Pediatric Environmental Health Toolkit Goes National with EPA Grant

Greater Boston Physicians for Social Responsibility (GBPSR) was recently awarded a 2-year $150,000 grant from the Environmental Protection Agency’s (EPA) Office of Children’s Health Protection. GBPSR’s grant is one of seven awarded across the U.S. to help increase the number of physicians, nurses and public health workers addressing the broad spectrum of children’s environmental health issues—in their private practices, institutions, academia, or communities. It was a very competitive process, so we are pleased!

Toolkit Trainings to be Held in 5 States

GBPSR will conduct Pediatric Environmental Health trainings in partnership with sister PSR chapters in the San Francisco Bay Area, Washington, and Oregon, as well as Minnesota’s Institute for Agriculture and Trade Policy (IATP). The program will directly target 250 health professionals who care for children, and another 1,250 pediatric providers who will be trained by the program attendees through peer trainings in five states—Massachusetts, California, Minnesota, Oregon, and Washington. The training program will use GB and SFBay Area PSR's new clinical Pediatric Environmental Health Toolkit as the core curriculum, and will include interactive sessions on providing clinical guidance to patients on how to prevent exposures to a range of commonly encountered toxic substances that may affect children’s health.

Innovative Materials Designed to be User-Friendly

Toolkit materials include reference and guidance components for providers, as well as “Rx for Prevention” slips and refrigerator magnets for patients and families to receive during well-child visits. The

GBPSR in Action

GBPSR staff and board members have been active in the past year addressing the important issues of the day and working for peace, environmental protection, and social justice. They have been involved in everything from outreaching to health care providers on environmental health, to raising awareness about the need to oppose enormous increases in the U.S. military budget.

Over 200 people attended a Fall 2005 GBPSR/International Physicians for the Prevention of Nuclear War awards and fundraising event at the Episcopal Divinity School, where musician/activist James Taylor and GBPSR’s David Rush MD were awarded the first Corita Kent awards for lifetime dedication to peace and environmental protection.

Musician-activist James Taylor (l) receives GBPSR’s Corita Kent award from Dr. Dick Clapp at GBPSR/IPPNW October awards event. See page 7.

(i-l) Cambridge Vice Mayor Marjorie Decker, GBPSR’s Michelle Gottlieb, Maria Valenti, and Dr. David Rush on steps of Cambridge City Hall.

Board member David Rush MD and Co-Executive Directors Maria Valenti and Michelle Gottlieb, along with IPPNW colleagues, presented Cambridge Vice Mayor Marjorie Decker with a “Big Check” on April 15th representing the $23 million Cambridge citizens would contribute to unnecessary weapon’s programs for the 2006 U.S. military budget.

Board member Ted Schettler MD MPH was a featured speaker at the 8th daylong “Out of Harm’s Way” medical conference at the University of Michigan held in late 2005, organized by the Ecology Center, the MI American Academy of Pediatrics, and the American Association on Mental Retardation (AAMR) with financial support from GBPSR via a grant from The John Merck Fund, and planning and staff support from Valenti and GBPSR Public Health Specialist Marybeth Palmigiano MPH. Palmigiano has also been representing GBPSR on the outreach advisory committee of the Boston University School of Public Health (BUSPH) Superfund Basic Research project.

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GBPSR In Action

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Schettler and 2003–05 Board member Ob/Gyn Christina Sebestyen MD were the physician consultants to the Boston Area Body Burden Study. The study, coordinated by researchers from the Boston University School of Public Health, analyzed body burden levels of flame retardants in 2 Massachusetts communities. Sebestyen recently gave birth to a baby boy—congratulations to the new parents!

New Board member Clark Abt PhD has been very involved in avian flu preparedness, recently conducting one of the first bird flu pandemic simulation exercises, held at Abt Associates in Cambridge, in which Valenti and Gottlieb participated along with many prominent members of the Massachusetts health, business and academic communities. (For more on this see page 5.)

Board member Dick Clapp DSc MPH has helped organize a Health Not War discussion and action group at the BUSPH, and helped organize a presentation by International Physicians of the Prevention of Nuclear War student leader Alex Rosen from Germany to speak to BU students and faculty on the “Target X” public action project that builds awareness about the menace of nuclear weapons (similar to the old PSR “Bombing Runs.”) Clapp has participated in several of the New York and Washington anti-Iraq-war marches, as have other GBPSR staff and members. Board member John Pastore MD (last year’s PSR president) was interviewed and featured by the Boston Phoenix in an article entitled “Iraq: When will we get out?”

Meetings and presentations on the Pediatric Environmental Health Toolkit took GBPSR Co-Executive Directors Michelle Gottlieb MEM and Maria Valenti, and new GBPSR board member Siobhan McNally MD, from coast to coast—from a planning meeting with sister PSR chapters in Berkeley, CA, to the American Public Health Association annual meeting in Philadelphia; from the Society of Teachers of Family Medicine annual patient education meeting in Orlando FL, to the Zero to Three, and the Pediatric Environmental Health Specialty Units, annual conferences in Washington DC. New Board member Megan Sandel MD recently presented with McNally and Gottlieb at Children’s Hospital Advances in Pediatric Health Care CME course in Braintree, MA.

When is an Environmental Health Study Right for your Community?

GBPSR and the Boston University Superfund Basic Research Program (BUSBRP) Outreach and Research Translation Core staff, along with Toxics Action Center, and The Center for Health, Environment & Justice, hope to answer that question. Together we form the Health Studies Working Group, an initiative designed to provide resources to communities who have concerns about environmental pollution and possible health effects. We are currently working on a five-chapter workbook and facilitators’ guide on community-based environmental health studies. The workbook and guide are designed to help community groups clarify their goals and environmental health concerns; determine whether or not a health study is an appropriate strategy; and develop a plan to make sure that a health study can produce the information that the community wants and needs. The guide will also help residents better understand the role of various stakeholders who may undertake a health study. For example, we’ll examine the various constraints and motives of government employees, private consultants and university faculty.

Once completed, the guide and workbook will be available through the member organizations of the Health Studies Working Group and online. The BUSBRP has a new website: www.busbrp.org
Drinking Water Detective Story:
Researching Connections between Water Contamination and Disease

by Ann Aschengrau, PhD, Boston University Superfund Basic Research Program

In the 1980’s, an unusually high incidence of cancers was observed in the upper Cape Cod region of Massachusetts. Possible environmental risk factors were identified including proximity to the Massachusetts Military Reservation, pesticide applications to cranberry bogs and forests, and tetrachloroethylene (also called perchloroethylene, PCE) contamination of drinking water. Led by Dr. Ann Aschengrau, epidemiologists at the Boston University Superfund Basic Research Program (BUSBRP) at the BU School of Public Health decided to focus on PCE, and are using traditional and new tools to continue to test hypotheses concerning associations between PCE contamination and cancers, reproductive disorders, and developmental disorders.

PCE Solvent Exposure Linked to Increased Breast Cancer Risk

From 1968 through 1980, families in eight Cape Cod towns were exposed to PCE when the solvent leached into drinking water from the inner vinyl lining of certain asbestos cement water distribution pipes. In 1997, Dr. Aschengrau initiated a population-based case-control study of 672 people with breast cancer (the cases), and 616 people without the disease (the control group), to investigate the association between PCE exposure and breast cancer.

Dr. Aschengrau’s research team estimated the relative delivered dose (RDD) of PCE to which each subject was exposed. The RDD is the amount of PCE that entered a house in drinking water during a specified time period. It is based on a mathematical model for the leaching rate of PCE from the vinyl liner of the water distribution pipes, and takes into account the age of the pipe, its length, diameter and the upstream load. The results of this SBRP-funded study refined and confirmed Dr. Aschengrau’s earlier findings that women with the highest PCE exposure levels have a small to moderate increased risk of breast cancer.

More Detailed Exposure Assessment Confirms Original Findings

To control for additional factors, Dr. Aschengrau’s research team devised a method to re-evaluate the data. The RDD quantifies the amount of PCE in the drinking water that enters a home, but does not consider exposure from inhalation, dermal absorption, or ingestion. PCE is a volatile organic compound and daily indoor inhalation exposure to contaminated water from showering can be up to six times greater than exposure from ingestion. Using personal exposure variables on tap water consumption and bathing habits obtained from surveys, Dr. Aschengrau’s research team constructed a dose model to measure the relative amount of PCE taken in by each participant—referred to as the personal delivered dose (PDD).

Overall, the risks calculated from the PDD analysis differed only slightly from the RDD analysis. The study showed that the impact of variations in personal habits was small in comparison to variations in characteristics of the drinking water distribution system. However, Dr. Aschengrau believes that it remains important to assess exposure as accurately as practical in an epidemiological investigation.

Innovative Software Helps Model Water Distribution to Homes

Dr. Aschengrau’s research team has also developed an innovative exposure assessment method to model a town’s entire complex water distribution system. They are using EPANET, an EPA software package that simulates hydraulic and water quality characteristics within pressurized pipe networks. Using the Geographic Information System (GIS) developed for associated studies, they produced digital maps for each study town that identify the subjects’ residences and water pipe network and are now able to calculate the yearly mass of PCE that entered each subject’s residence. This model substantially improves the accuracy of the exposure assessment because it more accurately captures the direction in which the water flows through the distribution system and can assess PCE exposure at residences that are a long distance from the contamination source.

Reproductive and Developmental Problems also Investigated

Dr. Aschengrau is currently analyzing data from a population-based retrospective cohort study including approximately 2,000 Cape Cod children and their families who were exposed to PCE-contaminated drinking water and a comparable group of 2,000 unexposed children and their families. This study tests the hypothesis that PCE exposure from the public drinking water supplies in Cape Cod is associated with reproductive and developmental outcome such as spontaneous abortion, low birth weight, intrauterine growth retardation, pre-term delivery, congenital malformations, and developmental disorders of learning and attention. The study is able to assess both pre-natal and post-natal exposure among the children and adult exposure among their parents.

Dr. Aschengrau’s research has been supported by the Superfund Basic Research Program of the National Institute of Environmental Health Sciences with funds from the U.S. Environmental Protection Agency (Grant 2P42 ES07381).

For More Information Contact:
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715 Albany St., Boston, MA 02118
Tel: 617-638-5228

This article is the third in the series “From Research to Real Life” written by Boston University Superfund Basic Research Program (BUSBRP) researchers. GBPSR serves on the Community Advisory Committee of the BUSBRP, which conducts research into the possible reproductive and developmental effects of chlorinated and non-chlorinated organic chemicals and substances (dioxins, PCBs, some solvents). The goal of the Advisory Committee is to provide a basis for a new collaborative structure bridging the university with the community in order to, among other things, increase public awareness about environmental health research, and link members of the professional community with academic environmental health research. For more information on GBPSR’s involvement see related article on page 6 of this newsletter. For more information on the Superfund Basic Research Program go to: http://www-apps.niehs.nih.gov/sbrp/index.cfm.
toolkit materials were pilot-tested in 2005 by 34 pediatric and family practitioners at 17 practices in Massachusetts and California, as well as pediatric residents at the University of California San Francisco. Materials are currently being revised based on extensive evaluation feedback.

Training Program Faculty to Include Development Team

Faculty for the programs will include Toolkit developers and experts in Pediatric Environmental Health—Siobhan McNally MD (GBPSR Board Member), Mark Miller MD MPH from California, and David Wallinga MD MPA from IATP. Local faculty will also be recruited.

Participation by American Academy of Pediatrics local chapters and by medical schools who have worked with PSR chapters in the past will ensure a broad reach to providers across regions. The trainings will also reach out to nurses, nurse practitioners, physician assistants, and other allied health professionals who are instrumental in providing care for children and their families. In addition, this new program provides an excellent opportunity to reach out to health professionals who participated in previous “In Harm’s Way” trainings in 2002–2004 that addressed linkages between chemicals and children’s developmental health, and exposure prevention strategies.

For more information please contact GBPSR at (617) 497-7440 or via e-mail psrmabo@igc.org.

Pediatric Toolkit Pilot Study Evaluation Yields Positive Results

Evaluation results from a six-month pilot study of the Toolkit undertaken at pediatric care offices in California and Massachusetts were extremely encouraging. They indicated that the Toolkit played a key role in increasing health care provider knowledge about environmental health issues, and their confidence in discussing these issues with their patients and families.

Thirty-four pediatric health care providers at 17 sites in California and Massachusetts participated in the study, as well as 80 residents in the pediatric residency program at the University of California San Francisco.

The comprehensive evaluation analysis revealed small, but significant, changes in behavior as the providers began to incorporate some key environmental health guidance into their routine exams. Not surprisingly, the major barriers to use included lack of time, as well as difficulties incorporating the program into existing charting systems.

The Toolkit development team is working with associations such as the American Academy of Pediatrics to revise the materials, and to explore opportunities for partnerships to enable the Toolkit to be made available to a wider audience.

Outreach on Environmental Health in Massachusetts

The Massachusetts Environmental Trust (MET) has funded GBPSR for the second time for outreach and education to health care providers on environmental health in Massachusetts. Specific focus this year is on the value of anticipatory guidance to patients and the Pediatric Environmental Health Toolkit. We are presenting the Toolkit pilot study results to the practices and health centers that participated in the original pilot study in Boston, Worcester, and the Berkshires, which will foster our continued collaboration with these providers. We are also presenting to new practices, and at major health care conferences, such as the 2005 Children’s Hospital "Advances in Pediatric Health Care.”

Our active participation with the MA Chapter of the American Academy of Pediatrics (MCAAP) provides many avenues for educating providers on environmental health including a focus on the Toolkit at the upcoming annual Continuing Medical Education conference (May 10, 2006), articles in the quarterly newsletters, and resolutions on key environmental health issues to the National organization.

We are currently scheduling additional presentations throughout the state, and recruiting pediatric and primary care practices for a more in-depth Toolkit training to be held in early 2007. If you are interested in a presentation, or for more information on the training session, please contact Michelle Gottlieb at psrmabo@igc.org.

GBPSR’s and many other environmental health grants are funded through the sale of Massachusetts Environmental Trust license plates.

Please help the Trust continue funding the good work of environmental organizations throughout Massachusetts by purchasing a license plate and convincing others to do the same. Plates may be purchased by visiting your local Registry of Motor Vehicles or ordering online at http://mass.gov/rmv.
Public Health Preparedness: An avian flu pandemic emergency response simulation exercise

by Clark C. Abt, PhD, GBPSR Board Member, Chairman Emeritus and Founder, Abt Associates Inc.

What would Massachusetts do in the event of a bird flu emergency?

In order to simulate how events would unfold, GBPSR Board member Dr. Clark Abt and a group of government and educational officials brought a humanly contagious bird flu pandemic into Massachusetts for two days in February. BIRDFLUPLEX, a production of Abt Associates in Cambridge and co-sponsored by Cambridge College, is a role-playing exercise that tests the preparedness and readiness of state and local governments for an avian influenza pandemic while exercising, testing and evaluating the continuity of operations and government officials, police, hospital CEO’s, physicians and nurses, university presidents, public school principals, teachers, high school students, media, food stores and hotel chain CEO’s, etc.

Simulation Death Rates Comparable to 1918 Flu Pandemic

In this simulation, fifth week peak death rates reached tens of thousands, comparable to the catastrophic 1918 flu pandemic. In order to simulate how events would unfold, GBPSR Board member Dr. Clark Abt and a group of government and educational officials brought a humanly contagious bird flu pandemic into Massachusetts for two days in February. BIRDFLUPLEX, a production of Abt Associates in Cambridge and co-sponsored by Cambridge College, is a role-playing exercise that tests the preparedness and readiness of state and local governments for an avian influenza pandemic while exercising, testing and evaluating the continuity of operations and government officials, police, hospital CEO’s, physicians and nurses, university presidents, public school principals, teachers, high school students, media, food stores and hotel chain CEO’s, etc.

Simulation Death Rates Comparable to 1918 Flu Pandemic

In this simulation, fifth week peak death rates reached tens of thousands, comparable to the catastrophic 1918 flu pandemic. Public and private enterprises were severely impacted by up to 50% absentee rates, food and medicine supply chains were disrupted, and looting and rioting broke out at food stores and pharmacies as poor people without stocks of food in their homes struggled to survive. Rather spontaneously and within days, community organizations, commercial stores, independent truckers and cab drivers, and student volunteers from the closed universities organized to mobilize and distribute food and medicines to poor, elderly, and disabled people sheltering at home. Still, many suffered and some died from lack of food, medicines and hospital care. Even with pre-pandemic preparation (increased numbers sheltering at homes and workplaces with pre-stocked food and medicines and added hospital treatment surge capacity), thousands more of those lives could have been saved.

Better Planning Can Save Lives

It was estimated that by the end of the two-month pandemic, of the 6 million Massachusetts residents of whom 2 million were infected, 30-40,000 could have died without these heroic local responses, which reduced the total fatalities to 20,000. Had improved preparations been made, some public health planners believe that the number of projected deaths could have been reduced further to under 5,000. In short, the exercise indicated, but did not prove, that as many as 20,000 Massachusetts lives could be saved by even late local community responses. With pre-pandemic preparation (increased numbers sheltering at homes and workplaces with pre-stocked food and medicines and added hospital treatment surge capacity), thousands more of those lives could have been saved.

Most of the participants felt that the exercise was a realistic representation of the chaotic communications and responses of the groups and roles simulated. There was more variation in the response to the question of effectiveness, with some disagreement (in reality and in the simulation) between public health and hospital officials, and school, college, and community players, concerning whether and when to close the schools and universities, and how to resupply communities with food and medicines. There was also considerable dissatisfaction expressed—real, not simulated—by community groups from poor neighborhoods regarding neglect of their needs for information, food, and medical care.

BIRDFLUPLEX Prototype a Replicable Educational and Planning Tool

Evaluative feedback makes it possible to further improve the simulation exercise for further replication in more diverse settings. Interest has been expressed in operating BIRDFLUPLEX in other universities, cities and states in the US, and abroad. The simulation is a prototype for a replicable educational, training, planning and evaluation tool set. It can be used by government agencies, businesses, transportation centers and any other public or private institution. It can also be adapted, with minor modifications, to smallpox and other intentional or natural deadly epidemics.

For more information about BIRDFLUPLEX and organizing a simulation, please contact GBPSR at psrmabo@igc.org or (617) 497-7440 or clarkabt@aol.com.
Siobhan McNally MD is a newly elected GBPSR Board member. She is a pediatrician and the founder of Sprout, a non-profit initiative based in Lenox, MA designed to educate Berkshire County residents about children’s environmental health issues. She lives in Lenox, MA with her husband, Mark Liponis, the Medical Director of Canyon Ranch, and her three children.

How did you become interested in environmental health?

By virtue of where I have lived—Butte, Montana, then Pittsfield, Massachusetts—both known for their Superfund sites. As I cared for families in these communities, I realized, this is really complicated business, and it’s important for health care providers to be involved and to advocate for the health of the community.

Who is your favorite politician and why?

Barack Obama. He inspires and is a consensus builder. We need leadership to bring our country together and move in the right direction.

What was the last trip you took?

To the Galapagos. It’s like a volcanic Garden of Eden. You can walk right up to birds nesting and they won’t fly away. Definitely reaffirmed my sense that there is the potential for harmony between humans and nature.

What is the best piece of advice you have received, and from whom?

Probably from my husband. Change is built in increments. So take a deep breath. Be patient. Always, always keep your sense of humor. I’m still working on the being patient part.

What do you think is the greatest scientific achievement of the past century?

DNA and how darn close we are to paramecia.

What would be your advice to a newly qualified doctor?

Two things. Be humble—there’s a lot we don’t know. Advocate—peace and a sustainable environment are two of the most important determinants of our country’s health. Don’t be afraid to show you care.

What is your greatest hope for the world?

The laying down of arms—small, medium, and nuclear.

Siobhan McNally MD

Siobhan McNally MD is a newly elected GBPSR Board member. She is a pediatrician and the founder of Sprout, a non-profit initiative based in Lenox, MA designed to educate Berkshire County residents about children’s environmental health issues. She lives in Lenox, MA with her husband, Mark Liponis, the Medical Director of Canyon Ranch, and her three children.
Our Fall 2005 Fundraiser


Friends old and new mingled at the private donor gathering hosted by GBPSR and IPPNW before heading to the auditorium for a public event to honor three outstanding individuals for their commitments to peace, justice and the environment.

Dr. John Pastore, National PSR President and GBPSR Board member, served as emcee for the evening. GBPSR Board Vice-Chair Dr. Richard Clapp awarded musician/activist James Taylor, and GBPSR leader David Rush MD, with the first “Corita Kent” awards for their lifetime dedication to PSR causes. Internationally renowned artist Corita was a dear friend of GBPSR’s and created several works of art for us including “We can Create Life Without War,” used in a national billboard campaign.

The event featured eloquent speeches by Dr. Bernard Lown, and Dr. Daniel Ellsberg of Pentagon Papers fame, who received an IPPNW Distinguished Citizen award. Dr. Ellsberg spoke to a captivated audience of the historic events 35 years ago, but also warned of the incredible dangers posed by the current proliferation of nuclear weapons. The presentations, and discussion during the entire evening, reaffirmed the important work that GBPSR and IPPNW do each day to promote peace, security, and environmental stewardship.

Many Thanks to GBPSR’s 2005 Donors and Funders

Dr. Clark Abt and Wendy Abt • Octo Barnett MD and Sarah Barnett • Jerome Bass MD and Leah Bass • Sally Beecher and Harold M. Moren • Helen C. Belcher • Helen C. Bernfield • Boston University School of Public Health • Susan Bridge • Robert D. Busiek MD • Richard W. Clapp, DSc and Dr. Paula Georges • Eric Chivian MD • Russell A. Cohen • David L. Conant MD and Rebecca E. Conant MD • Sherrill (Ted) Conna MD and Mary Lou Conna • Rev. Leo J. Daily • Stephen and Charlotte Diamond • Jefferson H. Dickey MD • Dr. and Mrs. William H. Eger • Olga Emmel • Environmental Protection Agency • Paul Epstein MD and Adrienne Epstein • Masha J. Etkin MD • G. Blakemore and F. Elizabeth Evans • Nathan Fairman MD and Katherine Eliot • Wallace and Nanmette Feurzeig • Sylvia Fine MD • Maurice J. Fitzgerald, DMD • Martin H. Flax MD and Ann Flax • Rebecca Folkerth MD • Arthur J. Gareau MD • Elizabeth Gerlach • David Golon • Rachel Goodwin • Priscilla B. Grace • Allen Graubard • Irene Greif and Albert Meyer • Barbara and Charles Gulino • Richard M. and Angelica S. Hanner • Henry S. Harvey MD and Marjorie D. Harvey • Harley A. Haynes MD • Heinz Family Foundation • J. Steve Heisel MD • Ira Helfand MD • Karin J. Hemmingsen MD • Francis C. Hersey MD and Shirley S. Hersey • Philip B. and Ann R. Heymann • A. Sherman Hill • Ann G. Hill • Mark R. Hilty and Maryanne Norris • Philip A. and Holiday S. Houch • William and Virginia Hutchison • Eliot S. Jacobson • Eleanor S. Jaffe • Christopher Jencks • Andrew Kanter MD • Lawrence and Lucille Kaplan • Ellen U. Keniston • Dieter Koch-Weser MD • Patricia R. Knochlin • Harris and Laura Lappen • John H. Lavelly MD and Josephine Lavelly • Alexander Leaf MD • Jennifer Leaning MD • Bernard Lown MD and Louise Lown • Joan Lukas and Mr. Seamus Kearney • Rosslin A. Lyell • Lorraine Lyman • Lynn Martin • Massachusetts Environmental Trust • Morris K. McClintock • Phyllis E. McLaughlin • Siobhan McNally MD • The John Merck Fund • John Merrifield MD • Richard Moskowitz MD • John F. Mueller MD • New Hampshire/Vermont PSR Chapters • Mary Niles • The Orchard Foundation • John G. Paley MD in memory of Dr. Jerome D. Frank • John Pastore MD • Robert Petersen MD • Elliot Pittel MD • Patricia Potter MD • Adele Pressman MD • L. William and Lois Q. Racz • V.K. Rasmussen Foundation • Virginia W. Robinson and William C. Robinson • Gayle Roby • Richard Rohrer MD and Jill Stein MD • Judy F. Rosenberg, PhD • David Rush MD and Kitty Rush • Frank E. A. and Emily Sanders • Theodore Schettler MD • Christina Sebestyen MD • Philip B. and Alice Shabecoff • Helen Snively • Frank Speizer MD • Wendy Stanford • Bruce Steiner • Anne St. Goar • Leo Stolbach • Lance and Jill Stover • Phillip G. Stubbsfield MD and Linda A. Stubbsfield • Cynthia H. Sunderland • Bruce Sylvester • Cornelia Van Der Ziel • John V. Walsh MD • Alan A. Wartenberg MD and Carol A. Wartenberg • Lynne Weiss and Bob Irwin • Gordon Winchell MD • Nancy Wrenn

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All donations are fully tax deductible.

Please fill in and return this form to Greater Boston PSR, 727 Massachusetts Avenue, 2nd floor, Cambridge, MA 02139.

If you have any questions, contact us at 617-497-7440, psrmabo@igc.org, or http://www.igc.org/psr.

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GET INVOLVED WITH GBPSR

If ever there was a time for persons of conscience to step up, this next few years is certainly it. GBPSR has a range of activities that members and friends can join in.

We need your active participation as we address the critical issues of the day. Opportunities include:

✓ Lend your expertise as an advisor on program activities in environment and health, such as the Pediatric Environmental Health Toolkit;
✓ Engage in advocacy to advance the agenda for SMART Security and other peace and security initiatives, by helping us prepare media campaigns, participating in briefing sessions and editorial board meetings, writing op-eds, letters to the editor, and policy briefs;
✓ Join our speakers bureau to help us schedule and provide community presentations, medical grand rounds, etc. on environment and health, and peace and security issues;
✓ Mentor and help medical students become involved in PSR;
✓ Join in advocacy activities and work with other groups to bring about universal health care coverage;
✓ Work with GBPSR and allies to extend democracy in our political structures;
✓ Help us organize fundraising events;
✓ Get involved with the GBPSR Steering Committee;
✓ Or suggest other activities to help advance the PSR mission!

Your financial support is equally important—please donate locally to GBPSR to directly support our program work. We do not receive contributions made to PSR National.

Please contact us for more information. Get involved with us in ways that you never have before. Our children and the next generations’ health depend on it!

Donations can be made on-line to support GBPSR’s work, through Wainwright Bank & Trust Company’s on-line “Community Room.” CommunityRoom.net is a virtual community of nonprofit clients of the Bank. The site was developed to provide support for a wide variety of nonprofit organizations working for social justice. Just go to www.CommunityRoom.net, search for GBPSR, and make your donation today! Donations made via credit or debit card are deposited directly into GBPSR’s bank account at Wainwright Bank. Donors have the ability to track donations and print out reports. Give today! GBPSR must fund all our own projects.

Newsletter design: Studio N

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Don't forget to visit
GBPSR’s Web site at www.igc.org/psr

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We are here to reflect on significant achievements, so as to impart both purpose and energy for the daunting challenge still ahead. At the time when IPPNW was founded, the world was teetering on the brink of nuclear catastrophe. Nuclear weapons, as though having a life of their own, were increasingly untethered from human control. Each adversary was demonizing the other on the pervasive policy of nuclear deterrence...Yet intellectual discourse was stifled and undermined. Five words ended all discussion: “You can’t trust the Russians.”

In such dark times IPPNW entered the world stage at a gallop. Looking back, it is remarkable that a movement founded in a living room in Newton, Massachusetts surged globally and contributed mightily to reversing the head-long rush to disaster...We did the unthinkable by promoting a major debate by the leading military figures of both the Soviet Union and NATO. Later that year three Americans, among whom was John Pastore and Jim Muller, and three Russians, had a debate and discussion on Soviet television which was listened to or watched by 100 million people over 11 time zones. It changed the whole parameter of the nuclear discussion.

Unrelentingly we hammered away at the urgency of stopping nuclear testing and, as an indispensable first step to nuclear abolition, we mobilized thousands of physicians in five continents to rouse a public paralyzed by fear into inaction...we proposed a new strategy of unilateral, reciprocating initiatives to bypass all those authorities who were engaged in so-called negotiations. The first step was cessation of nuclear testing. President Gorbachev --...who is one of the real heroes of the 20th century -- adopted our policy and engaged in a number of disarmament initiatives, including stopping nuclear testing for two years.

Yet the reality is the nuclear genie has not been contained. Proliferation continues as the order of the day.

If we are to be worthy in our quest for world peace, we must examine the broad contours of history, rather than become enmeshed in artificially hyped headlines of the day...Genocidal weapons have been justified as deterrence against the very weapons arsenaled by an unscrupulous foe. But the Soviet Union has crumbled...Why then is the United States holding on to and even modernizing these weapons?...Why then is it not in the forefront of strengthening the non-proliferation treaty? I am persuaded that nuclear policies stem from growing American militarism and the increasing role of the Pentagon in shaping U.S. foreign policy... Why then the militarism and the nuclearism? My answer...is that the North-South divide is the basic dynamic for it...and will continue to be the most critical issue of the 21st century ...This is the reality we don’t want to think about because that is the comfort of our life. And, if we persist, we will bequeath a nuclear world to our children.

I have painted a very bleak and hopeless future. But there is another aspect to the global dialectic which is far more positive and optimistic.

I am persuaded that never before have there been such emerging possibilities for dramatic change. The optimism derives from a deep global transformation, which augurs the unleashing of enormous social forces waiting in the wings... People are increasingly literate. They are increasingly connected through the Internet and engaging in deep dialogue...Another fact ...is the growing global understanding that the United States cannot and should not be a self-anointed, global policeman. Perhaps the most important factor, and the basis for my optimism, is that for the first time in history, industrialized outsourcing, which is impoverishing the middle class and the working people in a race to the bottom, compels new solidarities that were undreamt of...And this is beginning to penetrate the consciousness of people and their organizations.

Lastly, it needs to be emphasized that the days when IPPNW began were much darker, even than the present era....Our fundamental thesis is that for ordinary people to have healthcare and fulfillment, institutionalized mass murder by nation states – by whatever weapons – must be abandoned and outlawed...

The great Catholic Bishop from Recife, Brazil, Dom. Hélder Câmara, said, “When we dream alone, it is only a dream. When we dream together, it is the beginning of reality.” By working together for peace, we exalt life. So, let us dream, plan and struggle to begin a new reality, a world order finally suited for human beings.

Please see our web site at www.igc.org/psr for the full text of the speech
Summary of the Health Care Constitutional Amendment in Massachusetts

There are over 600,000 Massachusetts residents living without health care. The majority of these residents are employed or are members of working families.

On July 14, 2004 the Massachusetts General Court took an historic step, bringing every Massachusetts resident closer to affordable health care coverage—House and Senate members overwhelmingly approved the citizen-led initiative for a Health Care Constitutional Amendment. This Amendment is designed to ensure that every Massachusetts resident has access to affordable, comprehensive and equitably financed coverage for medically necessary health and mental health care services. The proposed Amendment requires the Commonwealth to enact laws to accomplish this goal. The Amendment does not, however, dictate any particular solution. It is instead designed as a political and legal foundation for legislative proposals. Massachusetts is the first state legislature to approve such an initiative.

GBPSR counts among its membership hundreds of members of the Massachusetts health care community. Many have worked for years in support of affordable and accessible health care initiatives and plans. Many have been involved in supporting health care proposals through Physicians for a National Health Plan and other organizations.

GBPSR has endorsed the Massachusetts Health Care Constitutional Amendment.

**Status of the Health Care Constitutional Amendment**

This amendment has already made great progress but there is still more to be done. In the fall of 2003, 71,385 signatures were collected requesting that this initiative be put before the Legislature for its consideration. The 2003-04 Constitutional Convention voted 153-41 to refer the Amendment to the next Constitutional Convention. An approval of 50 out of 200 legislators is needed at the May 10th Constitutional Convention in order for this Amendment to make it onto the November 7, 2006 ballot.

Members of the health community have a particularly important voice in this debate. Please consider participating in this process and making your voice heard.

One way to participate is to directly contact your state senator and voice your opinion on the Health Care Amendment and the opportunity for it to be brought up for a vote at the Constitutional Convention.

For more information on the Health Care Amendment, including background and supporters, and information on taking action including contacting your senator, please visit [http://www.healthcareformass.org/](http://www.healthcareformass.org/)