



NATIONAL ASSOCIATION FOR CHILDREN OF ALCOHOLICS NETWORK

SUMMER 2001 / VOLUME 17 No. 3

In Brief

"FREEVIBE" (www.freevibe.com), the White House National Media Campaign's youth-oriented Web site, is featuring messages to children of alcoholics (COAs), directing them to sources of help, including NACoA and the National Clearinghouse for Alcohol and Drug Information (NCADI). A related site for parents and teachers is located at www.theantidrug.com.

KAREN FREEMAN-WILSON, the new director of the National Association of Drug Court Professionals, supports expanding drug courts, which offer a therapeutic approach to criminal justice. Freeman was interviewed in the April 9 *Alcoholism & Drug Abuse Weekly*.

FACES & VOICES OF RECOVERY, a summit of advocates for recovery from alcohol and other drug addiction, will take place in St. Paul, Minnesota October 5-7, 2001. The summit will focus on recovery community organizing and on developing a national recovery advocacy campaign. The Alliance Project and the Johnson Institute are hosting the summit. (For more information on The Alliance Project, visit www.defeataddiction.org)

AN INTERFAITH SYMPOSIUM took place on August 6-8 in Washington DC. This annual meeting sponsored by the Center for Substance Abuse Prevention brings together government and community representatives with leaders of the faith community to explore opportunities for collaborative drug abuse prevention efforts.

SIXTH GRADERS DONATE TO COAs

NACoA has received a unique, very welcome donation. Eighty-two sixth graders at Central Middle School in Burlington, Illinois, concluded their school year by voting to give \$3,000 to NACoA.

Marilee Ferguson, their teacher and "team leader," said her students' decision was based on a desire to help other children. She added that the students saw family alcoholism as a real problem that could affect "kids like them." Burlington is a suburban/rural community about 40 miles west of Chicago.

An unusual project made the donation possible. Each year the proceeds of Locker Stocker (the school supply store) go to charity. On a rotating basis, the sixth grade students join one of three teams to manage the store, market its wares, and conduct research on prospective charities. Within the Research Group, small groups make PowerPoint presentations to try to convince the class of the value of their chosen charity.

Four students whose research and presentation on children of alcoholics and NACoA's work resulted in the contribution to NACoA—Elizabeth Gribble, Chelsea Linhart, Amanda Hankison, and Erin Martin—are pictured here with NACoA volunteers Kate Gallagher and Mark Wenger, who traveled to Burlington on May 29 to receive the students' gift.

NACoA AND ITS PARTNERS GEAR UP FOR RECOVERY MONTH

September is designated as National Alcohol and Drug Addiction Recovery Month. The purpose of the observance is to highlight the societal benefit of drug and alcohol treatment. This year's theme, "We Recover Together: Family, Friends and Community," offers a perfect opportunity to call attention to the impact of familial addiction on children. NACoA has made every effort to do so as a Center for Substance Abuse Treatment (CSAT) Recovery Month Planning Partner.

The central Recovery Month message, expressed by Secretary of Health and Human Services Tommy G. Thompson, is that addiction "is an illness that affects everyone in our Nation" and that "recovery from substance abuse in all its forms is possible."

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**NACoA WELCOMES
NEW DEPUTY**



NACoA is pleased to announce that James E. (Jim) Coyle joined us as Deputy Director on July 10. Jim brings a wealth of experience in association management, program development, and public administration. He has also had a career in politics as elected mayor and city council member of Rockville, Maryland.

Jim has had a lifelong interest in helping families and children. He served as spokesman for the National League of Cities program on Family Friendly Communities. Through that program, the city of Rockville took the lead in developing supports for families such as health and mental health services, shelters, dispute resolution and recreation programs, and pedestrian and neighborhood safety measures. Please join us in welcoming Jim to NACoA.

**TEENS ADVISED "IT'S
NOT YOUR FAULT"**



NACoA has developed a brochure for teens and those who

work with them, with basic facts about family addiction. Teens are advised that they are not alone; that they did not cause their family's problems; and that they can take steps to make things better for themselves.

The brochure follows through on posters developed by the Office of National Drug Control Policy (ONDCP) as part of its ongoing

initiative to help children in addicted families. Brochures and the ONDCP posters will be widely distributed and will be sent to youth requesting information from the National Clearinghouse for Alcohol and Drug Information (NCADI). Call 1-800-729-6686.

**CORE COMPETENCIES
FOR CLERGY UNDER-
WAY**

In partnership with the Johnson Institute, NACoA will be working with members of a wide array of religious congregations to develop a set of "core competencies" for the clergy's work with families and children affected by addiction. The project is funded by the federal Center for Substance Abuse Treatment. In Phase I of a three-phase project, participants will suggest ways to integrate education on addiction into seminary training programs. An initial strategy session will take place this fall, with experts in congregational ministry and seminary training convening in Washington DC.

NACoA has also developed a set of core competencies for use by health care providers. It was the focus of the May 1999 supplement to *Pediatrics*, the journal of the American Academy of Pediatrics.

CALL FOR PROGRAMS

NACoA is undertaking its biennial update of its library of programs for children of alcoholics and drug-addicted parents. We welcome current versions of your programs for inclusion in this nationwide archive and data base.

Summer, Vol.17, Issue 3. The NACoA NETWORK is published bi-monthly by the National Association for Children of Alcoholics(NACoA), 11426 Rockville Pike, Suite 100, Rockville, MD 20852. Telephone: (888)55-4COAS or (301)468-0985. Fax: (301)468-0987. E-mail: nacoa@nacoa.org Internet site: <http://www.nacoa.org> Editor: Stephanie Abbott. Copyright 2001. Materials may be reproduced with appropriate credit given.

National Alcohol & Drug Addiction Recovery Month

(Recovery Month, continued from page 1.)

NACoA has put forward the additional message that family-focused treatment and recovery support programs can be very helpful in mitigating the damage done to the children of parents who have drug and alcohol problems.

On the national level, CSAT is paving the way for Recovery Month with a series of 14 Web-based events, including seven "Web chats" featuring a wide range of experts on addiction. Questions will be taken from the public in advance or "live" during the chat.

Seven Webcasts will feature TV personalities such as Dennis Wholey of PBS and Susan Rook, former CNN anchor. COA issues will be aired August 15 at 3 p.m. EST, at www.health.org/multimedia.

CSAT has also developed a kit to facilitate local Recovery Month activities, with ideas for promotional events, sample materials for media outreach, detailed information about addiction and recovery directed to key professional audiences, and lists of government and private sector information resources. The kit is available free from NCADI (1-800-729-6686 or 301-468-2600), and can be downloaded from www.health.org/recoverymonth/2001.

AL-ANON'S 50TH ANNIVERSARY

Celebrating 50 Years of Family Recovery, Al-Anon is hosting a luncheon on Capitol Hill September 6. NACoA advisory board member Claudia Black, MSW, PhD, will be the keynote speaker.

WHITE HOUSE NAMES DRUG POLICY DEPUTY



Mary Ann Solberg has been nominated deputy director of the Office of National Drug Control Policy. She currently heads a highly successful anti-drug coalition, the Troy Community Coalition for the Prevention of Drug and Alcohol Abuse in Troy, Michigan. This coalition is one of NACoA's affiliates.

Solberg has also worked for many years as a member of numerous advisory commissions and civic organizations dedicated to combatting drug addiction. She served on the Center for Substance Abuse Prevention's Advisory Committee to Develop a National Prevention System, and on the advisory committee of the National Ad Council's Community Anti-Drug Campaign. In 1998 she was named to the President's Commission on Drug-Free Communities, which she co-chairs with NACoA board member Jessica Hulsey.

ALCOHOLISM, DEPRESSION LINKED

There may be a genetic link between alcoholism and depression, according to a paper published in the May 2001 issue of the *American Journal of Psychiatry*. Studies of people who suffer from these conditions indicate a genetic link in an area of the human genome called chromosome 1.

The research suggests a genetic connection between the two disparate mental conditions, but it does not mean the genes predict with certainty who will suffer from them. There could be as many as 500 candidate genes identified, and they could work differently in different individuals, in conjunction with environmental factors, according to David Goldman of the National Institute on Alcohol Abuse and Alcoholism.

RATES OF ALCOHOL USE BY PREGNANT WOMEN UNCHANGED DURING THE 1990s

Researchers at the federal Centers for Disease Control and Prevention (CDC) have found that decreases during the 1980s in pregnant women's use of alcohol and tobacco were not sustained during the 1990s. Younger women were especially unlikely to stop using these substances. The findings, published in the November 2000 issue of *Obstetrics and Gynecology*, were based on 10 years of data gathered by CDC from a monthly telephone survey of American adults.

The lead author of the study, CDC's Dr. Shahul H. Ebrahim, argued that "counseling on avoiding tobacco and alcohol misuse should be an important part of care for women of childbearing age." One CDC project currently underway, Project CHOICES, is testing behavioral interventions to reduce alcohol use before conception and to encourage effective contraception until problematic drinking is resolved.

FAS PREVENTION POSSIBLE

Experimenting with mouse embryos, scientists have discovered a chemical that blocks a mechanism leading to fetal alcohol syndrome (FAS). The hope is that a drug can be developed to prevent the harmful effects of beverage alcohol on the developing human fetus. The study is reported in the July issue of the Federation of American Societies for Experimental Biology (FASEB) Journal.



ACAs TODAY

By Stephanie Brown



In 1945 a new idea was born: children of alcoholics. In the mid-1970s another new idea followed: adult children of alcoholics. The popular media embraced both concepts and soon a social movement was sweeping the country.

Alcoholism had been named before, but never had the concept of parental alcoholism been named so clearly and the implications spelled out: that parents' drinking has an impact on their children and that the experience is often traumatic, with lasting maladaptive and negative consequences.

As the idea achieved popular acceptance, children and adults of all ages began to identify with the descriptions, calling themselves

"COA" and "ACA" or "ACOA." Individuals began to seek professional treatment as "ACAs," but

there were few services available. The social movement was far ahead of professionals in its knowledge base and legitimacy.

Professionals tried to catch up. Some in the addiction field responded with ACA-labeled "treatments" built on the popular literature. Some mental health and addiction specialists, myself and colleagues included, provided traditional psychotherapy modified to include the family focus on alcohol and its impact on the child.

Acceptance of the idea remained slow in the field of mental health. Addiction professionals, while accepting the idea, did not know what to treat or how to treat the newly-named ACA. The skeptics worried then and now about responsibility. Isn't this blaming the parents?

The media was explicating an idea that was absolutely right, but there was no "next step" in terms of traditional treatment. The professional world felt challenged by this idea and frequently responded with

skepticism, resistance and anger toward the popular press, and, unfortunately, to the idea itself.

Skeptics repeatedly asked for research, for empirical evidence that any such group existed.

The new label created a dissonance among professionals that remains

today: so much of addiction and mental health theory has been based on the individual, separate from the influence of others. How do we make sense of a label that is inter-generational, familial, and interpersonal? The labels COA and ACA indicate that the child and adult child are to be understood in relation to the central significance of parental alcoholism.

There was a feeling of urgency and emotional venting that shocked the professional world. The popular media was expressing a hunger for information and treatment that could not be met by professionals. At that time, most of them did not have the knowledge to provide appropriate treatment.

And many were wary of the intensity of feeling unleashed by the simple act of naming and describing reality. Many ACAs were also afraid of feelings and memories that were now legitimized.

Society now said "talk," but many could not. The prohibitions of the family, of some worried professionals, and critics who judged ACAs as self-created victims, still silenced countless individuals. But the idea was stronger than its critics.

Important facts about children of alcoholics that were called speculation, because they had been described by clinicians rather than researchers, have now been established by research. The social movement peaked in the early 1990s as it lost its newness and allure for the press.

"...A LABEL THAT IS INTER-GENERATIONAL, FAMILIAL, AND INTER-PERSONAL"

As happens with social movements, it would either be integrated into the knowledge base of the culture, or see its end. If the idea was to survive and grow at the treatment level, more clinicians and researchers would have to embrace it. The idea had to become institutionalized. Fortunately, it did.

Many people worried about the label ACA. Would it cause additional problems for

people to identify with familial alcoholism? Would the label carry a stigma and make it more difficult for people to feel and be healthy? In essence, would the label create problems where none had existed before? Or maybe the problems existed but they weren't too bad?

Certainly, many people felt worse after identifying with the descriptions, which, from a clinical perspective, would be expected. Breaking denial of any problem will open feelings about the reality. But many also felt relief and reassurance: finally someone had named and described what they had known all their lives but could never acknowledge or speak about. No wonder there was a flood of feeling as the idea hit the press.

Some researchers suggest that a focus on ACA problems creates hopelessness and negativity – a “damage” model. They recommend more attention be paid to studies of resiliency which empha-

size the strengths children acquire in adapting to and surviving a difficult childhood experience.

A new field called “developmental psychopathology” offers a welcome alternative to “right or wrong” conclusions about the

label. These theorists view adaptation—the response to growing up with parental alcoholism—on a continuum from negative to positive, mal-

adaptive to adaptive.

The concept of “hard growing” offers a middle ground for understanding the child’s experience and ways of coping. It is hard to grow up with alcoholism and trauma. How kids and adults cope will vary tremendously. A particular coping style can be both very positive and very negative at the same time.

There is still massive addiction in the culture. There is still the reality of living with out-of-control parents and damaging secrets.

There are still adults who grew up with parental alcoholism and do not know it. There are kids who learn about parental drinking in school, but can’t name it at home. But the idea was born, it survived, and it is now legitimate.

Stephanie Brown, PhD, is the co-author of The Alcoholic Family in Recovery: A Developmental Model. She has also contributed to NACoA’s Children of Alcoholics: Selected Readings, Volume II.

“HOW KIDS AND ADULTS COPE WILL VARY TREMENDOUSLY.”

NACoA’S REVISED EDUCATOR KIT AVAILABLE



This newly revised and expanded resource kit provides essential information about COAs for teachers,

school counselors, and administrators of educational programs. Part I contains information to facilitate program planning and educators’ interactions with children. Part II includes hand-outs for the children. Part III lists informational resources on alcohol and other drug dependencies. The kit is available from NACoA for \$7.00 (and at a 15% discount for NACoA members and affiliates).

Educators will also be interested in two NACoA videos. *End Broken Promises, Mend Broken Hearts* teaches about the importance and effectiveness of educational support groups for children affected by family addiction. *You’re Not Alone* speaks directly to the children and gives them information about alcoholism, being safe, and finding adults who can help. Single copies, respectively, at \$79 and \$39; both videos for only \$98 plus shipping. To order, call 1-888-55-4COAS (2627) or order them through our Web site at www.nacoa.org.



Affiliate News



Recently a team of National Master Trainers met at COPEs' headquarters in Louisville, Kentucky, to learn how to train the nation in *Creating Lasting Family Connections*, a model substance abuse and violence program. For more information about the program, call COPEs at 502-583-6820.



The Youth Academy, launched by General Barry McCaffery in 1998 in Troy, MI, developed a student group called "Teens Taking Action (TTA)," that is still going strong. Focusing on student involvement in the strategic planning of prevention initiatives, TTA is composed of students who educate the community about ways to live substance free lifestyles. For more information call the Troy Community Coalition at 248-740-0431.



The Delaware Association for Children of Alcoholics (DACOA) Elephant Pillow fundraiser provides an opportunity to raise awareness in Delaware about the silent dynamic that characterizes the substance abusing family. The timeless message that living in a family where drinking is a problem is a lot like living with *An Elephant in the Living Room* comes from a children's book by that title by Jill Hastings, MS and Marion Typpo, PhD. For more information on DACOA, contact their office at 302-656-5554.



GLAD House, Inc., in Cincinnati, Ohio, originally a residential center for children of mothers in treatment for chemical dependence, switched to a therapeutic after-school and summer program a year ago in March. Since that time, 44 children have been enrolled and GLAD has received a grant to expand its service capacity. This intensive program provides children from recovering families with individual, group, and family counseling, structured recreation, academic support, and alternatives to alcohol and other drug use. Children graduate to a weekly aftercare prevention program, the *Glad Hands Club*. There are now forty children participating in the *Glad Hands Club*. For more information call GLAD House, Inc. at 513-641-5530.



Over 500 participants came to Portland for the annual Northwest Substance Abuse Prevention and Treatment Conference hosted by the Oregon Partnership and the Oregon Coalition to Reduce Underage Drinking. This year's conference, called "Making the Connection," encouraged attendees to think about bridging gaps in services and understanding among prevention and treatment groups. A special youth track allowed teens to create public service announcements, which were then aired to conference attendees, providing a dramatic conclusion to the conference. For information about the Spring 2002 conference contact Kaleen Deatherage at 800-282-7035.



A member of the Sisters of Providence Health System

Brightside's *Family TRUSTS* project has been modified to a home-based model, the *Family Strengthening Program*, developed by Karol Kumpfer Ph.D. of the University of Utah. The program offers skills training for families and children impacted by substance abuse. *Family TRUSTS* is funded by the federal Center for Substance Abuse Prevention. For more information contact Pamela Lamlein at Brightside, Inc., 2112 Riverdale St. West Springfield,



MA 01089 or phone 413-827-4289.

On August 1, the Council on Alcohol and Drug Abuse for Greater New Orleans launched *Reclaiming Our Youth (ROY)*, a comprehensive substance abuse treatment program that represents a collaborative effort of eight agencies. The program is a coordinated system of care wherein the client is managed across agencies, to provide the continuum of services needed to help the adolescent achieve recovery. ROY offers a "single point of entry" and easy access to services. Referrals are accepted from any source, including self-referrals. Services range in intensity from prevention education, to outpatient treatment, an intensive outpatient program, and residential treatment. For more information contact Jennifer Speer at 504-362-4272.

Marathon Update



A MESSAGE FROM OUR CHAIR



Dear Friends,

On January 7, 2001, I achieved one of my life's goals—to run and complete a marathon—yes, all 26.2 miles! This was a life-altering experience. For the past 22 years I had been a three-times-a-week, three-miles-a-time runner.

When I shared this experience with friends and family—and anyone who would listen—my enthusiasm seemed to be contagious. Consequently, I convinced others to join me by walking/running (or both) either the half marathon or the full marathon next year on January 6, 2002, at the WALT DISNEY WORLD® Resort in Orlando, Florida. Encouraged by their decision to participate, we have decided to make this a fundraiser (or more appropriately a FUNraiser) for a cause that is near and dear to me, the National Association for Children of Alcoholics (NACoA).

Some of you may know that I grew up in a family with an alcoholic mother who sought treatment for her disease. My mother is truly courageous for choosing to get help and for telling her story publicly to others. Today she is nearly 17 years SOBER and enjoys a happy marriage of 48 years to my father. It is a miracle to see the support he has given her and the depth of their love and support for each other.

Through my parents' example of helping others, and in so many ways sharing their good fortune, I have become passionate about this cause. Just as last year I set a goal to complete my first marathon and consequently achieved it, I am now setting a new goal. This time I will be

running the marathon not just for myself, but—with many NACoA supporters—on behalf of the millions of children living in homes affected by this disease.

I am one of the fortunate whose family chose to do something about this problem. Many others are not as lucky. It is the children that suffer the shame, heartache and consequences of this disease—although it affects an entire family. I believe, as does the American Medical Association, that alcoholism and drug dependency is a treatable, yet incurable disease.

I invite you to help us in our First Annual NACoA RUN FOR THE CHILDREN on January 6, 2002, at the WALT DISNEY WORLD® Resort. You can do so by signing up to participate, supporting our cause financially or raising pledges for us. Although alcoholism is a chronic disease, we can overcome many of its consequences and interrupt the transmission of it to the next generation through the work accomplished by NACoA. Please, consider a donation or come join us at the WALT DISNEY WORLD® Resort in January. Help spread the message by inviting your friends and family to join with you. It will be the run or walk of your life, and it will help some well deserving KIDS too.

Sincerely and happy trails to you,



Julie Fisher Cummings

MARATHONERS' LIST

As of August 1, Forty-three people had already signed up as NACoA RUN FOR THE CHILDREN Marathoners or Half-Marathoners:

Hoover Adger, MD
Gail P. Ball
Claudia A. Black, PhD
Lorrie Bowden
Elisabeth Boychuk
Patricia L. Boychuk
Hollie Chadwick
Sue Ellen Clarfield
Alice Cummings
Dina Cummings
Julie Fisher Cummings
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Kathleen Kelly
Alan M. Kessler
Paulette G. Koffron
Donna Linton
Penni Masi
Jerry Moe
Jeff Mooallem
Ann Moye
Marylou Mylant
Peter J. Paulon
Kathy A. Petersen
Christina Pitts
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Midge S. Stulberg
Sue R. Thau
Cathleen Brooks Weiss
Gary Weiss, MD
Sis Wenger
Mark Werner, MD



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ROCKVILLE, MD 20852
301-468-0985

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SEPTEMBER IS



RECOVERY MONTH

Please remember:

- Children are devastated by family addiction.
- Recovery works best when the children get help too!



www.nacoa.org



Run For the Children - 1/6/02

WHAT IS NACoA?

The National Association for Children of Alcoholics (NACoA) was founded in 1983, and is the national nonprofit membership organization working on behalf of children of alcoholics. NACoA defines children of alcoholics as those people who have been impacted by the alcoholism or other drug dependence of a parent or another adult filling the parental role. NACoA believes that no child of an alcoholic should grow up in isolation and without support.

OUR MISSION

To advocate for all children and families affected by alcoholism and other drug dependencies.

OUR GOALS

- To raise public awareness
- To provide leadership in public policy at the national, state and local level
- To inform and educate academic and other community systems
- To advocate for appropriate education and prevention services
- To facilitate the exchange of information and resources

- To initiate and advance professional knowledge and understanding
- To advocate for accessible programs and services

NACoA's programs are designed to impact systems that affect children. NACoA supports its mission by seeking private and public funding through corporations, individuals, members, donations, grants and foundations.

To accomplish this mission we are:

- A membership organization which includes affiliate groups and cooperative relationships with other organizations
- A national center for information, education and advocacy for COAs of all ages, including:
 - the latest research information
 - culturally and linguistically sensitive materials
- A policy development center that obtains input from expert scientists, opinion leaders, policy makers and practitioners
- A central point of input for children's health and welfare advocates and service providers who address populations of COAs

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