

Mondanaro Ex-Drug Abuse Chief Still With State

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Half a year has passed since this dark-haired woman set the Brown administration on its ear. Half a year since she captured national headlines for her refusal to leave quietly.

Half a year, and Dr. Josette Mondanaro still works for the State of California. More quietly now, in a small, windowless office shared with another state worker on the 13th floor of Office Building 8. She's a part of the new Health Services Department now, working as a medical consultant in her preferred speciality of maternal and child health.

Last month she left the big corner office with the picture windows — the same office which representatives of Gov. Brown ordered her to vacate last October when they fired her the day before her probationary period as state drug abuse director expired.

She left then, but not quietly, and was ordered reinstated by the state Personnel Board in February after a sensational week-long appeal hearing.

For reasons which are best found in

the vagaries of public opinion about government, the hearing drew enormous attention. For the first time in this first term of Jerry Brown's administration, it was all exposed to public view. And many saw his administration submerged in political maneuvering, double-dealing, backbiting and in-fighting.

Dr. Mondanaro is a 33-year-old physician from Blue Point, N.Y., whose professional credentials span a vast range of clinical and government work in drug abuse and pediatric and maternal care. Dr. Jerome Lackner, the former state health director who hired her in 1976, described her credentials as "incredible." Former chief state health administrator Ray Procnier said she was one of the best administrators in the health department.

Lackner and Procnier, who have since left the health department, were the strongest voices in her behalf at the appeal hearing, directly contradicting the testimony of state Health and Welfare Agency Secretary Mario Obledo and Obledo aide Xavier Mena.

Dr. Mondanaro was fired for writing an allegedly obscene letter, on state stationery, in which she decried the use of children in pornography. "Inappropriate" was the word the Brown administration used to describe the language of the letter, which she testified was a personal communication to a psychiatrist friend in New York. She said it was inadvertently written on state stationery and, in any event, was not sufficient grounds for firing.

She and her supporters contended that the Brown administration, assisted by Mario Obledo and his aides, wanted her out because she is a lesbian who might be a threat to the governor's political future — a contention hotly disputed by Brown and Obledo.

Dr. Mondanaro said the infamous letter, written four months before the firing and purloined from her private files, was part of a concerted attempt by agency officials to discredit and remove her. She said she had incurred the wrath of the secretary and his aides because she refused to hire favored Obledo acquaintances whom she considered incompetent and be-

cause she refused to fund preferred Obledo drug programs she considered ineffective.

Obledo denied harassing her. Mena, cited by Dr. Mondanaro as a constant barrier to the effective operation of her division, left state service not long after the hearing.

Dr. Mondanaro returned to her job as deputy state health director for the Division of Substance Abuse shortly after the February 1978 reinstatement order and after a reconciliation meeting called by Gov. Brown, with whom she has not met or spoken since. At that meeting, she said Brown listened politely to her suggestions — an attentiveness she said was unlike his earlier disregard for drug programs — and later agreed to increase funding for local programs.

"That was the final task I wanted to accomplish," she said in a Bee inter-

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view last week. "I had come here to straighten out the drug programs — that was what Jerry Lackner hired me to do — and state support for local programs was crucial."

She said earlier problems with agency heads — including endless petty "requests for information" which she interpreted as harassment — ended on her return. "We were able," she said, "to get something done. Coming back and being able to finish things that I started to do has been a wonderful feeling. It was a good fight, I gave it my best shot, and I'm not bitter."

During her nearly two-year tenure as state drug abuse chief, Dr. Mondanaro emphasized financial accountability from drug programs and cooperation among the related — but historically disparate — local, state and federal arms of drug treatment. Her work earned high praise from the National Institute on Drug Abuse,

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which handles the bulk of government money for drug treatment and hadn't had much praise for California drug programs before Mondanaro. She was recently appointed to NIDA's national advisory board.

She also extended drug treatment programs into areas which were previously given short shrift, or totally ignored, by the drug abuse establishment: programs for female addicts; demonstration projects to prevent or halt drug abuse (and, not coincidentally, child abuse) by women in domestic crises, usually those who are the victims of wife-beaters; funding for programs aimed at physically disabled people who develop drug dependency because of depression about their disability or overmedication by prescribing physicians.

"Prevention and treatment programs like that are really good medicine for society," she says. "The conditions that cause disability, like aging, can happen to any of us."

Maternal and child health issues are part of the community health concerns of the new state Department of Health Services directed by Beverlee Myers. Dr. Mondanaro likes the tone of the Myers health care administration, especially the director's statement of "equity" in health care.

For the next several months, the former drug abuse director will be studying, and critiquing, the entire statewide system of medical and related services to mothers and children.

"There has been a real lack of effective program planning and a lack of good management in this area," she said. "I'm looking at the eighth report on (maternal and child health) since 1974. After a while you can use these reports for toilet paper.

"It's time to do something. We should be seeking out the areas of greatest need — poverty areas, rural areas, ethnic minorities. . . One of the big problems is that the system is not easily accessible for poor people. Instead of one place for all needs, we tell people to go to one place for supplemental food, another for medical care.

"For a poor woman who can't afford babysitters or bus fare, that is a very serious problem."

In the late 1960's, Josette Mondanaro nearly got herself kicked out of Upstate Medical College in Syracuse, N.Y., for organizing pro-abortion protests in behalf of poor women. That was at a time, she recalls, when abortions weren't legal but women of financial means were somehow able to get them. Morality aside, she didn't think that was fair.

What followed was a series of jobs in New York, California and Washington, D.C., establishing or working in clinics and community programs serving the health needs of poor people, including those addicted to drugs. She was especially concerned with the problems of pregnant women, the lack of reliable prenatal care for poor families, the devastating effects of bad medical care on the resulting babies, the child neglect and abuse that often go with the realities of being poor.

She is incensed by the California legislature's recent denial of state funding for abortions for poor women. In the cut-squeeze spirit of Proposition 13, she says that is false economics. In the end, she says, it's going to cost the state more.

"I hear legislators and right-to-life people say that women who want an abortion will get one if they want one," she says. "What will they do — scrimp on food? What will happen is that the quality of their lives will suffer, their children will suffer. We will end up with children who are not born with the potential that they might otherwise have. . . ."

"It costs \$350 for a clinic abortion. It costs \$2,000 for prenatal care and the cost of delivery, another \$2,000 for care for the mother and baby over the next two years — and that's if everything goes well. That does not include the cost of welfare. In many areas of the state, physicians are overworked and won't take Medi-Cal patients for prenatal care.

"If the state is unwilling to pay the price of abortion, then it should morally and ethically be willing to pay the cost of prenatal care. . . We cannot afford the luxury of being inconsistent on this issue. Our inconsistency will come back to haunt us.

"The right-to-life people were saying cut the abortions to save money. The politicians were making legislative decisions in a public health area, not based on health issues or fiscal issues, but completely based on what is going to get votes."

When she returned to the big corner office on the 10th floor of Office Building 8 last February, Josette Mondanaro said she would probably be leaving state service when the drug abuse division was reorganized along with the rest of the state health and welfare complex July 1.

She wanted to go back to direct treatment, she said, working with people rather than bureaucracies, and there were lots of job offers from all over the country. She was tired of

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the politics, she said, tired of having to spend so much time protecting her part of the governmental sandbox.

"Government is too often like kids playing in a sandbox," she said. "You know, drawing a line across the sand and saying, 'My Toy! My Toy!'"

Five months later, she hasn't changed her opinions about the box, but she has come to believe the people in it can make a difference.

"I'll give it my best. What frightens me is that one person can't do it — you have to have the support of the governor and the legislature. They created it, so they have a vested interest in the reorganization. If this solution doesn't work, they're part of the failure. . . ."

"Unfortunately, with constant reorganization, you have people concerned more with survival than with the people they serve. . . ."

"Unlike a corporation, the top people in bureaucracy often come from outside and often have no experience in how things are done. They come in as top management and something fails so they blame it on the people below.



See photo by Skip Shuman

Josette Mondanaro is still working for the state's health.

"That's where Ray Procnier was an artist. He understood the system and was a fantastic corporate manager. I miss his clarity, his knowledge of who should solve the problem, who should act first. It's a clarity that physicians often lack, and in the Department of Health Services you're dealing with a lot of physicians who

She wants to work with people, not bureaucracies.

have no training in administration."

The dark-haired woman whose picture was on page one for five days running last winter is having coffee in

the cafeteria of the big state office building on 7th and P. She's talking about government and medicine and politics, but it's hard to talk because people keep coming up to say hello.

A guy with turquoise jewelry — an ex-junkie who runs a successful drug rehabilitation program in Berkeley — comes up to tell her she looks terrific and the people who work in drug treatment around the state are going to miss her.

A state administrator with blond hair and a tie comes up to tell her the tuna are running and she's welcome to go fishing with him anytime.

It goes like that. Since those five days before the Personnel Board last winter, people are always coming up

to her. In laundromats and grocery stores, theaters and fast-food joints, they still come up and congratulate her for what she had the courage to

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do. Ordinary people, mostly, people who usually don't have much truck with lesbians.

There hasn't been any hate mail, unless you count the woman who

wrote to congratulate her on standing up to the governor but suggested she read what the Bible has to say about homosexuality.

"I go to buy clothes, or to the cleaners, and people recognize me and come up to me. That could be very uncomfortable if the attitudes were negative, but people have been very supportive. That show of support has meant everything to me.

"People really reacted to the guts of the case — that I was standing up for the civil service system, that I had been asked to do illegal things and wouldn't do them. That really runs against the grain of most people.

"Everyone is afraid of being pressured to do something wrong."