect in the U.S. Years ago, scientists at the Centers for Disease Control and Prevention (CDC) discovered that giving folic acid to pregnant women could reduce the incidence of spina bifida in their babies. Judy has learned a great deal about folic acid from Dr. Godfrey Oakley, who formerly directed of the Division of Birth Defects and Developmental Disabilities at the CDC and is now on the faculty of Emory University.

In 1998, the FDA finally required that enriched cereal grains — which are commonly used in baked goods — include folic acid. This has resulted in a 25% decrease in U.S. babies born with spina bifida, but Dr. Oakley believes that a higher level of folic acid in cereal grains and other strategies could cut the number of these birth defects even more dramatically.

Judy points out that adding folic acid to flour and other grains is a great way to ensure that women of childbearing age consume the folic acid they need to prevent birth defects in their children. Companies that make cold cereal have also embraced the idea, and about 50 cold cereals are now fortified with folic acid. However, the Atkins diet and other "low carb" diets could result in an increase in spina bifida in the future, unless women increase their use of multi-vitamins.

Thanks to her educating us about this issue, CPR is working to encourage the FDA and other agencies to improve policies to prevent spina bifida. We hope to partner with Judy Woodruff and Godfrey Oakley to increase public awareness of folic acid as a way to prevent birth defects.

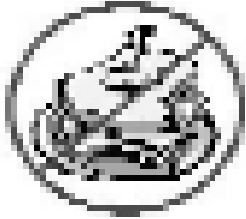
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ATKINS: A FAD DIET THAT WORKS?



Sandwiches are out, steaks are in with the Atkins Diet.

The Zone. Sugar Busters. The South Beach Diet. Many Americans will tell you that they've tried countless techniques to lose weight. Unfortunately, most fad diets are doomed to failure. The Atkins diet, however, has a lot of fans — and even some research to support it. Intrigued, CPR turned to Research Network member Dr. Gary Foster, from the University of Pennsylvania, for his advice. Dr. Foster's research on the Atkins diet has been widely quoted by the press.

Dr. Foster conducted a one-year study of 63 obese women and men who were randomly assigned to either the Atkins diet or a traditional low calorie, low-fat diet. The Atkins dieters lost more weight than the traditional dieters at both 3 months and 6 months, but the difference at 12 months was not statistically significant, as both groups tended to gain back some of the weight lost.

Experts assumed that the Atkins diet would cause health problems, since it doesn't limit fats. Instead, the Atkins dieters had greater improvement in some risk factors for coronary heart disease. On the downside, however, dieters in both groups tended to cheat or quit the diet completely. This is a common problem for low-fat diets, and although the Atkins diet includes popular foods such as red meat and cheeses, the limits on bread, cake,

cookies, and pasta were also difficult. Here is the doctor's diagnosis:

CPR: Does the Atkins diet work, and why?

Dr. Foster: My research shows that dieters lose more weight more quickly on the Atkins diet than conventional low-fat, low-calorie diets. I think the reason is that they are eating fewer calories. Even though they can eat fattening foods, the structure may help them stick to the diet. And the protein and fat they can eat are more satiating than many low fat foods.

The key may be that they don't feel as deprived. And yet they are very deprived! However, so many traditionally forbidden foods are permitted, that may help some dieters. They don't have to pay attention to portions and calories, but they actually eat less.

CPR: What about the theory that the Atkins diet has a different physiological impact, and that helps with weight loss?

Dr. Foster: I don't think there is increased thermogenesis. The slight differences are not enough to have an effect.

Energy in and energy out is still the issue — that means the amount of calories consumed compared to the amount of calories expended.

CPR: Are there health risks to eating such high fat foods?

Dr. Foster: I wonder about health risks. We have received a grant from the National Institutes of Health to study 360 racially diverse dieters. We will study many different health measures, including kidney function, health of the arteries, how much fat and muscle, and

bone density. We're giving multi vitamins, but not fish oils. There is some concern that there is not much calcium in the Atkins diet.

The cholesterol findings were surprising. We don't know yet how the diet affects cholesterol, but it looks good so far. But we need to study it much more carefully, and we will in this next study.

It's important to find out what kind of diet is good for whom — which diets work for which people. The kind of diet that is best for one person might be completely unmanageable for another.

CPR: A recent study of 21 obese adults conducted at Harvard found that the Atkins diet worked better than a traditional low-fat diet even when the Atkins dieters consumed 300 extra calories per day. What do you think of these findings?

Dr. Foster: These results are intriguing but it's appropriate to be skeptical at this point. I'd need a lot better evidence before I would abandon the conventional wisdom, which is: If you burn more calories than you intake on a daily basis, you'll lose weight. It's just that simple! The trick is finding a method that works for the individual — something you can stick to and fit into your lifestyle — without feeling deprived.

CPR: Why is the South Beach Diet gaining popularity just as the Atkins diet is proven effective?

Dr. Foster: Different diets are attractive to different people. Some people just can't give up carbohydrates. And, of course, when you get tired of one diet — even one that works — most people want to try something that allows them to eat some of the food they have had to give up.

MEET OUR NEW CAMPUS PARTNERS



Our Sunshine State affiliate, the **Women's Studies Department of the University of California, Santa Cruz**, has proudly welcomed **Angela Davis** as its new chair. Best known for her political activism in the 1960's and 1970's, Professor Davis has taught contemporary philosophy courses at Santa Cruz for 15 years. In Women's Studies, Professor Davis has taught several Women's Studies courses, including *Blues Legacies and Black Feminism*, which is also the title of a book she wrote several years ago.

The Department currently has about 140 students majoring in Women's Studies. It also has 32 doctoral students in fields such as psychology, sociology, and history who do a "parentetical notation in Women's Studies," explains Professor **Bettina Aptheker**, who chaired the Department until recently.

In addition, the Santa Cruz Women's Studies department has been finalizing plans for a doctoral program in Feminist Studies. When final approval is achieved, it will be the second program of its kind in the University of California system, the first of which is at UCLA. The plan is for the doctoral program to be interdisciplinary and transnational, organizing students into research clusters that work collaboratively on broad problems such as "Culture, Power, and Politics" or "History and Memory." Professor Aptheker anticipates that the program will start recruiting in 2005 for the 2006-7 academic year.

UC Santa Cruz's most popular Women's Studies course is *Introduction to Feminisms*, which is taken by almost 500

students annually. "Feminisms" is plural because there are many different experiences of women around the globe.

The campus also has an Institute for Advanced Feminist Scholarship, which focuses on research, rather than classes. This year the Institute's 70 affiliated faculty, graduate students, and community groups will be developing projects to encourage communication across generations, according to **Helene Moglen**, director of the program.

On the other side of the country, Adirondack-based **Hamilton College**, in



Utica, New York, is home to another impressive CPR affiliate, the **Kirkland Project**, "which is much more than a project — I would almost call it the Kirkland Experience," says **Nancy Rabinowitz**, the program's director. "We're seeking to change minds not just in the classroom, but all over campus and in the community." The Kirkland Project focuses on diversity in academia, culture, and location. "Of course feminism is at the heart of the mission, because feminism is the perfect lens. Feminism can help students understand why diversity is so important — not only can diversity enrich their lives, it can help guide students into understanding that the privileges and challenges experienced by diverse groups can be a starting point for change."

College 130, the Kirkland Project's academic seminar, is open to all Hamilton students. The course, offered during the first semester of entering students' first

year, is an interdisciplinary class that seeks to foster critical thinking, encourage community involvement and activism, and provide students with a framework through which to think about their own identity. "The students absolutely love *College 130*. It gives them the opportunity to figure out for themselves how these diverse topics contributed to shaping their adult identities," notes Rabinowitz.

In addition to its academic work, the Kirkland Project had a grant last year from the Community Foundation for the Journal Writing Project. The project, aimed at middle school girls, brought students from the Hamilton campus together with local teenage and preteen girls. Undergraduates met with the girls weekly to talk about their experiences, ideas, and goals. After roundtable discussion, the girls would write in their journals and share with each other what they had written. For many of the girls, it was the first time anyone had ever asked them to think about their opinions and their dreams. "The journal project was so popular that the girls and students kept it up this year on their own," Rabinowitz tells us.

In the Urban Service Experience, the program's community outreach project, participants spend 72 hours in the Utica community. They work in several soup kitchens, homeless shelters, and charity groups. "We have many students who have never seen this aspect of our society. Not only do they benefit from the good feeling of helping others in need, they come to understand why a progressive social agenda is important. Not everyone has the same kind of bootstraps. Not everyone has the same opportunities," Rabinowitz reminds us.

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Have To Do With Your
Water?** *Pages 1 & 3*



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AND MORE!

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