Letter: Bijou Pines resident says thanks

To the community,

I want to thank everyone in the community, and especially in my neighborhood who contacted me in regards to **my article** on the warm room and the homeless affecting Bijou Pines.

To date I have had 20 emails, 24 phone calls, and eight neighbors who have stopped by to say how happy they are that I wrote the article. All of the people that responded to my article say that they too have been negatively affected by the homeless since the warm room opened in our area.

I have not, as of this writing, received one email in support of the warm room being located, basically in a residential neighborhood.

Perhaps that is something the City Council should take to heart.

Catherine Whelan, South Lake Tahoe

Opinion: Give Coachella to the Canadians

By Joe Mathews

Let’s give the Coachella Valley to Canada.

After all, Canadians already rule the desert in winter. Canadian snowbirds love Palm Springs because it’s a shorter

flight than Maui and because it offers more culture—the international film festival, Modernism Week, the Coachella music festivals—than Phoenix.

Joe Mathews

The desert has developed a Canadian-friendly infrastructure of restaurants, country clubs, and social organizations. The Canadian Club of the Desert, founded in 1982 at the Gene Autry Hotel, holds monthly breakfast forums “sharing experiences and ideas concerning issues of importance to Canadians.” The club also hosts a “Welcome Back Cocktail Party” in early December and “A Wind-Up Dinner and Dance” in March at the Lakes Country Club.

While snowbirds have been coming for decades, the Great Recession accelerated this Canadianization of the California desert. In 2008 the Canadian dollar was at all-time highs just as California real estate was in freefall—allowing Canadians to snap up properties cheaply. In the first four years of this decade, Canadians accounted for one-quarter of home purchases in the desert.

And home purchases are just one form of Canadian stimulus in Coachella. By one estimate, Canada is responsible for 450,000 visitors annually; the Canadian government has taken credit for tripling the population of Palm Springs during winter. The Canadian hordes also have fueled the expansion of Palm Springs International Airport, which boasts direct service to Toronto, Vancouver, Calgary, Edmonton and Winnipeg.

This Canadian invasion has stirred only minor resentments.

Restaurant servers say they could tip better. Canadians are also blamed for making traffic slower, given their strange national proclivity for obeying posted speed limits.

But the biggest problem with Coachella's Canadianization is that it isn't as big as it could be.

The Coachella Valley could get even more of a boost if more Canadians could visit more, buy more homes, and stay longer. But Canadians are welcome here only part-time. Our federal government imposes its complicated tax and immigration systems on you if you spend too much time here.

While the details are complicated, many Canadians in Coachella limit themselves to just 182 days a year. Spend 183 days here—more than half the year —and you can be considered a U.S. "resident alien" and the IRS may force you to pay U.S. taxes on all your global income.

This hurts California, since our Canadian visitors and part-time residents pay state and local taxes, while using relatively little in services.

A Canadian couple who split their time between Indio and British Columbia (I am not naming them to spare them federal government hassles) wonder why they can't stay longer. They have come to the Coachella Valley every year since 1984, have owned homes here since 2003, and pay property taxes 180 percent higher than in Canada.

And yet they make no social service demands and even buy extra insurance "to ensure that we can protect ourselves against the bankrupting cost of medical services here."

"We are welcome here for 182 days, then we become 'alien,' and must depart," they said. "We can own property but not weapons. We can pay every tax but not vote …. We commit no crimes. We buy media but seldom appear in it. We are a potential resource, never a threat."

Recent declines in the Canadian dollar have made them less of a resource: Spending by Canadian visitors is down about 10 percent in the last couple years. The California housing shortage, and the soaring home costs that come with it, have made buying here harder for everyone, including our friends from the True North. (Still, median home prices in the desert are half what it costs to buy in Vancouver or Toronto.)

But the Canadians still come—and we would profit by lengthening their stays. Imagine if federal law were changed to make it possible for Canadians to spend nine months a year in California without triggering U.S. residency rules and taxes. That would be 50 percent more time, and much more spending and sales taxes from Canadians.

Could this happen? Maybe not. The federal government is generally hostile to policies that benefit California. But congressional Republicans are open to tax reform, and President Trump has indicated a preference for immigrants from wealthier and whiter countries like Canada.

And if the feds won't make things easier for Canadians in California, the state could step in.

Maybe the desert heart is getting to me, but I wonder if California might just deed the Coachella Valley to Canada. Not only would we get more Canadians and better governance, we'd also get insurance: If the federal government escalates its war against California, we'd only have to drive to Palm Springs to request asylum.

A Canada colony in California might not be paradise. But it sounds pretty good, eh?

Joe Mathews writes the Connecting California column for Zócalo Public Square.

Letter: South Lake Tahoe and its streets

To the community,

I am presently very concerned that the City Council now intends to not fund maintenance of city streets.

Consider my points:

1. Since Measure C has failed, the City Council can now shift blame of our streets in disrepair upon the voters.

2. If the street repairs were now adequately funded, this would be like an admission that the funds were available before the Measure C proposal.

The “no” voters were correct in their votes. Math, tells us why. Nancy Kerry had made it public knowledge that the city employees’ retirement benefits would rise in the coming years from $4.7 million to $9.7 million by year 2022. Measure C was expected to raise only $2.5 million per year. Measure C was clearly not an answer to our problem. The problem would return again before year 2022.

One most obvious solution to the problem is to reduce the city employees’ retirement packages. Nancy Kerry has now decided to eliminate retirement health care. But in my opinion, our City Council will not act to allocate funds for street repairs. At the community talk (at Y coffee shop) Tom Davis was asked: “Are street repairs on City Council’s agenda?” The answer came back “no.”

If you think through all of this, you’ll arrive at the same conclusion that I have. I want the citizens to understand

what’s going on, so I want this all made public. If we continue to wait, we’ll lose another year.

Daniel Harvey, South Lake Tahoe homeowner

Opinion: State of Jefferson different from all the rest

By Terry Gherardi

The media blitz about New California has brought great attention and concern for many in our Jefferson counties, but perhaps even greater confusion for Californians, or, “here we go again,” as stated by many in the news media. This is in reference to the various movements or actions under way to separate or secede from California.

The only similarity between State of Jefferson and New California is both movements are looking to separate under Articled 4, Section 3 of the U.S. Constitution. What sets us apart from New California and others is that State of Jefferson and Citizens for Fair Representation is about representation.

Jan. 6, 2016 – The date when all 21 counties completed filing declarations/petitions with the secretary of state and Legislature, seeking equal/fair representation and/or to separate (not secede) from the state of California. This was followed by tens of thousands of emails, letters, phone calls, faxes and visits to legislative offices, by constituents, requesting their elected representatives author a Bill or Resolution to resolve the imbalance of representation; the worst of all 50 states. All requests went

ignored.

May 8, 2017 – Citizens for Fair Representation filed a lawsuit against Secretary of State Alex Padilla for lack of representation and dilution of vote. In September, the first hearing was held in the U.S. Federal District Court and CFR is currently awaiting the date to be scheduled for the second hearing.

Who are the rest and what is the difference?

State of New California: Still includes many counties of the greater Bay Area and Southern California who would still retain the majority seats in both chambers of their new state legislature, or same imbalance of representation. As far as the odds of the California state Legislature approving their separation from the state, on Jan. 25 in a New California website survey, Californian's were asked "would you support the State of New California?" 90 percent of 20,000, responded no.

Tim Draper's three-way state split: Petitions are currently being circulated for an initiative on the November ballot to split the state into three. One cannot split a state by just a vote of the people. It still has to be approved by the state Legislature and U.S. Congress. Stan Statham tried this in 1992, and a majority of the northern counties did in fact vote yes, as did the state Assembly, but it failed to pass in the state Senate.

Yes California, Calexit: Once again, circulating a second round of petitions for a ballot initiative to secede from the United States, forming its own country. If they gather the required number of signatures to place on the November, ballot and voters approve, this would have to be placed on another ballot on the next general election (2020). If voters were to approve, both the United States and California Constitutions would have to be amended.

John Cox, Neighborhood Legislation: Watch for this initiative on this year's election ballot. Because the state Assembly and Senate districts have grown so large; one assembly member for every 500,000 and one senator for every million, the Cox initiative, divides each of those huge districts into 100 neighborhoods – each with its own representative. Those 100 representatives in each district will meet and select one of their number to go to Sacramento. The problem – there will still be just be 80 assembly members and 40 senators meeting and voting in the Capitol building. The one county of Los Angeles will still have 15 senators and we in the Northern rural area will still have only one senator representing 11 counties. Southern California and greater San Francisco Bay Area still rule.

Strong on Jefferson and representation

State of Jefferson and Citizens for Fair Representation: The largest movement and only movement in California, seeking equal/fair representation for all citizens, in all 58 counties of California and when successful, will also impact those citizens in about 30 other states. This resolve has been undertaken by a diverse number of plaintiffs, to include cities and counties, using the process allowed under our nations judicial system. As previously noted, the case is currently being heard in the U.S. Federal District Court, Eastern District, Sacramento Division, Judge Kimberly Mueller presiding.

Terry Gherardi is the public information officer for Citizens for Fair Representation dba State of Jefferson.

Opinion: Plan could be a major disrupter of health care system

By J.B. Silvers, The Conversation

Amazon, Berkshire Hathaway and JPMorgan Chase's announcement that they will create an independent company to offer health care to their employees "free from profit-making incentives and constraints" sent a shock through the health care industry, with share prices of some incumbents tumbling on Jan. 30.

Of course, this is not a surprise since anything Amazon, for one, takes on shakes the incumbents. But this one might be different.

As a former health insurance CEO and professor, I see that, based on their history and financial power, this new company could be a disruptive force in the industry.

A complex system

While most people experience insurance and doctors as the face of the health care sector, the moving parts of health care are much more complex. Only recently have doctors and insurers even been able to talk the same language through a massive federally financed move toward electronic medical records. And even then, insurers talk in terms of billing codes, while doctors deal with diagnoses and outcomes.

The marriage of the two through new organizational forms such as Accountable Care Organizations and payment units like bundled payments – for something like a hip or knee replacement, for example – show promise that the elements can collaborate but only in defined areas. Mainly these approaches

are designed to bring the most excessive doctors and hospitals back toward the average in terms of cost. But even average health care costs are too high, and the outcomes are too poor to satisfy most Americans.

Into this maelstrom comes the party with the most to gain and the best leverage to change the system – and I mean employers, not the government.

Most insurance isn't really insurance

You may not know that most employer-based "insurance" isn't insurance at all. It's just a way for a contracted entity that looks like an insurer to act as a purchasing agent and paymaster for the real deep pockets: the self-insured employer.

Any employer with at least 100 or 200 employees can do much better just writing the check for what is spent on health care rather than paying an insurance company to bear the risk. They only have to have "reinsurance" to cover the costs above the level that they can finance themselves.

It is interesting to note that one of the largest U.S. reinsurance companies, Gen Re, is at the core of Berkshire Hathaway's empire.

Clearly, there's a potentially powerful force for change in the self-insured employer who, in aggregate, covers over 100 million people and is exempted from much state regulation by federal law.

In the past, there have been five major ways these employers have attacked the health care "tapeworm" described by Warren Buffett. Through their insurance company agents, they can:

- Hire a manager to do it (i.e., managed care), or pay them a flat amount each year (i.e., fixed amount per employee per year), or both.

- Channel employees to the “best” providers (i.e., narrow networks and direct contracts with centers of excellence).
- Change the incentives for the employee to be more careful (i.e., high deductible health plans) and help them save for routine needs through, for instance, health savings accounts.
- Encourage them to shop more carefully with online comparison tools for quality plus differential co-pays for favored providers.
- Maintain a lifestyle of “wellness” through, for example offering membership to health clubs, discounts for Fitbit health tracking devices, or a direct bonus or penalty.

But none of these have done the job.

So what do these three big disrupters expect?

Besides being large employers themselves, Warren Buffett knows insurance through his Gen Re reinsurance company. Amazon has taught everyone how to shop far better online than in stores, and JPMorgan has had extensive experience with Health Savings Accounts, which are tax-sheltered savings accounts paired with high-deductible insurance polices that eligible people can use to pay for health care costs. They know the elements of the past playbook individually.

But their announcement signals that the goal is something much more: an integrated technology-driven approach to all facets of health care beyond the earlier individual initiatives.

While they did not mention the changes that must happen in the delivery sector, implied is the assumption that doctors and hospitals will adapt to this new world, holding down their costs, making prices more transparent, and innovating in their physical and electronic delivery of care.

While these issues are all important, this partnership does

not address other problems of the broken U.S. health care system and its ever-expanding costs. Also of concern are the role of skyrocketing drug prices protected by patents and direct-to-consumer advertising; expensive end-of-life decisions; explosive potential use of genetic information; and prevention and management of chronic conditions derived from personal choices.

And the most critical factor in the success of their plan is the fact that the doctor knows the medical facts better than the patient or purchaser. We want a medical expert to tell us what must be done in any situation. But, when the incentives for the physician agent are not aligned with broader objectives, their decisions may be less than optimal, and this is often the case.

One has to applaud the initiative if you are outside the health care sector and fear it if you are inside. When these three threaten to disrupt an industry, those in it had better listen carefully and adapt as quickly as they can.

J.B. Silvers is a professor of health finance at the Weatherhead School of Management & School of Medicine at Case Western Reserve University.

Letter: Warm room degrading SLT neighborhood

Publisher's note: *This was sent to the South Lake Tahoe City Council and Lake Tahoe News.*

First let me say that I have been in and out of town intermittently this January so was not able to make the recent

City Council meetings, or this would have been brought up in an open forum. However, the fact that no one from my neighborhood appeared at the recent meetings of the City Council is only because most of the people in my neighborhood work for a living and are not able to attend meetings in the middle of the day. It does not mean that we do not want to be heard or that everything is going well with the Warm Room.

While I am very glad that the children at South Tahoe Middle School and the Boys & Girls Club of Lake Tahoe have not had any issues with the homeless due to the warm room that has not been the case for the residents of Bijou Pines.

My neighborhood has been severely and negatively impacted by the homeless ever since the warm room opened. I have had two incidents of property stolen from my front yard – which is fenced and gated. I have also been panhandled twice while walking my dog in my neighborhood, once with my 7-year-old niece who was scarred to death by this vagrant.

Several of the homes whose owners are not winter residents and whose property backs up to the warm room have literally had to board up their windows and doors with wooden shutters and metal bars. Others in the neighborhood have put in security systems or upgraded their security systems with outdoor surveillance cameras.

In addition to the objects being stolen from people's yards, we have had several incidents of mail being stolen out of our mailboxes. There have been incidents of the homeless walking around vacant summer homes and being questioned by the neighbors about what they are doing. The homeless are also marking the vacant summer homes in our neighborhood by piling up stones the way you would mark a trailhead, but they are marking empty homes. Why? All of these incidents have been reported by various residents. Many of the residents of Bijou Pines have lived here for 20 years or more, some for most of their lives and no one can remember ever having so many

homeless roaming our neighborhood.

In a recent email sent to me by Marissa Muscat, the executive director for the Tahoe Coalition for the Homeless, I was told there were many people without shelter who congregated in the area or the warm room but did not stay there, thus, the Warm Room was not responsible for them. Well, that means very little to the residents of Bijou Pines as the homeless did not congregate in this area prior to the warm room opening. Bread & Broth has been at the Catholic Church for years and we have never before experienced the problems we are now having in our neighborhood.

I have asked both Mayor Wendy David, and Marissa Muscat to come and walk my neighborhood with me so they could see for themselves the impact of the warm room on Bijou Pines, however to date neither has shown an interest.

As to the security officer who sits at the corner of Rufus Allen and Pickett in the mornings – not very attentive. I myself, have stood next to his car while he did paperwork and never looked up. How many homeless could have walked by while he filled out forms? Also there are three other main entrances into Bijou Pines in short walking distance from the warm room that have no security on them at all. None of the residents of Bijou Pines feels that the Tahoe Coalition for the Homeless is providing adequate security for our neighborhood.

To make matters worse, at a recent meeting of several concerned residents we found out that if one of us wanted to sell their home at this time we would have to declare that the warm room was within walking distance to our homes and depending how close your property was to the warm room your property value could be decreased by $25,000. What right does the City Council have to devalue our property for the homeless?

While I feel very sorry for the homeless, the City Council

should not have agreed to have the warm room back up to an historic residential neighborhood. To devalue our property in this manner is inexcusable.

I would like to remind the City Council that despite how sympathetic one might be to the homeless, they do not contribute to the city of South Lake Tahoe in any way. If anything, they strain our city's resources, and cause multiple problems for the residents. By contrast, my neighbors in Bijou Pines, work for a living, support themselves, take care of their property, and put money back into our city.

The residents of Bijou Pines pay their taxes, i.e. your salaries. I doubt that anyone in Bijou Pines will forget who on the City Council brought the homeless to our doorsteps.

Catherine Whelan, South Lake Tahoe

Opinion: L.A. is not Latin America, but it could be

By Joe Mathews

Los Angeles is not Latin America.

Such a statement should be as uncontroversial as a map of the western hemisphere. But in L.A., elite conventional wisdom runs the other way.

Joe Mathews

Lewis D’Vorkin, the Los Angeles Times editor, recently promoted L.A. as “the northern capital of Latin America” in a staff memo. Organizers of L.A.’s recent bid for the Olympics used a similar formulation.

In its Pacific Standard Time series, the Getty Foundation supported 70-plus exhibitions—from Santa Barbara to San Diego—under the title: “LA/LA”—for Latin America and Los Angeles. In its publicity material, the Getty called L.A. “a Latin American city of long duration.”

The impulse to pump up L.A. is understandable; after all, it’s not even the capital of California. But here’s a reality check. Los Angeles isn’t a part of Latin America—or of anyplace else.

Helen Hunt Jackson, author of the 19th-century novel “Ramona,” famously termed Southern California “an island on the land.” The 20th-century California chronicler Carey McWilliams borrowed Jackson’s line for the title of a 1950 book, in which he wrote that Southern California “is as distinct, as unlike any other part of the state, as though it were another country.”

Yes, L.A. has a Spanish colonial and Mexican past. Yes, it has long drawn Latin American artists. And yes, nearly half of Angelenos either are immigrants from Latin America or are descended from them.

But Los Angeles, for almost its entire history, has been a walled-off and peculiar place. When L.A. has bothered to

define itself, it has done so in opposition to the world—and to Latin America in particular.

When whites built Los Angeles as a "city of the future" they nearly obliterated its Mexican history and Mexican-American people. As the historian William Deverell wrote, "Understanding Los Angeles requires grappling with the complex and disturbing relationship between whites, especially those able to command various forms of power, and Mexican people, a Mexican past, and a Mexican landscape."

Unfortunately, that whitewashing left a permanent separation. In his book "The Labyrinth of Solitude," the Mexican author Octavio Paz described the city as having a "vaguely Mexican atmosphere" that felt distant, like it was "floating" in the air.

"I say 'floats' because it never mixes or unites with the other world, the North American world based on precision and efficiency," Paz wrote, adding: "It floats, never quite existing, never quite vanishing."

Today this city still floats nebulously, without quite landing. L.A. might pride itself on its diversity, but the town's culture is still ruled by predominantly white Hollywood. The center city and Westside—the parts of L.A. most familiar around the world—are far whiter than the U.S. as a whole.

While L.A is not a Latin American city, it is a profoundly Latino one. But as immigration diminishes, its Latinos are becoming less Latin American. Today, more than 60 percent of L.A. County's Latinos are native-born. If you want to see a truly Latin American U.S. city, you should visit Miami.

The town's population trends work against Latinization. One of the two biggest demographic stories in Los Angeles in this century has been the rapid decline in the number of children, including Latino children. The other big story is the increase

in the number of whites in the city—by nearly 40,000 between 2010 and 2014—outpacing the rise in the number of Latinos.

Since the 1990s recession, Latin American immigration here has dramatically declined, while the regional economy has tilted away from Latin America. International trade here is dominated by East Asia. Mexico is the third-largest trading partner of the United States, but ranks 10th as an L.A. trading partner, behind Germany.

The weakness of ties between L.A. and Latin America now seems like a real vulnerability, as the California-hating Trump administration deports immigrants and retreats from the world. León Krauze, a Mexican journalist who is an anchor for Univision in L.A., said the Trump threat may force closer ties, as Angelenos and Latin Americans realize they must be allies in protecting immigrants from the U.S. government.

At the same time, there is something cynical about the "L.A. is Latin America" messages of L.A.'s elites. Many Southern California institutions have celebrated prominent Latin Americans while being slow to include L.A.'s own Latinos. Take the motion picture academy, which has been giving Oscars to film directors from Mexico—Alfonso Cuarón, Alejandro González Iñárritu, and, perhaps soon, Guillermo del Toro—while doing little for Latino filmmakers.

Still, it would be wiser to embrace the "Latin America—Los Angeles" narrative as aspirational. After all, Los Angeles would have much to gain from deeper ties to a region that has seen gains in democracy and in its middle class over the past two generations.

Building those ties would take sustained work, including creating more spaces for preservation of the Spanish language. More broadly, making L.A. a Latin American city would require the same freedom of movement in the western hemisphere as the European Union enjoys, so that Latin Americans could visit,

study and live here with ease.

But, first, L.A. would have to obliterate the walls that have long surrounded it.

Joe Mathews writes the Connecting California column for Zócalo Public Square.

Opinion: Re-criminalizing cannabis is not the answer

By Miriam Boeri, The Conversation

In the 1930s, parents across the U.S. were panicked. A new documentary, “Reefer Madness,” suggested that evil marijuana dealers lurked in public schools, waiting to entice their children into a life of crime and degeneracy.

The documentary captured the essence of the anti-marijuana campaign started by Harry Anslinger, a government employee eager to make a name for himself after Prohibition ended. Ansligner’s campaign demonized marijuana as a dangerous drug, playing on the racist attitudes of white Americans in the early 20th century and stoking fears of marijuana as an “assassin of youth.”

Over the decades, there’s been a general trend toward greater social acceptance of marijuana by a more educated society, seeing the harm caused by the prohibition of marijuana. But then, on Jan. 4, Attorney General Jeff Sessions rescinded an Obama-era memorandum suggesting federal agents should let states regulate control of marijuana and focus their efforts on other drugs.

Re-criminalizing marijuana in light of current research findings, including my own research of more than 15 years, makes Sessions' proposed crackdown on legal marijuana look worse than reefer madness.

Researchers like myself, who regularly talk with people who are actively using hard drugs, know that legal cannabis can actually reduce the harmful effects of other drugs.

Re-criminalizing marijuana is a decision that makes little sense unless we consider the motives. History can shed some light here.

Media mogul William Randolph Hearst supported the criminalization of marijuana, in part because Hearst's paper-producing companies were being replaced by hemp. Likewise, DuPont's investment in nylon was threatened by hemp products.

Anslinger's tactics included racist accusations linking marijuana to Mexican immigrants. His campaign included stories of urban black men who enticed young white women to become sex-crazed and instantly addicted to marijuana.

Anslinger's campaign succeeded beyond his aims. His fearmongering was based more on fiction than on facts, but it made him head of the Bureau of Narcotics for 30 years. The social construction of cannabis as one of the most dangerous drugs was completed in 1970, when marijuana was classified as a Schedule I drug under the Controlled Substances Act, meaning it had high potential for abuse and no acceptable medical use.

Almost 50 years later, the classification remains and Anslinger's views endure among many policymakers and Americans.

Spurious relationships

Today, marijuana critics often cite studies that show a connection between marijuana use and a host of negative

outcomes, like use of harder drugs, criminality and lower IQ. Anslinger used the same tactics to incite fear.

But a correlation does not mean a causation. Some of these studies used flawed scientific methods or relied on false assumptions.

One popular myth, which started in Ansligner's campaign and continues today, is that marijuana is a gateway to heroin and other opioids. Despite research dispelling this as a causal connection, opponents of marijuana legalization continue to call marijuana a "gateway drug."

Studies on the brains of long-term marijuana users suggested a link between marijuana use and lower IQ. But later investigation showed that low IQ might actually be caused by smaller orbitofrontal cortices in the brains of children. Children with smaller prefrontal cortices are significantly more likely to start using marijuana early in life than those with larger prefrontal cortices.

One well-designed study that looked at marijuana use and brain development on adolescent twins over 10 years found no measurable link between marijuana use and lower IQ.

In a review of 60 studies on medical marijuana, over 63 percent found positive effects for debilitating diseases – such as multiple sclerosis, bipolar disorder, Parkinson's disease and pain – while less than 8 percent found negative health effects.

The most harmful effect of criminalizing marijuana may not be its restriction on medical uses, but its devastating cost to American society, which experienced a 500 percent increase in incarceration due to the war on drugs.

The Portugal experiment

The tragedy in this policy is that decriminalizing drugs has

shown to lower drug use – not increase it.

In 2000, Portugal had one of the worst drug problems in Europe. Then, in 2001, a new drug policy decriminalized all drugs. Drug control was taken out of the criminal justice system and put under the Ministry of Health.

Five years after Portugal's decriminalization, drug use by young people was down. Teenagers between the ages of 16 and 18, for example, were 27.6 percent less likely to use drugs. What's more, the number of people going to treatment went up, while drug-related deaths decreased.

Fifteen years later, Portugal still had lower rates of heroin and cocaine seizures, and lower rates of drug-related deaths, compared to the rest of Europe. Cannabis use in Portugal is now the lowest among all European countries. Moreover, Portugal's policy change contributed to a reduced number of drug addicts with HIV.

The "Portugal Experiment" shows what happens when we take an honest look at a serious societal drug issue. Taking a tactic used by Anslinger, opponents of marijuana legalization claim it will lead to more use by young people. However, in states that legalized medical marijuana, use by young people did not increase or even went down. Recent data show that use of marijuana by teens decreased even in states that legalized marijuana for recreational use.

As the U.S. battles an opioid epidemic, states where marijuana is legal have seen fewer deaths from opioid overdose.

More studies are finding medical marijuana patients were using marijuana as a substitute for pain pills. After a medical marijuana law was passed, use of prescription medication for which marijuana could serve as a clinical alternative fell significantly.

Faced with a deadly opioid epidemic, more of the medical

establishment is beginning to acknowledge the potential of marijuana as a safer therapy for pain than opioids.

Listening to those who are suffering

In my own field research, I've conducted hundreds of interviews with people who used heroin, cocaine, methamphetamine and other really dangerous drugs. Most of them used drugs to address social isolation, and emotional or physical pain, which led to addiction. They often told me that they used marijuana to help them stop using more problematic drugs or to reduce the side effects of withdrawing.

"In a lot of ways, that was my sanity," said a young man who had stopped all drugs but cannabis.

Marijuana became a gateway out of heroin, cocaine, crack and other more deadly drugs.

While the Institute of Medicine released a report in 1999 suggesting the development of medically useful cannabinoid-based drugs, the American Medical Association has largely ignored or dismissed subsequent studies on the benefits of cannabis.

Today, in many states, people can use marijuana to treat illnesses and pain, reduce withdrawal symptoms, and combat cravings for more addictive drugs. They can also choose to use cannabis oil or a variety of healthier ways than smoking for consuming cannabis. This freedom may be jeopardized by a return to criminal marijuana.

Worse than 'Reefer Madness'

Almost a century after Anslinger's campaign, "Reefer Madness" is mocked in the media for its flagrant propaganda, and Anslinger's influence on drug policy is shown as an example of government corruption. The ignorance and naiveté of "Reefer Madness" is seen as a bygone era.

So we have to ask, what kind of people want to re-criminalize cannabis today? What are their motives? Who profits from continuing to incarcerate people for using marijuana? Whose power will be diminished when a drug that has so many health benefits is provided without a prescription?

Miriam Boeri is an associate professor of sociology at Bentley University.

Opinion: Conservative Christians co-opted the rhetoric of religious freedom

By Tisa Wenger

Today, just about everyone—including lobbyists, state legislators, and Supreme Court litigants—assumes that freedom of religion naturally means opposition to same-sex marriage and reproductive rights, and sits in tension with anti-discrimination and civil rights laws.

But such associations with the idea of "freedom of religion" are neither natural nor inevitable. Not so very long ago, Americans were more likely to invoke religious freedom to support the very causes, including legal access to abortion, that Christian conservatives now oppose in its name. Such a transition in the meaning of religious freedom is hardly new; the concept has always been malleable and contested. Tracking these changes can help us see how we understand the role of religion in modern life, as well as how to imagine more expansive possibilities for what religious freedom is.

When the first U.S. Congress debated and ratified the Bill of Rights, the clauses on religion represented a compromise between those who wanted to prevent federal interference in the established churches that many states maintained, and those who aimed to level the playing field by eliminating state support for all churches. But the right to freedom of religion was applied only unevenly to Catholics and Jews, and not at all to Native American religious traditions or to the African-derived traditions practiced by many slaves.

In the early 1830s, Massachusetts and Connecticut became the last states to eliminate their formally established churches. Still, most states continued to privilege Christianity—often Protestant Christianity in particular—through prayers and Bible-reading in the public schools, blasphemy laws, restrictions on who could serve on juries or hold public office, and much more. Faced with protests from religious minorities, the powers that be defended these policies in the name of religious freedom. The nation rested on Christian foundations, they argued, and this freedom meant above all that Christianity must be publicly honored and freely practiced.

At the same time, minority groups—Freethinkers, Jews, Catholics—claimed religious freedom as their own. Many Protestants agreed, especially those (like the Baptists) who had begun as dissenters against the established churches and remained committed to free church ideals. They believed the separation of church and state to be essential for their own churches and for every other religious group to thrive.

The Supreme Court rarely ruled on cases involving religious freedom until the middle of the 20th century, when it began to hold the states—along with the federal government—accountable to the Bill of Rights. The Cold War emphasis on “faith” and “freedom” brought renewed attention to this ideal. While many U.S. Christians called for a return to values that they believed all Americans should share, a diverse cast of

dissenters and minorities stressed the rights of individuals and minority groups instead. Through the tenacity of the civil liberties and civil rights movements, this dissenting approach emerged victorious in the courts.

By the 1970s, the courts and the legislatures most often viewed the separation of church and state as a prerequisite rather than a barrier to religious freedom. Jehovah's Witnesses won the right to proselytize in the streets; the Amish won the right to withhold their children from public schools on religious grounds; and the courts ruled that prayers and Bible readings could not be sponsored or mandated by officials in the public schools. Incarcerated people from many different religious traditions asserted their right to the free exercise of religion in the prisons.

In keeping with this emphasis on individual and minority rights, most Americans in this period assumed that the principle of religious freedom favored pro-choice politics. The court's decision in Roe v. Wade (1973) highlighted a constitutional right to privacy more than the freedom of conscience, but it clearly emphasized the rights and freedoms of the individual.

Soon after that decision, an interdenominational group of Protestants and Jews founded the Religious Coalition for Abortion Rights, later renamed the Religious Coalition for Reproductive Choice, to defend the legalization of abortion against its detractors. They contended that the American tradition of religious freedom did not allow any religious group to legally impose its strictures on all. People of faith and good conscience held many views on this issue, they explained, and each woman had the right to make her own decision. The group's members carried banners at marches and rallies that read simply "Religious Freedom."

They were not alone. The American Baptist Convention passed this resolution in 1981: "We recognize that the First

Amendment guarantee of the free exercise of religion protects the right of a person, in consultation with her advisor, spiritual counselor, and physician, to make a decision of conscience for or against abortion."

The Southern Baptist Convention was more divided, with some conservatives in the denomination immediately lining up against Roe v. Wade. But up until the early 1980s, the denomination's Christian Life Commission held that although most Southern Baptists could not personally support abortion, this was a matter of conscience that—in keeping with Baptist tradition—could not be dictated by law.

Even Catholics were not unanimous on this question. The Catholic Church very clearly opposed any legalized abortion. But several lay organizations and even some bishops echoed former President John F. Kennedy's views on church-state separation and applied them to this question. In a religiously diverse country, they argued, no church should impose its own standards on all.

Catholics for a Free Choice, a small organization, went so far as to join the Religious Coalition for Abortion Rights. The larger National Association of the Laity took a more moderate stand: "the court's decision is not inconsistent with the Catholic Church's teaching that responsible persons exercise their conscience in matters of morality." The Catholic Church could teach that abortion was morally wrong, the association argued, without "imposing its position on our fellow citizens who may not agree with us."

To be sure, Roe v. Wade had created the conditions for pro-life activists to position themselves as conscientious dissenters against the new legal standard. Health care legislation in the 1970s and 1980s increasingly incorporated "conscience clauses" allowing providers with religious objections to avoid any personal involvement in abortions. Nevertheless, up until the early 1990s religious freedom was

far more likely to be invoked by pro-choice rather than pro-life voices.

Meanwhile, an increasingly vocal and overwhelmingly white Christian right was turning religious freedom into its own rallying cry. Historian Randall Balmer has described how an evangelical right mobilized in the late 1970s against the IRS's withdrawal of tax-exempt status from racially segregated private Christian schools—which they argued ought to be free from state control—and against the court decisions that limited state-sponsored prayer in the public schools. In other words, the (white) Christian right had invoked this freedom first of all to defend embedded practices of racial discrimination and public Christianity against the legal victories of the Civil Rights Movement.

In the mid-1990s, conservative evangelicals and Catholics forged a new alliance in the name of religious freedom. They now called on this freedom not only to defend school prayer and "parental choice" in education, but also to reframe and re-energize the movement against abortion. As the gay rights movement gained momentum, they invoked religious freedom to argue against same-sex marriage, as well.

This too was a reversal. In the 1970s, a few religious groups had begun to solemnize same-sex marriages, seeking legal recognition for them on religious freedom grounds, as Sarah Barringer Gordon recounts in her book "The Spirit of the Law".

Ironically, the successes of the pro-choice and the LGBTQ movements, which made first abortion and then same-sex marriage legal in the first place, created the conditions for new religious freedom claims. Until abortion and same-sex marriage became legal, their opponents had no legal framework to push back against. Now, as they work to make abortion and same-sex marriage illegal once again—thus imposing a specific conservative Christian morality on all—they invoke the rhetoric of pluralism and individual freedom to voice their

dissent. The gulf between liberal and conservative Christians on issues of gender and sexuality, as chronicled in Marie Griffith's new book "Moral Combat," has only widened in recent decades and shows little sign of abating.

At present, an overwhelmingly white and conservative Christian movement has effectively laid claim to the cultural value of religious freedom. This tactic enables a certain slippage, an easy identification between one brand of Christianity and religion writ large. One writer for the Catholic News Agency recently claimed: "A network of wealthy donors is funding a series of well-organized lobbying campaigns to restrict legal protections for religious freedom, in order to advance access to abortion and LGBT causes." Here we see how a group that maintains significant cultural and electoral power frames itself as a beleaguered minority. President Trump's May 2017 executive order on religious liberty catered directly to this constituency, promising to protect all religion but actually recognizing only the preoccupations of the conservative Christian right.

In recent years, a reconfigured Supreme Court has expanded the freedom of religion in new directions. In the Hobby Lobby case, the court granted a corporation the right to refuse to provide contraceptive coverage to its employees, as the Affordable Care Act required. If religion is understood as a private affair—a matter of conscience, protected from the state—then granting religious freedom to a corporation significantly expands the scope of the private, as historian of religion Finbarr Curtis has described. Rather than protecting religious minorities or the individual employees most affected by such policies, this new religious freedom further empowers the Christian majority and adds to the overwhelming power of corporate America.

Equating religious freedom with white Christianity also overwhelms a wide field of actual and potential religious freedom claims. In 2016, for example, the Standing Rock Sioux

Nation briefly argued that the proposed Dakota Access Pipeline would desecrate their sacred land and infringe upon their religious freedom. But this argument gained little public attention and no traction in the courts, and the pipeline went through as planned.

The same tortured logic of religious freedom is obvious in the Trump administration's recent restrictions on immigrants, refugees, and Muslims. Some federal judges have ruled the president's successive orders on immigration unconstitutional on the grounds that they discriminate against a particular religious group. Yet the Christian conservatives who praise Trump for protecting religious freedom seem more than ready to support what some of them openly applaud as a "Muslim ban." Nor do they speak out when local zoning ordinances are used to prevent the construction of mosques and Islamic community centers; or when town councils pass legislation that claims to prevent the imposition of sharia law—an invented threat based in grossly distorted views of Islam.

This interpretation may not survive for long. This winding history shows that religious freedom is open and available for those who seek to claim it. Muslims and their allies invoke the freedom of religion to combat a variety of legal and zoning restrictions, as well as anti-Islamic bigotry and violence. Progressive church leaders active in the "new sanctuary movement" have responded to draconian enforcement of immigration law by providing shelter in their churches for immigrants being targeted for deportation. They too are invoking this freedom. Their claims have so far received little attention in the media or from the current administration.

But that, like the definition of religious freedom itself, will change.

Tisa Wenger is an associate professor of American religious history at Yale Divinity School and author of "Religious

Freedom: The Contested History of an American Ideal.” She is a Public Voices fellow with the OpEd Project.

Opinion: Disagreeing on the definition of death

By Ariane Lewis

How can you truly know when someone is dead? Historically, death was determined by holding a mirror up to a person’s mouth to see if they were breathing. But this method was not foolproof, so safety coffins outfitted with a string attached to a bell were used to allow someone who woke up after burial to easily send out a distress signal.

Today, the most commonly accepted definition of death is irreversible cardiopulmonary arrest—when a person no longer has a palpable pulse, an audible heartbeat, or sounds of breathing. The lesser-known definition is the time when a person’s entire brain irreversibly stops functioning. While these conditions can be clearly and conclusively determined, an inconsistent patchwork of laws about death has made it possible to be dead in one state and not in another. Treating death as if it is negotiable has affected everything from how we allocate medical resources as a society, to the way we show respect for the dead and their families.

Death by neurologic criteria, or brain death, was originally described in the United States at Harvard in 1968, in response to advances in cardiopulmonary resuscitation (CPR) and ventilators that allowed a patient’s heart and lungs to continue working independent of brain function. The Harvard criteria served as the foundation for the currently accepted

medical guidelines for determination of brain death in the United States.

Almost 50 years later, most Americans have no idea what brain death is. While large-scale public awareness campaigns exist to help people identify signs of a heart attack or a stroke, there has been no public education about brain death. People commonly think of Nancy Cruzan, Karen Ann Quinlan, or Terri Schiavo when they consider brain death because of their highly publicized court cases about the right to die. Although these women had severe brain injuries, they were not brain-dead—they were in vegetative states, alive but unconscious. While a person in a vegetative state still responds reflexively and is able to breathe, this is not the case for people who are brain-dead.

Determining brain death is more complex than the relatively simple process of checking for a heartbeat, pulse, and sounds of breathing. First, doctors have to make sure that the person has an irreversible brain injury, and no medications such as sedatives or abnormal lab results might falsely suggest that they are irreversibly unresponsive. Medical staff then normalize body temperature and blood pressure and do a series of clinical tests. They apply pressure to the forehead, fingers, and toes to see if the patient responds. If the patient is unconscious, they assess for the presence of reflexive brainstem activity. They touch the corneas to see if the eyes blink and shine a light in the eyes to see if the pupils constrict—both normal signs of brainstem activity. Doctors also touch the back of the throat to find out if this triggers a gag or cough, then move the head back and forth and inject water into the ear canal to see if either results in normal eye movements.

If there is no evidence of brainstem activity, they move on to the final test, the apnea test. The doctor takes the patient off of the ventilator for eight minutes to see if they breathe. If the carbon dioxide level in their blood rises to a

level that should force them to breathe, but they do not take any breaths, the test is consistent with brain death. If part of the examination cannot be completed (as is the case with injuries to the face or neck), medical staff perform a secondary test to either confirm that no blood is flowing to the brain or that there is no brain activity.

The process to declare brain death is detailed and arduous because no distinction is as important as the one between life and death. Although the heart can continue to beat for weeks or months (or in extremely rare cases, years) if organ support is continued, cardiopulmonary arrest generally occurs shortly after declaration of brain death. No one has ever recovered from brain death when medical society guidelines for determining brain death were correctly followed.

After the Harvard paper was published in 1968, 27 states legally acknowledged brain death as a form of death. However, because it did not make sense for a person to be dead in one state but alive in another, President Jimmy Carter and Congress asked the President's Commission for the Study of Ethical Problems in Medicine and Biomedical and Behavioral Research to evaluate the definition of death. In conjunction with the American Bar Association, the American Medical Association, the National Conference of Commissioners on Uniform State Laws, and a number of religious officials, this committee of experts in bioethics, epidemiology, health economics, law, medicine, nursing, philosophy, public health, research science, and sociology created the Uniform Determination of Death Act (UDDA) which states: "An individual who has sustained either 1) irreversible cessation of circulatory and respiratory functions or 2) irreversible cessation of all functions of the entire brain, including the brainstem, is dead. A determination of death must be made in accordance with accepted medical standards."

Brain death qualifies as legal death in all 50 states, but patients' families do not routinely perceive brain death as

the equivalent of cardiopulmonary death. Some refuse to accept that death can occur while the heart is still beating or want to believe that recovery is possible. Hospitals handle some of these objections internally, but others wind up in court, which can take a long time to resolve.

Religion offers one legal path to postponing declaration of death or discontinuation of organ support after brain death. Most religious leaders embrace the concept of brain death, but in some cases, families cite religious beliefs for rejecting a diagnosis of brain death. As a result, California and New York require hospitals to provide "reasonable accommodation" to these religious objections. Similarly, Illinois asks physicians to "take into account the patient's religious beliefs" when determining time of death. All three of these states' guidelines about managing religious objections are vague.

Two states offer clearer guidelines. In New Jersey, if a family objects to brain death on religious grounds, physicians must await cardiopulmonary arrest before declaring death. The only other state that provides guidance about management of objections to brain death is Nevada, whose definition of death was revised in October 2017 to declare that: 1) determination of death is a clinical decision and does not require permission from a person's representatives; and 2) the cost of continuing organ support after brain death may be the responsibility of a person's representatives. Nevada was the first state to address the financial aspects of continuing organ support for a brain-dead patient. It costs upward of $5,000 a day to maintain a brain-dead patient, and insurance companies do not routinely cover this cost, so if a family does not pay it out of pocket, the hospital needs to cover it.

These varying guidelines leave the meaning of death unsettled. Consider the 2016 case of Israel Stinson, whose mother objected to discontinuing organ support after he was declared brain-dead in California. She stated that her Christian faith

led her to believe that he could be healed, and the court mandated that the hospital continue support while she sought to have him transferred to a hospital in New Jersey to take advantage of that state's religious exemption. She was unable to find an accepting hospital in New Jersey, or anywhere else in the U.S., so she ultimately brought him to an institution in Guatemala. But three months later, she decided to bring him back to California. The case then went back to court, and the hospital received permission to discontinue organ support.

Although the values of autonomy and religious freedom are important, negotiations about death have consequences for not just individual patients, but families, medical teams, and society. Continuing organ support for a person who is brain-dead can be seen as disrespectful abuse of a corpse. Families can suffer complicated grief when the pronouncement of death is delayed or organ support is continued after brain death. Healthcare teams that are legally forced to continue organ support for people who are dead experience moral distress. Society as a whole is affected by these conflicts because resources that could be devoted to living patients with the potential for recovery are provided to people who are dead.

Until the public better understands the finality of brain death and objections to this condition are met with identical responses throughout the country, death will, in some ways, remain uncertain.

Ariane Lewis is a neurologist who specializes in critical care at NYU Langone Medical Center.