Relationships are key determinants of health - including the public’s. Policy decisions which improve the public’s health are dependent on hard minds and soft hearts. We cannot afford to do less. // Where the interest of all equals the interest of each, we have the opportunity for healing hearts. We need to be vigilant where ever we are; take some kind of action where ever we live... health is inter-sectoral and community based. We need leaders of all types for public roles and changing hearts.
Under the auspices of the Salzburg Seminar and the W.K. Kellogg Foundation, seventy-three faculty and fellows, from 20 nations of the world, convened for Session 376—The Social and Economic Determinants of the Public’s Health. We were challenged to clarify and expand our understanding of those factors that support or undermine the health of communities. In particular, session participants sought to explore the subjective, inter-subjective, and objective domains of human experience as they interface and, in turn, shape population health data. In addition to traditional and still critical concerns for social and economic justice, participants examined the importance of social cohesion, meaning, purpose, and spirituality as forces in health and healing. Our ultimate objective was to cultivate and motivate new leadership to positively effect changes in public health policy and civic discourse.

Session 376 planners, led by Barbara Sabol, program director for the Kellogg Foundation, were faced with two separate yet dynamically related concerns. First, we were keenly aware of the limits of capturing the subjective and inter-subjective domains of being fully human. Ms. Sabol boldly and wisely suggested that we prospectively engage an artist and poet to assist in recording the session proceedings.

The second and larger challenge was in deciding whether to hold the session at all in view of recent political developments in the host nation, Austria. Specifically, the Freedom Party, known for its intolerance of ethnic minorities and for minimizing the significance of Nazi crimes, had recently gained a share of government as coalition partners with the predominant People’s Party. The coalition so formed prompted the fourteen other members of the European Union to impose economic sanctions on Austria. A host of international dignitaries, including Elie Wiesel, had decided to forego planned trips to Austria.

After much soul-searching, individually and collectively, session planners and invited faculty decided to convene in full accord with the Salzburg Seminar leadership. We believed that the Freedom Party’s ideology and practices represented the very threats to community health with which we were concerned. Yes, the threat was, in one sense, material in that the politically disaffected citizens of Austria might be denied...
access to that nation's commonwealth. Such disenfranchise-
ment—objectively, material impoverishment—was injurious
enough. Yet, there was another sense of injury—a subjective,
feeling sense—with which we were concerned. It was the
sense of isolation and alienation attendant to policies and
practices like those (though not peculiar to) the Freedom
Party that we hoped to expose as forces compromising com-
munity health and well being. This was a part of the internal,
intimate human experience to which we endeavored to draw
attention.

It was as if Margaret Mead, preeminent American anthropol-
ologist and faculty chair of the very first Salzburg Seminar,
anticipated Session 376. Then, World War II had just ended.
The Nazi regime defeated, the Seminar was designed, in large
measure, to heal the wounds of war torn European nations.
Though our latter day participants were in no way former
enemies, as were some participants in the inaugural session,
many fellows in Session 376 were from nations struggling
to overcome the adverse affects of European and American
economic policies and practices. They had reason to distrust
the Americans participating in and/or leading the session.
There was thinly disguised enmity. Still, as Mead noted,
"the loveliness and unreality of the setting consistently muted
stridencies which might have developed." The Schloss
Leopoldskron serves well as neutral territory, where parti-
cipants could "meet in a mood which combined a sense of
distance from real life, and a sense of the importance of the
traditions of civilizations." The Schloss is a stage with ornate,
spacious rooms and simple but elegant appointments.
Each participant was invited to sign on the spot that indicated their personal progress toward the top of the mountain.
The Untersburg peak of the German Alps provided a breathtaking backdrop to this stage. In its first on-site meeting, the faculty and resource team reflected on its hopes and fears for the session. Our desire to serve as change agents was symbolized by one among us who tipped a globe on its north-south axis. By this act, we would soon discover just how difficult was the challenge we set for ourselves. Indeed, it would be several days before we learned that our symbol of tipping the globe was, to some, presumptuous if not offensive. Why had the session planners presumed, all but one of us being from the Northern Hemisphere, that the Southern Hemisphere was “down,” “on the bottom,” or “needed to be righted?”

Learned late, this was to be the first of many lessons on the complex task of meaning making in a temporary, multicultural and international community.

The challenge was pressed further when Dr. Gloria Smith, vice president for health programs at the W.K. Kellogg Foundation, rendered her keynote address, “The Spirit of Policymaking.” In her brief, trenchant remarks, she posed two critical, related questions: Are the changes in behavior effected by policy sufficient? Or, are changes in attitudes, beliefs, and inchoate feelings essential ingredients to any strategy to improve the public’s health?

Gloria offered a clear, compelling response to those questions. She underscored a conviction shared by the Seminar’s faculty: “Relationships are primary. All else is derivative.” Mutually supportive, challenging, and caring relationships inform ethical and democratic public policy. Such relationships, Gloria posited, are primary determinants of the public’s health. Rational policy making, and the behaviors it might elicit, was necessary but not sufficient. Meaningful and lasting change required a change of heart.

For example, in the course of our deliberations, we were able to distinguish varieties of impoverishment—that of the stomach, head, and heart.”Poverty of the stomach” symbolizes privation of material resources such as food, shelter, and medical care. “Poverty of the head” represents worry about making ends meet. It is a worry about the real or imagined prospect of being without material resources, including those resources that are not essential to survival.
A LITTLE KINDNESS

Down the block,
The old lady,
Everybody thought was crazy,
Lived in a house
With a yard full
Of weeds, rubbish and trash.

She used to be
A school teacher,
Teaching English and reading,
Loved the kids
She taught, now,
She lives with cats.

Her brother died
Some years ago,
Not long after
She retired... never
Married and no children,
She lived alone
With her ghosts... .

“Maybe that’s why,” some thought.

One Sunday,
The neighbors cleaned
Up her yard,
Painted, fixed
Her roof and porch,
Planted flowers,
And, carried away
The trash... .

Actually, the old lady
Down the block
Wasn’t really crazy,
Only, a little forgetful,
Everybody knew
Who she was...

She just needed to be reminded
And shown a little kindness and neighborly love.

But the challenge must be pursued for it is not a question of either the head or the heart. Rather, it is crudely analogous to manufacturing in the all too vaunted market economy. Product stands in dialectical, not dichotomous relationship with process. There can be no product without process. Process is invisible and meaningless without product. How then, do we give equally diligent attention to process (affairs of the heart) in the production of the public’s health? To the session planners, the implications are clear. Paraphrasing one philosopher/scientist, Ken Wilber, Gloria cogently argued that we must engage in the work of public health with “hard heads and soft hearts.” That is, we must be engaged with a head intensely, scientifically critical, and a heart that is filled with compassion.
Ronald David echoed Gloria’s concern and counsel in his opening plenary address, Transcending the Medical Model of Population Health. Ronald, faculty co-chair of the session with colleague physician Mary Hlalele, began his presentation with a poem, Dream Deferred, written by the venerable African American poet, playwright, and novelist, Langston Hughes.

It was through this vehicle that he attempted to illustrate the ways in which crushed spirits, dreams deferred, might manifest as a wide panoply of diseases including malnutrition, diabetes, tuberculosis, depression, stroke, suicide or homicide. Paraphrasing a physician author, Bernie Siegel, Ronald suggested the possibility that “all disease is the absence of love.” He cautioned against a narrow, simplistic interpretation of the phrase that might suggest, for example, that family and friends grow ill or die because we do not care for and love them enough as individuals. Rather, it is a communal and pervasive sense of anomie and alienation that adversely impacts the public’s health.

After delineating briefly the limits of the biomedical approach to defining and resolving public health threats, Ronald offered operational definitions of key terms that would be used throughout the seminar: health, community, and spirituality. In particular, he attempted to explore a means by which we could examine and validate love, relatedness, and spirituality as true paths to health and healing.
Health was defined as a capacity (and will) to adapt for the sake of evolving as increasingly complex (differentiated and integrated), creative parts of larger wholes (holons or whole/parts). Community was described as the immediate, intimate sense of belonging. It is more than a geographic location though it may include a sense of place. Spirituality was defined as the human desire and quest for coherence, meaning, and communion. We are designed and destined to witness and participate in the phenomenal universe, organize that experience into a coherent story cognitively, interpret its significance intuitively, and feel related to it immediately.

Ronald offered a hypothesis to show succinctly the relationship between health and the experiences of community and spirituality: “Spirituality and communality are the most powerful determinants of health outcomes within and between different countries. Proxies for spirituality and communality are, for example, degree of social cohesion and scale of income differences.” In essence, disease, despair, and premature death, are the inevitable outcomes of tears in the fabric of relationships.

This hypothesis proved controversial for at least two discernible reasons. First, there was a great tendency to reduce all human experience to that which is deemed objective and quantifiable, especially in relationship to the market economy. Because of their complex nature, qualitative human experiences like love, relatedness, or compassion must either be reduced to semi-quantitative variables, or they are otherwise made marginal or meaningless in policy dialogue.

The second source of recurring, often heated debate, was the concept of spirituality. Despite explicit and deliberate efforts to provide a working definition of the term spirituality, as distinct from religiosity, participants repeatedly linked the two and made them synonymous. Perhaps the history of religious evangelism and frequently associated exploitation of developing nations was too great to ignore in our efforts to uncouple the concepts. Containing and tapping the energy in this creative tension, generated by disparate perspectives and feelings, would prove to be the faculty’s most formidable task.

Illustrative of the creative tension was the spirited dialogue between Ronald and a Seminar fellow. The fellow pressed for a scientific approach to problem solving.

Economists do not have any magic bullet. In fact, culture, environment, and local characteristics have more impact in influencing decisions.”
Specifically, he advocated for the use of economic tools and strategies. He found little or no utility in what he surmised was an emotional approach— the reductionist phrase he used to characterize complex, caring, and creative human relationships.

Other fellows shared the fellow’s uneasiness. Two joined with him in organizing and presenting a plenary session on the economics of the public's health. Their session served to substitute for one planned but canceled when an economist and member of the faculty, Dr. Singh of Southeast Asia, was unable to attend the Seminar. The three fellows offered separate and complementary perspectives. One of them argued for health care resource allocation by demand through a decentralized government process. Health care coverage he shared, increased from 20 to 60 percent in Latin America with this kind of shift in economic policy. One of the other fellows described the concept of human development index and how it might be affected by a democracy of local expenditure. And the third focused on microeconomics and considered health as a public good. Government, she suggested, must play a role in allocating limited resources to achieve that public good.

Implied in each argument was a notion that health was solely or primarily a function of the equitable distribution of material resources, medical or otherwise. This was the very perspective the Seminar planners sought to challenge.

The session planners were very deliberate in their selection of faculty. We did not want the medical profession over-represented, especially in view of our collective interest in transcending the medical model of public health. Dr. Camara Jones, a physician and epidemiologist of first rank, had to be an exception in the selection process. Camara's work embodies the very real possibilities of hard heads and soft hearts coexisting. In her plenary session, The Impact of Racism on Health, she reviewed the social construction of racism and revealed its fallacy as a biological entity. She explored the subjective and objective three dimensions of racism and its myriad adverse affects on health.

The dimensions were described as institutionalized, personally mediated, and internalized racism. Institutionalized racism was defined as “differential access to the goods, services, and opportunities of a society by race.” There is no easily identifiable (single) perpetrator. Rather, society is so ordered that each of its citizens collude in the status quo arrangements and systems of economic and political exchange that perpetuate disparities. Personally mediated racism refers to “differential assumptions about the abilities, motives, and intents of others by race.” It entails differential action toward that race based on those assumptions. It is individuals or groups that usually act on the prejudices.

Internalized racism is “the acceptance by members of stigmatized races of negative messages about [their] own abilities and intrinsic worth.” Examples include self-devaluation and self-denigration. It is relatively easy to imagine and assess the impact of these three dimensions of racism on health. With institutionalized racism, a sub-dominant racial group might be stopped from accessing care systematically if denied health insurance coverage. If they have access to care, individuals providing that care may make erroneous assumptions and judgements about how the disfranchised person came to be ill or about the resources available to them for recovery. This is an example of personally mediated racism. With internalized racism, the individual may feel so unworthy as to engage in self-destructive behavior or fail to seek palliative care in the face of illness.

Camara described the need to break the stranglehold of racism in all three dimensions. She suggested that interventions on the level of institutionalized racism—the objective environment of racism—was of primary importance. A lively dialogue ensued on the rationale and relative merits of different starting points for intervention. Still, there seemed to be a general acceptance of this model of defining and assessing the intensely subjective and inter-subjective phenomena of racism. Dismantling racism, even as it is manifested at the level of institutions, demands that we examine the unconscious feelings of members of a community.

It remained to be seen if the same model could or would be applied to other “isms” or tears in the fabric of communal relationships including sexism, heterosexism, social class ostracism, anti-Semitism, and ethnocentrism.

Indeed, we had an opportunity to apply this expanded model of racism to the concrete reality of sexism. We failed to do so. The story of that failure is worth detailed reflection as it
I didn't plan to raise anymore children, I'm an old woman, and my man... my man is old.

These are our grandchildren and I'm angry but... I love them, it's really not their fault.

My son is in prison, I can't find these children's mother, she's lost, misplaced.

She cracked...... We hoped but... We can't fix her, and, our hearts are broken, and these children, someone has to do for them... someone has to be there...

My hands hurt, my back hurts, my knees hurt, I can't breathe right.

My husband can barely see, he can't drive at night when these children need some medicine.

They can't take ours... We can't afford this, we can't afford them. This is a bit much.

cuts to the heart of the magnitude and complexity of the challenge to improve the public's health.

In the plenary session immediately following Camara, Edna Roland reviewed the role of women in promoting health in family and community. She recounted some of the history of health movements in Brazil traditionally organized by women. The record is familiar: women are expected to be agents of care for the family even as their work is devalued and made marginal if not frankly denigrated. Worse, women are blamed for poor health outcomes especially with respect to children and elders of the community. Worse still, little care or attention is paid to promoting or supporting the health of women themselves.

This irony—women as providers of compassionate care without reciprocity—was painfully evident at the close of Edna's presentation when she discussed the myriad forms of violence to which women are exposed daily around the world. Citing data from the international conference on women held in Beijing, Edna enumerated the toll of gender-based violence from domestic abuse to sexual exploitation and slavery, pornography, ethnic cleansing and other genocidal war policies, and religious oppression as with female circumcision. Faculty and fellows were presented with a problem of immense proportions, potentially affecting the health and safety of at least one-half the population of our global village. Yet, this disclosure did not invite dialogue, discussion or debate. It was as if the data fell on deaf ears despite the moderator's purposeful effort to address the concern.

A socially engaged spirituality would, in response to violence against women, require us to identify and acknowledge the feelings associated with such violence. Specifically, there must be a sense of outrage against the perpetrators of this grave social injustice and the social order that allows it. Paradoxically, coupled with a sense of outrage, there must be a sense of compassion for the victim survivors, if we are to mount a sustained and courageous offensive against this pervasive threat to the public's health!

It is, perhaps, the magnitude of the problem of violence that makes it so daunting and threatening that compassionate community activists and public health professionals would shrink from it. Perhaps a critical mass of the participants themselves were victim or intimate witness to violence against...
women. The subject, therefore, was too tender to approach. In any case, the faculty was confronted with yet another major obstacle to learning and mobilizing leadership to improving population health. That obstacle was our own inability or willingness to be mindful and take advantage of the energy of our feelings and emotions, be they positive or negative. On the first or second day of the session, our artist-in-residence, Pablo Davis, had asked: “Where is our sense of aesthetics?” Indeed, it seems we were anesthetized to an enormous pain. We would have to find our soft hearts, somehow, before we could think critically about a meaningful response.

Faith Smith afforded us an opportunity to reflect on the experience of spirituality in a new light. In her plenary session, *The Spiritual Dimensions of Health Among Native Americans*, she shared stories about the tradition, loss, and recent recovery of the spiritual lives of her people.

Native Americans do not experience the spirit as a religion. Rather, it is a way of life. It is an inextricable, foundational presence in every facet of life. Faith acknowledged Ronald’s definition of spirituality and expanded on it. In addition to experiencing spirituality as a quest for meaning, coherence, and communion, Faith described the “three R’s” of spiritual life for many Native American tribes. The first “R” is for relationships. It signifies recognition of the interconnectedness and interdependence of all of creation. The second “R” is regard and respect for all life forms and gratitude to the Creator, the source of all life. The third “R” is for redistribution. It is the principle that requires one to be mindful and anticipate the needs of others, including those of many generations in the future. In her poignant storytelling—out of the oral tradition of her people, the Ojibwe—Faith revealed the many ways in which the spirit of her people was lost or crushed by the US government that broke covenants of sacred trust and treaties with Native Americans, and by policies of relocation. In a particular instance of relocation, illustrated in the film *The Return of the Navajo Boy*, participants could witness, almost first hand, the devastating impact of the practice of tearing children from their roots in community as nothing less than a genocidal act.

Ronald: Are the framers of policy like or unlike those impacted???
Ojibwe children are the inheritors of the sky and land, they are the people of the land, the guardians of the land, they are like the clear water, they nourish the land with their laughter...

When the children cease their laughter, the land is swept with tears, the grass turns brown, the berries wither, the butterflies cease to sing their colours...

Ojibwe children must be free to do their duty, to protect the land, to protect the people, to dance with the spirits, to walk the Circle...

We need them, our children, to create the future, to forgive us, our failings, to be our hope, our inspiration.

This is true of all native children who are the inheritors of the sky and land.
Erio Ziglio, an economist with the World Health Organization, led the penultimate plenary session with a dialogue on the concept of “investing for health.” His thesis, and practical experience, complemented and expanded on many of the themes and concerns articulated earlier in the session. In particular, Erio reiterated that there is a “renewed understanding that health and its absence are determined not only by genes and germs but by social, economic, and environmental factors.” He declared, “we have come to appreciate the particular importance for health of the total social fabric—the threads that link people together through networks and trust across the community.”

“Investment for health” is a practical approach to enhancing the adaptive, creative capacities of individuals and communities. It is a strategy based on the knowledge that, historically, improved population health indices have been associated with social and economic well-being. As a corollary, healthy people contribute more productively to social and economic development. Each community planning to invest for health must take inventory of its assets and strengths along with its needs. At the heart of investing for health are reductions in “poverty, income inequality, and social exclusion.” Implicit in Erio’s presentation is this recurring theme: Participation is salutogenic. That is, it is health promoting. This is distinctly contrasted with exclusion, isolation, and alienation—experiences that are pathogenic. Social structures as well as individuals are pathogenic when they perpetuate and/or reinforce individualism, and value the accumulation of wealth over the experience of community.

The work accomplished in Seminar Session 376 was realized only partially through lectures presented by faculty. In addition to their spirited and challenging participation in plenary sessions, fellows worked diligently and creatively in planned and impromptu work groups. They focused on a variety of concerns from community involvement in public health policy formulation, and action, race and class and the invention of communities with a socially engaged spirituality. Each work group successfully struggled with the dynamics of forming and functioning in the midst of complex, diverse, sometimes convergent and often divergent experiences.
Some brought bread,
The storm was devastating,
Electricity was down, throughout,
Stored foods were spoiled.

Some brought blankets,
So many residents became homeless,
Their roofs torn loose,
The water downpoured into their beds.

Some brought toys/clothes
For children terrified
By the thunder, by the destruction
Needing soothing words and songs.

One by one, the volunteers came
To serve over five thousand displaced
To fight fear, despair, to help
Those who wouldn’t leave their homes.

Day by day, one victory at a time,
Came strangers and friends,
Workers and owners, neighbors,
One will, one mind, one heart, one spirit.

We are community
We are family………….
YACOUBA

When my wife and I
Married, our Mali brother,
Yacouba gave her a stool.

He apologized because
He had not made it
With his hands.
He was not able to go home.

He gave the stool to us
In the name of his grandmothers.

He gave the stool to his
American sister, my wife
To sit on...to think on.

If she has a problem with me,
Yacouba will come and talk
With her to help her.

They will sit at the stool
Until they come to a solution.

If, it is a problem for which
They can find no solution,
Yacouba will come to me
For his American sister...
In the name of his grandmother.

So far
There have been no problems
without solutions.

It is a tradition.

In Salzburg, we shared traditions.

AI concluded that, in Salzburg, there should be no problem without a solution or Yacouba will come with his stool in the name of his grandmother.

Pablo, who once taught economics and art at the university, declared that it was utterly impossible to separate the economy from politics. “It is the political economy” with which we must be concerned. “We are not ready to do it right,” he exclaimed. “Jesus and other people tried long ago to do it right.” Somewhere, somehow, we lost heart. We closed ourselves off to the aesthetic. Pablo pleaded, “How can there be a separation between heart and mind?”

There cannot be— not without devastating impact on the public’s health. So, Mary attempted to draw the links between policy, relationships, and spirituality. They are inextricably intertwined. She cited the relationship between World Bank policies and underdevelopment of the two-thirds world. In the 1960s and 1970s, the Bank’s focus was on profitable investments primarily. It had lots of money and encouraged borrowing. In doing so, it left many nations struggling to service their debts. They engaged in structural adjustment programs that undermined their autonomy and self-sufficiency. They used land for export products rather than for food economy. Children died (and are dying) of malnutrition during the debt war. Political instability was fueled as national leaders became rich and more distant from the communities they were elected to serve. Mutually supportive and challenging, caring relationships were severed. Hard heads were served by harder hearts. She emphasized, though, the possibilities and the opportunities to change hearts and to change minds.

Our week together was a journey started. Perhaps we will return to Salzburg to focus more intensely and specifically on the political economy and its affect on the public’s health. In any case, we were all changed in some way. If nothing else, we felt the enormity of the challenge before us. Hopefully, we have been so moved that it will be impossible to have a dialogue about the political economy, and the public’s health, without compassion for everyone it serves.
Whereas, over a half century, the Salzburg Seminar has become one of the world’s foremost international educational centers, committed to broadening the perspectives of tomorrow’s leaders and;

Whereas, the Salzburg seminar conducted a session entitled, “The Social and Economic Determinants of the Public’s Health”, at Schloss Leopoldskron in Salzburg, Austria from April 5-12, 2000 and;

Whereas, Community Involvement is often implicit to public health interventions, health policy development, assessment functions and program planning, implementation and evaluation and;

Whereas, Community Involvement must be underpinned by a value system of social justice, fairness and equality and;

Whereas, Community Involvement achieves its best results in the context of meaningful relationships and partnership between and among government and non-governmental organizations, community-based organizations, civic and religious organizations and other groups within society and;

Whereas, meaningful Community Involvement requires assets such as broad-based community participation, resources, community activism, social entrepreneurs and community organizers and;

Whereas, the success of Community Involvement is determined by the degree to which power shifts and surrenders the needs of the powerful to discover the needs of the people and;

Whereas, the success of Community Involvement is determined by the increases in community capacity, community voices and leadership and;

Therefore, be it resolved, that the practice of public health anywhere in the world shall include the meaningful engagement of the communities in which we exist and serve, for the future sustainment of the public’s health.

In agreement herewith we therefore affix our signatures on this the 11th day of April, 2000.

INTERNATIONAL COLLECTIVE OF COMMUNITY CONSCIOUSNESS FOR THE PUBLIC’S HEALTH

The original document with 55 signatures is archived at the W. K. Kellogg Foundation.

PARTICIPANTS

Adriana C. Aguiar, Fellow
Ahmed About Nasr, Fellow
Albert M. Ward, Post-in-Residence
Alexandre Banna, Fellow
Alice H. McCurry, Fellow
Alice M. Warner, W. K. Kellogg Foundation
Allen R. Dyer, Fellow
Anne Wilson, Fellow
Barbara J. Sabel, W. K. Kellogg Foundation
Brian M. Nyalunze, Fellow
Cai Fang, Fellow
Camara Phyllis Jones, Faculty
Carme Borrell, Fellow
Carmelo Vazques, Fellow
Carol B. Payne, Fellow
Carol G. Lemetha, Fellow
Christian A. Tanouchev, Fellow
Dalberto Adulis, Fellow
Dejana Vukovic, Fellow
Ebenear O. Aka, Fellow
Edna Roland, Faculty
Erio Ziglio, Faculty
Ersan Ocal, Fellow
Evelyn K. Ansh, Fellow
Faith Smith, Faculty
Ferdinand W. Akuffo, Fellow
George Y. Ampomah, Fellow
Gita Barnesai, Fellow
Gloria R. Smith, W. K. Kellogg Foundation
Hakim R. Farrakhan, Fellow
Helen T. Caldwell, Fellow
Herbert P. Glasson, Resource
Joseph Mubiru, Fellow
Jurgita Kaminskaite, Fellow
Kathleen Schandel, Salzburg Seminar Staff
Khathato E. Mokodite, Fellow
Leda M argarita Perez, Fellow
Marco B. Viale, Fellow
Margaret K. Nelson, Fellow
Marguerite, Ro, Fellow
Maria Eufemia C. Yap, Fellow
Mary D. Coleman, Fellow
Mary Halele, Co-Chair
Mohammad K. Yahaya, Fellow
Moja C. Cinc, Fellow
Nasrin Cilingiroglu, Fellow
Nono Sumarsono, Fellow
Olawale (Wale) Okeleyin, Fellow
Olin C. Robison, Salzburg Seminar President
Oliver L. Patino, Fellow
Osama A. Mossallam, Fellow
Pablo Davis, Artist-in-Residence
Petko S. Saltchev, Fellow
Randi C. Garber, Fellow
Rebecca M. Watson, Fellow
Ronald David, Co-Chair
Rosana D. Falco, Fellow
Sergio Clavijo, Fellow
Shan Naidoo, Fellow
Sheetal N. Shah, Fellow
Sheila J. Webb, Fellow
Silvia Diez-Urdanivia, Fellow
Salvy G. Molelethane, Fellow
Sylvia Khocho, Fellow
Tamar Shanirot, Fellow
Tanya N. Bedward, Fellow
Timothy W. Ryback, Salzburg Seminar Staff
Tony L. Plummer, Fellow
Vasilii V. Vlassov, Fellow
Vincent N. Lafortune, Fellow
Vitalis A. Iheanacho, Fellow
W. Donald Weston, Faculty
William J. Walczak, Fellow
Zhou Haicheng, Fellow
BIOGRAPHIES

Ronald David
Storyteller
Co-chair

joined the Virginia Theological Seminary shortly after he returned from Salzburg Seminar Session 376. Prior to that, he was a senior fellow for health policy at the Center for Policy Alternatives in Washington, D.C. From 1997 to 1999, Dr. David was the chief medical officer and executive vice president of the District of Columbia Health and Hospitals Public Benefit Corporation in Washington, D.C. Before that, he was, for seven years, a lecturer in public policy at the Kennedy School of Government at Harvard University. For 10 years through to 1991, Dr. David served as acting secretary of health for the state of Pennsylvania. He formerly served as deputy secretary for Public Health Programs and co-chaired the Governor’s Commission for Children and Family in Pennsylvania.

Mary Hlalele
Co-chair

serves as a founding member on the board of trustees of the Tropical Institute of Community Health and Development in Africa. She was a member of the executive planning committee for the W.K. Kellogg Foundation’s Leadership Forum in 1998/99. And prior to that, for five years, she was the program director for health in the Africa region for WKKF. During that time, she also served as an external examiner for the diploma in primary health care in education at the University of Witwatersrand, South Africa. Besides having worked as a physician in Morija and coordinator of community health services in Bophuthatswana, Dr. Hlalele pioneered the establishment of non-racial nursery and primary schools in the Thaba-Nchu district.

Pablo Davis
Artist

works in painting, drawing, sculpture and graphics. His work is represented in seventeen major museum collections, including murals in Detroit, Michigan and Santa Fe, New Mexico. Mr. Davis has completed more than three thousand portrait drawings and paintings, and was an illustrator for the Saturday Evening Post. As an activist, he has designed hundreds of posters, banners, leaflets, emblems, oil paintings and murals to support labor and community organizing movements. Besides being an assistant painter with Diego Rivera on the Detroit mural in 1932, he was a guest of Pablo Picasso in France in 1946. He has taught art at five universities and several public schools, and published articles and produced television documentaries on art and local community and labor history.

Albert M. Ward
Poet

has had his work appear in publications at the University of Detroit; Wayne State University; and Boston College University. In 1990, he published a book of poetry “Patches on Main Street” by Broadside Press. Mr. Ward has also written verses for Broom Designs, Inc., a family-owned African-American greeting card company in Detroit, and Blue Mountain Arts greeting cards. His work has been featured with the Experimental Dance Movement, and at the Museum of African-American History in Detroit. Mr. Ward is founder of the Your Heritage House Writer’s Group, the Oak Park Writer’s Circle, and is poet-in-residence at the Oak Park Library in Michigan. He is also an instructor in poetry at the University of Detroit-Mercy. He is currently the director of the

Barbara Sabol
Muse

is program director in health at the W.K. Kellogg Foundation. She coordinated the work of the Salzburg faculty and promoted the idea for telling the Salzburg meeting story through words, pictures and poetry. Ms. Sabol was formerly the Commissioner for New York City’s Human Resources Administration, responsible for programs and policies in welfare, Medicaid, child welfare, and services for homeless adults and families.

GROUP STATISTICS

Fellows

Number 58
Average Age 41
Gender 50% Male 50% Female

Fellows by country or region

Argentina 1
Brazil 3
Bulgaria 2
China 2
Colombia 1
Egypt 2
France 1
Georgia 1
Ghana 3
India 1
Indonesia 1
Jamaica 1
Lithuania 1
Mexico 1
Nigeria 3
Northern Ireland, UK 1
Philippines 2
Russia 1
Slovenia 1
South Africa 5
Spain 2
Sudan 1
Turkey 2
Uganda 1
USA 16
Yugoslavia 1
Zimbabwe 1

Health Professional Sectors

Educational/Research 39%
Public 6%
Private 52%
NGO 3%
Sergio: While relationships and emotion are important, the scientific application of economic tools and strategies - knowledge of markets, utility functions, distribution of scarce resources and data are what is primary and critical. How can we subjugate these skills to an emotional argument? Objectivity of information is key - I challenge you to explain why it is not.
The W.K. Kellogg Foundation was established in 1930 "to help people help themselves through the practical application of knowledge and resources to improve their quality of life and that of future generations."

Its programming activities center around the common vision of a world in which each person has a sense of worth; accepts responsibility for self, family, community, and societal well-being; and has the capacity to be productive, and to help create nurturing families, responsive institutions, and healthy communities.

To achieve the greatest impact, the Foundation targets its grants toward specific areas. These include: health; food systems and rural development; youth and education; and philanthropy and volunteerism. Within these areas, attention is given to the areas of leadership; information and communication technology; capitalizing on diversity; and social and economic community development programming.

Grants are concentrated in the United States, Latin America and the Caribbean, and the southern African countries of Botswana, Lesotho, Mozambique, South Africa, Swaziland, and Zimbabwe.

Worldstudio, a New York-based graphic design and advertising agency, donates 10 percent of its profits to Worldstudio Foundation, its non-profit affiliate dedicated to nurturing social responsibility in the creative professions. Foundation programs, including scholarships, mentoring and publications, stress social activism in issues of community, culture, diversity, and the environment. Guided by the belief that creativity holds enormous power for social change, Worldstudio Foundation dares young artists to dream.