



Greater Boston Physicians for Social Responsibility

an Affiliate of PSR® (Physicians for Social Responsibility)

Medical Consequences of Iraq War Conference

Expert Panel Presents Chilling Testimony, Human Suffering of War

On Saturday, May 19, 2007 GBPSR conducted a compelling and well-received conference at Boston's historic Old South Church entitled *The Medical and Societal Consequences of the War in Iraq: Strategies to Promote True Security*.

Distinguished speakers included PSR and IPPNW physician-activists and other experts in economics, veteran's services, and public health, as well as an Iraq war veteran and his wife, and a local minister.

They captivated the audience of health professionals, concerned citizens, academics, members of the re-

ligious community, veterans, and others with their passion about the moral imperatives for ending the Iraq War, and informed them with their expertise about the wide range of health costs that will go on for decades. Presentations included the following:

John O. Pastore MD —
Ethics, War, and the Health Care Professional

Dr. Pastore spoke about PSR's work to educate Congress about the human costs of the war, and referred to the *New England Journal of Medicine*

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Dr. John Pastore, GBPSR Steering Committee member and past PSR President, addresses the moral and ethical responsibilities of health care professionals during war.

Pediatric Toolkit Goes Nationwide

Online CE Course with ATSDR/CDC in Progress

For the past four years GBPSR has helped lead an innovative project, the Pediatric Environmental Health Toolkit, now endorsed by the prestigious American Academy of Pediatrics (AAP).

The project has gone through several phases, including development, pilot testing and evaluation, and for the past two years a 5-state training program. We are now embarking on a nationwide marketing and education plan that includes the development of an online Continuing Education (CE)

course with the U.S. Centers for Disease Control and Prevention (CDC).

A Decade of GBPSR Environmental Leadership

The Pediatric Toolkit was designed to bring environmental health information to daily pediatric practice. This clinical resource was the most recent project in our successful decade-long environmental health work including *Generations at Risk* and *In Harm's Way: Toxic Threats to Child Development*.

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GBPSR helps develop two exciting new environmental health resources at the Boston University Superfund Basic Research Program (BUSBRP)

Ask the Researcher

Ask the Researcher, a new interactive web tool available to the general public, allows readers to pose questions and have them answered by researchers involved in the BUSBRP. The BUSBRP consists of nine research projects that study the effects of exposures to some common toxic substances on reproduction and development in humans and wildlife. Every few months a different project leader and research project is featured.

The first researcher featured was *Dr. Ann Aschengrau* who is investigating the neurotoxic effects of perchlorethylene (PCE) exposure during gestation and childhood. PCE is a solvent widely used in dry cleaning, degreasing, and other industrial operations and has become a common contaminant of drinking water. Her study of 2000 Cape Cod children and their families tests the hypothesis that PCE found in the public drinking water supplies in Cape Cod is associated with reproductive and developmental outcomes.

Mark Hahn PhD, our second featured researcher, is researching the mechanisms and impacts of dioxin resistance in fish. This research seeks to understand the effects of long-term, multi-generational exposure to high levels of contaminants.

Current Featured Researcher:

Jennifer Schlezinger, PhD

Dr. Schlezinger investigates how aromatic hydrocarbons (by-products of combustion) and phthalate esters (plasticizers used in manufacturing polyvinyl chloride) cause death in antibody-producing cells within the bone marrow microenvironment. *How would a toxic chemical trigger a cell to die prematurely? What are the consequences of premature cell death? Ask the Researcher and find out.*

<http://www.busbrp.org/ask.html>

HEAR Database

The Health and Environment Assistance Resources, or "HEAR" database, was created to increase and diversify the legal, scientific, medical and technical expertise available to community groups

with environmental and public health concerns.

The database represents a network of researchers, scientists, public health professionals, physicians, and advocates willing to respond selectively to requests about pollution and health.

The database is not public, but is a password protected virtual database that is shared, with appropriate security, by the Outreach Core organizations only (see below), who all helped develop the database along with the BUSBRP experts. The database is managed and maintained at BUSPH.

Volunteer to be an expert resource.
Contact GBPSR at psrmabo@igc.org.

GBPSR has been a community partner in the Outreach Core since its inception in 2000. In addition to the Boston University School of Public Health, Environmental Health Department, partner organizations include Alternatives for Community & Environment (ACE), and Toxics Action Center (TAC).

GBPSR Steering Committee

Clark C. Abt PhD – Chairman Emeritus and past President of Abt Associates Inc. Associate, Belfer Center for Science and International Affairs, Harvard University.

Octo Barnett MD – Senior Scientific Director of the Laboratory of Computer Science, Department of Medicine, Mass General Hospital, founding member of PSR (part of Bernard Lown kitchen cabinet).

Ted Conna MD, Treasurer – Child Psychiatrist and faculty at University of Massachusetts Medical School, active in PSR since 1981, after the symposium "Medical Consequences of Nuclear War."

Richard W. Clapp MPH DSc, Vice Chair/Secretary – Professor in the Department of Environmental Health, Boston University School of Public Health, established the Massachusetts Cancer Registry, and was deeply involved in studies of cancer among

Vietnam veterans and the Woburn childhood leukemia cluster.

Siobhan McNally MD MPH – Pediatrician, founder of Sprout, a non-profit children's health initiative. Current co-chair of the Massachusetts Chapter of the American Academy of Pediatrics' (MCAAP) Committee on Environmental Health (COEH), Assistant Professor – Pediatrics, Preventive Medicine Fellow UMass Medical School.

John O. Pastore MD – Associate Professor of Medicine at Tufts University. Director of Echocardiography, Caritas St. Elizabeth's Medical Center, 2005 national president of Physicians for Social Responsibility, co-founder and past president of IPPNW.

Fay Reich PsyD MBA Med – Licensed Clinical Psychologist, Strattus-Till Mental Health Centre, private practice. GBPSR accountant/bookkeeper since 1984.

David Rush MD, Chair – Professor of Nutrition, Community Health and Pediatrics (emeritus), Tufts University, nutrition, epidemiology and perinatal health.

Megan Sandel MD MPH – Pediatrician and researcher at Boston Medical Center, co-founder and current medical director of the Doc4kids Project, Co-Chair of MCAAP COEH.

Jill Stein MD – Internist, public health advocate and founder of the Massachusetts Coalition for Healthy Communities (MCHC), instructor in medicine at Harvard Medical School 1982–2005, and staff internist at Simmons College Health Center for 15 years.

GBPSR Staff

Maria Valenti, Executive Director
Marybeth Palmigiano MPH, Public Health Specialist

By Jessica Nelson MPH

Boston University School of Public Health, Superfund Basic Research Program, Research Translation Coordinator

Biomonitoring – the practice of measuring chemicals in peoples’ body fluids or tissues – has recently gained increasing attention as the technology has advanced and its use has expanded. Scientists can now measure more kinds of chemicals in a sample of blood, for example, and can do so at amazingly low levels of up to parts-per-quadrillion. These technological improvements, however, have outpaced our knowledge about the health effects of the chemicals we can measure.

Biomonitoring Has Varied Uses

Epidemiologic studies use biomonitoring to assess peoples’ exposure to chemicals such as pesticides and mercury. Government agencies conduct routine surveillance of a sample of the population to track trends in exposures over time and to assess how well public health interventions are working. The U.S. Centers for Disease Control and Prevention (CDC) regularly tests the blood and urine of a representative sample of Americans – the agency’s 2005 report looked at the presence of 148 chemicals in more than 2,000 people. Community and environmental advocacy groups also use biomonitoring for public education and political purposes.

These varied uses and the significant ethical, social, and political questions they raise make biomonitoring a hot topic. The National Research Council released a report on biomonitoring in July 2006, and other technical working groups have convened to discuss these issues.

A Consensus Conference is Convened in Boston

One important voice missing in these conversations has been that of the general public. In Fall 2006, the Boston University School of Public Health organized the *Boston Consensus Conference on Biomonitoring* to gather the public’s input on biomonitoring. Supported by the National Institute of Environmental

Biomonitoring: A Public Perspective



Lay panel members of the Boston Consensus Conference on Biomonitoring answer questions. (L—R) are Garry Faradijian, Zara Zsido, Martha Manning, Reynaldo Balmes, Edward Shaddock.

Health Sciences (NIEHS) and the BU Superfund Basic Research Program (also funded by the NIEHS), the Consensus Conference brought together 14 lay people from the Boston area to consider ethical, legal, social, and scientific issues related to biomonitoring.

The Consensus Conference model is used in Denmark to stimulate informed social debate on science and technology issues and to inform policymaking. It involves recruiting a “lay panel” of residents, similar to how jury duty is organized in the U.S. Panelists were recruited by placing and posting fliers, and were selected to reflect the demographics of the City of Boston.

Over two weekends, the lay panel learned about biomonitoring through a carefully planned program. Aided by a team of professional facilitators, the panelists identified and articulated their own key questions and concerns. During a third weekend, they posed these questions to a panel of six experts, including scientists, a health law attorney, and representatives from state government, a chemical industry trade group, and an environmental NGO.

Future Consideration is Warranted as the Use of Biomonitoring Expands

The Consensus Statement that emerged identifies five areas that warrant further consideration as the use of biomonitoring expands. It calls for educating the general public about biomonitoring, establishing responsible surveillance programs at the state and federal levels, addressing the possibility of discrimination by employers or health insurers on the basis of biomonitoring results, and focusing on how biomonitoring data

could be used to influence corporate and government behavior and spur the development of “green chemistry.”

The panel specifically recommends that surveillance program oversight boards be composed of diverse stakeholders, including individuals from affected communities, and that a precautionary approach be used when biomonitoring data reveal increasing trends in exposure. The statement also concludes that individuals should be able to choose whether or not they want to receive biomonitoring results. Finally, the statement recommends that biomonitoring data be treated as a protected class of medical information.

The deliberations and results of the Boston Consensus Conference on Biomonitoring show that an informed public is capable of understanding technical issues and contributing valuable input that furthers discussions about science and technology policy.

This article is the fourth in the series “From Research to Real Life.” Previous articles have been written by BUSBRP researchers and have focused on specific research.

For more information on this topic:
www.biomonitoring06.org

For more information on BUSBRP:
<http://www-apps.niehs.nih.gov/sbrp/index.cfm>

Pediatric Toolkit - Continued from Page 1



Mark Miller MD MPH and Siobhan McNally MD MPH present at Toolkit trainings at Oregon Health and Science University, and Lawrence General Hospital, respectively, in 2007.



Clinicians asked us for practical tools to help guide patients on prevention strategies, and we developed them in partnership with San Francisco Bay Area PSR, Oregon and Washington sister PSR chapters, the University of California San Francisco (UCSF) Pediatric Environmental Health Specialty Unit (PEHSU), and a team of pediatricians from around the country, including GBPSR Steering Committee member Siobhan McNally MD.

Four Years of Toolkit Achievements

The Toolkit, including reference and anticipatory guidance materials for both providers and patients, was pilot tested



Attendees at Oregon Toolkit training (above). Attendees discuss cases at breakout sessions at University of Washington, Seattle training (right).

and drew positive reviews in 17 practices in Massachusetts and California. An evaluation was conducted that showed that the Toolkit played a key role in increasing health care provider knowledge about environmental health issues, and their confi-



dence in discussing these issues with their patients.

Toolkit Trainings in Five States Funded by EPA

Training programs were held during 2006 and 2007 in 5 states funded via a grant awarded to GBPSR by the Environmental Protection Agency, Office of Children's Health Protection. We conducted these at medical centers in conjunction with sister PSR chapters in San Francisco, Oregon, and Washington as well as the Institute for Agriculture and Trade Policy in Minnesota. Over 1300 pediatric care providers and other health professionals have been trained to date. All the sites are now in various stages of secondary trainings and evaluation.

CE Course in Development with US CDC

Mark Miller MD MPH, a leading member of the Toolkit develop-

We presented the results of the pilot test to over 1,000 attendees at premier pediatric, family practice, and public health conferences and meetings nationally.

Toolkit materials are now available in PDF format online to download

ment team, and the director of the UCSF PEHSU, has been instrumental in developing the Toolkit for an online Continuing Education (CE) course and in securing a collaboration with the CDC to co-develop and host the course. Online CE courses are becoming an increasingly popular way for health professionals to achieve their required CE credits. The web-based approach will allow us to more easily reach greater numbers of health care providers.



Each training attendee received a complete "kit" of Pediatric Toolkit materials to test in their practices.

David Wallinga MD MPH of the Institute for Agriculture and Trade Policy presents at the University of Minnesota Medical School Toolkit training in 2006.



Nationwide Marketing Plan

The CE course will be one aspect of a nationwide marketing and distribution plan we are embarking on with PSR National and sister PSR chapters. The campaign will work to institutionalize the Toolkit environmental health messages in regular pediatric care. The long-term goal is to make the Toolkit available to all pediatric care providers.

We are very grateful to long-time supporters of the Toolkit, The John Merck Fund and the Orchard Foundation, as well as the Sils Family Foundation for GBPSR operating support.

Stay tuned for our new project on **Healthy Aging and the Environment!**

photo essay on US casualties in Iraq sent by PSR to every member of Congress in 2006: “photos should be remembered when appropriations bills to support this generation’s veterans come to your desk...”

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war is inflicting on Iraq veterans and their children, and discussed how the VA is attempting to address this problem.

ment Support Group, brought the conference to a close with an inspiring call to moral action.



Anne Sapp sits between her husband Andy, an Iraq war veteran (L), and GBPSR's Dr. David Rush, as she answers a question from the audience.

Photo by Lynn Martin

David Rush MD — Civilian Casualties: Making Sense of the Controversy

GBPSR's Dr. Rush discussed the alternative methods for estimating death rates, especially in areas of conflict, and how these principles are relevant for counts of civilian casualties attributable to the Iraq War. Thus, the estimates made by Dr. Les Roberts and his colleagues, published last fall in *The Lancet*, appear to be the best estimates available and are founded on sound science. Roberts et al. estimated that about 655,000 civilian deaths were caused by the war up to the summer of 2006, more than ten times the highest previous estimates.

Gene Bolles MD — Hidden and Horrific Costs of War

Dr. Bolles, a Vietnam veteran who served as Chief of Neurosurgery at the Landstuhl Regional Medical Center in Germany spoke movingly about his experiences treating injured soldiers, and interacting with Iraqi civilians.

James Munroe EdD — Working with Veterans and Their Families: Post-Traumatic Stress Disorder (PTSD), Other Key Issues, and Clinical Dilemmas

Dr. Munroe, an expert from the Veteran's Administration's Boston Healthcare System's National PTSD Center, revealed the tremendous psychological trauma this

Andy and Anne Sapp — Veterans for Peace/Military Families Speak Out

Andy Sapp, a reservist and Iraq veteran, spoke eloquently about the tremendous challenges he has faced dealing with his PTSD. His wife, Anne, who is active with Military Families Speak Out, spoke about how PTSD affects the entire family.

Victor Sidel MD MPH Preemptive War, Nukes, and Proliferation: A Prescription for Disaster

Dr. Sidel, past president of the American Public Health Association, PSR, and

IPPNW, discussed the looming nuclear arms race in the Middle East as Iran, Syria, Saudi Arabia, and other nations feel threatened.

Linda Bilmes — Medical and Disability Costs of the Iraq War: Long-Term Consequences

Professor Bilmes, who teaches public policy at the Kennedy School of Government at Harvard, discussed her groundbreaking research on the true economic costs of this war, which is closer to \$2 trillion when all costs are factored in.

Rev. John F. Hudson — War, Peace, and God

Rev. Hudson, Sr. Pastor at West Concord Union Church, newspaper columnist and activist with the Troop Deploy-

ment Support Group, brought the conference to a close with an inspiring call to moral action.

Most presentations are available at

www.igc.org/psr.
Movie — *The Ground Truth*
During the discussion and question and answer period, the film *The Ground Truth* was shown to attendees interested in viewing this Academy Award nominee “Hailed as ‘powerful.’”

Video to be Made Available

The Traprock Peace Center filmed and photographed the conference. We hope to make a DVD available. *If you are interested in this, please contact us.*



PSR and IPPNW long-time leader Dr. Vic Sidel makes the connection between peace, the environment and development.

Thanks to all those who contributed to making this program possible – with a special thanks to the following:

GBPSR members, National PSR, ROI Solutions, Wainwright Bank & Trust Company, GBPSR Steering Committee members Drs. John Pastore, Dick Clapp, and Ted Conna, Old South Church, Classic Copy and Printing

And to our program co-sponsors:

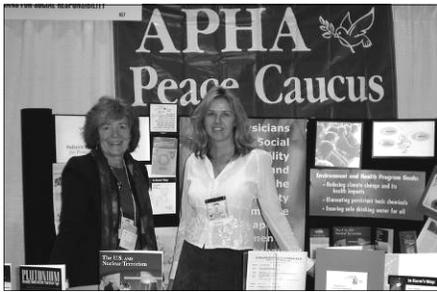
International Physicians for the Prevention of Nuclear War (IPPNW), the Cambridge Peace Commission, Massachusetts Peace Action, and the Women's International League for Peace and Freedom



Harvard professor Linda Bilmes answers a question on the costs of war as (L-R) Dr. John Pastore, Rev. John Hudson, and Dr. Gene Bolles look on.

Photo by Lynn Martin

GBPSR staff and board members have been active during the past year working on PSR's priority issues of peace and security and environmental health pro-



tection. Last Fall GBPSR staffed the PSR booth for four days at the annual meeting of the American Public Health Association in Boston, attended by over 13,000 people. Maria Valenti and Marybeth Palmigiano (pictured above) were assisted by students from the Boston University School of Public Health Kayla Oursler and Raphael Ademak. The booth also acted as the home base for the APHA Peace Caucus.

GBPSR in Action

To welcome PSR members from around the country attending APHA, as well as to thank donors, GBPSR teamed up with IPPNW to host a special event at the State Room on the 33rd Floor of 60 State Street, a private club with a magnificent view donated by State Room owners. Over 50 members and supporters attended the gala event. GBPSR Steering Committee member and past PSR President Dr. John Pastore (pictured below) welcomed guests and discussed some of the important challenges facing



PSR as we work for a safe, secure and healthy world. In April Maria Valenti served on the planning committee and presented on GBPSR's decade of successful environmental health work at the annual PSR Chapter leadership meeting in Washington DC. Long-time PSR Washington Executive Director Martin Fleck (pictured above next to PSR Washington President Laura Hart MD) announced his resignation at that time. We at GBPSR thank Martin for his years of service to the organization as well as his friendship, wit and wisdom.

Board Member Profile

Sherrill (Ted) Conna MD

Nearly Three Decades of Activism

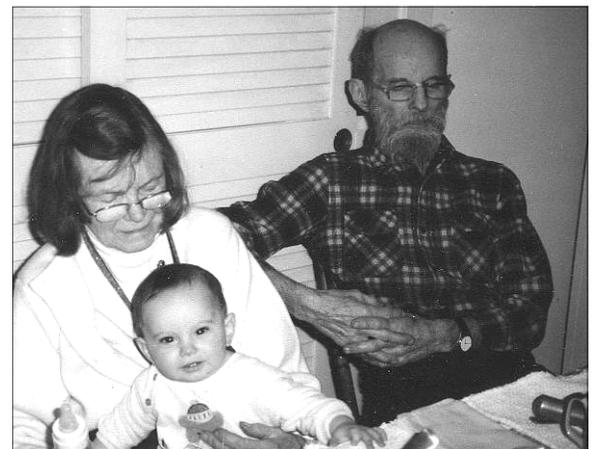
Three chronologically proximal events awoke me to the enormity and imminence of nuclear holocaust and the existence of PSR as a potent force of prevention of this preeminent global public health threat.

In 1980, my oldest son phoned me from Haverford College right after hearing a presentation by Dr. Helen Caldicott, and said, "Dad, I think you'd like to get involved in this." Soon after, while checking out WGBH at 10 PM on a Wednesday, I stumbled on a telecast of an early IPPNW meeting in Moscow of Drs. Lown, Pastore, Chazov, and others. It was riveting and dismaying that it was not prime time and on all channels.

Then, in 1981, I attended the IPPNW symposium, "The Medical Consequences of Nuclear War" in Cambridge. It was clear that humans are capable of precipitating apocalypse. I thought the trend could be reversed if the public just became aware.

I became active in Central Massachusetts and Greater Boston PSR chapters, spoke to civic groups, parents, social concerns groups, did a Grand Rounds in the Psychiatry Department about the psychological effect of living under the nuclear threat, and introduced medical students to PSR by seducing them with pizza to come to lunch. I especially enjoyed talking to groups about the cost of the arms race, using Dr. Vic Sidel's slides, and the psychological impact of the nuclear threat on children, using the video "What Can the Children Tell Us."

Travels to international IPPNW meetings and those of other peace related groups, took us and some of our children to Budapest, Moscow, Leningrad, Helsinki, Montreal, Stockholm, East Germany, Copenhagen, and Brussels.



Ted Conna MD (pictured above with his wife Mary Lou and grandchild Alex) is a long-time PSR activist. He's a child psychiatrist who has been in private practice since 1970, and has served on the faculty of the University of Massachusetts Medical School since 1975.

As we all know, enthusiasm waned after the collapse of the Soviet Union and the illusory perception that the "Cold War" was over. However, the mission of PSR remains vital. I now serve on the GBPSR Steering Committee so I can continue to contribute to the organization.