



SCHEPP CONNECTIONS

ON THE COVER

Wall Graffiti—Valparaíso, Chile

Photo: Cheryl-Lyn Bentley

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THE NUMBERS SPEAK FOR THEMSELVES

With our 85th anniversary fast approaching, we decided to take stock of our accomplishments to date – and came up with some impressive findings. Since the Foundation's inception in 1925, Leopold Schepp's initial \$2,000,000 endowment has, thanks to wise and careful nurturing, enabled us to give away more than \$30,000,000. That amounts to over 22,000 scholarships awarded to students representing both genders and a mosaic of races. They express themselves in a babble of languages and trace their roots back to 6 of the 7 continents (no applicants from Antarctica so far, but we're open to the idea). Their careers are as diverse as they are, ranging from architecture to zoology, and their experiences include working with camel cart drivers in India to develop business strategies, living underwater while studying the effects of pollution on squid populations, piloting planes that drop food to refugees, organic farming, designing playgrounds, teaching children about nutrition while dressed as a clown, and investigating crime for the FBI. Finally, as the moving stories in this issue of Schepp Connections once again demonstrate, they have fanned out to countless countries across the world, giving generously and courageously of themselves so that others can live better, safer, healthier lives.

We are extraordinarily proud of what our dedicated men and women have achieved and are grateful to have played a role in helping them make such meaningful contributions.



Laurie with a town chief in Liberia

COMING HOME: A SCHEPP SCHOLAR'S JOURNEY BACK TO AFRICA

By Laurie Reyman, Program Officer, Carter Center

The journey that brought me to Liberia began when I was young, nine years old to be exact. My parents promised me a cat if I would be willing to move to Africa, and a cat was the thing that I wanted most in the world. Of course I was willing to go to Africa if I could have a cat. Shortly after that, my family and I packed up our house in Oregon and moved to Zimbabwe, where I would live for the next ten years (with several feline companions) while my parents established and managed a children's home for AIDS orphans and street children. By the time I returned to the States to attend university at the age of nineteen, I was more Zimbabwean than American. I had also grown to understand the value of living a service-oriented life and knew that I wanted to enter a helping profession, although exactly what that would look like was unclear. I knew within six months of returning to a country that was now completely foreign to me that I had left my heart in Africa. I began to focus on finding a way to one day return to live and work on my beloved continent.

Thus I graduated from Portland State University with a degree in International Studies, with a focus on Africa. During that time, I also studied at the University of Cape Town in South Africa for one semester. My desire to get back to Africa increased with every trip I made back "home." My commitment to serving others also became stronger throughout that period of my life through experiences with various volunteer jobs. Upon graduating, my undergraduate student loans (acquired even though I worked while in school) prevented me from accepting volunteer jobs related to Africa, so I moved to New York City hoping to find a job with an international development organization that would eventually get me to Africa. Unfortunately, I soon realized that having only an undergraduate degree was a hindrance on my career path. After a year in New York City, I made the decision to pursue a Master's degree. This decision landed me in Athens, Georgia, at the University of Georgia School of Social Work.

It was at the University of Georgia that I finally made the headway necessary to land

a job in Africa. During my second year, I interned at the Carter Center headquarters in Atlanta. The Carter Center is a non-profit organization that was started in 1982 by former U.S. president Jimmy Carter and his wife Rosalynn. It is committed to advancing human rights and alleviating unnecessary human suffering and has worked in more than 70 countries. While there, I found my way into the Liberia Access to Justice Program located within the Conflict Resolution Department. This was my first real exposure to Liberia as well as to West Africa and I immediately became hooked.

Liberia's complicated history led to a fourteen year civil war which completely devastated the country. In the early 1800s, the American Colonization Society decided to ship freed American slaves back to Africa. They focused their resettlement efforts on a coastal area in what is now known as Liberia. After forcing a treaty upon the resistant indigenous people, the first settlement of Black Americans arrived in 1822. In the years that followed, the Americo-Liberians, as they came to be known, in essence colonized the indigenous people of the area. In 1847 the three settlements merged and declared themselves an independent republic, while at the same time excluding indigenous people from citizenship. Over the next one hundred years, the Americo-Liberians built up their economic and political strength while repressing the indigenous population and forcing them into slave labor. Unrest intensified and eventually led to a violent and bloody coup d'état in 1980. This was followed by another coup in 1989 that was followed by an extremely bloody and brutal civil war that lasted for fourteen years and involved over five different rebel groups. During the conflict, millions of people were killed and displaced, towns were destroyed and what little infrastructure had existed was completely devastated. After several failed peace agreements, the conflict was finally ended by the Accra Comprehensive Peace Agreement of 2003. Rebel leader and then President Charles Taylor went into exile and a transitional government was set up. In 2005, Ellen Johnson Sirleaf was elected President (becoming the first female elected head of state in Africa) and began the job of reconstructing her devastated country.

At the invitation of the government, the Carter Center began implementation of a comprehensive access to justice program that began in 2007. The program works at the highest levels in the Ministry of Justice while simultaneously reaching remote villages.

Carter Center staff work with the Minister of Justice to strengthen the administration of justice, while Liberian “civil society” organizations provide civil education and legal assistance to underserved areas, and the Ministry of Internal Affairs strengthens the dispute resolution capacity of traditional chiefs and leaders.

Through my internship at the Carter Center, I visited Liberia in March, 2009 where I helped to organize a transnational dialogue on women’s rights and gender violence in post-conflict societies. While there, I learned of an available Carter Center Program Officer position located in the small coastal town of Harper at the very southern tip of Liberia. The position was pretty much my dream job. It involved managing the Carter Center office and overseeing the various rule of law programs that were being implemented in the five southeastern counties of the country. I applied and by graduation was accepted for the position.

Since my arrival in Harper in July, my experience in Liberia has been rich and fulfilling. Although there are vast differences between Liberia and Zimbabwe, there are similarities that make me feel in many ways that I’ve returned home. In my job, I work closely with our partner civil society organizations and with the local communities in the southeast. The justice system in Liberia, like everything else during the war, was broken. Many Liberians do not know the laws of their country, how to navigate the court system, what their rights are or how they can gain access to justice. The Carter Center goes into hundreds of rural and remote communities throughout the country and educates Liberians about the rule of law. They often thank us. Recently, a woman told me: “Before you came we didn’t know these things– but now we do and our homes and communities are improving.”

I am working at the grassroots level where I can see the faces and hear the voices of average Liberians who are struggling to put their homes, their communities and their country back together. This is where I heard from a woman who was denied a share in her father’s property by her brother, but after being educated about the inheritance law, he gave her the rightful share. I heard from a town chief who said that, after being educated about domestic violence and rape, those acts are decreasing in his town. I heard from a man who learned that his bond fee was refundable at the end of his time

in court. He went to the magistrate to request his money and it was returned to him. I heard from a small community that is in a land dispute with an international rubber corporation. They now have someone at their side helping them navigate the dispute and keeping them informed of their rights throughout the process. These changes may be minimal when compared with the enormous need of all Liberians, but to these individuals and these communities, they make all the difference in the world. The basic education the Carter Center provides to Liberians results in positive changes in their homes and communities. Leopold Schepp appreciated the value of education when he established his foundation in 1925. What he knew then remains true today – education empowers people to improve their lives.

This is the work that I am privileged to be involved in. I am not certain of the exact path my career will take but I am confident it will continue to be challenging and fulfilling and I look forward to the adventures that it will bring. My journey that began with a promise of a cat has brought me to places I never imagined I would be - and I am sure will continue to do so. And yes, I do have a cat here in Harper. His name is Arthur.



Arthur in Liberia



Laurie crossing a swamp in Liberia travelling to a village that is not accessible by road



Shaila in India while working on a project promoting the use of smokeless cooking stoves

THE IMPORTANCE OF VICTORIES: RETURNING TO INDIA TO ASSESS A DEVELOPMENT PROJECT TWO YEARS LATER

By Shaila Parikh, Project Leader, Dalberg – Global Development Advisors

Development work is not easy. Of course, few people get into the development sector because they want something easy. It attracts those who want to feed their soul, but sometimes we jump into it without realizing just how long and hard the road to success can be. This past August when I returned to India to the site of my volunteer project after two years, I saw for myself that fulfillment in development work sometimes means looking for the small victories.

Two years ago, I quit my finance job in New York to spend a year volunteering in the slums of India. Overnight I went from the city of lights, glamour and Broadway to slums with spotty electricity and minimal running water. I went from a city that judges you by the size of your bank account and who you know to families that feed their guests first, even if they don't know where their next meal is coming from.

In 2006, I spent a year in India working in Behrahmpura, Ahmedabad, an urban slum affectionately called Utta Vaali Chaali, or the Camel Gully. Named for the street's most prominent residents, nearly 15 camels and their carts and owners line the small, short street.

As is common working in development, my original project description morphed into something completely unexpected. Halfway into the project, I abandoned my original concept to establish a micro social enterprise that would promote the use of smokeless cooking stoves in the community.

Indoor air pollution is a serious problem in developing countries. Millions of people in India die from diseases and complications related to indoor air pollution—a major source of which is the open-air cooking stove called the chulha. The urban version of the chulha is a small, metal, open-air stove which burns wood. Though used for hundreds of years in one form or another, in an urban environment it is particularly

hazardous. Typically used by poor families unable to afford gas stoves, the poisonous smoke is trapped inside the home and blackens the lungs of women and children. Over time, this leads to cancer, tuberculosis and emphysema.

My work in 2007 was an attempt to bring an existing technology to a specific community by employing women entrepreneurs to build and market smokeless cooking stoves. Though nearly 10x the price of the tin, open-air chulha, the permanent cement structure of the smokeless cooking stove was more efficient, healthier and cheaper in the long run.

After nearly six months of working 15-hour days in temperatures that often topped 115 degrees, I set up seven stoves, which generated tremendous interest and I succeeded in training a woman to run the program as a for-profit enterprise. It was risky to leave the project at this critical time in its development, but I was hopeful as I returned to New York to begin my Master's Program.

Two years later, I returned to the community to see the progress of the project. Unfortunately, it had not progressed as I had hoped. Of the seven chulhas built, only three were still in use: one had been destroyed during the renovation of a house, and three were either broken or damaged beyond repair. And the woman who had been trained to keep the program running was unable to manage the job due to family issues.

Even though my project didn't turn into the thriving business that I'd envisioned producing hundreds of stoves, there were a number of small victories along the way. I remember the children who were motivated to change their communities and the women who felt empowered for the first time in their lives. I remember the enthusiasm and smiles of the women when they cooked on a stove that didn't spew smoke in their faces. I remember learning that nothing was impossible even though many told me it would never work.

Of course, we always reach for the large scale developmental successes. But on the road to the end goal, which sometimes twists and turns, we should count the little victories along the way.



IS “GREEN” ALL IT’S CRACKED UP TO BE? A CLOSER LOOK AT GREEN POWER AND ENERGY EFFICIENCY

By Gordon L. Weil, Columnist and Energy Consultant

The energy crisis of 1973 hit just as I became a commentator on WNET, the public television station in New York City. Cars were lined up at gas pumps, because of a shortage of Middle East oil. For the first time, like so many other people, I was confronted with the fact that energy, whose cost had been low and whose supply had been taken for granted, would now be a major challenge to our country. As soon as I started at WNET, I found myself providing this painful news to unhappy viewers.

A few years later, I had become head of the Maine state energy agency. I developed a state policy that focused on three groups of resources. In the first group were current resources on which we were dependent but which we would like to phase out – above all dependence on foreign oil. The second group included transitional resources like natural gas and nuclear power to be used while we moved toward greater reliance on resources in the third group. The third group was renewable resources such as water, wind and solar power, which we needed to promote. Increasing energy efficiency was to be a part of all three groups.

A couple of crises later, we find that our dependence on foreign oil has increased, though natural gas, with its contribution to better air quality, has developed well. Otherwise, we have made little progress.

Now everybody seems to be agog about green power. It will reduce dependence on polluting electric power, create thousands of new jobs and even make us independent of foreign oil and natural gas. At least, that's what we are promised. Green power is a good idea, but it is oversold. Let's look at some of the myths about green power:

Myth 1. Green power is such a good idea that it is beyond controversy.

There has never been an energy resource without opponents. Nuclear power scares people. Hydro power prevents fish passage. Wind power kills birds, is unsightly and makes noise. Tidal power interferes with commercial fishing. Oil-fired power makes us too dependent on imports. Natural gas needs some liquefied imports, but the terminals are too large, and the tankers could be blown up. Solar power uses vast quantities of valuable water for cooling.

That's what opponents say. It makes you wonder what source is acceptable to people who want the lights to go on, computers to work and industry to provide jobs. Green power will happen, but not without a fight.

Myth 2. Green power will reduce the cost of electricity, because it is renewable and local. Actually, green power will raise the cost of electricity. New transmission lines need to be built to allow wind and tidal power to get to the grid. Developers want to roll the transmission costs into everybody's electric rates. Otherwise, the consumers of green power will have to pay.

Given the variations in wind and tidal power, they require conventional and more reliable backup power, and that will add to the cost. To supply even the smallest part of the market, green power developers receive the same rate paid for the most expensive resource used. Even if they have no fuel cost, they will be paid as if they were using natural gas.

So every time Congress requires more green power, it is also raising electric rates.

Myth 3. Green power will be a boon to the economy.

About a half dozen places in the United States have been told they are “the Saudi Arabia of wind.” The Saudi princes got rich from oil, so we ought to get rich from wind, right? Of course, the princes own the oil, and we don’t own the wind.

Federal taxpayer-financed green power projects will create jobs. The timing is good as a way to combat the recession. But the impact will only be relatively short-term. Without subsidies, future green power will be less attractive. And only a handful of people are needed to operate green power facilities after they are built.

Myth 4. Green power will transform our energy supply mix.

No credible observer believes that wind, solar and tidal power together will amount to even 10 percent of our total energy supply. There is simply not enough wind or other resource opportunities. Meanwhile, hydro power, the classic American green resource, is in decline as dams are being torn down to increase fish passage. New hydro power seems to be out of the question.

Probably the only non-fossil fuel energy resource that could cover a substantial part of our needs is nuclear power, which has a limited future, because of a national failure to agree on how to dispose of radioactive waste. Interestingly, spent fuel is now being stored on-site where it is produced without facing much opposition. But there is little interest in accepting that approach for the long run.

Does all of this mean that green power is not worth the effort?

On the contrary, green power can help us deal with the pressing problem of global warming by reducing emissions. It can reduce our dependence on and support for regimes that are not friendly to our interests. These are worthwhile public objectives, though we must recognize that we will pay more as green power is increasingly used and that it is no silver bullet.

We should not overlook a much less dramatic approach to making the country more energy independent and reducing emissions. That approach involves the more efficient use of energy—and can have a major impact. When we use less or can match our energy use to times when electricity supplies are readily available, we can avoid building new power plants and power lines. People don't want to wash clothes at 3 a.m. Fortunately, we won't have to go to such extremes, thanks to the “smart grid.” The smart grid is the remote control of power usage so that it has almost no discernable negative effect on human activities. It is still in its early stages, but seems to be getting strong federal support. Another example of energy efficiency is thermal storage. Special bricks are heated with low cost electricity at night, stored and later used to heat buildings.

Energy efficiency measures can deliver everything that green power offers with less transmission cost. They leave more green in our pockets. Legislators and regulators now need to focus as much on promoting and funding less glamorous energy efficiency as they do on green power and new transmission lines.

LEOPOLD SCHEPP FOUNDATION AWARDS SUMMARY
1925–MAY, 2010

Award Type	# of Awards	Amount Awarded
Endeavors (1925 – 1932)		
High School	3,922	\$ 784,400
College/University	18,427	\$ 27,693,715
Research/Post Doctoral	151	\$ 1,636,815
	22,500	\$ 30,114,930



Cheryl-Lyn in Chile participating in a Yale Law School summer program

A DAY IN COURT

By Cheryl-Lyn Bentley, Yale Law School

“Just remember, if we don’t win, Naima and her three children will be evicted.” I was intimidated by the warning my supervising attorney left me after preparing me for oral arguments to take place the following day. During the summer, I had spent some time observing the attorneys from Bedford-Stuyvesant Community Legal Services zealously argue in court, but it seemed unreal that I now had the opportunity to appear on behalf of a real client.

Upon entering the waiting area of the landlord-tenant court, I was relieved to see my supervising attorney sitting with a woman by her side. She introduced us. Although I had gotten to know so much about Naima and the legal predicament she and her family confronted, this was the first time that I had met her in person. It was nice to finally put a face to her name. She looked much younger than I thought, mid- to late-twenties. Despite the possibility of eviction, she wore a big smile and was quick to laugh. I thought about how worried she must feel, but how strong and composed she appeared. I wondered if she would have preferred an experienced lawyer to argue her case; after all, this was a real case with serious consequences. Instead, Naima chatted with me and expressed appreciation for my assistance.

I found the time spent in the waiting area to be unbearable. There were people everywhere: sitting on benches, on chairs, on the floors, huddled around in clusters, leaning on walls, retreating to the most private corner they could find. Clients wandered about, nervously looking for their attorneys. Children ran around their parents in circles trying their best to stay entertained. Attorneys hastily walked back and forth searching for opposing counsel, often calling out to counsel and clients. I heard the hushed voices of lawyers reviewing their cases with their clients, trying to calm restless clients, and consulting with opposing counsel before having to appear in court. The chaotic environment added to my anxieties and the wait allowed me too much time to contemplate the potential outcomes of this case.

Finally, our case was called. Naima’s eyes brightened. She flashed me a big smile and

wished me good luck. My supervising attorney rattled off the most important points that I needed to raise to the judge. I stood in front of the judge, introduced myself, and began to explain what brought us to court.

Naima had been renting an apartment in a rent stabilized home. The landlord was required to file an annual registration for Naima's apartment containing the current rent for her housing accommodations. This documentation of the current rent helps to protect tenants from landlords who attempt to charge them more than the legal rent, thereby speedily moving the apartment out of the ambit of the Rent Stabilization Code. This was precisely the case with Naima. Her landlord had been increasing her rent each year, sometimes more than the legal, maximum rate, while failing to register the rent for over three years. Consequently, he was barred from collecting any rent arrears above the registered amount. What's worse, he had been charging Naima much more than was legally authorized.

Before coming to Legal Services for assistance, Naima had received a summons claiming that she owed her landlord rent. Appearing in court unrepresented and unaware of her rights as a tenant of a rent stabilized apartment, Naima improvidently agreed to sign a stipulation stating that she owed her landlord over six thousand dollars in back rent and would repay the full balance within a month. An indigent client, she certainly didn't have access to six thousand dollars. She acknowledged that she was afraid and unfamiliar with the court system when she first went to court.

As I continued to advocate for my client, my fears of arguing in court slowly began to melt away. I was surprised that the exchange between the judge and me took the form of a conversation. I was grateful to my supervising attorney for mooting me the previous day and found that observing other attorneys in court had helped to demystify the process. We won our motions to vacate the stipulation and allow Naima to amend her response to the charges brought against her. That meant that the stipulation where Naima agreed to pay her landlord over six thousand dollars in rent arrears was invalid and with the assistance of attorneys at Legal Services, she could contest the landlord's claims that she owed any rent at all. Most importantly, she and her family would not be evicted from their home. When Naima heard the judge's ruling, she hugged me

and for the first time, mentioned the eviction that she faced. She was relieved that she and her three children would be able to stay in their apartment and admitted that she didn't know what she would have done if the judge had ruled otherwise.

Often in law school, it is so easy to become entrenched in the theory of the law. Naima's case provided me with an opportunity to apply the skills that I learned in my first year at Yale. Ignorance of the law, coupled with the complexities and arcane nature of the legal system, often prevents people from effectively representing their interests. Although there are laws in place to protect people's rights, such as the Rent Stabilization Law, sometimes, even judges overlook the language of the law as it applies in each case. In this instance, I was able to use my knowledge of the law to advocate for my client, which made a huge difference in her life.

I relished my summer experience, but I know that Naima's problems are not all solved and more needs to be done to empower people like her. There are countless individuals who are unable to access adequate legal services and who continue to be taken advantage of or excluded from the justice system. As I make my way through law school, I will continue to gain knowledge and skills that will help me be an effective advocate for people like Naima. The challenges ahead are daunting and scary, just as my first oral arguments were, but I am ready to keep working and fighting to use my legal education compassionately and effectively.



AN INCREDIBLE EXPERIENCE AND AN ENDURING MEMORIAL

by SuzanneClair Guard, Executive Director

It all started when we made the decision to honor two extraordinary members of our family, whom we had just lost, by building and dedicating a school to them: Bud Guard, my father, who had recently died at the age of 89, and Don Badenoch, my sister's husband who died very unexpectedly of a heart attack the day after Christmas.

To realize our goal, we worked with an organization called BuildOn where my nephew Skyler Badenoch works as Manager of International Programs. After two years of fund raising, we had enough money collected to cover the cost of all the materials needed to build one school. We chose to build the school in Nicaragua (the second poorest country in the Western Hemisphere) in the mountains near the Honduran border.

Our 'trek team' consisted of 12 family members and cherished friends whose task would be to break ground on the site, dig the foundation, mix cement, make 1,700 bricks using only one mold, twist rebar, paint beams, and haul boulders the size of a large cow out of the ground and off the site with ropes and muscle as our only tools.

As you imagine, the challenges were considerable: Eating rice and beans for breakfast, lunch and dinner... actually, it was delicious, especially when topped with ripe avocados and hot sauce; acclimating to the heat and humidity of August while in a six foot deep hole digging the school's foundation; acclimating to the freezing cold that swept in at night from the mountains -- especially hard after the sweltering heat of the days; restraining ourselves from killing the 10 year old rooster that suffered from dementia and began crowing every morning at 4 am instead of a more reasonable 5 am; communicating with our host families via our collective talent with charades and some very broken Spanish; learning the methods and procedures of the 'bucket bath.'

The rewards, however, were endless. We were housed with six different families and were honored to be treated like family members. Though they had few possessions, they willingly shared everything, teaching us new meanings of generosity and grace.





All of the children, workers, and trekkers on site in Nicaragua

Despite living in homes with dirt floors, no electricity, plumbing, or running water, they were rich with a strong belief in family, God and education.

Among all my special memories, a few stand out in particular:

- Dancing with the entire village late into the night to the music of a drum brought by David, a dear friend of my father and my brother-in-law
- Waking up to the sound of a broom (actually that dreadful rooster came first) sweeping a dirt floor, the smell of tortillas cooking and coffee boiling and a family getting ready for another day of hard work in the fields
- Going to the field to milk the cow for my coffee!
- Hearing the laughter that invariably came with the morning sun. Smiles were always abundant even though poverty was evident everywhere.
- The children, who held our hands, sat on our laps, leaned against us, thought we were funny, taught us their games, followed us everywhere, and broke our hearts with their beautiful gazes of wonder and curiosity. They welcomed us with traditional songs and dances and showed us their writing and reading skills.
- The women of the village, who were first on the work site and last to go home. The men left the fields and did the lion's share of the lifting.

Lessons learned:

- Here is where I really understood the conveniences of my life in New York. I walk into Starbucks and a minute later walk out with a Grandé. To enjoy a cup of coffee at home in Nicaragua, you have to gather the beans, pound them with a pestle to crack the shells, throw the result in the air to separate the beans from the shells, roast the beans in a frying pan, pulverize them with a pestle, go outside and fill a bucket of water at the cistern, boil the water on the wood stove, then pour it over the beans. But that's not all. Next you have to catch the cow, milk her, and heat the milk. Whew. By the time you've had your morning coffee, you are ready to go back to bed.
- I suspect the villagers found us peculiar with our bottled water, sun screen, insect repellent, zip-up sleeping sheets to keep out the bed bugs, bags of clothing, gloves,

cameras, hats, mosquito nets, etc. Somehow these things were unnecessary in their lives.

- Despite their focus on growing their food, the villagers found the time to plant flowers everywhere.

All in all, it was a life-altering 10 days. As my husband, Tuck, said in a short statement to the entire village on the morning we left: “You have often mentioned during our visit that you wished you had something to give to us....you have....the knowledge that in many ways you have far more than we do.”



Finished school in Nicaragua



Paul with his host family in Nepal

A LIFE-CHANGING EXPERIENCE IN NEPAL

By Paul Myoung, Intern, U.S. Senator Patty Murray

There is a saying that I have grown to love: “What is truer than truth? Answer: the story.” I feel the best way to convey my underlying truth is through a story of personal awakening and transformation that ultimately solidified my determination to shift from seeking a physician’s career in “treating and diagnosing,” to a life of “leading and serving” by working to improve healthcare access and delivery. My journey in healthcare began as an undergrad at NYU doing extensive research in Alzheimer’s disease and then progressed to further research in HIV at Mount Sinai Hospital. At first, I thought the only way to experience the fulfillment of genuine contribution was by becoming a medical doctor. However, the pivotal moment that would change this ultimate dream came after a journey through the mountains of Nepal.

In June 2008, I served for six weeks as a medical volunteer at Kanti Children’s Hospital, Nepal’s only hospital for children. My inspiration to serve came after reading about the prevalence of blindness caused by malnutrition and lack of vitamin A. And by reason of this simple curiosity, I found myself at the doorstep of a people whose *sui generis* helped test my resolve and faith in medicine.

Like the first days of school or the love of early youth, my initial days in Nepal were charming yet fleeting. I ate the curried Nepalese staple, dal bhat, and in the mornings, I took cold showers completely exposed on the rooftop like every other Nepali man getting ready for work. I stayed with a Nepalese family of six with a single toilet. The grandmother always woke at 5am to ring her prayer bells outside my door, start the kitchen fire, and spend an eternity on the toilet. She lovingly rubbed my cheeks with her open palms, and occasionally slapped them as if to test for their ripeness. The family thought I was fabulously rich, yet in many ways they were richer than I would ever be.

Then came my first day at the children’s hospital, and the realization that nothing could have prepared me for what I would see or who I would become in this raw and intense setting. I made rounds with Kanti’s only pediatric oncologist, who, after medical school

in the States, had kept his promise of returning home to help the children of Nepal. As we walked toward the street for tea, he pointed out the true illness of this Himalayan nation: delirious teenagers sniffing rags dipped in shoe-glue, barefoot children chasing rhesus monkeys with sticks, and the deflated breasts of malnourished mothers as they nursed their babies on the hallway floors. Disease was waiting, but what could he do? What could he offer? What did he offer? His honesty was simple, his cause worthy, yet his task Sisyphean.

One morning I saw a happy little girl inquisitively standing next to the sandal rack. Shama would run around the beds with joy, her shoes squeaking with each bounce in her step. She did not look like a cancer patient, but after unwrapping her head-garb, close inspection revealed a rhabdomyosarcoma engulfing her entire left cheek. Keeping a smile at that time is still one of the most difficult things I have done. The pressure from the tumor caused entrapment of the ocular muscle and immobilized her left eye. I understood the confusion she felt and the fear that her parents suffered on her behalf. As a skilled physician, the oncologist knew how to treat Shama's disease; he had seen many worse cases. The requirements were surprisingly simple: regular hospital visits, compliance with treatment recommendations, the parents' ability to effectively communicate problems and concerns, money for medication, access to housing, and trust in a complex regimen of foreign design. Simple – yet very hard to achieve under the circumstance. Still, there was Shama, running down the hall in a victorious sprint after stealing my watch. My heart was instantly lost to this innocent child.

Shama had been bouncing from clinic to clinic—due to her parents' inability to pay for treatment and housing—and eventually landed in the hands of Kanti surgeons. I audited her surgery and couldn't believe it when the procedure was halted after the attending discovered the tumor had metastasized to her brain, as the radiology report showed none of this. I never saw Shama again.

Kanti was unlike any hospital I could have imagined, with metal bars and graffiti-covered walls. Cheesecloth-covered faucets served as filters for rusty water. It was mandatory protocol to wear surgical sandals—open-toed and barely covering my feet—when

entering sterilized rooms. Every day I swallowed my concerns about contamination when entering the burn unit to aid nurses in wound cleanings, daily bandage changes, and soaks in Ringer's solution. I obediently held down flailing arms, rubbed caustic liquid over putrid matter and yellowed infection, and drained the blistered sores of screaming children. Badly burned babies without eyelids, noses, lips, or ears were cocooned in permanent masks of scar tissue. Hands were amputated and bodies left with ambiguous genitalia. As you held clotted gauze, you could see the wet eyes of a child and realize how quickly you would choose to die.

The smell of the ward saturated my clothes, weakened my senses, and lingered in my waking thoughts. It took weeks before I could detach myself from their convulsions of pain—echoed through the sadness of mothers—to steady my hand in order to dress a raw wound and not tear flesh. Infection was normal and death was accepted. It was here where I first saw the process of dying and experienced the eerie silence after life leaves the body. Death changes everything. The feeling sinks in your heart like a deep guilt for which you believe you will never win forgiveness.

In Nepal, health is not so much a question of disease or science. The strictly medical factors are rarely the most crucial element to healing. Although cultural environment and patient lifestyle are important elements to consider in any medical evaluation, conventional medicine finds its power by breaking problems down—isolating individual issues and treating them as discrete clinical entities. But the enmeshed web of troubles that confront the poor make it impossible for a doctor to treat their medical conditions in isolation. One cannot address a patient's disease without taking into consideration each patient's economic situation, level of education, and ability to understand the importance of taking medicine as instructed, remembering all possible side-effects. How does the Hindu faith, caste-lineage, and a family's trust in Brahmin ritual affect a patient's recovery?

With conventional medicine, the physician is the central player because he holds the keys to wellness. However, a doctor who chooses poverty medicine has to face the reality of his truncated power—circumscribed by the same forces that dominate his patients' lives—and admit that he is not the most important player on the team. At any

given time, it may not be the doctor who offers what is most needed.

The absence of clear success is often the hallmark of medical practice among the poor. I naively assumed my experience with HIV patients at Mount Sinai Hospital would bless me with a window into the patient experience. I had faith in medicine as the equalizing factor, the universal element that made kings mortal and saved the indigent.

Now, I accept the limitations of not pursuing a medical career and welcome the challenge to create positive change in healthcare administration, delivery, and affordability. Pursuing a Masters in Health Administration will give me the tools to restore the power that doctors sacrifice when choosing poverty medicine over conventional specialized care, and to improve the health of entire communities beyond disease treatment. Healthcare reform is the defining challenge my generation currently faces and a charge that I take personal responsibility in resolving.

My journey in Nepal is an allegory of sorts. The country was in a state of violent transformation, as the ruling Gyandendra monarchy was being overthrown by Maoist rebels. My personal revolution arose within a political revolution. There were many nights when I examined my own purpose and motivation in medicine.

Leaving Nepal, I knew my calling in life was to care and advocate for those without access, voice, or custody of their own health. Through the difficult times, I wondered why I was not attracted to a career other than healthcare. My answer came at the end of my stay when I received an envelope with a gift. It was my watch which Shama had taken and a doctor's note saying, "Someone left this for you."

OUR NATION—OUR HEALTH: A REFLECTION

By Melissa Burnside, Project Manager, Health Disparities Center of Excellence

I was one among the sea of people huddled in the cold as Barack Obama was sworn in as the 44th President of the United States of America. It was an important, humbling and inspirational moment celebrating the diversity of our country.

I looked at my students huddled around me seeking warmth from the frigid, gusting winds. I was serving as a Faculty Advisor for the Junior Presidential Youth Inaugural Conference. One shivering student gave me a warm smile, quickly wiped his running nose and said, “Obama has a lot of work to do.” As my hands and nose began to numb, my mind started to wander and I began thinking about the millions of uninsured children in this country, the shortage of primary care physicians, the rising costs of care, and the disproportionate burden on the poor of disease and illness. What will be done? Will anything be done?

The state of the nation’s health is fragile. If left untouched, it will be broken. When we experience good health, the benefits to society are multiplied, especially for our children. For three years, I served as a classroom assistant at a local Baltimore public elementary school. During recess, the laughing and chatter on the playground was often overshadowed by coughing and wheezing. I asked one of the children where his asthma pump was. He explained that his mother told him to leave the pump at home fearing he might lose it. I asked him to sit out for the rest of recess. I almost wished he would sit out all of his years in school to prevent this from recurring but I saw his frustration when the other children were allowed to play. I wanted to explain to his parents the importance of bringing the pump to school. I wondered if there was another issue behind the mother’s limiting her son’s usage of his asthma pump. Maybe she wanted to “stretch out” the dose to avoid paying for more costly asthma medication or maybe she did not have access to a primary care physician to advise her on the importance of treatment adherence.

Primary care is at the heart of a social justice movement – one advocating for affordable, accessible and equitable healthcare. Not too long ago, I was unemployed and without health insurance. When I became ill, my solution was simple; I went to the emergency room because the community health center was closed. I had learned about the financial consequences of these “ER Runs” in a course called Introduction to Health Policy and Management. As the costs of healthcare rise and the number of preventable illnesses and deaths increases, our medical schools must be prepared to train a cadre of diverse, primary care physicians. Patients’ symptoms can be manifestations of many different illnesses, disorders, and circumstances. Is a woman’s fatigue caused by Lupus or is it a case of Lyme Disease? Is a child’s asthma triggered by strenuous physical activity or mold? What role does the household’s relationship with the landlord play? These are the questions that I will ask as a future primary care clinician. In this role, I hope not only to be a healer, but an advocate for change.

At a recent symposium, it was stated: “If you’re not at the table, you’re on the menu.” At the heart of being an effective advocate is being passionate and aware. The story I shared about my student in Baltimore is not unusual. People are ill and dying unnecessarily everywhere. After coordinating several symposiums on health disparities in Brooklyn, the Bronx, and Harlem, I realized the importance of sharing and disseminating minority health and health disparities research. Shared knowledge will facilitate progress and will help increase the participation of health professionals, community stakeholders, and elected officials in the effort to eliminate health disparities. The higher burden of disease impacts the health of the nation as a whole. Having ‘excellent’ health should not be exclusive.

As I reflect on my experience, I realize that health extends beyond doctors’ offices and hospital walls. It is in our homes, our schools, our neighborhoods, our workplaces and our communities. The need for collaboration is greater now than ever. We need public officials, urban planners, educators, community activists, and clinicians at the table. We have to work together. We are one nation...indivisible, with liberty and justice for all...



Melissa reviewing the program for a health disparities seminar



Dr. Lila Wallis

A LIFE DEVOTED TO ADVANCING WOMEN'S HEALTH

By Dr. Lila Wallis, Medical Doctor and Researcher

I grew up in Wilno, Poland between the two world wars—in retrospect, not an auspicious time or place.

My mother's medical school studies were brought to an abrupt end by WWI, then by her marriage and my arrival. My mother was an unusual woman; wise and loving, she encouraged me to stand on my own feet. Her stories evoked a life in science and medicine.

My second role model was my compatriot, Maria Curie-Skłodowska, who, as I later found out, is on the role model list of almost every woman physician of the 20th century.

My medical school study was also interrupted by a war, WWII in my case. I chose a husband not only for love but also for his total commitment to my goal of becoming a physician. Over the 70 years that we have been married, Ben has been a facilitator, an inspiration, and an alter ego to bounce my outrageous ideas off and to get a reality check. I have been very fortunate.

When out of war-torn Europe, we arrived in the United States, I was very fortunate to be accepted as a senior at Barnard College and then Columbia University College of Physicians and Surgeons (P&S) while Ben attended Columbia University School of Engineering. The wonderful education that we received would not have been possible without the help of many people and institutions as well as generous scholarships from P&S and the Leopold Schepp Foundation. The Schepp Foundation provided not only funds but also guidance and care. I especially remember Florence Schepp (Leopold Schepp's daughter) who made sure I met people that would be helpful to my career. I remember being introduced to an elderly internist who was a member of the Schepp Foundation Board of Directors practicing in a posh Park Avenue office.

When I did my medical school 3rd year rotation at Mary Imogene Bassett Hospital

in Cooperstown, NY, I was invited and entertained by a wonderful couple, friends of Florence Schepp who lived in Cooperstown's oldest house. All this gracious hospitality created an environment conducive to the acquisition of knowledge.

I am certain that those positive experiences at Barnard, P&S, and the Leopold Schepp Foundation contributed to my "empowerment" and having supportive friends helped.

Excerpted from The P&S Journal: Spring 1998, Vol.18, No.2, Alumni News and Notes

LILA WALLIS: LIFELONG ADVOCATE FOR WOMEN'S HEALTH

By Peter Wortsman

In more than four decades of her medical career to date, Lila Wallis '51, a soft-spoken academic-activist who has been called "the godmother of women's health," has witnessed "a modest improvement in the scant attention paid to medical concerns and research specific to women," an improvement hastened in no small part by her tireless efforts. Clinical professor of medicine at Cornell, Master of the American College of Physicians, past president of the American Medical Women's Association, founder and first president of the National Council on Women's Health, Dr. Wallis has labored from consultation couch, clinic, lab, and lectern to help put women's health on the medical map.

An internationally recognized authority on osteoporosis, estrogen replacement therapy, and menopause, she is also an inspired educator. The Teaching Associates Program that she instituted at the New York Hospital-Cornell Medical Center in 1979 and directed for 11 years revolutionized the teaching of sensitive and competent breast, genital, and rectal examinations. Her landmark "Textbook of Women's Health," published in December 1997, has been hailed as the first of its kind. "It fills in some of the gaps," Dr. Wallis allows with a smile and a sigh, conveying an inkling of the distance traversed and the distance still to go.

In 1974 she instituted the “Update Your Medicine” program at Cornell, one of the earliest, longest running, and most successful continuing medical education programs in the country.

While relishing the research, she was all too aware of the absence of women principal investigators at the time: “I would always have been second fiddle, and I didn’t want that.” Given her facility with patients and enjoyment of the “intellectual challenge of differential diagnosis,” she opted for the clinical track.

Academic-Activist

Increasingly aware of the politics of healthcare, Dr. Wallis became active with the Women’s Medical Association of New York City, ascending to the presidency in 1974. Much to her amazement and delight, she discovered that “I could speak in public without too much trouble and grief.” In 1979 she helped found and become the first president of the National Council on Women’s Health, an advocacy group whose goal is to foster a working partnership between women health professionals and women patients. And in 1988 she was elected president of the American Medical Women’s Association (AMWA). Founded in 1915, AMWA is a professional organization devoted to the professional and personal development of women doctors and medical students. Working on behalf of AMWA, Dr. Wallis became a high profile spokesperson on women’s health, often interviewed in the media.

In 1989, following her tenure as president, she chaired AMWA’s Task Force on Women’s Health Curriculum. In that capacity, she developed an “Advanced Curriculum in Women’s Health” for physicians who take care of women and helped found the National Academy of Women’s Health Medical Education to oversee the infusion of the basic principles she had helped develop into medical school and postgraduate education. The curriculum targets the health challenges of women at different life phases from a multidisciplinary viewpoint.



Jenifer with Tibetan refugee children



Jenifer with His Holiness the Dalai Lama, Dharamsala, India

THE DIPLOMATIC LIFE: IT'S NOT A MOVIE

By Jenifer Joyce, U.S. Foreign Service Officer-currently serving in Taipei, Taiwan

What do most people think when they think of a diplomat's life? Cocktail parties, international travel, secrecy and intrigue? These things aren't non-existent, but basically they are the stuff that movies are made of. At the end of the day, it's a job, with certain special perks and responsibilities. It can be exciting, but like any other job, it can also feel like ordinary office work, depending on where and when you're doing it. In any event, as one of the many members of the U.S. Foreign Service, I caution you not to believe everything you hear.

When I joined the U.S. diplomatic corps in 2000, it marked a giant leap forward for me personally and for my evolution as a citizen of the world. I know that sounds like an exaggeration, but it's pretty accurate. A life-long New Yorker, who was raised in Manhattan's Chinatown, I had lived out my fantasy of traveling around the world through short, sporadic forays into lands unknown and uncharted; from London and Paris to Mexico and Venezuela, where I witnessed the after-math of an attempted coup. Then on to Ireland and Israel to explore "family roots." My father's heritage is Irish and my mother is Jewish. Trips to Israel even included an unexpected detour to the Gaza Strip, where I once saw Yasser Arafat, and to the West Bank, where I took a private tour with a gun-toting Orthodox Jew from Brooklyn.

Some have called me adventurous; others have thought I was crazy to leave New York City and move overseas. But I felt honored to serve my country and I am grateful for the opportunities joining the Foreign Service have afforded me. I've improved my language skills, i.e. Spanish, and learned Chinese in preparation for the Taipei assignment. I lived in India, where I met the Dalai Lama, the King of Bhutan, and Sonia Gandhi. And I am sure the adventures are far from over.

What event prompted me to become a diplomat? Aside from a deep curiosity about the world and a love of travel, I wanted to get involved with international affairs because, as the daughter and grand-daughter of Holocaust survivors and immigrants to the

United States, I realized at an early age how important it is to stay involved with global events. What is right and wrong is not always black and white. However, genocide (killing based on race, religion, ethnicity, sexual orientation or political beliefs) is always morally reprehensible. We should never tolerate such acts and we all have a duty to be vigilant in preventing their occurrence. I have often thought of the ordeal my family went through to reach the United States and begin a new life rooted in freedom. As a child, I thought that nobody else in any other part of the world should have to endure such atrocities ever again. I am of course, saddened that history has repeated itself, although the circumstances are very different. And so, to a large extent, this has formed the basis for my strong belief that foreign policy must be imbued with certain incontrovertible truths and ideals. Foreign policy should incorporate strong moral principles, while at the same time balancing other national and international interests.

Rather than give a detailed account of all of my experiences, I'd like to share two important lessons learned during my decade-long career. These lessons are not about individual countries or cultures, but about human beings and about me. It sounds clichéd, but in most ways, we all yearn for the same things. Some of us just go about achieving them differently.

In one way or another, we all strive for security and harmony for ourselves and our loved ones. But conflict is inevitable and unavoidable. We may face and process it differently. How to resolve that conflict is very, very challenging.....some people talk, while others fight. Some compromise and some are stubborn and unyielding. Some turn to religion or violence, while others turn to mechanisms for escape, like alcohol, drugs, sex, even excessive shopping, but at the end of the day, are our conflicts really resolved? I think the biggest challenge facing all of us today is how to peacefully resolve conflict and find ways in which we can all live together harmoniously, at least most of the time.

We all have more in common than we do differences, a philosophy I whole-heartedly subscribe to. But communication continues to be a key component of resolving conflict. It's amazing how language can be such a big barrier! Even if you have a very

capable translator or foreign language skills and long-standing diplomatic experience, certain words just don't have the same meaning as they might in other languages. Out of cultural context, sometimes things get "lost in translation." Unfortunately, I have seen misunderstandings occur, even where there was no conflict. This type of situation can lead to dire consequences.

International travel is one of the best ways to learn about other cultures, especially to understand the way other people think and what they believe in. But the other lesson I've learned, and one worth emphasizing, is that "Home is where the heart is." Sometimes, you need to leave home in order to find it. In ten years, my appreciation for the United States and New York City has grown tenfold. I run the risk of sounding like an ugly American and a New York snob by saying they are the best places on earth, but for me they are and always will be. America still yields more opportunities than most countries, because people of all colors, religions, economic classes and political persuasions can succeed there. There will be obstacles and challenges along the way. And, yes, prejudices and other problems still exist, but in general, you don't have to conform and live your life in a cookie cutter cultural prison of sorts, where choices are laid out for you from birth. For example, marriage and children are not options for many in the world. Education or the lack of it is also often pre-determined. Where one lives can be another restriction, since many people may not have the economic means or family flexibility to migrate. Sexual orientation, religious belief, or the lack thereof, are also very difficult cultural barriers to overcome in many places. Even the Foreign Service may be out of reach for most people in certain countries, unless they are part of the well-connected, well-to-do elite. In other words, selection is not necessarily merit-based. Many people are told what to believe, what kind of person to marry, what types of jobs are "acceptable," etc. This is why I love and appreciate America and especially New York City, where we all know "Anything goes!" There's a reason for the saying "Only in New York."

The Foreign Service has helped me to find my home again. And, in the words of General Douglas MacArthur, "I SHALL RETURN!"



Rob working in India

THE REALITIES OF WORKING IN INTERNATIONAL HEALTHCARE

Rob Patterson, Senior International Public Health Consultant

“I get paid to go around to different countries to improve their healthcare systems.” I think that sentence is why I’ve had a tough time sitting down to write this article. If I write about what I do, well then maybe my good fortune [thus far] will change for the worst! Karma, or something like that will get me. Not many folks do what I do, and it’s quite unusual actually.

I work as a Senior International Public Health Consultant and have been self-employed for most of my life. I’ve always been interested in international affairs—what makes people tick, how are they different and what can we learn from each other? I started on my international path in 3rd grade with my first studies of the French language and culture. I stuck with it all the way through elementary and high school (head of the International Relations Committee), university, and beyond, never imagining that being able to speak, read, and write would help me. Fluency in a foreign language has become an important component of a professional bag of assets, as it will be on my next trip to French-speaking Africa.

Early on, I knew I wanted to work in healthcare, international healthcare, probably as a doctor. So I studied, did the pre-med track in college, took the MCAT, and then looked at grad schools. By the time I got to senior year in college, however, I wondered whether being a practitioner of medicine was the way to go. Was there something more macro, a bigger/broader way to engage in healthcare? Public Health wasn’t as well known 20 years ago as it is today, so I had to dig a bit to find out about it. I found a public health program at John Hopkins University (JHU) where I completed a dual master’s degree program as a Schepp scholar. The Master’s in International Health Systems is from the JHU Bloomberg School of Public Health, while the other Master’s is in African Studies and International Relations/Economics from the Paul S. Nitze School of Advanced International Studies (SAIS). It made sense to learn about not just international health issues, but also the politics and economics surrounding healthcare delivery and health status on the ground. Those degrees gave me the academic foundation upon which

to build professional experience leading me to my current role as a senior technical consultant to international health and development entities including the World Bank, UNICEF, and private-sector firms often contracted by the US Agency for International Development. I've provided public health management guidance/recommendations to national HIV/AIDS programs in countries in the Caribbean, Africa, Eastern Europe, and Asia. I also consult on entire healthcare systems, such as during my recent month-long work in Nigeria.

I've been to many places, even Kazakhstan! As I write this article, I've slept in my home bed for just one night in the past two months, and I'm still not home yet. The work and travel are fascinating, but far from easy. The client may help with the flights, hotels, and some logistics, but I still need some independence and resourcefulness to get to where I need to be and then to get the work done. Days and nights can be spent alone. It's not work for everybody, but folks comfortable being alone and interested in quickly making new acquaintances may love my job. There are many new sights, successes and challenges – professional, personal, and gastronomical. It really is my dream job, despite having to constantly navigate the hiring and funding vagaries of international health as a sole proprietor.

Anyone looking to do the sort of work I've been describing needs at least the following to get started as a professional: a relevant graduate degree, experience working in a developing country (often for at least two years), and command of a foreign language. Then it surely will also help to know some professionals in the business and have a dose of good luck and timing. Even with all that, be prepared to start off at a junior level until you get some seasoning.

Many US citizens want to work in international public health, but it's not easy breaking into the field. Newly minted graduates, as well as seasoned professionals, need to know that they will be competing in a global marketplace for a very limited number of positions. Many positions outside of the US will be filled by nationals of the countries in which the development programs will be implemented. Why hire someone from Kansas to work in Djibouti when one can train and hire staff born and raised in Djibouti? Expats may be needed for short-term technical consultations and

overall long-term project supervision usually based in the US, but generally not for long-term, in-country employment. People studying and working toward a career in international development need to accept these realities. It's a long haul to get there, and once there, the work can be intellectually and physically demanding. However, curious, flexible people ready to work behind the scenes for positive change may enjoy international health development work, and do well with a bit of luck and persistence.

As you push forward in your studies and career paths, experiment, take risks, and enjoy life and what you do. Good luck!

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