

COMMONWEAL

com•mon•weal (n) kōm'an-wēl noun 1. The public good or welfare. 2. Archaic: a commonwealth.

J U N E 2 0 0 8

Dear friends,

I am writing to you on a sunny perfect Sunday. My inbox this morning offered up the most recent in a two-week cascade of press and government reports about bisphenol A, the chemical in hard clear polycarbonate plastic baby and water bottles and the linings of food cans, most notably infant formula and canned soup, pasta and vegetables.¹

The science that is warning us that small exposures to bisphenol A may cause big harm is new, in science time. Only 11 years ago, Dr. Frederick vom Saal at the University of Missouri at Columbia published the first findings that doses of BPA (the abbreviation for bisphenol A) 25 times lower than what the Environmental Protection Agency considered “safe” might be linked to prostate cancer. Since then, more than 100 studies have confirmed vom Saal’s initial findings that BPA mimics estrogen and linked the chemical to breast and prostate cancer, behavior disorders, diabetes and reproductive health problems.

In the last two weeks, the new science, combined with the advocacy of the science by many groups, has led Health Canada to announce that BPA will be deemed a “dangerous substance.” This finding will soon make Canada the first country to ban the chemical from baby products. In the United States, the National Toxicology Program reissued its draft report after a Congressional investigation into the chemical industry’s influence over an earlier draft. In the new NTP report, the most important redrafted finding states that, “because these effects in animals occur at bisphenol A exposure levels similar to those experienced by humans, the possibility that bisphenol A may alter human development cannot be dismissed.”

In response to these government reports and activist advocacy, Playtex has announced that they will stop using BPA in baby bottles and cups. Nalgene will no longer use BPA in its sport bottles, and Wal-Mart and Toys“R”Us have announced they will phase out baby bottles containing BPA.

I am thrilled by these victories that combine independent science, investigative journalism, skilled political lobbying and market-based and shareholder-focused activism. It’s worth celebrating that one day soon not only the store shelves in Whole Foods but also those in Wal-Mart and Toys“R”Us will have only BPA-free baby bottles and sippy cups. But while celebrating, I hold on to the question of why it takes so much science and investigation and advocacy and activism to convince companies and governments that chemicals that

act like birth control pills shouldn’t be in the products we design for babies to put in their mouths. Especially when there are safer materials that are already on the market and that don’t cost more. What’s the problem underlying the story of bisphenol A?

I think bisphenol A follows the same plot lines as lead, DDT, PCBs, tobacco and climate change. In each case, the industries responsible for the problem used the uncertainty that is a necessary part of the scientific process (and a daily fact of life) to manufacture doubt. And then they used doubt mixed with plenty of money to block action to address the problem.

Tobacco is the best-known version of this story. But there is an earlier rendition that also illustrates the problem—the tale of the Dutch Boy and lead-based

continued on the next page



In this 1920s advertisement from the U.S. Lead Industry Association, the Dutch Boy, carrying a can of lead paint, encourages retailers to court customers through their children by offering them “paint books.”

paint. So I want to share the story of lead as I understand it:

By 1909, the scientific case against lead was strong enough to convince France, Belgium and Austria to ban the interior use of lead paint. By 1934, Tunisia, Greece, Czechoslovakia, Great Britain, Sweden, Poland, Spain, Yugoslavia and Cuba had joined the list of countries where the sale or use of lead-based paints was prohibited.

In 1977, the United States took the same action that France and Austria took 68 years earlier. Why did it take so long? Not because the Austrian science or the Cuban science was any different from the scientific evidence base in the United States. But because public policy reform in our country was held hostage by the lead industry's advertising tactics and pressure campaigns symbolized by the Lead Industry Association's Dutch Boy.

The Dutch Boy in newspaper and magazine ads and coloring books painted the illusion that American lead paint was safe.² These reassurances were blended by the lead industry with a manufactured fear that ending the use of lead would destroy the economy of the United States.

So lead paint stayed in use in the U.S. 68 years longer than in France, Belgium and Austria. For 68 years, children in the United States were at an unnecessary increased risk for lowered IQ, reduced school performance, increased aggression and stunted development. This unnecessary risk was especially high for inner city children who lived in older, unrenovated buildings.

Another ad from the U.S. Lead Industry Association aimed at reaching parents through their children.



Today, the newest science on lead is warning that the 1970s bans on lead in paint and gasoline haven't been strict enough to protect the brains of our children. Reduced IQ scores and academic and attention deficits and antisocial behaviors are now associated with lead levels we thought were safe 30 years ago.³

As I write, I'm aware of how careful I try to be in my wording: "associated with," "may cause," "may alter," "might be linked." I'm not trying to be vague. And I'm so deeply aware of how weak "may" and "might" can seem when the chemical industry categorically states that their products have been used safely for 50 years. There is a temptation to fight the chemical industry's argument that as long as there is uncertainty, their products are safe by crafting sentences that make simple declarative sentences on chemicals' dangers. It seems stronger to be absolutely sure. It makes for better sound bites. But it is just not the way environmental health science or any science or life really works.

Certainty, I would argue, is not scientific. Or realistic. Or properly humble. There is just so much that we don't understand about how life works. So all we can do is to act on the best evidence that is available to us today, carefully considering all the data, even when we don't like everything we're learning. We need to be able to make decisions based on the weight of the evidence today but be open to new evidence that may come tomorrow. And we need to humbly but courageously challenge those who would make our uncertainty seem weak. Doubt is what makes us strong and tolerant and fair-minded.

So where does that leave us on bisphenol A? In California, Senator Carole Migden and Senate President pro Tem Don Perata have authored SB 1713, a bill that would ban the uses of bisphenol A that can result in the highest exposures to the youngest children. To me that seems like the perfect first response to the current weight of the evidence on BPA. Nine other states also have bisphenol A restriction bills moving through their legislatures. New York Senator Charles Schumer is introducing a similar bill in the U.S. Senate.

The state of the scientific evidence on bisphenol A won't be the deciding factor in how many of these bills actually become law. Instead, the victory or defeat will depend on whether or not the groups concerned about bisphenol A have the resources to challenge the chemical industry in public arenas and in legislative offices. As with so many Commonwealth programs, from the Ocean Policy Project to the Juvenile Justice Program, we don't need to have as much money as our opponents but we need to have enough to create a visible challenge. Your support has made a difference in allowing Commonwealth to be at the decision-making table before and I hope it can make a difference again.

So I want to ask you to write another check to Commonwealth, if you can. Make a donation because you believe in safer sippy cups. Do it for the possibility that it might make a difference in the rates of breast and prostate cancer. Send us a check because you're a friend of doubt and humility. And thank you for whatever you can do.

Let me close by telling a story with a different plot line than the Dutch Boy lead tale. In the 1970s, the California legislature

stood up to the oil industry-supported scientific uncertainty on global warming and the political power of the oil companies and the appliance manufacturers. The state then initiated energy saving polices that now have Californians using 50% of the electricity per capita compared to the nation as a whole, markedly reducing greenhouse gas emissions and saving a total of \$56 billion for individuals and businesses through 2003.⁴ This is a story I think bears repeating as many times as we can. I hope and I trust that you think so too.

Take care,



Charlotte Brody

Endnotes

- 1 <http://www.ewg.org/node/20933>
- 2 <http://www.cincinnatichildrens.org/research/project/enviro/hazard/lead>
- 3 *Current Opinion in Pediatrics* (2008), 20:172–177, Very low lead exposures and children’s neurodevelopment, David C. Bellinger, Children’s Hospital Boston, Harvard Medical School, Harvard School of Public Health, Boston, Massachusetts, USA
- 4 From “Green Chemistry: Cornerstone to a Sustainable California,” UC Berkeley and UCLA Centers for Occupational and Environmental Health, <http://coeh.berkeley.edu/greenchemistry>

Acknowledgements

The Dutch Boy images were reprinted from “Cater to the Children”: The Role of the Lead Industry in a Public Health Tragedy, 1900–1955 by Gerald Markowitz, PhD, and David Rosner, PhD, MSPH, *American Journal of Public Health*, January 2000, Vol. 90, No. 1.

BAD PLASTICS

#3 Polyvinyl chloride (PVC or Vinyl). Found in a wide range of products including some plastic wraps and food containers such as some plastic squeeze bottles, cooking oil and peanut butter jars, detergent and window cleaner bottles and soft plastic toys. Most cling-wrapped meats, cheeses and other foods sold in markets are wrapped in PVC. A suspected human carcinogen.

#6 Polystyrene (PS). Found in Styrofoam products, such as take out containers, Styrofoam cups and egg cartons and opaque plastic cutlery. Contains chemicals that are known or suspected carcinogens.

#7 Polycarbonate. Found in Nalgene and other sport water bottles, some baby bottles, toddler drinking cups, 5-gallon water bottles, microwave ovenware, eating utensils and plastic coating for metal cans. Made with bisphenyl-A, a hormone disruptor. Can leach into food as product ages.

BETTER PLASTICS

#1 Polyethylene terephthalate ethylene (PET or PETE). Used to make jars for soft drinks, juice, water, ketchup, salad dressing, peanut butter, detergent and cleaners.

#2 High density polyethylene (HDPE). Used in opaque plastic milk and water jugs, juice bottles, yoghurt and margarine tubs, cereal box liners, detergent and shampoo bottles and some trash and retail bags.

#4 Low density polyethylene (LDPE). Found in grocery store bags, most plastic wraps and squeezable bottles.

#5 Polypropylene (PP). Used in most Rubbermaid, deli soup, syrup and yogurt containers, straws and other clouded plastic containers, including some baby bottles.

▼ The number inside the triangle on the bottom of a plastic bottle identifies the type of plastic used for that bottle. Number seven bottles usually contain bisphenol A.



WHAT YOU CAN DO

- Choose plastics labeled #1 PETE, #2 HDPE, #4 LDPE or #5 PP, which have lower potential health risks. But if your community does not recycle these types of plastic, try to avoid them.
- Buy food in glass containers.
- Store food in containers made of glass, ceramic or food-safe metal.
- Avoid heating food in plastic containers or with plastic wrap.

The New School – Where Commonweal Meets the World

by Michael Lerner

The New School at Commonweal is, as most readers know, Commonweal's newest program. The goal of the New School is to contribute to the movement of human consciousness toward a more just and sustainable world – and to do so in a way that celebrates culture, creativity, and the full blessings of the human spirit.

Since I last wrote to you, The New School has been happily finding its place and rhythm in the Commonweal community:

- We have conducted over 30 New School Conversations with extraordinary people from across the country and around the world. These are available on the Commonweal website as downloads and podcasts.
- We have held over 15 events at Commonweal, from art shows and theatre performances to live conversations with change-makers and thought-leaders.
- We offer one ongoing weekly class on-site in creative drawing with Arthur Okamura, a longtime Commonweal Board Member (now emeritus) and nationally recognized artist.
- We have partners whose like-purposed work we support inside Commonweal such as the Commonweal Garden, the Institute for the Study of Health and Illness, the Cancer Help Program, and our environmental health programs.

- We also have a growing list of partners outside Commonweal – local partners like the Point Reyes Bookstore as well as national partners – with whom we are currently working and we expect these collaborations to blossom over time.

Three recent examples of on-site conversations were the gatherings with Annie Leonard, Michael Samuels and Tom Yeomans.

Annie Leonard is one of the foremost environmental health activists in the United States. She founded GAIA, the Global Anti-Incinerator Alliance, which played a key role in shutting down waste incinerators around the world. More recently she became Coordinator of the Sustainable Consumption Funders Network. Annie came to Commonweal to show and talk about her phenomenally successful web-based movie, *The Story of Stuff*. The short film has had millions of hits from viewers around the world. It consists simply of Annie standing in front of an evolving set of cartoon images of what happens to our “stuff” – from its extraction from natural environments to its refinement into products in factories to its sale in big-box stores to its pitifully short use and return to the environment as waste. The film describes how our consumption habits affect people and the environment at every step along the way. Annie talks very fast – her manner is a

little reminiscent of a more cheerful and highly caffeinated Woody Allen – so the film is spellbinding – both amusing and powerful. The room was packed as Annie talked with Charlotte Brody about how *The Story of Stuff* came to be and what she has learned from the response.

Annie Leonard, author of The Story of Stuff, a 20-minute film that explores the global materials economy and its impact on economy, environment and health. The storyofstuff.com website has received two million hits since its launch in 2007.



Michael Samuels, M.D., was a pioneer of the healing arts movement. He has been a Commonweal friend for over 30 years and co-directed two seminal Commonweal retreats fifteen years ago on “Art as a Healing Force.” Now he lives half of the year on a Greek island and half the year in Bolinas. Michael talked with me about his new work in a conversation on “Demeter, Buddha and the Bears.” He is interested in how we can learn from the great sacred healing technologies of the past to bring the

authentic power of real healing into the modern high-technology healthcare system. The three examples he spoke of were the Eleusian Mysteries in Greece, the depth psychology of Buddhism, and the Bear Dance of the Chumash Indians in Southern California. Each of these, Michael argued, was a sacred technology that was used for a long period of time.

Michael Samuels, author of 21 books including the best selling *Well Body Book*, *Well Baby Book*, *Well Pregnancy Book* and *Seeing with the Mind's Eye*, spoke at The New School in March 2008.



for many years in Psychosynthesis, alongside Commonweal senior staff members Rachel Naomi Remen and Lenore Lefer. Psychosynthesis is a highly effective approach to transpersonal psychology created by the great Italian psychologist Roberto Assagioli. Yeomans went on to develop his own approach to spiritual psychology at the Concord Institute in Concord, Massachusetts. Yeomans' work fits well with the New School because he is explicitly interested in the recovery of a spiritual psychology that meets the needs of individuals, groups, and the Great Work of healing suffering. He believes this involves the adoption of an embodied spirituality, rather than a spirituality that transcends and cuts itself off from the lived reality of the earth and human experience.

One of the principal differences between the New School and other Commonweal programs is that the New School does not seek a single strategic focus. Rather, its programs are explicitly based on a strategy of listening for and responding to

emergence – the emerging opportunities in culture and the inner life as they make themselves known to us.

What we have learned is that the New School offers Commonweal an invaluable place where the work and interests of the Commonweal community intersect with the work and interests both of our local community and of friends and colleagues around the world. The New School seems especially useful at a time when global crises are piling up on top of each other so rapidly – and the creative responses to these crises are emerging with unparalleled force.

We welcome your participation in the New School. Just email us at thenewschool@commonweal.org and we will put you on the mailing list so you can hear about events, learn about our podcasts and downloadable conversations, and offer us your thoughts and suggestions. To learn more about previous conversations and events, as well as upcoming events, go to www.commonweal.org and click on The New School. And tell us what you think! ■

Thomas Yeomans came back to Commonweal and the New School for his second annual visit. Yeomans trained

New School Event with Stacy Malkan

On a sunny Saturday in February, Stacy Malkan ventured out to Commonweal to participate in a fascinating afternoon program sponsored by The New School and Point Reyes Books—a reading and community conversation about her recent book, *Not Just a Pretty Face: The Ugly Side of the Beauty Industry*. The book follows a group of activists as they knock on the door of the world's largest cosmetics companies to ask some tough questions (Why do companies market themselves as pink ribbon leaders in the fight against breast cancer, yet use chemicals that may contribute to that very disease? Why do products used daily by men and women of childbearing age contain chemicals linked to reproductive harm and infertility?) and it exposes the toxic truth about the products we use everyday on our bodies and hair.

Charlotte Brody joined Stacy

to talk about their work with the Campaign for Safe Cosmetics, which launched in 2002 with a report that revealed that more than 70% of personal care products—including shampoos, deodorant, fragrance and lotion—contain phthalates, a set of industrial chemicals linked to birth defects and reproductive harm.

Stacy, a self-proclaimed “former makeup addict,” invited questions from the audience and told stories about what she's learned along the way, not only about her own makeup habits, but about the science and politics of chemicals, the inspiring stories of the activists, entrepreneurs, scientists and politicians who are working for a healthier future. When asked which products she uses now, Stacy suggested that her general rule is to choose products with identifiable ingredients, and when in doubt, she visits the Skin Deep website at www.cosmeticsdatabase.com.



Stacy Malkan, the former communications director of Health Care Without Harm, is currently a media strategist for the Campaign for Safe Cosmetics, a national coalition working to eliminate hazardous chemicals from personal care products. Commonweal serves on the Steering Committee of the Campaign.

Building Bridges – The Women’s Health and Environment Initiative

by Susan West Marmagus and Heather Sarantis

In any movement for social change, there are things that work well, things that are challenging, and things that could make anyone step back, scratch their heads and think, “What just happened?” Social change is an ever-swirling eddy of joy and vision, deadline pressures, intellectual conundrums and funding frenzies, almost always with a touch of moving-a-little-too-fast-to-see-straight thrown in.

We at Commonweal understand these realities. And we understand that women are an under-represented voice in changing the national discourse and policy related to health. So a little over a year ago we started working with our allies across the country to establish the Women’s Health and Environment Initiative (WHEI, pronounced We-Hi). Our first step was to ask a range of people active in social change how a group of women working on different but compatible issues could come together in ways

that could help all of us reach new levels of success.

The answers started to pour in:

- Help build relationships and deepen understanding between women working on environmental health, environmental justice, reproductive health and reproductive justice.
- Develop strategies and agendas for social change that are more inclusive of the many people and organizations working for a healthy and just society.
- Share tools and resources so we don’t need to reinvent the wheel.
- Develop joint projects, strategies and agendas, and then harness the power of our allies to act in solidarity.

Since those early days we have hosted numerous conversations to build toward these goals. Our coordinating team consists of women from cross-movement organizations to guide this process. We



The WHEI website is a rich resource for information about how we can make healthier choices as individuals, families and communities.

host learning labs for people working on women’s health and the environment. We continually update our website (see www.womenshealthandenvironment.org) and highlight the great work of scores of organizations doing related work. And we continue to explore ways that we can move policy at the state and national levels together.



WHEI Coordinating Team Meeting at Asilomar Conference Center, Monterey, CA, February 2008

Front row, left to right:

Diane Johnson, Mary Tyler Johnson, Charlotte Brody, Ali Solomon, Anuja Mendiratta, Heather Sarantis

Back row, left to right:

Susan West Marmagus, Karen Showalter, Susana Almanza, Marty Kerns, Cara Page, Kierra Johnson, Elizabeth Arndorfer, Dori Gilels, Katsi Cook, Jeanne Rizzo, Rivka Gordon, Janet Nudelman

Through dedication to building relationships, listening deeply to each other and being creative in how we can collaborate better, we have built a foundation to work together that is based on core values (see sidebar) and a vision that we can achieve sustainability and well-being for our families, our communities and the Earth, free from environmental threats. ■

If you would like to learn more about WHEI, contact Susan West Marmagas (susan@healthandenvironment.org) or Heather Sarantis (heather@healthandenvironment.org).

Women's Health & Environment Initiative's Core Values

- The promotion of justice, equity, and health as essential;
- The fostering of learning communities that build shared knowledge, common language, and partnerships;
- The creation of safe spaces to develop and honor new leaders and incubate new ideas and groundbreaking projects;
- Intentional collaboration across movements, issues, and communities;
- The promotion of new ways of collaboration that include setting a diverse and inclusive table, joint and/or shared leadership, the sharing of resources across groups, and the development of greater capacity among our partners;
- The power of individual and collective storytelling as an essential way to transform our work and our movement;
- Integrity, accountability, and transparency in WHEI's internal and external interactions.

Commonweal Garden

The Land of Milk and Honey

by Penny Livingston-Stark, James Stark, and Matt and Rachel Berry

This last year has been a watershed year for the Regenerative Design Institute (RDI). Participation in our educational programs grew by 250% as nearly 1000 people came to take classes or tour the garden in 2007. Our staff is growing, too. Lauren Thomas has joined Erin O'Reilly in our RDI office to help run the office and expand our web presence while Penny is training several new instructors for our courses in Permaculture. As we move forward in 2008, we are finalizing our strategic plan to focus our rapid growth and development in the upcoming years.

What's New at the Garden?

We have a brand new resident on the farm named Amara Freda Berry. She is the baby daughter of Matt and Rachel who help run the farm and RDI with Penny and James. And there are more new residents on the way – two baby goats are expected this spring. Soon we will have fresh, raw goat milk to supply to Commonweal staff and programs. Our bee colonies are healthy and are feasting on the spring blossoms. We anticipate an abundance of honey to share as well. The Churro sheep, our living lawnmowers, are trimming the spring



Amara Freda Berry was born on November 4, 2007. Amara loves to stuff roses in her mouth and lick borage leaves, and is the first baby to live at the Garden in almost 30 years.



Twin baby goats were born on April 21, 2008. A mix of Toggenberg and Swiss Alpine breeds, they are the third generation of our goats born here at the Garden.

orchard grass and will be sheared for the first time this year, providing wool for spinning and felting.

This spring will also mark the birth of our Sanctuary Garden – an oasis for health and healing. We have received several grants to begin the installation of a propagation greenhouse and deer fence. We plan on growing annual food and medicine there (as the water budget allows) until the perennials are ready to plant.

Help Needed

We have volunteer days every Saturday through the fall season. We would love help with planting and finishing our natural buildings for our resident volunteers. We are currently fundraising for repairing the barn, replacing the roof for Penny and James' house, building permanent animals pens and creating the Sanctuary Garden. If you would like to help in any of our activities, please contact our office.

Commonweal Garden has provided inspiration for visitors young and old. We continually feel so much gratitude for the opportunity to be of service to the land and the community. If you would like to learn more about our courses and events, please visit our website www.regenerativedesign.org or call 415-868-9681. ■

Juvenile Justice Program

by David Steinhart

By 2010, the population of the California state youth prison system will shrink to about half its 2007 level (settling at about 1,500 institutionalized youth).

We continue to spend a lot of time and effort on the California juvenile justice realignment reform that was adopted, with our help, as state law in September 2007. Under the reform law, non-violent juvenile offenders can no longer be sent to still-controversial state facilities (the Division of Juvenile Justice, formerly the Youth Authority). As a result, by 2010, the population of the California state youth prison system will shrink to about half its 2007 level (settling at about 1,500 institutionalized youth). We are monitoring county progress under the new law, including how counties are spending block grant funds they are getting from the state to develop local programs for the “shift” population. By fiscal year 2009-10, these subsidies will grow to nearly \$100 million per year.

Program Director David Steinhart has been on a speaking circuit around the state, describing the “realignment” reform to audiences that range from community-based service providers to judges who must implement new local court procedures. David also sits on a new state Juvenile Justice Commission formed to guide counties on best-practice models for children who can no longer be sent to state facilities, and to draft a state Juvenile Justice Master Plan for the Legislature by January 2009.

The California juvenile justice reform is an astonishing policy reversal—finally closing the door on the old Youth Authority for non-violent offenders

who can likely do just as well in local programs and facilities. The reform also implements policy recommendations articulated in a series of Commonwealth books written by Steve Lerner and Paul and Anne DeMuro some 20 years ago.

We are continuing our work in other areas including:

- **Youth Violence Prevention.** Our three year grant from the California Wellness Foundation to promote and monitor state expenditures for youth crime and violence prevention programs in California comes to an end in June of this year. We have applied for a three year renewal of this grant—in a context of growing public concern about gang violence and the appropriate responses of law enforcement and other public agencies.
- **Juvenile Detention Reform.** We continue to serve as technical advisors to the Annie E. Casey Foundation’s Juvenile Detention Alternatives Initiative (JDAI). The JDAI—dedicated to detention reforms that ensure fair, safe and unbiased treatment of children in the justice system—has now expanded to 80 sites in 20 states. We serve as a national resource to the JDAI on detention risk assessment and alternatives to youth incarceration. In the last two years, we have conducted on-site trainings to participating JDAI sites in California,

Nevada, Texas, Louisiana, Alabama, Massachusetts, Maryland, Minnesota and Washington.

- **Youth Aftercare and Re-entry.** Under a grant from the Haigh-Scatena Foundation, we are working with three partner organizations to upgrade state and local re-entry and aftercare programs for children returning home from serving time in a California state or local facility. The partner organizations are the Youth Law Center, the Center on Juvenile and Criminal Justice and the National Council on Crime and Delinquency. Lately, our efforts have been strongly focused on the young men and women whose post-custody supervision may be transferred, under the 2007 realignment reform, from state parole to local probation.

One of our home-front priorities in the Juvenile Justice Program is an overhaul of the Juvenile Justice Program website. This website is currently integrated into the overall Commonwealth website which is also undergoing a renewal. For media and other interested parties, the Juvenile Justice Program site is a hub for information on juvenile justice law and policy, California legislation and budget activity. Right now the program sub-site is just a stack of publications listed on a single page. We are working with Commonwealth staff and outside vendors to develop this site so that it will be much more user friendly, providing instant access to information on a range of juvenile justice and project-related issues. The current proposal is to provide access both through the main Commonwealth site (as renewed) and through a separate gateway to the information, using an independent program domain name. ■

This and That from ISHI

by Rachel Naomi Remen, Director

This is ISHI's 16th springtime. The programs we have patiently grown from seed now reach deep into the lives of physicians, medical educators and medical students—helping them to hold to their excellence, find meaning in their work and strengthen their loyalty to themselves, to their patients and to medicine. After 16 years we have reached beyond surprise to amazement. So many years of steady effort and now the thing seems to have a life of its own.

The Healer's Art for Hospital Chaplains...

In a very organic and natural way the Healer's Art is spreading beyond medical students to support students of other professions as well. For many years I have run a seminar on Mystery and Awe for the UCSF Hospital Chaplain Training program. This year four hospital chaplain interns asked if they might join the Healer's Art medical students and form their own small discussion group in the Healer's Art course. This experiment created a natural forum for dialogue and mutual learning between these two sets of professionals who practice side-by-side in hospitals. The pilot chaplaincy group turned out to be an unexpectedly rich and wonderful experience for all the students, the faculty and the ISHI staff. In response to the enthusiasm and extremely positive course evaluations from the chaplaincy interns, the Dean of Spiritual Services at UCSF has agreed to enroll all future UCSF chaplain interns into the Healer's Art curriculum. But the best part is that all of the other 58 schools teaching the Healer's Art have hospital chaplaincy training programs at their institutions as well. With a little persuasion and no change in curriculum, their chaplaincy students can become integrated into their Healer's Art courses as simply as they became a part of the UCSF course—with the same extraordinary outcomes.

And for significant others...

This was a year of innovation for the Healer's Art UCSF in other ways as well. Because a substantial number of this year's first year class have committed partners, we invited all of the class's significant others to sit in on the course for the first time. A surprising number of husbands, wives, lovers, and even mothers showed up and welcomed the opportunity to gain first hand exposure to medicine, medical students and the "why" that has us all committed to this way of life. The significant others who attended the five sessions of this year's Healer's Art reported a deep appreciation for the opportunity to witness and directly participate in the educational lives of their partners. We will continue to extend this invitation in the future.

And for Nursing Students...

Nursing is the largest, most powerful, most mobile women's workforce in the country. Despite this, more nurses have left their profession than any other. For many years we have dreamed of developing a nursing student curriculum specifically adapted to the unmet needs of the nursing profession to enable nurses to strengthen their professional community, rekindle their passion and clarify the mission of their work. This fall, under the leadership of the Healer's Art Associate Director Dianne Duchesne, RN, CPHN, we will bring national lead-

ers from the field of nursing education and clinical service together in a planning conference to share their perspectives on the unmet needs of nursing students and graduate nurses and begin to strategize on an innovative curriculum for change. The curriculum will employ some of the tested educational innovations and approaches and the experience gained from the creation of the national Healer's Art curriculum for medical students, but will be shaped by the unique needs of the nursing profession.

The Healer's Art abroad...

The Healer's Art has developed strong roots in the U.S. (it is now taught in nearly half of the medical schools in the country) and has begun to spread to students around the world. Starting in 2004, the first international Healer's Art programs have been successfully offered in Israel, Slovenia and Canada. And most recently, after months of research, the Taiwan Ministry of Education selected the Healer's Art—over all other available American curricula in holistic medicine—to integrate into the eleven medical schools in Taiwan. This summer our Healer's Art Faculty Development training will be attended by two Taiwanese medical educators who will train additional faculty and carry the Healer's Art program to all Taiwanese medical students. In addition, Healer's Art faculty from Oregon Health and Sciences University, who are former Australian nationals, will be visiting medical schools in Australia this summer with the hope of bringing the Healer's Art to students down under.

Weaving the web wider...

There are now Finding Meaning in Medicine (FMM) participants and groups in countries as far away as

Argentina, Brazil, Mexico, Canada, Australia, Chile, Denmark, Columbia, Germany, China, India, United Kingdom, Nigeria, Israel, Philippines, Slovenia, Sri Lanka, Thailand and New Zealand. The 1100+ registered participants who actively dialogue on our FMM website represent just a small portion of physicians and healthcare workers who are struggling worldwide to find their authentic voice in the changing arena of medicine.

The rapidly expanding web technology of international communities of support, inspiration and connection has inspired us to take a more comprehensive view of our FMM website program and make it the foundation of a larger community building effort. Under the direction of Christina Tucker, the Community Building Initiative, ISHI's newest program, will expand and improve our FMM website and make it the focal point—or town center—for a worldwide community of healthcare professionals to share

their interests and aspirations in various and innovative ways.

And some final hoorahs...

The Healer's Art was voted the 2008 Innovative Educational Program by the Board of Directors of the Society of Teachers of Family Medicine. This honor and recognition from one of the national organizations of peer medical educators fills us with gratitude and awe. And this spring, the California Medical Association let us know that our workshops and trainings for physicians and other health professionals will be fully accredited for Continuing Professional Education credit through 2012.

Lastly, after 16 years of discussion, ISHI has decided on a Mission Statement which will be incorporated into our new logo:

ISHI—Reclaiming the Heart of Medicine

Happy Spring to you all. ■

If ISHI had a formula for growing service programs it would read something like this:

Start small

Do something courageous that you hope will make a difference

Welcome all criticism and feedback

Make changes generously

Try again

And again

Grow slowly

Don't spread wide until your roots run deep

Be surprised

20th Anniversary Symington Conference Explores Integrative Cancer Therapies

by Michael Lerner

Most mainstream oncologists believe complementary cancer therapies do not extend life with cancer. Some complementary practices may improve quality of life, they argue, but none extend life. When 40 specialists in complementary approaches to cancer gathered at Commonweal May 2-4, they unanimously agreed we have not fully explored the benefits of complementary and integrative cancer therapies.

The occasion: the 20th Anniversary Lloyd Symington Foundation Conference on New Directions in Cancer Care. Foundation Executive Director Toby Symington offered a moving review of the work of the Symington Foundation in this work over the past twenty years. The Symington Foundation Conferences, held almost annually at Commonweal for a decade, had a seminal influence in moving integrative approaches to cancer into the medical mainstream. The purpose of this anniversary gathering was to look back on what has been accomplished and forward to what needs to be done.

The accomplishments of the past two decades, we agreed, have been tremendous. Integrative approaches to cancer have moved from being dismissed as “cancer quackery” to being recognized as essential contributors to quality of life at major can-

cer centers across the United States. Support groups for cancer patients are widely available. A growing number of oncologists now refer patients for such “soft” complementary approaches to cancer as massage, yoga (Jnani Chapman, Kate Holcombe and Waz Thomas), and sometimes Traditional Chinese Medicine (Michael McCulloch and Michael Broffman) and nutritional counseling (Rebecca Katz, Laura Pole). The Office of Cancer Survivorship at the National Cancer Institute, directed by Julia Rowland, has played a key official role in focusing attention on quality of life for cancer survivors.

But if 20 years of work has established that “soft” complementary therapies can contribute to quality of life in cancer, much remains to be done. There was unanimous agreement that these “lifestyle” therapies should be more widely available and of higher quality. Much of the conference focused on the transformative power of meditation (Ian and Ruth Gawler), imagery (Martin Rossman), intuition (Virginia Veach, Beverly Pierce, Marion Werner), movement (Nina Wise), poetry (John Fox), and other healing arts (Shanti Norris, Deb Steele, Jenepher Stowell). The “soft” lifestyle or complementary therapies, in other words, need to go much wider and much deeper.

continued on page 15



A 21st Century Right to Choose

by Charlotte Brody and Julia Varshavsky

When Margaret Sanger wrote, “Woman must have the fundamental freedom of choosing whether or not she will be a mother and how many children she will have,” she wasn’t thinking about the increased rate of miscarriage among farm worker women exposed to pesticides. Nor was Maggie challenging the chemical industry for impeding the freedom to choose because of the science linking chemicals to the incidence of fertility-harming endometriosis among women and girls.

But the world was different for Margaret Sanger. When she was born in 1879, most industrial chemicals didn’t exist. It was only after World War II that the U.S. petrochemical industry discovered “peaceful” applications of synthetic, or man-made, chemicals that would maintain their wartime production levels. New materials, pesticides, pharmaceuticals and plastics dramatically changed and improved the way we lived. By the time the evidence of human and ecosystem health problems led the United States to regulate industrial chemicals through the Toxic Substances Control Act (TSCA) of 1976, there were already 80,000 chemicals on the market. Rather than truly protect public health by issuing a comprehensive review process for these chemicals, TSCA deemed all 80,000 to be safe without pre-market testing, unless the EPA could prove otherwise.

The presumed innocent until proven guilty rule lets companies produce chemicals and put them into the products we use every day without providing evidence for their safety. While most people assume that chemicals are tested like pharmaceuticals—that manufacturers have to prove they are safe and effective

before they can be sold—the opposite is true. In the 31 years since TSCA put the burden of proof on the EPA, the agency has only managed to review the safety data of less than two percent of the 80,000 chemicals that were on the market in 1976 and has only regulated five of these chemicals. While TSCA’s ability to protect the American people from chemical exposure has weakened, evidence that chemicals can harm human health has mounted. Especially compelling is emerging research showing that chemical exposures that occur prior to conception, during pregnancy and early in life can have ramifications on adult health. Pre-term birth or low birth-weight, birth defects, diabetes and cardiovascular disease in adulthood have all now been linked to early exposure to chemicals and other environmental contaminants.

In addition to impacting healthy pregnancy outcomes, chemicals may also be playing a role in whether a woman can become pregnant in the first place, if she chooses to do so. At least 12 percent of the reproductive-age population reports difficulty conceiving and/or maintaining pregnancy. This appears to be a rising trend, most markedly in women under 25 years old.

The increased rate of endometriosis is one reason that reports of infertility are going up. Endometriosis is a disease that causes tissue that ordinarily lines the inside of the uterus (called the endometrium) to grow outside of the uterus and in other parts of the body, for example, the ovary, abdomen and pelvis. About 10 to 20 percent of women of reproductive age in the U.S. now suffer from endometriosis, and rates have been rising in the past 50 years, particularly among younger women. The link between chemical expo-

sure and endometriosis was first recognized in 1993, when rhesus monkeys that had eaten food contaminated with dioxin began to develop endometriosis.

The right of a woman to decide when and if to become a mother may also depend on her partner’s ability to father a child. So the freedom to choose includes access to healthy sperm produced with plenty of testosterone. But sperm counts and testosterone levels have been going down in many parts of the world, and testicular cancer is going up. In some industrialized areas, sperm counts have gone down 50 percent over the last 50 years. More baby boys today are born with two birth defects of the reproductive system—hypospadias (deformity of the penis) and cryptorchidism (undescended testicles)—developmental problems that have also been linked to low sperm counts and testicular cancer later in life. New evidence suggests that all of these conditions may be caused by the same prenatal exposures.

Chemicals like phthalates, bisphenol A, and perfluorinated compounds are found in many consumer products such as baby bottles, food can linings, Nalgene water bottles, children’s toys, plastic food containers, cosmetics, dental fillings, furniture and wrinkle-free clothing. Data from the U.S. Center for Disease Control shows that almost every person now has detectable levels of contaminants in their bodies—some even at levels near or above those shown in scientific studies to cause adverse effects.

Well-designed animal studies are showing how prenatal exposures to these chemicals can add up to harm, mirroring similar problems in people:

■ Bisphenol A found in polycarbonate plastic and can linings can cause per-

manent changes and increased risks of reproductive health problems later in life, such as infertility, miscarriage, breast cancer and prostate cancer.

- Prenatal exposures to phthalates found in personal care products and commodities made of vinyl have been linked to reproductive health problems in males such as reduced testosterone, reduced sperm count and infertility.
- Prenatal exposures to PFCs (per-fluorinated chemicals), common in stain-proof and stick-free products and found in almost everyone tested

in the U.S., can cause irreversible damage in animal offspring and has been linked to decreased birth-weight in humans.

Consumer campaigns like the Campaign for Safe Cosmetics are convincing manufacturers to move away from the use of some of these chemicals, while green chemistry scientists are increasingly discovering new ways to manufacture and produce safe alternatives to these chemicals. But we need comprehensive reform of the federal chemicals policy, so that chemicals are proven safe before

they are put into the products we use every day, and manufacturers are given incentives to put more effort into researching and incorporating non-toxic chemicals in their design. And before we can create that sweeping reform we will need to build a movement for the 21st century right to choose that includes the right to be able to get pregnant and to have a healthy child. ■

Reprinted from RH Reality Check: Information and Analysis for Reproductive Health (www.rhrealitycheck.org/blog)

Collaborative on Health and the Environment

by Michael Lerner
and Eleni Sotos

When we founded the Collaborative on Health and the Environment six years ago at a conference at the San Francisco Medical Society, our goal was to help transform the public and professional dialogue about the impact of the environment on human health. Specifically, we wanted to bring the new science on how endocrine disrupting chemicals affect human health to public attention.

Six years later, CHE has achieved some notable successes. As readers of this letter know, CHE has had a powerful impact on two fields: on learning and developmental disabilities and on infertility and pregnancy compromise. In both of these fields, leading scientists, patient groups and professional organizations recognize that endocrine disrupting chemicals and other environmental factors affect these conditions.

More recently, CHE has been playing an increasingly powerful role in four

additional fields: cancer, women's environmental health, Parkinson's disease and the health effects of electromagnetic field exposures. The details of how CHE is serving in each of these six fields goes beyond what we can describe in this letter. But we are beginning to think that CHE's greatest contribution may ultimately be to help make visible an entirely new way of thinking about health and the environment—what CHE colleague Dr. Ted Schettler calls the “ecological model” of environmental health.

Simply put, the environmental health sciences are pointing to a model in which there is no single etiology for many diseases. Rather, different people develop breast cancer, Parkinson's disease, autism, infertility or asthma for quite different combinations of reasons. The factors involved include genetic inheritance, environmentally mediated gene expression, socioeconomic status, early exposures to chemicals and electromagnetic fields, and many other “lifestyle” factors including nutrition, stress and exercise. These multiple interacting factors steer people with different genetic inheritance, gene expression, exposures and lifestyles toward different “final common pathways” of expressing disease.

The consequences of this ecological health model of disease for our efforts to protect individual health and for societal efforts to protect public health are profound. This “systems approach” to health suggests that any way we can reduce stress or enhance resilience for individu-

als or for communities will contribute to health promotion and disease prevention across many disease categories.

This ecological model of health augments the strong existing evidence for the argument that public health promotion and disease prevention is an essential component of any resolution of the crisis in health care financing. The ecological health model brings together the key pieces we need to protect our own health and the health of people everywhere. The science strongly supports this assertion. Public and professional awareness of its implications will continue to grow.

In addition to housing a dozen working groups on issues including cancer, fertility and learning disabilities, CHE continues the tradition of hosting our popular monthly Partnership Calls that highlight important environmental health topics and speakers and publishing a monthly e-newsletter that spotlights key science news, events, tools and resources. The CHE web site, www.HealthandEnvironment.org, also provides a wealth of information and resources, including our popular Toxicants and Disease Database and Science and Community Action section. ■

If you would like to learn more about CHE, contact Eleni Sotos at Eleni@HealthandEnvironment.org.

Commonweal Cancer Help Program

by Michael Lerner

The Commonwealth Cancer Help Program not only survived its first retreat without Waz Thomas as the yoga teacher—it flourished! The 139th Cancer Help Program was a wonderful all-women retreat with Kate Holcombe, our incoming CHP Coordinator, and Jnani Chapman, R.N., our gifted yoga teacher and masseuse, teaching the yoga classes. This was also the first time we included a visit to the Commonwealth Garden in the schedule. The weather smiled on us and Penny Livingston-Stark gave us a beautiful guided tour of the truly awesome work that she and her husband James are doing in the Garden.

By the time you read this, we will also have held the 20th Anniversary Lloyd Symington Foundation Conference on New Directions in Cancer Care, May 2-4, with a remarkable group of about 50 healers from across the United States, and from England, Canada and Australia as well. We will post about a dozen 15 minute presentations from the conference on the website shortly after the conclusion of the conference.

I also had a wonderful recent meeting with Donald Abram, M.D., Director of Clinical Programs for the Osher Center for Integrative Medicine at the University of California San Francisco. Don is also Chief of Hematology-Oncology at San Francisco General Hospital and a past co-chair of the Society for Integrative Oncology. He has an exemplary approach to advising patients on their questions in integrative cancer care. He and Andrew Weil, M.D., have co-edited a forthcoming text book on integrative oncology, a further impor-

tant contribution to the field of integrative oncology. It is clear that the field is beginning to mature.

Over the past two years, we have formed an increasingly clear intention to discover how to bring the core principles of the Commonwealth Cancer Help Program to larger numbers of people with cancer on an outpatient—or largely outpatient—basis. I have been discussing this with friends and colleagues across the country. The central idea is that there are many psychosocial support programs for cancer patients, but relatively few that are committed to deep healing. The Cancer Help Program provides an immersion in deep healing, but the cost is high and the availability for most cancer patients is low.

There is a great gap between the “band aid” approach that most cancer support groups provide and what is clearly possible to achieve on a non-residential low-cost basis with the right leadership and the right kind of participants. A single example is Commonheart, the Commonwealth heart support group that Commonwealth co-founder Burr Heneman and I co-founded in the year following my heart attack. The group has been meeting for four years, once a month for two hours. It is a powerful example of a group that has achieved a capacity for sustained deep healing work for participants.

What are the essential elements for deep healing work? The Cancer Help Program ingredients are well known: yoga, meditation, deep relaxation, a high quality support group, massage, sand-tray, individual counseling, a healing circle, sessions on sacred space and on expressive writing, and sessions on choices

in healing, conventional and complementary therapies, pain and suffering, and death and dying. The beauty of the place, the quality of the staff, and the strong shared intentionality are essential ingredients as well. But we know perfectly well that deep healing does not require these specific elements, and could be done with other combinations.

So how do we craft a program for deep healing with cancer that could be accessible to large numbers of people? There are, it seems to me, at least three choices.

- We could create a model program that integrates the elements we believe are most important and select individuals or organizations to offer that program around the country.
- We could train leaders in our understanding of the core components of the Cancer Help Program, and then support them in creating their own unique mix-and-match of ingredients in their own settings.
- We could focus, finally, not on the model or the ingredient list but on identifying the kinds of leaders—or organizations—that seem most capable of delivering deep healing for cancer patients almost regardless of the specific ways they achieve this.
- Finally, we could do some combination of these three things, or perhaps something we have not even thought of yet.

At Smith Farm Center for Healing and the Arts in Washington, our sister organization where we have offered the Cancer Help Program for 10 years, Executive Director Shanti Norris has been actively

exploring urban outreach programs that include bringing artists to the bedside in three major cancer hospitals, bringing cancer guides into inner-city black churches, and offering a whole menu of classes in yoga, meditation, cooking, writing and the healing arts at our offices at 1632 U Street NW near DuPont Circle.

Shanti and I are working together on this question of more effective outreach to cancer patients, drawing on our experience both in California and in the Nation's Capital.

We do not have the answers yet, but my instinct is to take a learning laboratory approach rather than assume we will get the answers right from the start. I think we will probably invite a core group of people from across the country, and a few colleagues from around the world, to participate in this learning laboratory and to develop and refine cost-effective models of deep healing work. It also seems to me that we should find a way to do field research and ask patients—perhaps especially via the

Internet—*Where have you found deep healing with cancer?* By asking patients the question, we may discover approaches to deep healing that we never dreamed of considering.

I also wonder whether we should limit the focus to cancer, or whether we should be open to models from a wide range of health conditions. There are advantages and disadvantages to both. We welcome your thoughts. ■

20TH ANNIVERSARY SYMINGTON CONFERENCE EXPLORES INTEGRATIVE CANCER THERAPIES continued from page 11

There was especially strong agreement that the transpersonal dimension of multi-dimensional cancer care deserves attention (Dale Borglum, Dick Grossman, Lenore Lefer).

Community oncologists like David Gullion and Bill Buchholz struggle with how to offer high quality complementary approaches to cancer to their patients in a world where reimbursement for these therapies is almost nonexistent. Karol Sikora reported from London that both public and some private health care systems now cover these services. Oncologist Michael Hawkins argued that cancer guides, pioneered by Jim Gordon, might well prove to extend survival for patients in randomized trials. Conference Coordinator Betsy Hall pointed to the wide variation in the training and efficacy of cancer guides as another challenging issue.

One of the liveliest conversations was about whether lifestyle therapies, practiced with sustained intensity, can extend as well as enhance quality of life. Most participants believe sustained intense lifestyle therapies extend life for some people with cancer. Some researchers report a clear “dose-response” curve in outcomes. But discussing this putative “dose response curve” can clearly engender guilt and conflict as some cancer patients blame themselves if their cancer progresses for not having “tried hard enough.”

Dean Ornish's research has shown that a lifestyle program of yoga, medita-

tion, exercise and low-fat diet reverse coronary artery disease. He reported on his new studies demonstrating the same program slows and in some instances stabilizes prostate cancer. As with heart disease, those who practice more intensely do better. Alistair Cunningham from Canada reported on his pioneering studies showing that cancer patients who engage in a sustained way with his hospital-based support programs often experience life extension. Ian Gawler, Australia's leading cancer educator – and himself a documented survivor of metastatic osteosarcoma – reported the same conclusion based on his clinical experience with thousands of cancer patients. Keith Block, Jeremy Geffen and Jim Gordon, who have all done pioneering work in integrative cancer treatment in the United States, all reported comparable experiences and conclusions.

Mark Renneker argued that that the complementary therapies that oncologists utilize are rarely actually integrated with their conventional therapies. He pointed to Keith Block's program in Evanston, Illinois as a rare example of a truly integrative approach. Block integrates “soft” therapies with highly individualized approaches that include chronotherapy that times the delivery of chemotherapy, nutraceuticals, and testing of chemotherapy regimens for individualized resistance profiles.


The biggest conference surprise? Ian and Ruth Gawler reporting that

they are seeing stabilization or even reversal of Multiple Sclerosis using their intensive lifestyle program, originally developed for cancer, at the Gawler Foundation in Australia. One would expect good outcomes with heart disease and diabetes. MS, though reported responsive to the Swank Diet in the past, is rarely imagined to be responsive to these lifestyle approaches.

Conference participants found a shared hope that, twenty years after we first met, there are new opportunities to bring integrative cancer therapies further into the mainstream of health care. Family physician Kristin Kalmbacher was inspired to bring this work more deeply into her practice. Researcher Fredi Kronenberg hoped to find new opportunities to research issues at the interface of health and the environment. Sharyle Patton proposed that environmental cancer prevention be a central agenda issue the next time we meet. All agreed that most of these lifestyle approaches to health applied not only to cancer but also to many other chronic illnesses. But the challenges remain tremendous – deteriorating lifestyles and a deteriorating environment are increasing the burden of chronic disease. Participants shared a vision of the need for deep healing for cancer patients, for society at large, and for the planet. It is a vision we have long held at Commonweal. ■

adequate funding for the program (as well as other worthy state endeavors) for the coming fiscal year.

The state biomonitoring program is one chemicals policy initiative being tracked by the coalition CHANGE (Californians for a Healthy and Green Economy), of which Commonweal is a charter member. Another important development is the launch of California's Green Chemistry Initiative, announced with some fanfare by Governor Arnold

Schwarzenegger. Led by Cal/EPA's Department of Toxic Substances Control (DTSC), the Initiative is gathering input from the state's many stakeholders about how to structure new proposals that would position the state as a leader in the exploding field of green chemistry. CHANGE has provided input through workshops, web blogs, and meetings with DTSC staff. DTSC is poised to announce its recommendations in the early summer of 2008. 

WITH GRATITUDE

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