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A Change of Heart

by George Leonard

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U.S. News & WORLD REPORT

AUGUST 6, 1990

How to reverse **HEART DISEASE**

A tough new
program
to combat
America's
No. 1 killer



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NEWSPAPER

Beating Back a Ruthless Killer

Blocked arteries can be unclogged without surgery, according to studies by leading researchers, and that could transform the way doctors treat heart disease

By LEON JAROFF

They begin to form when he is still an adolescent. Smooth fatty streaks on the interior wall of a major coronary artery—the ominous consequence of a typically American high-cholesterol, high-fat diet. By his 20s, the streaks have formed plaques, growths with a fatty center covered by a fibrous cap of smooth muscle cells. By his 40s, the plaque, its buildup accelerated by smoking and high blood pressure, has protruded well into the bloodstream, closing 65% of the arterial passage. The blood swirls and eddies dangerously as it forces its way past the swelling obstructions.

He now has a well-developed case of heart disease. Eventually the narrowing arterial passage could be blocked by a blood clot or by a spasm that constricts and closes the artery. That could cut off the blood supply to his heart, causing possibly fatal damage to its muscle. In short, he is a prime candidate for heart attack, which annually strikes 1.5 million Americans, killing half a million of them. (Women as well as men are vulnerable to heart disease, though usually later in life.)

But in this case some of the plaques start to shrink, almost imperceptibly at first, as the fatty material in its core migrates back into the bloodstream. Blood begins flowing more smoothly through the rejuvenated artery, and two years later, only 50% of the passage is blocked. The seemingly inexorable advance of cardiovascular disease has been reversed, and as the plaque continues to shrink, the risk of a heart attack has largely passed.

Only a few years ago, this happy ending would have been considered unlikely, if not impossible. While the progression of heart disease could be

DIET

While Dr. Ornish's experimental group feasts on chef-prepared, low-fat, low-cholesterol meals, most people will benefit merely by eating less meat and dairy products and more seafood, fruits and vegetables.



slowed and perhaps even halted by diet and drugs, surgery was apparently the only way to reverse—albeit temporarily—the damage from heart disease and restore a healthy blood flow. Now, for many cardiac patients, there may be a safer and much less expensive way.

In separate controlled studies, Dr. David Blankenhorn of the University of Southern California and Dr. Greg Brown at the University of Washington have shown that the buildup of arterial plaque can be reversed by a combination of drugs and a low-fat diet. A third study, by Dr. Dean Ornish of the University of California at San Francisco, has generated even more remarkable results. In his book, *Dr. Dean Ornish's Program for Reversing Heart Disease*, published by Random House this month, Ornish describes how changes in life-style alone, like reducing stress as well as fat, can effectively reverse heart disease.

DRUGS

For those who cannot effectively lower cholesterol by diet alone, these drugs could help; however, they can cause side effects and may cost as much as \$2,000 a year.

Results of the experiments far exceeded expectations. Brown, for example, designed his study only to determine if the progress of heart disease could be halted. "The biggest surprise," he says, "was that the arteries actually got better. I thought

that they probably wouldn't get worse, but I was a disbeliever about possible regression of the disease." Now Brown and an increasing number of cardiologists have been converted. And for many cardiac patients, that could drastically change the way atherosclerosis is treated.

In the U.S. alone, surgeons annually perform 330,000 coronary bypass operations. An additional 190,000 cardiac patients every year undergo angioplasty, which usually involves the use of a balloon-tipped catheter to widen their arterial passages. Both operations provide immediate, dramatic relief for the cardiac patient. But there are some risks: in rare cases, either technique can trigger a heart attack. Then, too, relief is only temporary. Five years or so after bypass surgery, on average, plaque has built up in the grafted veins. And arteries opened by angioplasty sometimes become partly blocked again within three to six months. Finally, the price tags are staggering: about \$7,500 for angioplasty, between \$30,000 and \$40,000 for bypass surgery. All told, some \$11 billion is spent in the U.S. each year on surgery for coronary heart disease.

In many cases, bypass surgery or angioplasty will remain the strategy of choice. There are those with advanced heart disease, says Blankenhorn, "who clearly can't wait. If they try therapy alone when they really need surgery, they can have a disastrous outcome—a catastrophic heart attack." But others, with less serious cases,



may be able to avoid surgery—if they are willing to make radical changes in their diet and life-style.

While trials beginning in the 1950s had shown that drugs and diet could reverse atherosclerosis in laboratory animals, Blankenhorn's groundbreaking work, begun in 1980, was the first controlled study demonstrating that the same results could be produced in humans. His subjects were 188 nonsmoking males who had undergone bypass surgery. (Most heart-disease research has been done on men rather than women.) Blankenhorn placed half of them on a diet containing 22% fat and gave them colestipol and large doses of niacin, both standard cholesterol-reducing drugs. The other recruits, the control group, merely limited the fat content of their diet.

All the men in the drug-taking group realized what Blankenhorn terms a "spectacular reduction" in their total cholesterol, and 16% of them showed decreases in their arterial plaque. "As long as you don't batter arteries with cigarettes and high cholesterol," he concluded, "they have a remarkable healing ability."

Brown's study, begun in 1984 and reported at an American Heart Association meeting last year, involved 146 men with high cholesterol levels and a family history of heart disease. Brown divided his subjects into three groups, one taking niacin and colestipol, the second receiving colestipol and another cholesterol reducer, lovastatin. The third or control group got only a pair of placebos. All the men were placed on a diet that limited fats to 30% of total calories, the level recommended by the A.H.A. Here, too, after 2½ years, those taking the drugs experienced large drops in their total cholesterol level, and 35% showed a decrease in arterial plaque.

While these results convinced both Blankenhorn and Brown that reduced cholesterol was the major contributor to the reversal, Ornish has his doubts. "If lowering cholesterol were the primary factor in causing reversal of heart disease," he notes in his book, "most of the patients in the studies by Dr. Blankenhorn and Dr. Brown who were taking cholesterol-lowering drugs should have shown reversal, since almost all of these patients had substantial decreases in blood-cholesterol levels. Yet only a minority showed reversal."

Why? Ornish believes these studies, unlike his, did not deal with other factors that he believes contribute greatly to cardiovascular disease: stress and an individual's "sense of isolation." His trial was small, involving only 41 San Francisco Bay area men with heart disease. The 19 participants in his control group were to follow their doctors' recommendations; for the 22 others in the experimental group, however, he ordered a strict, exacting regimen.

They kept to a vegetarian diet that contained less than 10% fat and banned all oils. At twice-weekly meetings, a psycholo-



ARMEN KACHATURIAN FOR TIME

EXERCISE

By working out at a Manhattan corporate fitness center, these employees can lose weight and increase HDL, their good cholesterol. But for cardiac patients, gentler exercise is prescribed.

gist held group support sessions. Everyone was taught stress-management techniques, including yoga, and was told to spend an hour a day meditating, visualizing arteries unclogging, and doing relaxation and breathing drills. Smoking was prohibited and moderate exercise recommended.

After just one year of the study, blockages in the arteries of two-thirds of the control group had worsened. But 18 of the 22 in Ornish's experimental group had an increase in blood flow to the heart and a regression of blockages, on average, from 61.1% to 55.8%.

Could the "togetherness" and reduction of stress account for at least part of that remarkable reversal? Some experts think so. They point to studies that associate a sense of isolation with increased risk of many illnesses, including heart disease. And at the New England Deaconess Hospital in Boston, Harvard cardiologist Herbert Benson is studying the biochemical effects of stress on the body.

Stress, Benson explains, brings on a rise in blood pressure and spurs the release of catecholamines, substances that increase the tendency of blood to clot and make arteries more vulnerable to spasm. Over

time, these changes play an important role, many doctors believe, in the progression of heart disease. However, Benson has shown, the changes can be largely counteracted by the "relaxation response" that follows 15 minutes of meditation a day.

Still, most researchers continue to believe that lowering cholesterol levels is the master key to reversing heart disease. Dr. William Castelli, director of the famed Framingham Study, which since 1948 has monitored the coronary health of 5,000 people in the Massachusetts town, offers this prescription for regression: reduce the level of total cholesterol below 150 mg per deciliter of blood and the level of LDL, the bad form of cholesterol that clogs arteries, below 90. In addition, says Castelli, the ratio of total cholesterol to HDL, the good cholesterol that helps clear arteries, should be less than 3.5.

Clearly, preventing heart disease is better than trying to reverse it once the process starts. Experts differ on the best mix of prevention strategies, but they agree on one thing: Americans should cut down on the fat in their diet. Otherwise, they could be eating themselves into an early grave.

—Reported by Christine Gorman/
Boston and Jeanne McDowell/San Francisco

STRESS REDUCTION

To alleviate stress, a cardiac patient at Boston's New England Deaconess Hospital practices meditation. Stress can lead to high blood pressure and other changes damaging to the arteries.



SHAWN HENRY—SARA FOR TIME

Paging Dr. Right

By John Poppy

I'VE GOTTEN ALONG all right with doctors without ever demanding much from them. For a sore throat or cracked vertebra, it seems enough to have a skilled mechanic, and I mean no disrespect by that. For longer-range issues, though, you want someone whose skills extend into inspiration and leadership. That's asking a lot. Many doctors say they can't afford the time. They talk about insurance companies that won't pay for attention beyond a fifteen-minute office visit, but that *will* pay for drugs and surgery. When you want to ask a lot anyway, where do you look for models?

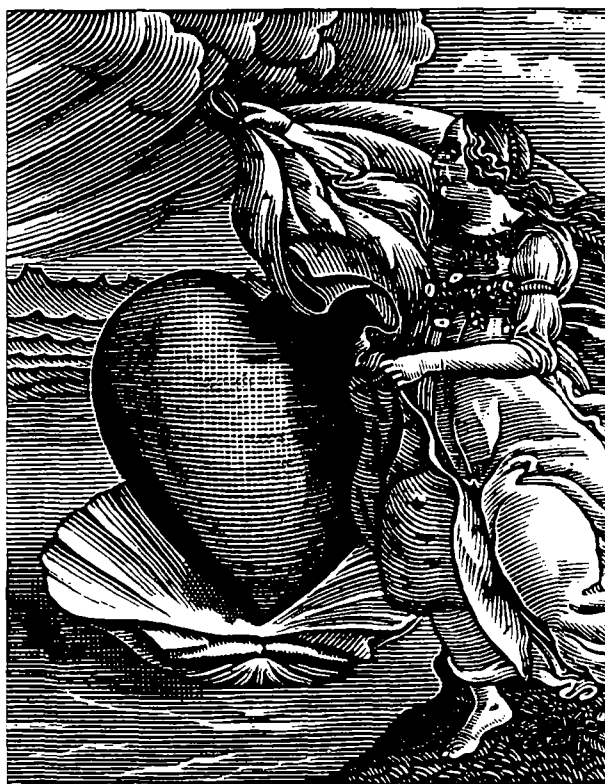
The Association of American Medical Colleges seems to be wondering the same thing. Starting in 1991, the admission test for the 127 medical colleges in the United States will include two essay questions on subjects neither technical nor medical, to gauge a would-be doctor's breadth of interests and ability to communicate. It's a way to attract students who can memorize facts all right but who, in addition, are good at dealing with people.

Models of excellence are visible enough in other arenas. For a measure of grace and focus in sports, just look at the way Joe Montana marshaled the 49ers in the final two minutes of this year's Super Bowl. Montana is not the only model in his calling, any more than Dean Ornish is in his. But Ornish is my idea of the doctor as quarterback.

Ornish is better known as a researcher. If the experiment he is running continues to check out, it could improve the vital statistics of the United States, reshape our approach to heart disease, the major killer in this country, and change the way we live.

His research team recruited fifty volunteers with blocked coronary arteries to measure, for the first time, the degree

John Poppy writes this column monthly for Esquire.



**He may be good with
a stethoscope, but does
he really listen?**

to which basic lifestyle changes can reverse heart disease in just a year, without surgery or cholesterol-lowering drugs. Half of the volunteers follow a treatment program. They quit smoking, exercise moderately, eat vegetarian meals with no animal fat and only 8 percent of their calories in fats (a fifth as much as most people get), meet twice a week for group discussions, and do at least an hour of meditation and relaxation exercises a day. The other half, the control group, don't get that program, but follow their own physicians' advice.

In the first year, ten of the first twelve patients in the treatment group got better—their disease not only stopped, it went into reverse—while eleven of the

first seventeen in the control group got worse. Not every plug in every artery shrank, but the finest monitors, including angiograms and positron emission tomography (PET) scans, measured overall improvements. The treatment group had the largest reductions in total cholesterol and harmful LDL cholesterol ever reported without the use of drugs.

The groups are small and the study isn't over, but its implications make it worth the attention it is getting. There is something else, though—less of a headline maker but probably as important in the long run—about the man directing it.

Along with his partner, Dr. Shirley Brown, Ornish sees private patients too. I wondered: Fear for their lives might have led his volunteers to commit themselves to new habits, but could that

alone keep them all committed? Might they also be responding to an uncommonly effective physician?

We met at his office, in the Preventive Medicine Research Institute in Sausalito, California. With his slender build, dark hair, and quiet voice, Ornish could be any thirty-five-year-old man except for something in his bearing: a profound steadiness. In our talk, and later as he let me watch him work, his attention never wandered. One sees that gently focused awareness, as far as I know, only in people so thoroughly prepared for their work that they keep track of what they are doing without effort.

The patients in his study swear by the yoga, meditation, and other stress-man-

agement techniques that he gives them. Are those things the key to the results?

"It isn't so much that I'm interested in stress management," Ornish said. "I'm really interested in how suffering of any kind can be looked at in a different way—not as something visited upon us, or the result of bad luck or bad thoughts, but as *information* that can help us.... I wouldn't extend this to all ailments, but certainly we can see heart disease as a catalyst for changing behaviors like diet, exercise, and so on. Probably more important, illness can be a catalyst for transforming one's values and perceptions of the world."

For instance: the strain of maintaining a "persona" of who you want other people to think you are can sometimes make you sick. Define yourself by your outer trappings and you run a risk. "The stakes go way up. Now it's not just succeeding or failing at a given task—passing an exam or selling a car—that's on the line, it's succeeding or failing as a person."

So do you either live an interesting, stressful life and die early, or sit under a tree? "That isn't really the choice," he said. "Happiness and self-worth? We have them already, if we just quiet down long enough to experience them." From the quieting comes some freedom from the old anxieties: in that freedom, we can fill our lives

with more action than before.

When he was running an emergency room and someone came in with a crushing chest pain, Ornish didn't tell him to meditate and eat vegetables. He'll choose drugs and surgery in a crisis. For the long run, however, he pays attention to the routines of daily life. Bypasses, literal and metaphorical, don't last. What is the point if the patient keeps doing the things that produced the problem in the first place? Half of all bypassed arteries clog up again within five years, and a third of all angioplastied arteries clog again within six months.

Ornish unfolds the whole story in *Opening Your Heart*, the book he's writing. He also observes, "I don't pretend to have made a lot of progress in these areas. I still dig holes and fall into them. I still think, 'If only I could get that NIH grant, then I'd be happy.' But I catch myself sooner than I used to." (He got the NIH grant.)

A FEW DAYS LATER we met again. Ornish and my wife, the beautiful and lively Julia, let me observe their first discussion of the mitral valve prolapse that her heart specialist diagnosed ten years ago. As far as she knew, the problem was entirely structural—a crick, so to speak, in a valve leaflet—and the solution was to take digitalis and a beta blocker every day. She hoped to

reduce the drugs or quit them. A few moments from the consultation will point up some specifics of competence in Ornish's approach that I'd look for in any doctor.

Reassurance. He looked at her calmly and said, "I'm glad you came here, because I think you're going to be a lot better." He told her, "First we collect information. That alone often straightens out a lot of things. Then we explore ways of using it to give you more control over your health. The farther back we can go in the causal chain of why things are the way they are, the more powerful the healing can be."

Passion for his subject. Ornish postponed his third year of medical school at Baylor to do his first research on heart and lifestyle in 1977; delayed his Harvard internship at Massachusetts General Hospital for a follow-up study in 1981; and has pursued the work ever since. He did things with Julia at an amazing rate without rushing. I was reminded of the unhesitating Montana reading a defense.

"Would you tell me what you know about mitral valve prolapse?" he asked. She said the valve bulges so it won't close completely. It gives her a generally fast pulse, episodes of irregular and racing heartbeats, chest pain, shortness of breath, and tiredness that she suspects comes from the drugs that control the other symptoms.

Good description, he said, except that she had her effects and causes mixed up. Being high-strung could produce the symptoms and, at the same time, tug the valve out of shape. The prolapse could be more an effect of her feelings than a cause of them. "Do you mind if I call your cardiologist?" he asked. He picked up the phone and quizzed the other doctor about details on the test for this, the reasons for that, the flow of her history.

Attention to the whole person. Ornish got Julia to tell enough stories about herself to confirm that she feels things strongly and attaches importance to serving other people—sometimes too much for her own good. Muscles tend to constrict in times of stress, he reminded her, producing neck aches or backaches. The same stress can also overconstrict the little papillary muscles that help keep a mitral valve in place.

"None of the drugs really addresses the issue of why you are that way in the first place," he said. "They're a kind of bypass. Here's a more interesting way to look at it: if the prolapse is caused in part by an overrevved-up sympathetic nervous system, we can work on that stress. Let's start by examining where it's coming from."

So they did, for the better part of an hour, in the sort of discussion that doctors

visits will tell you that they can't afford.

"When my toes curl under," Julia said. "That's the first sign."

"Another muscle contracting, just like the papillary muscles in your heart," he said. "What do you do?"

"I uncurl them."

"That's like saying when the fire alarm sounds, you switch it off. The issue is not how to uncurl your toes, it's why they curl. You want to go back farther in the chain."

She did. They considered ways for her to manage stress—not the things that happen to her, but her responses. She suggested that she could take some of them less seriously; he agreed. She should get more exercise; he agreed. She should cut out caffeine, he said. They constructed a program that was part physical therapy, part attitude.

Relentless pursuit. Ornish went after information with far more than questions. He used a full array of traditional diagnostic tools. A physical exam included tests that Julia had never had before, including some for cranial nerves and reflexes. Her records gave him a firm idea of what was going on in her heart, but to be sure, he ordered all the tests updated: a new echocardiogram, blood tests, a Holter electrocardiogram monitor that she would wear for twenty-four hours.

authority of his opening reassurance. Ornish made sure Julia came to her own conclusions. "When I was a medical student," he said near the end of their appointment, "I missed a question on an anatomy exam: 'To which organ does the heart pump blood first? What do you think?'"

"Skin," she said.

"Guess again."

"Heart."

"Right. I thought it was the brain. The heart feeds itself first so it can take care of the rest of the body. There's a metaphor there somewhere." She laughed with him.

He said, "I want you to wean yourself from the heart drugs; here's a schedule."

"Wow!" she said. "I've been told I'd be taking them till I died."

"And," he said, "I would like you to take a yoga class to help quiet down your sympathetic nervous system."

He put his prescription as desires, not as orders. "You have choices," he said. "I'm here to remind you of what they are, so that you can choose intelligently. My role is not to get you to do anything that you don't want to do, because even more than wanting to feel healthy, we want to feel free—to feel that we're the ones who are choosing to do this or that. That's what empowers you, and what ultimately helps to make you

Inner Peace for Regular Guys

By John Poppy

DWAYNE BUTLER frankly didn't give a damn when a cardiologist told him that he had blockages of up to 50 percent in the arteries of his heart.

"So?" he thought. "They took forty-seven years to get that way. And I've got another 50 percent to go."

So he went back to leasing trucks in San Leandro and San Jose, California. That was in 1983. What happened next, and what it has to do with the rest of

us, emerges in a remarkable new book by the doctor who worked with Dwayne and twenty-one other people in the first medical experiment of its kind.

The title is prosaic but precise: *Dr. Dean Ornish's Program for Reversing Heart Disease*. Ornish reports that eighteen of the twenty-two participants in his study—82 percent—began reopening blocked coronary arteries through "lifestyle" changes alone. Twenty-some other current studies on reversing heart disease all use cholesterol-lowering drugs, surgery, or plasmapheresis (filtering cholesterol out of a patient's blood through a dialysis-type machine). Yet the title of the book scarcely hints at the scope of what's inside. Whether or not you think you'll ever be concerned about your heart, this is likely to be the most useful book about health you'll read this year, maybe ever.

Surgery and drugs are great if you're already having a heart attack; but medical mechanics don't alter the underlying qualities that led to the crisis. A coronary-artery bypass produces just what its name denotes—a detour around a problem that leaves the cause untouched. Fifty percent of bypassed arteries clog up again within five years, 80 percent within seven years.

Ornish redefines the origins of heart disease to include not only easily mea-



**Healing a heart
without surgery or dope? Get
with the program**

sured physical elements such as fat intake and exercise, but also subtler ones such as emotional stress and—ironically, considering the symbolism of the heart—love. The evidence has convinced him that "treating only the physical manifestations of heart disease without addressing the more fundamental causes will provide only temporary relief." For real healing, he looks to the attitudes that affect how we spend our time, treat ourselves and those around us, and how much—or how little—we enjoy being alive at all. He illustrates with stories from his own life and the lives of his study participants, all thoroughly (and, in the great tradition of doctors who write well, engagingly)

backed by clinical data.

Ornish is a scientist—first in his class at the University of Texas at Austin, an award winner at Baylor medical school, Harvard residency, and so forth—but he is also a raconteur skilled at showing how secrets revealed can help to heal. Some of the most touching revelations in the book are his own; others emerge in sections narrated by participants in the research. Dwayne is one.

Tough and ornery was the way Dwayne recalled growing up in New Mexico, running with a crowd in junior high that picked fights to "measure up in the manly category." Through high school, jobs in the Oklahoma oil fields, the Air Force, several rowdy years at several colleges, and on into marriage, fatherhood, and career, he learned to be "a bullheaded type of person who feels that he's

an all-American boy, proud of strength and honor and glory and all of that other stuff.... Any wimps or weaklings are not tolerated."

All along the way, Dwayne kept fighting. He broke the nose of a supervisor at Frontier Airlines, where he was working when he married; in Seattle, he pummeled a guy who'd insulted him, and realized, "I could have killed him." He jumped gleefully into a brawl in Missoula, Montana, because "we just wanted a fight."

He ate all-American food—meat, cheese, big family barbecues. By late 1988, at fifty-three, he was carrying 280 pounds on his six-foot-two-inch frame, along with the chip on his shoulder. In

John Poppy writes this column monthly for *Esquire*.

the five and a half years since he'd learned of the 50-percent blockage, he'd humored his wife, Kathy, by signing up for a cardiac-rehabilitation course, but he played hooky from even its mild (by Ornish standards) program. Kathy tried to get him out of the house for walks, but he complained that he was too tired. He slept poorly, with bouts of thunderous snoring that drove Kathy to move downstairs to sleep. He'd wake up gasping for air, as if he'd been drowning. He took Zylprim for gout and Corgard for high blood pressure (150/90, even with the medicine). His cholesterol level reached 310, more than a hundred mg/dl above "borderline high."

Behind the tough persona, Dwayne had grown bitter over feeling powerless. He hated the savagery of the leasing business: five hundred trucks on the road; customers raging over everything from flat tires to blown engines, and refusing to pay for problems they'd caused; mechanics and unions unhappy; bosses telling him that if he didn't make his quotas they'd find someone who could. But he had too much invested to quit—twenty-two years' experience and, more than that, his pride. With the stress, he'd failed repeatedly to cope with his fat: he'd skip breakfasts and lunches, starve off twenty or thirty pounds, then gain back all of it and more.

He was so disgusted that he, of all people, had heart trouble, that he dismissed it. "I can overcome this," he'd tell himself, "if I just be ornery and work hard, keep doing what I'm doing, and go back on a diet." And reaching his fiftieth birthday had left him appalled. He told Kathy, "I have absolutely blown fifty years."

One night, a physical therapist at the rehab center mentioned Dean Ornish's program in San Francisco, and Kathy pleaded with Dwayne to apply. Grudgingly, he did.

Soon after he joined the Lifestyle Heart Trial, he found that the worst of the blocks in his coronary arteries had already grown to 90 percent.

With Dwayne's arrival in December 1988, Ornish completed the full group of forty-one heart patients whose results he is now reporting. Nineteen of them ended up in a control group that received "usual medical care." The remaining twenty-two became the experimental group, sworn to the program Ornish had devised:

- ▶ Vegetarian diet, less than 10 percent fat, less than 5 mg per day of cholesterol. (A typical American eats 40 to 50 percent fat and 500 mg of cholesterol; the American Heart Association recommends maximums of 30 percent and 300 mg.)

- ▶ Moderate exercise: walking for half an hour a day, or for an hour every other day.

Active Health

- ▶ No smoking.
- ▶ Stress-management techniques: an hour a day total

of stretching, relaxation and breathing exercises, meditation, and visualizing arteries clearing up.

▶ Twice-weekly group meetings, four hours each on Tuesday and Thursday evenings. Each meeting included a walk, the stress-management exercises, a meal, and a concluding hour of discussion. At first, Ornish and the psychologists leading the discussion steered it toward tips on how to stick with the program and some light story-swapping. They took care not to probe too deep, since several members agreed with an early outburst from one that "I don't think feelings have anything to do with heart disease. I don't want to air my dirty laundry in front of others, and I don't want to hear about yours." That man was the only member of the research group who died in the initial phase of the study—in a gym one day, while wildly exceeding the exercise limits, competing against a computerized rowing machine. As time went on, the support groups developed a new focus. They became, as Ornish writes, "safe enough for people to begin showing who

**"Dr. Ornish asked me,
'What's more important, your
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they really were underneath the masks."

Early press coverage about the study mentioned all of this, but public attention zeroed in on the food and its sensationally low fat content. Could anyone really stay a whole year on a program of salads with no oil at all, not even olive; no mayonnaise for sandwiches, not even margarine; no animal products except egg whites and a cup a day of nonfat milk or yogurt? Dwayne figured he could. He liked the challenge.

But he told Ornish: "If I had understood that I was going to have to do meditation and... get in a group and tell about my life, I wouldn't have enrolled, because I thought it showed weakness.... If I need your help, you can operate on me and fix my heart physically, but don't touch me mentally or emotionally."

Up to this point, I knew the participants in the study only from the book manuscript. Earlier this year, Ornish invited me

to a Tuesday-night meeting, and there among the people sauntering in the door and greeting one another was Dwayne.

He looked the part: a big, round-faced guy in a dark Windbreaker and sweat pants, a towel around his neck, stretching his calf muscles before getting out on the walk that precedes each meeting. I asked if I could go along. He said, "Sure," in an agreeable voice, and headed into a cold wind whipping off San Francisco Bay. For twenty minutes out and twenty back, I hustled to keep up with him, and he talked the whole way.

"The thing that really surprised me is how fast the changes in my life started happening," he said softly, as if he were a little shy about his eagerness to tell it. "In the first six or eight months, I lost eighty pounds. This diet—you can eat until you're full, as many times a day as you're hungry, and you still lose weight. And the food's not bad at all, you know? You learn about spices and baking with egg whites and all sorts of ways to make things tasty.

"My cholesterol dropped from 310 to 154. My doctor took me off the blood-pressure medicine—said I didn't need it anymore—and I'm 124/72 without it. I

don't need the gout medicine anymore. After I lost the first forty pounds or so, the snoring stopped, and I haven't had any more choking episodes. Kathy sleeps with me every night now, and it's as if we fell in love again."

His year-end tests showed some reversal in the narrowing of his coronary arteries. More blood was flowing to his heart.

"I'm delighted, and maybe I'll live longer than I would

have before, but that's not the whole point. Maybe I *won't* live longer. The point is that my attitude changed."

The day Dean Ornish called to say he'd been admitted to the study, Dwayne had tried to back out. A one-week retreat for participants conflicted with a meeting his bosses expected him to attend in Los Angeles. "I said my boss would really be mad if I didn't go. Dr. Ornish asked me, 'What's more important, your job or your health and your family?' I said, 'My job.' That's when I heard the click."

Can't go to L.A., Dwayne told his boss. Soon after, he left truck leasing for a job he actually enjoys: working as a general manager at Haulaway Container Corporation, which rents storage containers to construction companies.

"I used to concentrate on how different everybody else was from me. I could never just relax and show who I am; I'd reject

them before they could reject me, I'd act tough and fight and pretend I wasn't afraid or lonely or anything. The people in this group—we're finding out the ways we're similar, no matter how different we look."

In his first meetings, he saw a group that included executives, teachers, a former foundation president, and other white-collar types. "I was a little fearful of what I might say in front of them. But that went away fast, because they're all so supportive and, you might say, so loving." They learned to let go of "the tightness, always being clenched up, trying to get something you don't have or pretending to be better than you are—most of us were afraid of being found out." Dwayne said. "Once we saw it was safe, we could open up. One guy could say, 'I'm not really very rich.' I could tell two gay guys in the study, 'I have had bad thoughts about your lifestyle but I'm trying to change them, and I'm sorry.' They accepted me.... Wham! You feel clean. Inside, the pressure leaves you."

"I can drive down the road now without telling at people."

He paused. "The father-in-law of one of my girls just got the job he wanted all his life, managing a refinery here. Two Sundays ago he and I were talking about what we were going to do together the next weekend. That Tuesday he was in a meeting and started babbling. A stroke. Forty-eight hours later, he was dead. By all rights I should have been the one who died. I was the sick one. He never had a sick day in his life. Boom! It's going to come, and you don't know when."

"So what's important to me now is not just how long I'm going to live. It's the way I live. Kathy supported me and loved me when things were bad, and now I'm not so hard to love. I wouldn't trade the way I feel about my life for anything."

Dean Ornish believes that's the central issue. Nothing cures everyone all the time, he notes: Not every blockage in every artery showed reversal. Some got better and some got worse. But 82 percent of the people in the experimental group showed overall changes toward reversal; in the control group, 55 percent got worse. "We may not always be cured," Ornish wrote, "but we can learn to be healed—for the real issue is not just how to delay death but also how to be more fully alive, freer from our self-imposed limitations. Now, using this program, we can often have both."

A few days after the Tuesday meeting I attended, Ornish explained why blockage reversals, cholesterol levels, and the other hard data of the study are not the main point of it for him.

"A crisis—say, an illness—can be a real opportunity," he said. "It can be a catalyst

for transforming not just behaviors like diet and exercise but, more important, the fundamental patterns—emotional, even spiritual—that lead to the problem in the first place. Attempts that focus only on changing behaviors are not going to be successful in the long run."

Neither are approaches based simply on life extension. "Doing something because you're afraid you're going to die—exercising, or choosing not to eat meat—usually lasts two or three weeks. The heart problem gets people's attention, but that's not what keeps them doing this program once they start," he said.

"The people who developed meditation and yoga"—the bases of modern stress management—"didn't do it so they could learn to be more productive, or lower their blood pressure, or reverse arterial blockages. They did it to experience something beyond themselves that also encompasses them. Anything that helps us reconnect with parts of ourselves that we've walled off, increase intimacy, and/or transcend our spiritual isolation—that's healing in the basic sense of the word, to 'make whole.' And that feels good."

Dwayne Butler and others say they'd stay with the program even if they found out their heart problems were all a hoax.

"There's a sense of abundance," Ornish explained. "You can eat a lot and still not gain weight. You accomplish more work when your mind is focused. You can enjoy sensual pleasures: A few spoons of ice cream will please you more, if you really focus on it, than a whole gallon will if you're watching TV at the same time."

As for Dwayne's junior-high concerns. "You increase your personal power by increasing your inner peace. I know inner peace is one of those fuzzy concepts that people equate with wimpiness," Ornish said with a grin. "But in fact, the person who has inner peace has power. Because no one has power over you unless they have something you think you need."

The more time people spent on the program, the better they got—regardless of their age or the severity of their heart disease at the outset. The oldest patients and the ones with the most severely blocked arteries showed the greatest reversal; they were also the most faithful to the program. "Apparently, it's never too late to begin making these changes," Ornish said. He had expected younger patients to show the most improvement.

Another surprise: Some people showed reversals even though their blood cholesterol levels didn't drop as low as Ornish thought they'd have to. He had predicted that the levels would have to drop below 180, perhaps to 150, in order to show re-

versal. He found otherwise: "If you get your fat and cholesterol intake low enough, and practice the stress management and so on, then even if your blood cholesterol level doesn't come down much, you may still show reversal." One man with a genetically high level of 390 and a 39-percent block tried exercise and the conventional American Heart Association diet: in a year, his level dropped to 375 and the block increased to 77 percent. He then entered the Lifestyle Heart Trial. His cholesterol level dropped to 250—still high. But after he had spent a year on the program, an angiogram showed the blockage had reversed to 59 percent and blood flow through that artery increased by 270 percent. Other patients had similar results.

By contrast, only two other controlled studies show human beings reversing arterial blockages; both of those programs used drugs to reduce cholesterol levels, and neither showed reversals anywhere near the rate of this one.

Ornish is certain that cholesterol-lowering drugs should not be the first choice; he prescribes them only for people who refuse to adopt his lifestyle changes. They're expensive (\$2,000 to \$3,000 a year); their known side effects include intestinal problems, liver damage, and cataracts; and no one knows their long-term effects.

He is also convinced that cholesterol is not the primary cause of heart problems. It's important, yes; but "it is not the whole story. Neither is high blood pressure, or smoking, or lack of exercise. All of the known risk factors explain only about half of the heart disease that we see."

The implications of Dr. Dean Ornish's *Program for Reversing Heart Disease* extend beyond personal health. A coronary-artery bypass can cost \$30,000; a balloon angioplasty, \$7,500; the lost time and work, who knows? Essentially, living by the Ornish program costs nothing. In a country that spends \$78 billion a year treating heart disease, the savings could pay off a big chunk of the national debt.

And who can put a price on a return to really active health? "If I can do it, anybody can do it," Dwayne Butler exults. "And not only just the diet and exercise, but also... getting rid of some of your animosities, hates, bigotry, all of that stuff." Starting, as he sees it, requires support: "If you don't have it at home, then you need to get some kind of group support, like this. I guess confessing your faults to one another helps. My religion tells me to do that. But I never practiced it.... When you ask for forgiveness, for understanding, for love—that must be what the human body needs and what being human is all about. You know, it must be. Because it works." ■

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Arteries Are Unblocked Without Drugs in Study

By SANDRA BLAKESLEE

People with blocked coronary arteries who adhere to a strict vegetarian diet, engage in mild daily exercise and practice stress-reduction techniques can reverse the blockage, according to a study being published today.

Those who make the greatest changes show the biggest improvement, researchers said in a report in *The Lancet*, a British medical journal. The study also found that changes in diet and exercise alone were not enough to reverse heart disease and that stress reduction was a more important factor than had been generally thought.

The study's preliminary findings were reported last November at a meeting of the American Heart Association in New Orleans. But this is the first report of the research to be published in a medical journal.

The study, the Lifestyle Heart Trial, was conducted by Dr. Dean Ornish of the Preventive Medicine Research Institute in Sausalito, Calif., and colleagues at the University of California at San Francisco and the University of Texas Medical School in Houston.

The study "offers strong scientific evidence that life-style changes alone can actually reverse the progression of atherosclerotic plaques in coronary arteries," said Dr. Claude Lenfant, director of the National Heart, Lung and Blood Institute in Bethesda, Md. "These changes can begin to reverse even severe coronary artery disease after only one year, without the use of cholesterol-lowering drugs."

Life-Style Changes Questioned

But other heart disease experts caution that the changes in habit advocated by Dr. Ornish are difficult to sustain. "He is incredibly convincing in keeping people in his program," said Dr. Peter Wilson, laboratory director of the Framingham Heart Study in Massachusetts, but he said it remained to be seen if other people could make such changes on their own.

"It may be more realistic to have people inch their way down the fat scale rather than take drastic cuts and get discouraged," Dr. Wilson said.

Increasing evidence implicates diet, exercise, stress and smoking as factors in coronary artery disease, Dr. Ornish said in a telephone interview. But the relative contribution of each to the disease is not well understood.

The study randomly selected 41 patients 35 to 75 years old from two San Francisco hospitals. Although the patients had widely different socioeconomic and ethnic backgrounds, Dr. Ornish said, all entered the study with severe heart disease. Blocked arteries were measured and assessed by a technique that involves injecting dye into the heart. An X-ray provides a picture of which arteries are blocked.

Four-Year Study Planned

Twenty-two patients were assigned to an experimental group that changed habits of eating, exercising and coping with stress. Nineteen other patients were assigned to a control group in which followed their regular doctors' orders. Both groups are being followed for four years, but the current report is based on the first year's progress.

Those in the experimental group ate

no animal products, with the exception of egg whites and up to a cup of nonfat milk or yogurt a day. The diet had no more than 10 percent fat, consisting of vegetables, fruits, legumes and grains, and it was made more palatable with the help of several well-known chefs, including Wolfgang Puck, who designed dishes for the group.

For exercise, the patients walked for half an hour a day. No more than this was needed, Dr. Ornish said.

Meeting to Reduce Stress

To reduce stress, the group met twice a week for four hours to walk together, talk, eat, meditate and practice stretching and breathing exercises, Dr. Ornish said. The only smoker in the group quit her habit, he said.

Those in the control group made more moderate changes in diet and habits, Dr. Ornish said. Most went on a 30 percent fat diet as recommended by the American Heart Association. Most exercised, he said, but did not practice stress-reduction techniques.

A year later, researchers took new images of the patients' blood vessels.

In the experimental group, 18 of the 22 patients showed significant unblocking of the arteries, Dr. Ornish said. Three showed slight unblocking and one patient, with poor compliance with the regimen, showed progression of

Changes in diet, exercise and stress help in heart disease.

disease. The patients reported a 91 percent reduction in the frequency of chest pains, a 42 percent reduction in their duration and a 28 percent reduction in severity.

Chest Pains Increase

Among the control group, said Dr. Ornish, 10 of the 19 patients showed progression of blocked arteries. The others, mostly women or men who exercised more often and consumed fewer calories, showed some unblocking of arteries. Nevertheless the group as a whole reported a 165 percent rise in the frequency of chest pains, a 95 percent rise in their duration and a 39 percent rise in their severity.

Dr. Ornish said he was surprised to find no firm correlation between lowered cholesterol and the unblocking of arteries. "I assumed we would need to get blood cholesterol below 150 or 180 to see regression," he said, referring to milligrams of cholesterol per deciliter of blood. But one man whose cholesterol fell from 360 to 260 showed major unblocking of arteries.

"While reducing blood cholesterol is very important, it's not the whole story," Dr. Ornish said. Emotional stress is a critical element in coronary artery disease. "We know stress can cause arteries to constrict, the blood to clot faster and the blockages in the arteries to form more readily," he said.

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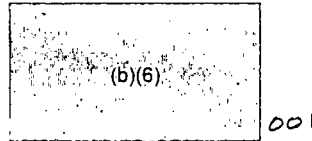
CURRICULUM VITAE

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Office Address: 900 Bridgeway, Suite 2, Sausalito, CA 94965
telephone: (415) 332-2525

Date of Birth:

Place of Birth:



Education:

1975 B.A. The University of Texas, Austin, Texas
1980 M.D. Baylor College of Medicine, Houston, Texas

Postdoctoral Training, Internship, and Residencies:

1981-1984 Clinical Fellow in Medicine, Harvard Medical School,
Boston, Massachusetts
1981-1982 Intern in Medicine, Massachusetts General Hospital,
Boston, Massachusetts
1982-1983 Junior Assistant Resident in Medicine, Massachusetts General Hospital,
Boston, Massachusetts
1983-1984 Senior Resident in Medicine, Massachusetts General Hospital,
Boston, Massachusetts

Research Fellowships:

1969 Fellow, National Science Foundation Summer Science Training Program,
New Mexico State University, Las Cruces (physics, lasers, & holography)
1977-1978 Research Assistant, Department of Internal Medicine,
Baylor College of Medicine, Houston, Texas
1977-1978 Fellow, The Franzheim Synergy Trust, Houston, Texas
1980-1981 Research Associate, Department of Internal Medicine,
Baylor College of Medicine, Houston, Texas
1984 Fellow, American Heart Association Tenth U.S. 10-Day Seminar on the
Epidemiology and Prevention of Cardiovascular Diseases, Lake Tahoe

Licensure and Certification:

1980 Texas Medical License Registration # F-7012
1981 Massachusetts Medical License Registration # 77815
1984 California Medical License Registration # C 41565

Appointments:

1984- date	Assistant Clinical Professor of Medicine and Attending Physician, Division of General Internal Medicine, School of Medicine, University of California, San Francisco
1984- date	President & Director, Preventive Medicine Research Institute, University of California, San Francisco
1984- date	Medical Staff & Attending Physician, Presbyterian Hospital, California Pacific Medical Center, San Francisco
1984- date	Scientific Advisory Board, Saybrook Institute Graduate School and Research Center, San Francisco
1987- 1991	Scientific Advisory Council, Institute for the Advancement of Health, New York
1989- date	Advisory Council, The National Institute for the Clinical Application of Behavioral Medicine, Mansfield, CT

Awards and Honors:

1968	National Prize, Eastman Kodak High School Photography Competition
1971	First Place, Texas Education Agency Film Festival
1975	Commencement Address (Baccalaureate), College of Humanities, The University of Texas, Austin
1975	Summa Cum Laude
1975	Phi Beta Kappa
1975	Omicron Delta Kappa (national leadership honor society)
1975	Phi Kappa Phi (interdisciplinary honor society)
1975	Judge's Award, Refocus National Photography Competition
1975	Best of Show, Ninth Annual Juried Photography Exhibition, Deutser Gallery, Houston
1980	Moody C. Bettis Memorial Award for Excellence in Community Medicine, Baylor College of Medicine, Houston
1982	Runner-up, Young Investigator's Award in Cardiology, Deborah Heart & Lung Institute
1990	<i>New York Times</i> & <i>Publishers Weekly</i> Bestseller Lists
1990	Franzheim Award, The Franzheim Synergy Trust, Houston
1990	Finalist, Samuel A. Levine "Young Clinical Investigator's Award," American Heart Association

Major Committee Assignments:

1975-1976	Co-President, first-year class, Baylor College of Medicine, Houston
1980-1981	Accreditation Committee on Public Education and Health Promotion, Baylor College of Medicine, Houston

1976	Committee on Humanistic Medicine, Baylor College of Medicine and The Commonwealth Fund
1975-1979	Founding Member, American Medical Students Association (AMSA) "Peer Education in Prevention" national task force (with U.S. Department of Health, Education and Welfare)
1991	Institute of Medicine/National Academy of Sciences, Planning Panel on the Health Effects of Emotion and Stress Washington, D.C.
1991-1992	President's University-Wide Steering Committee, Prevention and Health Promotion, University of California System
1992	National Institutes of Health Planning Panel to Assess Unconventional Medical Practices

Advisory Boards:

1975-1976	Editorial Board, <i>The Harris County Physician</i> , official journal of the Harris County (Houston) Medical Society
1987- date	Contributing Editor, <i>American Journal of Health Promotion</i>
1989- date	Scientific Advisory Board, <i>Prevention</i> magazine, Emmaus, PA
1989- date	Editorial Advisory Board, <i>Yoga Journal</i> , Berkeley, CA
1989- 1990	Advisory Board, <i>HeartCorps</i> Magazine, Westlake Village, CA
1990- date	Advisory Board, Exceptional Cancer Patients (ECaP), New Haven, CT
1990- date	Advisory Board, National Institute for the Clinical Application of Behavioral Medicine
1990- date	Reviewer, <i>Circulation</i>
1990- date	Reviewer, <i>American Journal of Cardiology</i>
1990- date	Advisory Council, Program in Medicine and Philosophy, California Pacific Medical Center, San Francisco

Memberships in Professional Societies:

1975	Harris County Medical Society
1975	American Medical Students Association
1980	American Medical Association
1982	American College of Physicians (Associate)
1982	Massachusetts Medical Society
1982	Suffolk County Medical Society
1982	American Association for the Advancement of Science
1983	New York Academy of Sciences
1984	American Heart Association, San Francisco Chapter
1986	Elected Fellow, Society of Behavioral Medicine
1986	Council on Epidemiology, American Heart Association

Major Research Interest:

Effects of comprehensive lifestyle changes on coronary heart disease.

Teaching Experience:

- 1977 Lecturer, national convention, American Medical Students Association, The Palmer House, Chicago
- 1977 Lecturer, "First Symposium on Nutrition," The University of Texas, Austin, Texas
- 1977 Lecturer, regional convention, American Medical Students Association, University of Texas Health Science Center, Southwestern Medical School Dallas
- 1978 Lecturer, regional convention, American Medical Students Association, Baylor College of Medicine, Houston
- 1978 Presenter, National Medical Student Research Forum, University of Texas Medical School, Galveston, Texas
- 1978 Luchi Society Lecture, Baylor College of Medicine
- 1979 Guest Lecturer, All India Institute of Medical Sciences, New Delhi, India
- 1979 Guest Lecturer, Madras Medical College, Madras, India
- 1979 Guest Lecturer, Benares University Institute of Medical Sciences, Varanasi, India
- 1980 Lecturer, "Workshop for Family Medicine Preceptors," Baylor College of Medicine, Houston
- 1981 Lecturer, Medical Grand Rounds, Massachusetts General Hospital, Boston
- 1981 Guest, "Here's to Your Health" national television show, PBS
- 1982 Presenter, American College of Cardiology "31st Annual Scientific Sessions," Atlanta, Georgia
- 1983 Lecturer, United Nations World Health Day, Boston
- 1983 30-city book tour (radio, television, newspaper, and magazine interviews)
- 1983 Guest, CBS Morning News, New York, New York
- 1983 Guest, Phil Donahue Show, Chicago, Illinois
- 1983 Guest, National Public Radio, Washington, D.C.
- 1983 Guest, Voice of America Radio Network, Washington
- 1983 Lecturer, Interface Center, Newton, Massachusetts
- 1984 Lecturer, Center for Lifelong Learning, Faculty of Arts and Sciences, Harvard University
- 1984 Lecturer, Medical Grand Rounds, University of Massachusetts Medical School, Worcester
- 1984 Instructor, Introduction to Clinical Medicine, Harvard Medical School and Massachusetts General Hospital, Boston
- 1984 Keynote speaker, "Health & Well-Being" conference, Seattle University, Seattle, Washington
- 1985 Lecturer, World Business Council national meeting, Hyatt Regency Hotel, San Antonio, Texas
- 1985 Lecturer, Young Presidents' Organization, University of Texas Health Science Center, Houston, Texas

1986 Lecturer, American Heart Association, "Stress and Cardiovascular Risk,"
San Rafael, California

1986 Guest, Hospital Satellite Network Television, "Stress."

1987 Lecturer, American College of Cardiology, "Stress and the Heart,"
Grand Teton National Park, Wyoming.

1987 Guest, The Today Show, New York, New York

1987 Guest, KCBS Radio, San Francisco, California

1987 Lecturer, Omega Institute, Rhinebeck, New York

1987 Lecturer, Esalen Institute, Big Sur, California

1987 Invited participant, U.S./Soviet Exchange Program,
Esalen Institute, Big Sur, California

1987 Lecturer, Prevention Coordinating Group, Department of
Health and Human Services, Washington, D.C.

1987 Lecturer, National Heart, Lung, & Blood Institute, Bethesda, Maryland

1988 Invited participant, "Stress and the Heart" symposium,
37th Annual Scientific Session, American College of Cardiology,
Atlanta, Georgia

1988 Invited participant, John D. & Catherine T. MacArthur Foundation,
"A Meeting to Explore the Mind-Body Interface," New Orleans, LA

1988-1992 Invited participant, The Symington Foundation, "Conference on
New Directions in Cancer Care," Commonweal, Bolinas, CA

1988 Invited participant, John D. & Catherine T. MacArthur Foundation,
"Research Program on Determinants and Consequences of
Health-Promoting and Health-Damaging Behavior," Alexandria, Virginia

1988 Presenter, "American Heart Association 61st Scientific Sessions,"
Washington, D.C.

1988 Invited participant, Institute for the Advancement of Health,
"The Role of Altruism in Health," New York, NY

1988 Lecturer, weekly conference, Cardiovascular Health Center,
Massachusetts General Hospital, Boston

1988 Lecturer, Behavioral Medicine Section conference,
Harvard Medical School, New England Deaconess Hospital, Boston

1988 Invited participant, "First National Cholesterol Conference,"
Arlington, Virginia

1988 Medical Grand Rounds, California Pacific Medical Center,
San Francisco, California

1988 Invited participant, "Hidden Reserves of the Human Psyche,"
Moscow Neuropsychiatric Institute, Moscow, USSR

1988 Workshop leader, Esalen Institute, Big Sur, California

1988 Keynote Speaker, "Cholesterol Management in the 1980's,"
Loma Linda Medical School, Loma Linda, CA

1988 Guest, CBS Evening News, New York, NY

1988 Guest, ABC Television's "Health Show," Washington, D.C.

1988 Lecturer, Medical Grand Rounds, Beth Israel Hospital, New York, NY

1989 Lecturer, "Meet the Experts" session, "Behavior Modification in Patients with Heart Disease," 38th Annual Scientific Session, American College of Cardiology

1989 Keynote Speaker, "Healing the Heart" conference, National Institute for the Clinical Application of Behavioral Medicine, Boston

1989 Guest, The Home Show, ABC Television, Los Angeles, CA

1989 Keynote Speaker, American Heart Association "Annual Meeting of the Membership," Fort Worth, Texas

1989 Workshop, "Can Lifestyle Changes Reverse Coronary Atherosclerosis?" The Society of Behavioral Medicine Tenth Anniversary Meeting, San Francisco

1989 Medical Grand Rounds, The Cleveland Clinic, Cleveland OH

1989 Institute for the Advancement of Health Speaker Series: "The Mind-Body Connection and Your Health," School of Medicine, University of California, San Francisco

1989 Institute for the Advancement of Health semi-annual meeting, Pocantico, Tarrytown, New York

1989 "The Era of Reversibility of Blood Vessel Disease," The Medical Center of Lake County/Condell Memorial Hospital, Libertyville (Chicago)

1989 Medical Grand Rounds, St. Luke's Hospital, San Francisco, California

1989 Medical Grand Rounds and Cardiology Grand Rounds, University of Massachusetts Medical School, Worcester, Massachusetts;

1989 Tenth Annual Cardiovascular Conference, Boone Hospital Center, Columbia, Missouri

1989 Medical Grand Rounds, Baylor College of Medicine, Texas Medical Center, Houston, Texas

1989 Presenter, "American Heart Association 62nd Scientific Sessions," Washington, D.C.

1990 Keynote Speaker, "Healing the Heart" conference, National Institute for the Clinical Application of Behavioral Medicine, Boston

1990 Lecturer, The Isthmus Institute, Dallas, Texas

1990 Keynote Speaker, "The First National Conference on the Psychology of Health, Immunity, and Disease," National Institute for the Clinical Application of Behavioral Medicine, Boston

1990 Presenter and invited symposium participant, First International Congress of Behavioral Medicine, Uppsala, Sweden

1990 Guest, CBS News' "48 Hours," New York, NY

1990 Medical Grand Rounds, San Francisco General Hospital

1990 Cardiology Grand Rounds, California Pacific Medical Center, San Francisco

1990 Lecturer, "Alternatives in Medicine" seminar, Stanford Medical School

1990 Research Seminar, St. George's Hospital Medical School, London, England

1990 Distinguished Lecturer, Louisiana State University Medical School, New Orleans, Louisiana

- 1990 Invited participant, "Recommendations on Diet, Behavior Modification and Exercise in the Management of Heart Disease," 39th Annual Scientific Session, American College of Cardiology, New Orleans, LA
- 1990 Faculty, "Clinical Perspectives on Blood Lipids" seminar, Beth Israel Medical Center, New York, N.Y.
- 1990 Lecturer, "Sixth Annual Symposium of the Tri-State Society for Cardiovascular and Pulmonary Rehabilitation, Harrisburgh, Pennsylvania
- 1990 20-city book tour (numerous radio, television, newspaper, and magazine interviews)
- 1990 Guest, "The Today Show," New York, New York
- 1990 Guest, "CBS This Morning," New York, N.Y.
- 1990 Guest, "All Things Considered," National Public Radio, Washington, D.C.
- 1990 Guest, "MacNeil-Lehrer Newshour," Washington, D.C.
- 1991 Medical Grand Rounds, Dept. of Pathology, School of Medicine, University of California, San Francisco
- 1991 "3rd Asian Pacific Symposium on Cardiac Rehabilitation," International Society and Federation of Cardiology, Singapore
- 1991 "Advances in Cardiology," The Sanger Clinic and The Carolinas Heart Institute, Hilton Head, SC
- 1991 Invited participant, The National Conference on Cholesterol and High Blood Pressure Control," National Heart, Lung, and Blood Institute, National Institutes of Health, Washington, D.C.
- 1991 Invited participant, "Workshop on Stabilization and Regression of Atherosclerosis," National Heart, Lung, and Blood Institute, National Institutes of Health, Bethesda, MD
- 1991 "Regression of Atherosclerosis," sponsored by the Princess Liliane Cardiology Foundation, Argenteuil, Belgium
- 1991 "Clinical Perspectives on Blood Lipids and Coronary Heart Disease," sponsored by the American College of Cardiology, Anchorage, Alaska
- 1991 "Medical Grand Rounds," University of Nebraska Medical Center, Omaha
- 1991 "Medical Grand Rounds," University of Alabama Medical School, Birmingham
- 1991 "Vascular Disease 1991," University of California, Irvine College of Medicine, Irvine, CA
- 1991 Lecturer, "National Conference on Self-Esteem," Interface, Boston, MA
- 1991 Keynote speaker, University of Texas School of Nursing, Texas Medical Center, Houston
- 1991 Lecturer, The Commonwealth Club, San Francisco, CA
- 1991 Keynote speaker, "Opening Ceremonies," The Heart Institute of Spokane, Spokane, Washington

- 1991 Keynote speaker, "Women and Heart Disease," American Heart Association of Wisconsin, Meriter Hospital, Madison, WI
- 1991 Lecturer, "Our Bodies, Our Planet," EarthSave Foundation conference, San Francisco, CA
- 1991 Lecturer, Planetree Health Resource Center, San Francisco, CA
- 1991 Lecturer, "First National Conference on the Elimination of Coronary Artery Disease," Caldwell B. Esselstyn Foundation, Tucson, Arizona
- 1991 Research seminar, Federation of American Societies for Experimental Biology, Bethesda, MD
- 1991 Lecturer, "20th Anniversary Conference, Center for Science in the Public Interest: "Diet and Health: Where is America Going?" Boston, MA
- 1991 Cardiology Grand Rounds, Cedars-Sinai Medical Center, Los Angeles, CA
- 1991 Lecturer, "Santa Fe Cardiology Symposium," Southwest Cardiology Associates, Santa Fe, NM
- 1991 "Imagery, the Heart, and Healing," the Academy for Guided Imagery, Kauai, HI
- 1991 "Ninth Annual Dr. Walter Birnbaum Medical Lecture," The Fromm Institute for Lifelong Learning, University of San Francisco
- 1991 "Sixth Annual Scientific Meeting," American Association of Cardiovascular and Pulmonary Rehabilitation," Long Beach, CA
- 1992 Guest, "Good Morning America," New York
- 1992 "Third International Symposium on the Management of Atherosclerosis," Erasmus University, Interuniversitair Cardiologisch Instituut Nederland, Rotterdam
- 1992 "Second International Conference on Nutrition and Fitness," Zappeon Megaron Palace, Ministry of Culture, co-sponsored by the President's Council of Physical Fitness and Sports, the American Association for World Health, The General Secretary of Athletics of Greece, the International Union of Nutritional Sciences, and the International Olympic Committee
- 1992 "Sixth Annual HeartLife Symposium," The Greenville Hospital, Greenville, SC,
- 1992 "Cardiology 1992: Concepts & Controversies," Mercy Heart Institute, Sacramento, CA
- 1992 "Second International Congress of Behavioral Medicine," the International Society of Behavioral Medicine, Hamburg, Germany
- 1992 Keynote lecture, "5th World Congress of Cardiac Rehabilitation," Hôpital Cardiologique, Haut-Lévêque, Bordeaux, France
- 1992 "International Workshop on Atherosclerosis-Cellular Interactions, Growth Factors, and Lipids," Institut Für Prophylaxe Und Epidemiologie Der Kreislaufkrankheiten b.d. Universität München

- 1992 "Symposium on Atherosclerosis Progression-Regression: What Have We Learned?" 41st Annual Scientific Session, American College of Cardiology, Dallas, Texas
- 1992 "Third Annual Conference," *American Journal of Health Promotion*, San Diego, CA
- 1992 "The Heart-Mind Connection," School of Medicine, University of North Carolina, Charlotte, NC
- 1992 "Behavioral Medicine Symposium," Center for Psychiatry and Dept. of Cardiology, Presbyterian Hospital, Charlotte, NC
- 1992 "Houston Cardiology Society/Cardiovascular Nursing Society," American Heart Association, Houston Division, Houston, Texas
- 1992 Lecturer, St. Luke's Medical Center, Milwaukee, WI
- 1992 "Matters of the Heart: Women and Heart Disease," American Heart Association, El Camino Hospital, Mountain View, CA
- 1992 Grand Rounds, "Occupational Health," UCSF School of Medicine
- 1992 "Second International Congress on Vegetarian Nutrition," sponsored by the *American Journal of Clinical Nutrition* and the Loma Linda School of Medicine, Washington, D.C.
- 1992 "Tenth Annual Florida Heart Institute Cardiology Update 1992," Florida Hospital, Orlando
- 1992 "International Love and Health Congress," Southern Connecticut State University, New Haven, Connecticut
- 1992 "UniverCity Chautauqua," Ball State University, Indiana
- 1992 "Seminar on Nutrition and Cardiovascular Disease," St. Francis Hospital, The Heart Center, Roslyn, NY
- 1992 "Reversing Heart Disease," Institute for Personal Health Skills, Cleveland, Ohio
- 1992 "International Bayer Workshop on Atherosclerosis: Cellular Interactions, Growth Factors, and Lipids," Institut Für Prophylaxe Und Epidemiologie Der Kreislauferkrankheiten, b.d. Universität München, Stresa, Italy
- 1992 Keynote lecture and workshop, Japan Holistic Medical Society, Tokyo, Japan
- 1992 "Second International Symposium on Multiple Risk Factors in Cardiovascular Disease," National Cardiovascular Center Research Institute, Osaka, Japan
- 1992 "Don Carlos Peete Lecture in Cardiology" and Medical Grand Rounds, Trinity Lutheran Hospital
- 1992 Medical Grand Rounds, University of Kansas Medical Center, Kansas City, MO
- 1992 National Scientific Meeting, American Association of Cardiovascular and Pulmonary Rehabilitation Specialists, Washington, DC
- 1992 "Third International Symposium on the Management of Atherosclerosis," Erasmus University, Interuniversitair Cardiologisch Instituut Nederland, Rotterdam

- 1992 American Dietetic Association National Meeting, Chicago, IL
- 1992 "Fourth Annual Virginia Heart Symposium," The Virginia Heart Center,
Fairfax Hospital Departments of Medicine and Surgery,
Falls Church, VA
- 1992 Medical Grand Rounds, Salem Hospital, Salem, Oregon
- 1992 American Association of Retired Persons, Washington, D.C.

Documentary Films:

1991: NOVA, the PBS science series, broadcast a one-hour documentary film, "Avoiding the Surgeon's Knife," in which Maysles Films followed the first four participants in the Lifestyle Heart Trial for one year. The film concluded with a discussion of the research findings by Eugene Braunwald, M.D. (Chief of Medicine, Brigham & Women's Hospital/Harvard Medical School), Virgil Brown, M.D. (President, American Heart Association), and William Castelli, M.D. (Director, Framingham Heart Study). The film has won several awards, including the Blakeslee Award for outstanding science journalism from the American Heart Association, the British Medical Association Bronze Award, the New York International Film & Television Festival Gold Medal, and the Academy of Medical Films International Health and Medical Film Festival's highest award, the "Freddie."

1993: Bill Moyers PBS series, "Healing and the Mind," will feature the Lifestyle Heart Trial.

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1. Ornish DM, Scherwitz LW, Doody RS, Kesten D, McLanahan SM, Brown SE, DePuey G, Sonnemaker R, Haynes C, Lester J, McAllister GK, Hall RJ, Burdine JA, Gotto AM. Effects of stress management training and dietary changes in treating ischemic heart disease. *JAMA*. 1983;249:54-59.
2. Sacks FM, Ornish DM, Rosner B, McLanahan S, Castelli WP, and Kass EH. Dietary predictors of blood pressure and plasma lipoproteins in lactovegetarians. *JAMA*. 1985;254:1337-1341.
3. Ornish DM, Brown SE, Scherwitz LW, et al. Can lifestyle changes reverse coronary atherosclerosis? The Lifestyle Heart Trial. *The Lancet*. 1990; 336:129-133. (Reprinted in *Yearbook of Medicine* and *Yearbook of Cardiology* (New York: C.V. Mosby, 1991).
4. Ornish D. Lessons from the Lifestyle Heart Trial. *Choices in Cardiology*. 1991;1(5):1-4.
5. Gould KL, Ornish D, Kirkeeide R, Brown S, et al. Improved stenosis geometry by quantitative coronary arteriography after vigorous risk factor modification. *American Journal of Cardiology*. 1992; 69:845-853.
6. Barnard N, Scherwitz L, Ornish D. Adherence and acceptability of a low-fat, vegetarian diet among cardiac patients. *Journal of Cardiopulmonary Rehabilitation*. In press.

Review Articles

1. Ornish DM. Mind/heart interactions: for better and for worse. *Health Values*. 1978; 2:266-269.
2. Scherwitz L, Graham LE, Ornish DM. Self-involvement and the risk factors for coronary heart disease. *Advances*. 1985; 2:6-18.
3. Ornish D. Reversing heart disease through diet, exercise, and stress management. *Journal of the American Dietetic Association*. 1991; 91:162-5.
4. Ornish D. Can life-style changes reverse coronary atherosclerosis? *Hospital Practice*, May 1991.
5. Ornish D. Can you prevent-- and reverse-- coronary artery disease? *Patient Care*. 1991; 25:25-41.

6. Ornish D. Can atherosclerosis regress? *Cardiovascular Risk Factors*. 1992; 2(4):276-281.
7. Dienstfrey H. What makes the heart healthy? A talk with Dean Ornish. *Advances*. 1992;8(2), 25-45.
8. Ornish D. Can lifestyle changes reverse coronary heart disease? *World Review of Nutrition and Dietetics*. 1992. Karger Publishing, in press.
9. Ornish D. Can lifestyle changes reverse coronary heart disease? *Atherosclerosis Reviews*. Raven Press, 1992, in press.

Books and Monographs

1. Ornish D. *Stress, Diet, & Your Heart*. New York: Holt, Rinehart and Winston, 1982; New American Library (Signet Books), 1983.
2. Ornish DM. Stress and coronary heart disease: new concepts. In: *For Your Health*, ed. Carlson RJ and Newman B. New York: C.V. Mosby, 1987.
3. Ornish DM. Heart disease. In: *How Your Mind Affects Your Health*. New York: Institute for the Advancement of Health, 1990.
4. Ornish D. *Dr. Dean Ornish's Program for Reversing Heart Disease*. New York: Random House, 1990.
5. Moyers, Bill. "Changing Life Habits: A Conversation with Dean Ornish." In: *Healing and the Mind*. New York: Doubleday, 1993.

Abstracts

1. Ornish DM, Gotto AM, Miller RR, et al. Effects of a vegetarian diet and selected yoga techniques in the treatment of coronary heart disease. *Clinical Research*. 1979;27:720A.
2. Ornish DM, Scherwitz LW, Doody RS, et al. Effects of stress management training and dietary changes in treating ischemic heart disease. Presented at the 31st Annual Scientific Session of the American College of Cardiology, Atlanta, 1982.
3. Sacks FM, Ornish DM, Rosner B, et al. Consumption of coffee and fatty acids predict blood pressure levels in vegetarians. Presented at the American Heart Association 56th Scientific Sessions, Dallas, 1983.

4. Demer LL, Kirkeeide RL, Haynie MP, Wallschlaeger EA, Holmes RL, Elson BM, Ornish DM, Gould KL. Feasibility of following progression or regression of coronary artery stenosis by positron emission tomography during dipyridamole-hand grip stress. Presented at the American Heart Association 60th Scientific Sessions, Anaheim, 1987.
5. Ornish DM, Scherwitz LW, Brown SE, et al. Effects of lifestyle changes on lipids, lipoproteins, and apolipoproteins. Presented at the Society of Behavioral Medicine's 9th Annual Scientific Session, Boston, 1988.
6. Ornish DM, Scherwitz LW, Brown SE, et al. Can lifestyle changes reverse atherosclerosis? *Circulation* 78 (4):II-11, 1988. Presented at the American Heart Association 61st Scientific Sessions, Washington, D.C., 1988.
7. Scherwitz LW, Ornish D, Brown SE, et al. The effects of lifestyle changes on psychosocial risk factors. Presented at the Society of Behavioral Medicine's 10th Annual Scientific Session, San Francisco, 1989.
8. Ornish DM, Brown SE, Scherwitz LW, et al. Can lifestyle changes reverse coronary atherosclerosis? Presented at the Second International Conference on Preventive Cardiology and the 29th Annual Meeting of the American Heart Association Council on Epidemiology, Washington, D.C., 1989.
9. Ornish DM, Scherwitz LW, Brown SE, et al. Adherence to lifestyle changes and reversal of coronary atherosclerosis. Presented at the American Heart Association 62nd Scientific Sessions, New Orleans, LA, 1989.
10. Gould KL, Kirkeeide RL, Ornish DM, et al. Improvement of stenosis geometry by quantitative coronary arteriography after adequate cholesterol lowering in man. Presented at the American Heart Association 62nd Scientific Sessions, New Orleans, LA, 1989.
11. Ornish DM, Scherwitz LW, Brown SE, et al. Final report from the Lifestyle Heart Trial on the Reversal of Coronary Atherosclerosis. Presented at the American Heart Association 63rd Scientific Sessions, Dallas, Texas, 1990.
12. Ornish DM, Brown SE, Scherwitz LW, et al. Lifestyle changes and coronary atherosclerosis: analyses of possible mechanisms of regression and progression. Presented at the American Heart Association 63rd Scientific Sessions, Dallas, Texas, 1990.

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2. Ornish DM, Brown SE, Scherwitz LW, et al. Lifestyle changes and heart disease. *The Lancet*. 1990; 336:741-2.

Non-Medical Publications

1. *Esquire* magazine. "Thirty Years on the Rubber Route." December 1973.
2. *Texas Monthly* magazine. "Charlie Dunn." June 1974.
3. *Texas Monthly* magazine. "The Graduates." June 1975.
4. *Harris County Physician*. "Someone Else Will Pay." October 1976.
5. *Texas Monthly* magazine. "Charlie Dunn Revisited." July 1977.
6. *Rolling Stone* magazine. [photograph of Tom Waits]. August 11, 1977.
7. *Ms.* magazine. [cover photograph]. March 1978.
8. *Gentlemen's Quarterly* magazine. "Stress and your health." May 1985.
9. *New England Journal of Medicine*. [photographs]. October 19, 1978; November 2, 1978; January 4, 1979; February 1, 1979.

June 29, 1993

MEMORANDUM

From: Dan Meyer, Research Assistant
To: Office of Communications Research, The White House
Subj: GEORGE KAHIN'S PIECE FROM 1983

1. When I was a young pup, this aged combatant of the McCarthy years and the Vietnam dissenters' movement took me aside to explain how the leadership in the Armed Services reinforced the darker side of Washington decision-making in 1964 and 1965.

2. At the time, George was desperately concerned that Marcos would not fall with grace, but would rather play the "Pentagon" card in a fight against Cory Aquino. The dynamics of military basing are similar in Korea - the last of those countries with U.S. military bases, save Singapore, that gave rise to George's concerns over intervention. We don't produce scholars like this anymore - Professor Kahin started out as Wild Bill Donovan's (OSS) man in Indonesia, 1942-1945. His thoughts are provocative.

Remove the Bases From the Philippines, THE NEW YORK TIMES, October 12, 1983, p A23.
By George McT. Kahin, George McT. Kahin is professor of Asian and international studies at Cornell University.

In a climate of explosive Philippine nationalism and gathering anti-Americanism, President Ferdinand E. Marcos is counting on what he sees as his trump card: an implicit threat to cut off United States access to military bases at Clark Field and Subic Bay and the communications center at San Miguel. Mr. Marcos hopes to use this leverage to guarantee American support for his increasingly embattled regime. In fact, it is a trump card without value. These bases are not essential and we would be better served to move our facilities to safer, stabler ground elsewhere in the region.

Already, in June, Mr. Marcos exacted from Ronald Reagan a promise for almost double the money and military aid that President Jimmy Carter paid for using the bases - raising it to \$900 million over five years. The agreement is likely to involve us in a security relationship that is incompatible with our interests and an affront to Philippine self-respect.

What are the terms of the agreement? Mr. Marcos gives us extensive control over the bases for American combat missions outside the Philippines, waiving the right to prior consultation in all operations construed as defensive. In exchange and as an inducement to Mr. Marcos, the Reagan Administration commits

us to protect the Philippines and support its forces operating anywhere in the Pacific. This could be an extremely risky undertaking: Philippine armed forces are engaged in provocative actions in potentially oil-rich areas of the South China Sea claimed by Peking, Taipei and Hanoi.

Moreover, the agreement provides for a surrender of Philippine sovereignty that can only broaden popular opposition to an American military presence. Our forces continue to enjoy the right of unimpeded circulation between the bases and their satellite facilities, which are widely scattered throughout the northern island of Luzon, with American commanders authorized to "participate in security activities" outside the bases and to "contribute security forces to carry them out." In the face of mounting opposition to President Marcos, it would be foolish indeed to take on such an obligation.

The Administration argues that where American security interests are vital, concern for human rights must yield. This may or may not be a valid general proposition. Certainly, it does not hold in the Philippines, where those security interests are threatened by an increasingly unstable political climate. Our bases there can no longer be seen "absolutely indispensable to our national security." To assume they are is to place our strategic interests seriously at risk. It is fatuously irresponsible not to begin moving to safer political terrain elsewhere in the Pacific. If we do not, our myopic military planners are bound soon to be left scrambling for inefficient short-term substitutes. Better to have bases somewhat more distant from the Asian mainland and the Indian Ocean - bases that are safe and usable for many years to come - than to hope to weather the increasingly unpredictable ferment taking place in the Philippines. A number of alternatives exist, as Government studies acknowledge. In the long run, they may even be preferable to the Philippine bases, for they would allow us to decentralize our forces, making us less vulnerable in case of a major war.

The nucleus of our facilities could be positioned on Guam - politically stable United States territory with a loyal, skilled workforce. Unused base capacity there includes an airfield with runways longer than at Clark Field and suitable for B-52's together with a large dry dock. Other forces could use the additional capacity in bases the Japanese make available to us. Still others could be stationed in Australia, where we already use four airbases and have been invited to make greater use of the large naval facility at Cockburn Sound. Tinian, in the Marianas Islands, 200 miles north of Guam, could become a major airbase again, as in World War II. It is closer to Tokyo than Clark Field, and thus would make a very sensible base for the 13th Air Force, which is concerned above all with the defense of South Korea and Japan.

Finally, there is Singapore - already used as a base for our Indian Ocean reconnaissance planes, for refueling our air tankers and repairing our naval ships. Additional capacity at the enormous Sembawang base on the northeast shore of the island could be available to us on a rental basis. Phasing out our dependence on the Philippines and shifting to alternative bases would initially entail appreciable expense. But in the long run, the costs would be less and the political dangers fewer. Most important, we

could hope in years ahead to rely on these facilities. It is politically naive and strategically reckless to assume this for our bases in the Philippines.