SOSM Chairperson’s Column

Renée R Jenkins-Woodard, MD, FAAP

The Attack on DEI: A Personal Perspective

Just when you think that things couldn’t get much worse for the attack on diversity equity and inclusion (DEI) initiatives, it does. The pushback has spread across states, up to about 30 when this article was submitted. By the time the Bulletin comes out, it could be more. The assault has now spread from state-focused action to federal action in the medical education battlefield. In March, a bill labeled EDUCATE, the Embracing anti-Discrimination, Unbiased Curricula and Advancing Truth in Education (HR7725) was introduced, an amazing distortion of a title, as usual, for what the bill actually represents.

The bill amends the Higher Education Act of 1965 and prohibits graduate medical schools from receiving federal funds if they have policies and requirements related to diversity, equity, and inclusion. The cutoff of funds includes student loans and federal research grants. The bill’s author is a physician who expresses concern that DEI programs result in less qualified physicians. The Senate bill followed in April with the same claims.

Needless to say, 27 medical organizations, including the Academy, joined in a letter to the sponsors of the House and Senate bills with specific examples of the benefits to patients served by medical schools with DEI programs. This is not over. I anticipate we’ll be on alert for increasing opportunities to rally to support evidence-based programs that have a positive effect on diverse children and families.

How did we get here from a post-George Floyd position that demonstrated the positive impact of diversifying the health workforce with improved treatment and quality-of-life outcomes? A co-sponsor of the bill claims DEI-educated students risk the lives of patients. On the contrary, there is evidence to note that lack of diversity in the medical setting is associated with racial disparities that disproportionately affect communities of color. Disinformation once again rears its ugly head. The negative mindset seems to me to be framed as a zero sum game. If the people over there are getting something, I must be losing something over here. The public health approach would be such a loftier goal for change. When one community does better, we all do better.

Well, the Academy has a leader in health equity, Dr. Joseph Wright, and an equity agenda work plan, so we do have a strong foundation from which to keep moving forward with reducing disparities and achieving health equity for the children and families we serve. Click here to learn more about the AAP equity and inclusion efforts. Click here to view a graphic tracking DEI legislation to prepare your strategic state level response.

All the best in defending the attack!

On the good news side for the Section we’d like to welcome Chris Kjolhede, MD, MPH, FAAP to the executive committee of the section. He brings expertise in multiple dimensions and we look forward to his contributions to our strategic planning implementation. Please see his introduction to the section.

Have a wonderful summer enjoying family and friends and we’ll see you at the NCE, in-person, or virtually.
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Summer 2024 Editor’s Note  
Gil Fuld, MD, FAAP  
Editor, AAP SOSM Senior Bulletin

Even though it’s overused, and I did use it only two issues ago, it seems appropriate to trot out the incorrectly attributed “Chinese curse” we all know. Some believe it was brought to the West by a long-ago British Diplomat. But the Chinese don’t recognize it. Yes, it’s, “May you live in interesting times”.

Well, we are in interesting, tumultuous, and divisive times and this issue of the Bulletin reflects that, starting with Renée Jenkins’ chairperson column about the forced rollback of DEI initiatives. Other articles also touch upon the variety of seemingly irreconcilable divisions in our present and our past. Some are tragedies because of war, while others highlight internal political beliefs.

Unique to this edition is a video. Make sure you look at the “short story movie” imbedded in Linda Reid Chassiakos’ article about her family’s escape in 1922.

We also have lighter fare, letters, interesting book and movie reviews, and poetry.

Thanks to all our correspondents, old and new. And dear readers, consider submitting an article yourself. To contribute, see the guidelines for authors on the last page of the Bulletin.

Meet Chris Kjolhede  
Newly Elected to the Senior Section Executive Committee  
Three-year Term Begins November 1, 2024

I am an attending pediatrician and research scientist at Bassett Healthcare Network in Cooperstown, NY. I received my medical degree from Michigan State University, and a MPH from Johns Hopkins. My pediatric training was at Strong Memorial Hospital in Rochester, NY. My clinical practice in Cooperstown includes a primary care clinic. I am also the co-director of a school-based health program with 22 school-based health centers in 18 school districts in four counties. I co-authored the most recent AAP Council on School Health policy paper on school-based health centers. And I also co-authored numerous publications based on my past research in international health, the relationship between breastfeeding and obesity and, most recently related to the impact of school-based health centers.

Section on Senior Members Executive Committee

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Continued on Page 4
I’m a member of the Institutional Review Board at the Bassett Research Institute. On the AAP Council on School Health (COSH), I served on the COSH executive committee and was program chair. I was on the Board of Directors for the New York School-Based Health Alliance and am a member of the National Alliance for School-Based Health and the New York School-Based Health Foundation. I am a current member of the New York State Transplant Council as a parent representative. I have an appointment as Associate Professor of Clinical Pediatrics at the College of Physicians and Surgeons, Columbia University, New York.

You are invited to join us at the AAP Section on Senior Members H-Program at the 2024 AAP National Conference & Exhibition

Program Title: H3039 Section on Senior Members
Type: In-Person
Subtitle: Pediatrics Changing in our World

Date: 10/29/2024
Time: 1:00 PM – 5:00 PM EDT

Session Description: This program will focus on the dual impacts of artificial intelligence and environmental change on child health and the scope of practice for pediatricians.

1:00 PM Welcome*
Moderator: Jay Berkelhamer, MD, FAAP

1:15 PM Impact of Artificial Intelligence on Children
Sabrina Julia Braham, MD, FAAP

2:00 PM Q&A

2:15 PM Impact of Environmental Change on Children
Jerome Paulson, MD, FAAP
Moderator: TBD

3:00 PM Q&A

3:30 PM Donald Schiff, MD, FAAP Child Advocacy Award*
Moderator: Renée Jenkins, MD, FAAP

4:00 PM Interview style on Late Career Transition*
Introduction: Renée Jenkins, MD, FAAP
Moderator: TBD
Speaker: TBD

4:45 PM Message from Incoming Chair*
Laurence Shandler MD, FAAP

5:00 PM Adjourn

*This portion of the agenda is not designated for CME credit.

For more details on the AAP National Conference & Exhibition visit: https://aapexperience.org/
2024 Donald Schiff Award – Lori Byron

Dr. Lori Byron, MD, MS, FAAP is the 2024 recipient of the Donald Schiff Child Advocacy Award. With a specific focus on the impact of climate change for marginalized communities, she has pioneered climate advocacy in Montana and also works with the AAP’s Council on Environmental Health and Climate Change.

As chair and co-founder of the Montana Health Professionals for a Healthy Climate and previous chair of the MTAAP Climate Committee, she led a team to organize the first ever 2023 Montana climate conference for health professionals titled “Climate Change in the 406”.

Funded by an AAP CATCH grant the MTAAP Climate Committee developed the EPA Flag Program, reaching schools, health clinics and other groups to generate public awareness about outdoor air conditions. Many of the organizations who have adopted the flag program are now able to monitor their local air quality.

She lectures around the United States on climate issues, and, along with her husband Dr. Robert Byron, works with several national climate advocacy organizations.

After a 27-year career with the Indian Health Service on the Crow Indian Reservation, Dr. Byron is currently a pediatric hospitalist and climate activist. She lives in Red Lodge MT.

Advocacy

Medicare "Advantage" - The Latest Blow to an Equitable Healthcare System

Eve Shapiro, MD, MPH, FAAP
Tucson, AZ

From my first years as a physician, I have been appalled by our dysfunctional healthcare system due to issues with cost, access and quality. That is why I joined Physicians for a National Health Program (PNHP) when I read their statement in the NEJM in 1986 calling for a universal, not-for-profit, publicly financed single-payer healthcare system, modeled on the Canadian system. The values of care and service would be the top priorities, not profit.

Much has changed over the past decades, particularly in the last few years. Not only has the financing system come under the control of for-profit entities, but the delivery system has, as well. The increasing corporatization of health care has resulted in physician practices, hospitals, pharmacies and nursing homes being owned and controlled by a small number of entities.

Even those aspects of the healthcare system run by the federal and state governments, such as Medicare and Medicaid, have been seen as profit centers and encroached upon by private companies. Physicians have lost control over how we practice our profession, a leading cause of burnout. The latest outrage has been Medicare Advantage, the private, for-profit aspect of Medicare which now has over 50% of Medicare beneficiaries. These companies were able to achieve that milestone through false advertising and fraud.

Patients in so-called “Medicare Advantage” (MA) plans are forced to deal with surprise out-of-pocket costs, which can leave seriously ill patients and their families facing thousands of dollars in medical bills; narrow networks, with 11.7 million patients in an MA plan excluding >70% of doctors in their county; serious health risks, with some cancer patients in MA facing up to a 2x higher risk of death because of a lack of access to the best hospitals; and delays and denials of care, so insurers can pad their profits while patients get sicker, often leading to permanent health consequences and even death.

Further, MA patients are too often trapped in those plans even when they want to switch back to traditional (“original”) Medicare. This is because those wanting to switch will need to purchase supplemental Medigap insurance to make outpatient care relatively affordable.
But when patients switch from MA to traditional Medicare, Medigap insurers can charge rates to account for pre-existing conditions. These higher charges often will be unaffordable for patients, thereby trapping them in MA.

Doctors and hospitals also face serious barriers to caring for patients as a result of the administrative and financial burdens placed on them by corporate MA insurers: up to 20.5 million hours wasted filling out authorization forms and fighting with insurers to get necessary care approved and delayed and denied payments, which can ruin the finances of hospitals and medical practices, especially in rural and underserved areas.

PNHP has been working with many other groups to alert patients, physicians and legislators to the risks these plans expose us to. I was therefore disheartened to learn that the AAP, through its trustee program, offers Medicare Advantage plans to its members. Several of us met with a trustee regarding our concerns to no avail. Therefore, Dr. Robert Vinetz, an AAP member from California, and I introduced a resolution (Res #56 - Medicare Advantage: Risky for Pediatricians and All Seniors-title still in flux) to stop the AAP from offering such a plan and instead educate members about traditional Medicare vs Medicare Advantage to help them make informed decisions. We are hoping that those of us in the senior section support the resolution and let the Leadership Council members and AAP know of our concerns. We also recommend you alert your chapter leadership and submit an online comment once the site is open. We encourage you to check out the PNHP website (PNHP.org) to learn more about our advocacy efforts and consider joining us.

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**“Public Health” vs. Libertarianism**

*Sydney Sewall, MD, FAAP*

*Hallowell, ME*

Is Biden really coming to get our gas stoves? Is the government going to force water restrictors on shower heads and washing machines? Like a lot of the wacky conspiracy theories floating about, there is a grain of truth to these assertions, and both measures actually would improve public health by encouraging changes in personal behavior.

Over the past decade, I’ve had the opportunity to participate in our AAP chapter’s advocacy work in Maine. A change in my work responsibilities as I “matured” - along with living near the Capital - made it possible to spend time visiting the state house, writing letters, and delivering testimony. The Maine chapter has been successful up to a point, but often hits a brick wall even when the proper course seems so obvious. A case in point this year is the failure to pass a ban on flavored tobacco products in the face of widespread acknowledgment that there is a vaping epidemic in our schools.

There was an economic component to this failure. The loss of tax revenue was estimated at $20 million per year, which in a small state is a good chunk of cash. Just as important however, was the position of legislators from both parties who objected to restricting the freedom of adults to choose what they put in their bodies. As one past state senator told me years ago when we were trying to require parental permission for kids to use tanning booths – Mainers are turned off by the idea of the “nanny state.”

It is challenging to argue against that strain of thinking in the U.S., since libertarianism really is as American as apple pie. Our neighboring state plasters “LIVE FREE OR DIE” on their license plates, in the tradition of Patrick Henry’s famous “Give me liberty or give me death.” Arguing that the tobacco industry was intentionally using flavors to addict youth and generate another cohort of customers did not work. Arguing about the health costs of nicotine addiction to future state budgets had no traction since the budget horizon viewed by legislators is short-term.

We faced the same problem in the debate over a vaccine mandate proposal years ago. This time MAAP and its partners used a strategy that partially neutralized the libertarian objections by framing the issue as promoting school safety. The bill (which only included the basic shots) was presented to the Education Committee rather than HHS as part of this strategy. It passed with a divided vote by the committee and squeaked by the legislature with a narrow majority. Opponents challenged it the following year with a “people’s veto” referendum – but due to a great campaign organized by MAAP and its partners, the veto was soundly defeated by a much larger majority than we saw in the legislature vote!!

Framing the issue as protecting school safety overcame the outcry against infringing on parental rights. Success had more to do with Maine Families for Vaccines arguing that they also had rights than our members’ arguments describing the public health benefits and safety of vaccines, and the inaccuracy of anti-vax pseudoscience. It is very hard for physicians to accept that data is ineffective as an advocacy tool – anecdotes and personal stories reign.

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“Public Health” vs. Libertarianism Continued from Page 6

Libertarian philosophy has a lot of appeal – American traditions of personal liberty as a social value. The villains in libertarianism are government bureaucrats, restrictive regulations, taxation, big government and the “liberals” who favor such policies.

Libertarians question the assumptions behind liberal policies that attempt to improve people’s lives with reasonable public policy. Liberals fail to consider what libertarians perceive as inevitable unintended consequences. Their classic view on taxation, for example, contends that it reduces the incentives to the taxed to work hard and create opportunities for others - and presents a “moral hazard” to those who receive benefits from government programs. There is always an element of truth to their arguments and extreme cases are the ones exploited by right-wing politicians, who tend to ignore the evidence that shows the value of such programs.

Interestingly, libertarians tend to partner with traditionalists in some spheres in ways that seem anti-libertarian, like opposing reproductive rights and gender care. Even if parents support their child’s new gender identity, legislators in many states make it illegal for them to obtain specialty care while the same legislators would decry vaccine mandates as state interference. This has also been true nationally in the abortion debate, with libertarians couching their arguments as pro “states’ rights” rather than anti-individual rights.

Over time, libertarians tend to quiet down when the regulations haven’t caused the sky to fall. Folks aren’t arguing against car seat and seat belt laws, or smoking restrictions in public spaces. No one dares argue against payroll taxes and Social Security. Objections to the Affordable Care Act are withering away. So, there is hope for public health despite its conflict with this very American philosophy, but advocates need to recognize that they should prepare arguments that counter libertarian objections, because they will come!!!

Reflections

What Life Has Been Like for Me Since October 7th

Sheldon Berkowitz, MD, FAAP
Saint Paul, MN

I was in high school during the height of the anti-Vietnam War demonstrations of the 1960s and 70s, and by the time I started college in 1973 most of these were winding down. So I don’t have many memories of this period of our history, other than what I have seen on film or read about. However, the last seven months, starting with the horrendous attack on Israel on Oct. 7th, and more recently with the university protests arising in support of Hamas and the Palestinians living in Gaza and against Israel, have been a terrible time for me. I always felt fortunate as a Jew in America to have never experienced antisemitism.

Yes, I had experienced anti-Zionist and anti-Israel (the former referring to being against a national home for the Jewish people) protests, especially during the Yom Kippur War in 1973, when I was a freshman at college, but never were they as vicious as they have been these last seven months. The initial support for Israel and the Jewish people that was expressed by most people immediately after October 7th was greatly appreciated at a time when I and my family and friends were grieving. Unfortunately, that initial support rapidly went away, especially as Israel fought back against Hamas.

Let me state that I have always been proud to be Jewish and have never hidden that fact. For my entire pediatric career, I worked with my employers to not schedule major events on the major Jewish holidays. I have also been a very proud and staunch supporter of Israel my entire life, even if I have often disagreed with decisions by the Israeli government. Over the last seven months, I have found myself having to defend both of these parts of my life and fight for the right of Israel to exist and for Jewish students on our campuses to be able to attend class without fearing for their safety. I have attended rallies in my community and in Washington D.C in support of Israel, against anti- semitism and hoping to bring the hostages home and have written many letters to the editor. I have had to grapple with my local and national AAP communities against attempts by others to pass resolutions condemning Israel and ignoring the fact that Hamas attacked Israel. This has not been easy as I often felt I had few allies to join me in speaking out.

I have also had to struggle with the fact that as a pediatrician, it is so difficult for me to see the humanitarian crisis in Gaza and the suffering the children there have had to endure – even while I know that Hamas has consistently put the civilian population in Gaza at risk by their own actions. I have also had to struggle with the fact that as a pediatrician, it is so difficult for me to see the humanitarian crisis in Gaza and the suffering the children there have had to endure – even while I know that Hamas has consistently put the civilian population in Gaza at risk by their own actions. I have also been struggling with the crisis that Israeli children endured on Oct. 7th and for those taken hostage, are continuing to experience, or for those who may be struggling as their parents or grandparents are still being held hostage or were killed on Oct. 7th. There are families both in Gaza and in Israel that have been displaced due to the fighting.
Clearly, this is a very complex situation for which there are no easy reasons.

I hope that the war in Gaza will be long over by the time this is published. I hope that all the hostages, both still alive and those that have died or been murdered, will have been returned to their families. I hope that there will be new leadership in Israel and for the Palestinian people, so that initiatives can be undertaken to preserve peace for all and ideally, a two-state solution. I hope that the current wave of antisemitism will have gone away and that we do not see it or further wars in the Middle East again.

How Do the 2024 Protests Differ From Those of the Past?

*Harris Burstin, MD, FAAP*

*New York, NY*

As a college student between 1969-1973, I attended many rallies to protest the Vietnam War, including on my college campus. There were many important differences and some similarities between then and the protests on college campuses now.

The war directly affected the students who were protesting. We did not want to go to Vietnam. Most of us did not believe the U.S. should be in Vietnam. Unlike in Israel, the Vietnam War was not caused by any actions against the U.S. We were aghast about the killing of innocent Vietnamese civilians. The enemy were not the ones committing the atrocities. It was the US dropping bombs and napalm and wiping out villages. The Israel-Gaza war started with atrocities by Hamas on Israeli citizens.

I was getting a master’s degree in the late 1990s. I was so disappointed that there were no college protests against the U.S. attacking Iraq. College students should protest war and atrocities but the present college protests have lost their direction. Hamas, unlike the North Vietnamese, is a terrorist group that raped, murdered, and took innocent civilians hostage. Israel had a right to respond, I do not think the US had a right to respond in Vietnam. Protest against the murder of innocent civilians and against the tremendous disproportion of Gazans murdered is appropriate but saying “from the river to the sea” is not. It justifies Hamas.

The Only Thing We Have to Fear is Phobia Itself

*Jonathan Caine, MD, FAAP*

*Westwood, MA*

*pho·bi·a - an extreme or irrational fear or dread aroused by a particular object or circumstance.*

Click Here for photo of Danny Almonte

In the 2001 Little League World Series in Williamsport, PA the star player was Danny Almonte, a pitcher for the Rolando Paulino All-Stars of the Bronx. According to Sports Illustrated he “seemed like a man among boys, using his lanky leg kick and effortless release to blind his overmatched foes with 70 mph-plus two and four-seam fastballs…and bamboozle them with sharp curves and changeups”. He threw a no-hitter in the eastern regional final and then won his next three games, one of which was a perfect game. He was nicknamed the “Little Unit” since he resembled another left-handed pitcher, Randy [Big Unit] Johnson, the 6’ 10” Hall of Fame pro baseball player. At 5’ 8” Danny towered over the other 12-year-olds [>95%ile for his age].

Unfortunately, further research into his birth records in the Dominican Republic showed his actual date of birth was recorded as April 7, 1987, making his real age, 14, well past the 12-year-old limit. Needless to say, this created quite an uproar at the time.

For those who were appalled at this apparent cheating scandal with Danny self-identifying as age 12, were any accused of being “age phobic”?

+++  

Click Here for a photo of Senator Elizabeth Warren

In 2018 Senator Elizabeth Warren was embroiled in a controversy over her identifying as Native American ethnicity. As reported in the Boston Globe on 10/15/18 she took a DNA test showing a single “Native American ancestor appears in her family tree ‘in the range of 6-10 generations ago’.” It was estimated “the generational range based on the ancestor that the report identified suggests she’s between 1/64th and 1/1,024th Native American.”
The Only Thing We Have to Fear is Phobia Itself Continued from Page 8

Earlier in 1984 Warren contributed five recipes allegedly handed down from her Native American ancestors for a book called Pow Wow Chow. The Daily Mail published an article on 5/18/2012 alleging that at least three of the five were plagiarized from other sources.

Throughout her career she claimed to be “Native American” as indicated on her State Bar of Texas registration card dated 4/18/86:

As an instructor at the University of Pennsylvania Law School she changed her ethnicity designation from Caucasian to Native American [1/24/90] as reported in the Boston Globe.

Whether she received any preferential hiring treatment for her position at UPenn or subsequently at Harvard Law School is debatable. Although both of my paternal grandparents were immigrants to the U.S. from Russia, I thought of myself as a Russian-American.

Were any of those who questioned this charade labeled “ethno-phobic”?

+++  

Click Here for a photo of Rachel Dolezal

Rachel Dolezal was born in Montana in 1977. After graduating Belhaven College in 2000 she attended Howard University and received an MFA degree in 2002. In 2002, Dolezal unsuccessfully sued Howard University for discrimination based on "race, pregnancy, family responsibilities, and gender, as well as retaliation... because she was a white woman". She also alleged that the removal of her artwork from a student exhibition at Howard in 2001 "was motivated by a discriminatory purpose to favor African-American students" over her.

Between 2009 and 2011 she began changing her appearance by darkening her skin and perming her hair to identify as African-American. While at Eastern Washington University and living in Idaho she had reported several alleged episodes of racial discrimination or hate crimes against her because of "her race". According to Wikipedia "[her] biography on Eastern Washington University's website stated that while she was living in Idaho, 'at least eight documented hate crimes targeted (Rachel) Dolezal and her children'."

In 2014 she assumed the role as president of the Spokane chapter of the NAACP.

In June 2015 she was interviewed by a reporter from KXLY-TV, Jeff Humphrey, who asked about one of her Facebook posts where she claimed Albert Wilkerson, an African-American, was her father. The following day an article was published in the Coeur d'Alene Press. It was entitled “Black Like Me?”. It reported she had "made claims in the media and elsewhere about her ethnicity, race and background that are contradicted by her biological parents." And she had made “misrepresentations about the identity of her father”

In June 2015, psychologist Halford Fairchild said, "Rachel Dolezal is black because she identifies as black. Her identity was authentic, as far as I could tell." Yet, she was forced to resign her position with the NAACP over the deception.

Gender studies scholar Samantha Allen said, "Rachel Dolezal seems determined to appropriate not just blackness but the rhetoric of transgender identity as well" and called the analogy "spurious". Washington Post journalist Jonathan Capehart suggested, "Blackface remains highly racist, no matter how down with the cause a white person is". Dolezal’s adopted African-American brother, Ezra Dolezal, also compared his sister's behavior to blackface and, said "she's basically creating more racism".

Was anyone who expressed criticism of her actions labeled racist or “race phobic”?

Today, are you being “phobic” to a certain group if members of that group murdered your family members, or countrymen, or overtly called for your death and the destruction of your country as it now exists? Perhaps. Yet, under those circumstances, is your fear truly irrational or is it completely justified?
The Boy and the War

Robert C. Hauck, MD, FAAP
Shoreline, WA

This boy was six years old at the outbreak of World War II (WWII), a global conflict that dominated every American life for the next five years. As a curious kid I listened intently to daily news reports on the radio and followed the combat in Life magazine every week - Life’s photographers on the front lines reported amazingly graphic accounts. My neighbor Bill became my hero when he visited home on leave in his striking Marine dress uniform and later sent me letters and souvenirs from the South Pacific battlefront. We kids learned to identify every tank, ship, and military aircraft and collected stacks of their picture cards (like today’s popular baseball cards). We saved our coins to buy Victory Stamps and War Bonds. We grew up living the war.

As the war lengthened, I became more aware of world events and its emotional impact on me intensified. We heard painful testimonials from returning veterans. We saw growing numbers of Gold Star banners hanging in the windows of homes in our town signifying sons and daughters lost in the war. We heard gruesome accounts of Hitler’s holocaust. Although I was living safely thousands of miles from the battlegrounds the detailed accounts of WWII increasingly triggered deep dark emotional responses, almost visceral in character. How could I anticipate that those painful emotional responses would persist for my lifetime?

One childhood experience remains vivid in my visual memory as clearly as if it happened last week, not 80 years ago. At the midpoint of WWII my father sold his small-town hardware store to a returning veteran. Walter had been on Guadalcanal Island in one of the fiercest early battles in the South Pacific. He experienced jungle warfare, suffered malaria, and was wounded. The day I remember he wore an immaculate business suit as we gave him a tour of his new home. At one point my father, Walter and I were walking along a gravel road on the edge of town when a small plane surprised us flying overhead at a very low altitude. Without a skyward glance, Walter threw himself face down into the muddy roadside ditch. I was stunned. Walter raised himself from the ditch, his new suit a total mess, pale and trembling. He lived the consequences of war long before we labeled it PTSD. I witnessed it and never forgot.

For many years afterward I avoided movies and stories about the war because they evoked those same disturbing emotional responses. Even today, eight decades later, I experience the same reactions (although diminished by passing years). A few weeks ago my wife and I viewed a movie detailing the tragedies of WWII which triggered that familiar unpleasant response and prompted me to write about such a poignant life event. More recently a drama series about the Wehrmacht’s invasion of Poland and persecution of Polish Jews was so unsettling I deserted my viewing companion and left the room.

And I remember that I was just a kid in the audience watching a distant war, but a war that threatened us and our existence as a nation. I wonder about today’s children and their emotional response to current wars which are highlighted in the daily news. Television brings the war into their homes so much more graphically and “real” than in my childhood. Will they be affected as this boy was?

We now realize how dreadful the emotional baggage was for my childhood hero Bill and all our servicemen and women who were actually immersed in horrific warfare. When those survivors returned home it’s no wonder they hid their nightmarish memories and their PTSD under layers of psychological defenses, rarely talking about their experiences. Author Tom Brokaw honored them in his remarkable book The Greatest Generation.

Reading it gave me a partial resolution of my dark memories. I highly recommend it even if you, dear reader, didn’t personally experience WWII. You’ll feel pride for that generation of American warriors who sacrificed so much while saving our nation. You’ll also realize once again that warfare is the ultimate futile act, an “everyone loses” solution to human conflicts.

Addendum: How traumatizing to children are the world's current wars. The unfortunate children of Gaza, Israel, and Ukraine will carry lifelong scars and PTSD. American kids will be affected too, like the boy in my short story.

ADHD: Solving the Puzzle

Bill Marshall, MD, FAAP
Tucson, AZ

I always tried to keep up with the medical literature when in practice. My faculty advisor in med school advised this. (He noted with disapproval that a few professors seemed to have not read anything after they finished training.) One attending in med school had the latest journals on the nightstand for bedtime reading (a soporific?). One of our most respected attendings in residency set aside one morning each week to read in her office.
That was a long time ago, but some pediatricians probably still rely too much on their early training (but they do have to pass MOC), pajama time is now often devoted to EHR, and convincing the administrators to block out patient visits one morning weekly to read…

Since retiring, I’m not always keeping up with the literature, but some areas still interest me. One such is ADHD - we know some successful treatment approaches and understand that genetics and family factors play a big role. But there is a long way to go to better understand this condition (remember MBD?) and why it has so increased in prevalence. Looking at research published in the past seven years, several things have been notable and surprising to me.

One is the breadth of research worldwide - ADHD is not just a concern in North America; some recent abstracts I reviewed came from Australia, Chile, China, Denmark, Iran, Norway, Spain, and Syria. Another is the variety of biomedical journals in the National Center for Biotechnology Information (NCBI) that publish articles about ADHD. The journals include some that are not often referenced in the pediatric literature: Environmental Health; Journal of Behavioral Addictions; Gait & Posture; Sleep; Veterinary Clinics of North America; Small Animal Practice; Indoor Air; Science of the Total Environment; The Lancet Planetary Health; Social Science & Medicine - to name a few.

Current research includes associations of ADHD with many factors that I didn’t account for in my years treating these children and adolescents. Prenatal pet keeping (increased ADHD in children seen with household dogs but not cats, and only in boys) (1), living at higher altitudes (less ADHD) (2), screen time (more ADHD), and medical interventions (more ADHD with antibiotic use and general anesthesia) have all been associated with ADHD. Many papers document increased ADHD with environmental toxins (beyond the well-documented effects of lead) like air pollution, endocrine disrupting chemicals, and pesticides. Nutrition, long controversial, is still being researched. Finally, the beneficial effects of outdoor play in a green environment include a decrease in ADHD.

Some of these findings may need further confirmation, but it’s a no-brainer to recommend many of them. Green space is important (both for individuals and for communities, where the presence of trees and green space is sadly inequitable).

Too much screen time is a problem for many reasons. Pollution in the air and in our foods and water is intolerable when options exist. The success of medication treatment for ADHD must not obviate the need to advocate for changes that could decrease the incidence of this condition.

On the other hand, let’s not tell families to move to the mountains yet - and we need to wait for confirmation about the dogs!


August, 1922.

Greek soldiers in Asia Minor are retreating, Ataturk’s army on their tail. A Greek gentleman farmer in the port city of Cesme near Smyrna/Izmir sees the storm clouds approach. He sends his wife, daughter, and grandchildren to hide in a cave with other women and children and races to a Turkish encampment to insist that he and his family have no beef against either side and will stay out of the battle.

Alas–agonized cries, his beloved wife’s name, “Kyra, Kyra!”, and then silence. Sunset, and Kyriaki inches towards the camp, only to find her husband’s head sliced at the neck and mounted on a craggy rock as a sign to their village.

Soon after, the village men, ethnic Greeks, are rounded up in the town square, surrounded by armed Turks. Kyra’s 8-year-old grandson starts to cry, and the soldiers tell his 11-year-old brother Hippocrates to take him to his mother in the caves and come back. When Hippocrates returned, the Turks were gone, but he was met by the bodies of his uncles and the other village men strewn in a pile where they had lain after the soldiers’ bullets.

“Baba, baba,” where was his father’s body, Hippocrates agonized?

“Here,” a whisper, from under a fallen corpse. His father Dimitri had played dead and survived.

The soldiers gathered the women and children, thousands forced to march for two days without food or water to the port of Smyrna for relocation. To protect Dimitri, his pregnant wife Despina covered him with a quilt and sat on him knitting whenever the patrol walked by. Huddled together at night, the families tried to shut out the cries of the young women pulled from the refugee campsite and dragged to the nearby Greek Orthodox church for “sexual spoils”.

Arriving in Smyrna, a once cosmopolitan city now ablaze, the exhausted and starved refugees saw thousands of Greeks, Armenians, and Jews being pushed into the water, screaming as they drowned. The relocation ships would only board refugees with residency papers for Western Europe, not Anatolia Greeks.

Dimitri had spent two years in Boston around 1910. Wrapped in the quilt, Dimitri dashed to a ship flying an American flag, his family in tow, hoping for a savior from the country he had temporarily adopted before returning home to marry Despina.

Safely on the ship, Dimitri slipped over to a Petty Officer and asked in broken English, “Where you taking us?”

The NCO smiled and responded in perfect unaccented Greek. “We are Greeks in disguise, and we are taking you home to Greece.”

Kyra, Dimitri, Despina and their family sailed safely to the nearby island of Chios, where they were housed in refugee camps until they could be relocated throughout Greece. A million Greeks were transported to Greece, traded with Turks who were relocated to now Turkish Asia Minor. Hundreds of thousands of Greeks and other victims died in what is now known in Greece as “The Catastrophe”.

Fortunately, my mother was not one of them. Thanks to Despina and Dimitri’s heroism, she was born in Chios in 1922 and lived into her mid-90s safely in our adopted country, the United States.

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You Have No Place in Medicine With an Opinion Like That

Desmond Runyan, MD, DrPH, FAAP
Pittsboro, NC

Rudolf Virchow famously stated, “Medicine is a social science, and politics nothing but medicine at a larger scale.” I was a political science major in college and the spring of 1970 was awash in politics. That semester ended early with an occupied administration building and large rallies at the state capital. I left the US behind for a program in Africa that June and worked with the public health department in Lagos, Nigeria, for the summer. Politics was looking less attractive; I was drawn to medicine and public health as a vehicle to improve lives.

“You have no place in medicine with an opinion like that!” I was reprimanded during my admission interview to my home state medical school by the older white-haired community physician on the admissions committee. My flawed opinion was that a patient should be allowed to have her choices honored on a hot-button political topic, abortion.
As I recall the interview had started well. I had been congratulated at the start with a statement that the school was very likely going to admit all the applicants invited for the early interviews. I wasn’t anticipating any difficulty when my interviewer then asked about a statement in my application that I had been the chair of the Resident Hall Policy Council at my undergraduate institution.

“What does the Residence Hall Policy Council do?” he asked.

I replied, with no thought that my answer might trigger a political reaction, that, “we helped the College set up its co-ed dorm policies.”

My interviewer’s eyebrows rose to his hairline. He followed his question with the query, “Are there more pregnancies there as a result?”

“I don’t know of anyone who has gotten pregnant” I replied.

“What does a girl do there who gets pregnant” asked my interviewer.

“She has a variety of options” I answered while wondering where my interview was going. “She can have the baby or not, stay in school or not, and get married or not.”

The interrogation continued. “Do you approve of that?” “Approve of …?” I had specified a range of options.

“Approve of a girl having an abortion so she can stay in school.”

I answered with the response that effectively ended any chance of admission that year. “I think that is something that the woman needs to decide for herself, perhaps with her family or doctor.”

My interviewer, whose name I either was not told, or forgot in the trauma of the experience, delivered his judgement. He yelled at me for more than 10 minutes about my naivete. My official rejection letter arrived within a few weeks. It was a terse letter that simply stated that the school would not be offering me admission.

I made alternate plans to spend a year acquiring a public health degree before re-applying to medical school. However, before that plan was put into motion, the public university in the state where my college was located invited me for an interview while warning me that they did not often admit nonstate residents. This interviewer, a perceptive psychologist, asked me about my home state medical school and if I was going to interview there. He drew out of me a description of my earlier interview debacle. Perhaps he too was troubled by what had happened in that interview; within a few weeks I received a letter from this second university informing me that I had been placed on the waiting list for admission. Later that summer I received a letter informing me that I was admitted for the fall quarter to medical school and classes would begin in mid-September.

My home state admissions committee clearly considered the politics of medicine and health care via its selection process although applicants were told it was about service, grades, and MCAT scores. For my first interviewer, it was also, or even primarily, about my perspective on abortion. In fairness, the admission decision for the school that did admit me was likely influenced by a different perspective on whether a college student’s opinion about abortion was disqualifying for a career in medicine.

Abortion isn’t the only potentially divisive political topic that might influence medical school admissions. How are opinions about for-profit hospitals; universal or national health insurance; diversity, equity, and inclusion efforts; and other hot-button issues addressed by medical school admissions committees? It is naïve to think that the members of admissions committees leave their own opinions at home. However, many committees now structure their interviews to limit idiosyncratic variations by committee members. Current LCME requirements state: “The selection of individual medical students for admission is not influenced by any political or financial factors.”

I suspect that “character” is the area addressed in admissions that can hide or feature opinions and activities related to current political topics. Virchow’s observation tying medicine and politics is apt and leads to the conclusion that medical schools need to explicitly include education about political and social topics in their required curriculum.
One Pediatrician’s Involvement with Holocaust Education
Judith Fiedler Topilow, MD, FAAP
Ocean, NJ

I just spoke to my granddaughter tonight who had her fifteenth birthday today. It made me think about her future once again. What a time to be fifteen in New Jersey! She has so much to learn and experience. Of course, there is English, social studies, and lots of electives in high school. As a retired pediatrician, I have thought frequently about my former patients. How would I approach them today when I got the chance at different stages of their development to help them understand the meaning and lessons of the Holocaust, anti-Semitism, fascism, racism, to name a few?

Lily and I recently experienced an endearing personal brush with Holocaust education together which I thought was most meaningful for both of us. It amounted to a different “take” which could make some pediatricians think about ways to communicate with our patients in today’s world.

In March of this year, I spent ten days at my son and daughter-in-law’s home in Westfield, New Jersey while my husband sailed in the Caribbean and I recovered from back surgery. I shared what is called a brother-sister bedroom suite with my almost 15-year-old granddaughter in her first year at the local public high school. Lily and I loved spending time together in her room. It was there on my second day that I discovered Gerda Weissmann Klein’s book All But My Life lying in her messy teenage bed late one afternoon. Lily explained that it was a most revealing book all about Gerda’s horrific time in a concentration camp during World War II and her subsequent survival and hospitalization after being liberated by the American army.

Lily told me that she was almost finished reading the book with her class. She already knew that Gerda and the American soldier who liberated her were having a quiet romance while she was hospitalized. Lily asked if she could read aloud one of the last chapters to me, even while she took a few notes. I was delighted at this request. I then told a wide-eyed Lily that I had met and listened to Gerda speak about 45 years ago at a parlor meeting at the New Jersey Shore being sponsored by the Federation of Jewish Philanthropies. Lily was aghast that I had actually heard Gerda’s story in person so long ago. However, she made me promise that I would not tell her about who Gerda married! We would talk about it after it was revealed. I watched Lily read carefully and take notes, finishing the book for class discussion.

This was a most precious time for me to partake in such an important and yet personal assignment with my granddaughter. I know she and I will always remember our sharing of such a harrowing, but true and poignant story.

New Jersey is not perfect, but Lily’s high school is getting Holocaust education right.

Second Acts

Going Back to School Later in Life
Jane Aronson, DO
Clinical Assistant Professor of Pediatrics, Cornell Weill Medicine Director, International Pediatric Health Services, PLLC
Maplewood, NJ

How have the last two years passed by so quickly? Actually, I’m still wondering how 72 years have gone by so quickly, having been born in 1951.

That said, after 36 years of being a pediatrician, I can tell you that a lot has happened since I went back to school to become a fellow in child and adolescent psychiatry.

And I am so very grateful.

I have always been addicted to going to school. When I was 18 months old, family lore has it that I snuck out of my father’s grocery store in Queens with a lunch box filled with toys, determined to find my 7-year-old brother at school.
I chanted happily “I go to school” as I walked at a toddler clip down the street to what I thought was the path to his elementary school. Sidewalks and a left turn leading to the railroad crossing for the Picone Brothers lumberyard was the path I chose.

But that is another story.

To return to study in a medical education environment at 70 was challenging. I was 40 years older than most of the students and it was lonely.

Medical school, residency and fellowship were isolating experiences the first time around in the 80s/90s, but I had the stamina, and I made friends more easily then.

Commuting up the West Side Highway and the Henry Hudson Parkway to the Bronx in my 2016 Subaru was arduous, but I used the time to study.

The recorded lectures from classes, as well as Audible books, kept me sharp and what I thought was ahead of the game.

EPIC, the computer-based medical records, was my downfall. With every update, my anxiety level shot to the top, like one of those carnival games where you hit a lever with a heavy hammer in hopes of reaching the bell at the top for your prize.

Luckily, I had a buddy in the next office cubicle who was a fellow too, and he was kind enough to “drive” my mouse when it was frozen…as it was on so many occasions. One of the other fellows told me many times, “You got this!” I could hear her words when I was alone on clinic days awaiting the arrival of my patients. They were expecting my best, and I wanted to give them everything I had, and more. Major contributors to my success were friends, family, and more than a few faculty members. Dr. Audrey Walker, division chief, is a brilliant teacher and her gentle nature buoyed me weekly. Dr. Chokroverty reassured me and told me that I should be patient and know that I will continue to learn over the next five years and then maybe I would feel like a child psychiatrist.

Five more years? I started so late in life and five years seems an eternity.

I’ve said goodbye to all my patients over the last couple of months, which has been more difficult than I expected, and tucked them in for their next providers. I am so proud of them all, for their hard work and growth. Their progress has been breathtaking, and rewarding for us both.

I’ve come to understand that adolescents grow on their own. It might not be so much about us as counselors, but more about their natural mental and physical maturity. The validation and affirmation that we as counselors offer facilitates that growth.

What was more surprising was that I grew too…not about the psychiatric learning curve….even though that was awesome, but more importantly, I grew as a person. I have become more insightful about my ruminations, more in control of my anxiety and more honest about my challenges. My listening skills have improved and my ability to “pause” and not conclude is better.

I know that I have been more in tune with my two sons, who are 24 and 26.

I could analyze all of this to death, but what has really happened for me as a parent, was to learn to be more patient and less judgmental.

I took in the advice of a dear friend who is a therapist. I have tried to stay away from anger, which has been a challenge. More importantly, I have moved away from trying to solve their problems. I now “bite my tongue” and that has come from learning how to be a psychiatrist.

What a gift to go back to school and to continue to be of service to kids, which has always been my passion. I have been given opportunities to learn about the new world for children. The opportunity to learn about this new world has me on the road of focusing on what connects us. I have left the warrior behind.
THE HOLDOVERS
Set in the 1970s at an elite boys’ high school in New England, Paul Hunham is the most disliked member of the Barton Academy faculty. Nicknamed “Walleye” because of his strabismus, Paul Giamatti’s performance as the irascible history teacher is both funny and at times quite sad. The sense of mutual dislike with his students is well portrayed by student Angus Tully (Dominic Sessa in an impressive first role) whose overt ridicule and constant annoyance relentlessly provoke his teacher. The parallel plot of Mary Lamb (Da’Vine Joy Randolph), the head cook, mourning the recent loss of her beloved son in military combat, offers a sympathetic side plot as she is one of the few truly sympathetic figures on the campus.

Interactions among the students in the dormitories, outside in the snow, and in the history classroom suggest that no one is really happy to be at Barton. This is especially true over the Christmas holidays when the reality of parents not wanting their sons at home is clearly evident. As one of the few single faculty members, the task of caring for the several youths who are unable to return home for the holidays falls to Mr. Hunham. Paul is less than thrilled with this imposed responsibility, and the feeling is mutual. Several miserable days pass until the parents of one of the students rescue all but one to whisk them away to a coveted ski vacation. The remaining student, unwanted by his mother and her new husband, gradually forms a tenuous bond with his teacher and Mary, leading to a warm and happier than expected Christmas together.

The Holdovers was directed by Alexander Payne (of Sideways fame) and received five Academy Award nominations, including one for Best Picture. Randolph earned an Oscar for Best Supporting Actress for her heart-rending performance. Another notable performance was that of school secretary Lydia Crane. (Carrie Preston, now starring in her own series, Elsbeth.) R for language. 2 hours 13 minutes.

ONE LIFE
Actually two films in one and based on true events, this movie begins with young London stockbroker Nicholas Winton’s (Johnny Flynn) volunteer visit to Prague in 1936, just as many Jewish refugees were trying to escape ahead of the Nazi holocaust. Aided by his aristocratic mother (Helena Bonham Carter in a bravura role) and others, Winton becomes committed to saving as many of these children and families from the Nazis as possible.

The film abruptly jumps 50 years forward, as the retired Winton tries to decide what to do with his copies of hundreds of files of the saved children as well as those he was unable to save. Besieged by his wife to clean out his office and hounded by the hostess (Lena Olin) of a popular BBC TV show That’s Life!, his wife takes his briefcase files to the show director.

The film then flashes back to the action-packed WWII days in the Czech Republic, winding up with Winton (86- year-old Sir Anthony Hopkins) as the guest of That’s Life!. He is overwhelmed when the show’s producers gather an auditorium full of survivors he had rescued from the holocaust. It’s all about making a difference and then receiving unexpected thanks years later.

The cast is excellent. PG one hour 50 minutes. Of note, Sir Nicholas Winton died in 2015 at age 106, having made quite a difference with his life! In select theaters and streaming on Netflix.

UNFROSTED
Love or hate it, this hilarious romp about the origin of Pop Tarts is an entertaining 93 minutes of ridiculous fun. A Netflix production based loosely on facts, it’s filled with constant historic pop culture factoids. Written by and starring comedian Jerry Seinfeld (as Bob Cabana, Kellogg’s idea man) and co-starring Jim Gaffigan (as Kellogg), Amy Schumer (Marjorie Meriweather Post), Melissa McCarthy (Donna Stankowski a food scientist import from NASA where she was working on stable food products for the astronauts), Hugh Grant (as Tony the Tiger), and multiple cameos by other well-known actors, this laugh a minute film is so filled with puns and jokes you’ll be tempted to watch it again to see what you may have missed. Set in America’s cereal capital of Battle Creek, Michigan, the film’s smattering of authenticity in the 1960s war to introduce the first fruit-flavored shelf-stable cereal-based toaster product make it fun to watch. The period settings and great musical scores from the 60s enhance this ridiculously funny film. Enjoy if only for the dumpster diving taste tester child actors Eleanor Sweeney and Bailey Sheetz who almost steal the show.

Book Reviews

Reviewed by Edgar K. Marcuse, MD, MPH, FIDS

Unfinished Love Story: A Personal History of the 1960s
Doris Kearns Goodwin
Simon and Schuster, 2024, 480 pages

From time to time when finishing a book, you wish you could recapture the joy of savoring it for the first time. For me, the latest work by Doris Kearns Goodwin, a remarkable writer noted for her histories of Lincoln, TR, FDR, and LBJ, enthralled me on multiple levels: it recaptured the idealism and optimism of the 1960s when I joined a march on Washington; was inspired by Kennedy’s call to, “Ask not what your country can do for you, but rather ask what you can do for your country”; when the Civil Rights movement and the Great Society held the promise of social justice. It gave me insight into the central role of speech writers in campaigns. And I learned from and was moved by the author’s narrative of her personal journey of a 50-year marriage, the illness and death of her husband and her life after these losses.

The book is a personal memoir and a history based on a trove of documents and memorabilia amassed by her husband, who wrote speeches for Kennedy and Johnson and worked in their campaigns and administrations. In those years one or the other of them was almost always “in the room where it happened”.

Their personal stories are fascinating: each blessed with an impressive intellect, driven to pursue public service and scholarship. In their 20s each had the confidence to spurn opportunities for economic success “to follow their bliss”.

The book recounts their final project together: a journey through countless documents and miscellaneous mementos collected by Richard Goodwin. As they proceed box by box she serves as a critical interlocutor bringing to bear her knowledge and skills as a historian. They joust -- he a JFK guy, she an LBJ gal -- as they contrast their evolving perspectives on momentous events and individuals they encountered.

I listened to this book as an audiobook read beautifully by the author, enhanced by her Boston accent, cadence and inflections. The audiobook includes brief excerpts of Kennedy and Johnson tapes: bringing back still vivid auditory memories from JFK’s inauguration to LBJ’s withdrawal from his reelection campaign. But without a paper text in hand it is challenging to revisit noteworthy paragraphs, much less annotate them with marginal notes. Take your pick! I may yet seek out a hard copy.

Most of the book deals with a world before Vietnam, the assassination of JFK, MLK and RFK; before Watergate, Reagan, the Bushes, Carter and of course DJT. But perhaps the most remarkable thread running through the entire narrative is Richard Goodwin’s patriotism and unshakable faith in America and its people, which rekindled my hopes for the future.

The author quotes a short paragraph written not long before his death as he reflected on his 80-year life span and the course of U.S. history from its founding to today.

“Massive and sweeping change will come and it will come swiftly. Whether or not it is healing and conclusive depends on us…. The end of our country has loomed many times before. America is not as fragile as it seems.”

Reviewed by Beryl Rosenstein, MD, FAAP

Tuxedo Park: A Wall Street Tycoon and the Secret Palace of Science That Changed the Course of World War II
Jennet Conant

Pundits claim that the atom bomb ended World War II, but that radar won the war. Because of the recent book and movie about Robert Oppenheimer, we are familiar with the Manhattan Project, but less familiar with the story of the development of radar.

Continued on Page 18
It is a fascinating story, focused on Alfred Loomis, the featured character in the book Tuxedo Park. Loomis, a Yale graduate and lover of gadgets, became a world-class tinkerer, inventor, collaborator, and promoter of new ideas. During the 1920s, Loomis, along with his brother-in-law, made a fortune raising capital for the burgeoning electrical power industry and was among the richest people in the U.S. Loomis and his brother-in-law also made the wise decision to convert all their stock holdings into cash and long-term bonds just prior to the stock market crash. Loomis used his money to buy a huge estate in the exclusive community of Tuxedo Park, forty miles north of NYC where he established a state-of-the-art laboratory, better than any university laboratory at the time, in order to pursue his interests in high-frequency sound waves, electroencephalography, Loran technology, cyclotrons and microwave-based radar. He made major contributions to all these endeavors without having any formal science background. Tuxedo Park tells the incredible story of an investment banker turned physicist.

Because of his wealth and reputation, Loomis was able to assemble world-leading scientists such as Niels Bohr, Ernest Lawrence, Enrico Fermi, Arthur Compton and Vannevar Bush to be part of the Tuxedo Park team in the 1930s. The main part of the book focuses on the development of early warning radar systems. Money bought influence, and Loomis could pick up the phone and talk with John D. Rockefeller, Jr. and the presidents of Bell Lab, Westinghouse, General Electric, Phelps Dodge, Bankers Trust, and Kennecott Copper to get them to cooperate in moving the radar project ahead at warp speed. Britain was being devastated by nighttime German bombing raids, and allied shipping was being decimated by German U-boats. Although Britain had developed a palm-size copper disc called a magnetron that could broadcast microwave radar beams farther than existing systems, it needed to be developed into a functional long range early warning system. To accomplish this, Loomis used his money, influence, and contacts to start and lead the Radiation Laboratory (Rad Lab) at M.I.T. He assembled a world-class group of scientists who, over two years, were able to develop and deliver a long range, early warning radar detection system that helped win the war. When the Manhattan Project was getting started, the leaders were able to cherry-pick the top Rad Lab talent to work on the atom bomb.

Jennet Conant, author of Tuxedo Park, is the granddaughter of former Harvard president James Conant, and she does a masterful job of painting a gripping story of a largely unknown person whose brilliance and perseverance helped win World War II. Ironically, while Loomis helped develop radar, he himself has remained “under the radar” all these years.

Reviewed by Anthony Kovatch, MD, FAAP

Demon Copperhead

Barbara Kingsolver

Harper, 2022, 560 pages

“What Christmas! That was all you’re doing! But we never knew how to do it before you came. And the magic went away again after you moved out. The magic was all you, Demon!” ---spoken by “Angus,” Demon’s adopted “sister,” who would turn out to be the “hero of his life.”

It has probably been about threescore years and change since I was assigned to read Charles Dickens’ classic novel David Copperfield in English class. “Whether I shall turn out to be the hero of my own life, or whether that station will be held by anybody else, these pages must show”---the most powerful theme of that Victorian novel is embodied in the Dickens’ quote that opens the 2023 Pulitzer Prize-winning novel of Barbara Kingsolver:

“It’s in vain to recall the past, unless it works some influence upon the present.”

In this reincarnation of the Dickens bildungsroman, the cast of Demon Copperhead bears a literary resemblance to that of its Victorian counterpart. Even Jip, the spoiled, trick-performing dog of David’s childish young wife Dora—who dies in childbirth--- makes a reappearance as the playful pet of Demon’s addicted irresponsible teenage lover Dor; in both stories, Jip is a symbol of the pain inherent in the often-doomed outcome of immature, physically-driven love affairs. The word is borrowed from the archaic slang term “give somebody jip.” Kingsolver’s novel abounds in this kind of symbolism---often rising above the foul colloquial language intrinsic to the culture of the story’s geographic setting. The ocean and water (Demon is born with the amniotic sack intact) dominate the story’s conclusion as he drives with Angus to set his sight on the ocean for the first time in his life, “That’s where we are now…heading for the one big thing that is not going to swallow me alive!”

Enough said about Copperfield. While he may have been in Dickens’ heart of hearts his favorite child (and Kingsolver might feel the same way about Demon), the author masterfully creates Damon Fields, the protagonist of her novel, as a character skillful in engendering in the reader a fierce dislike and antagonism toward his impudence, caustic wit, and sometimes, vulgar and cynical view of the world (which makes Holden Caulfield from The Catcher in the Rye a piker in comparison).
Demon Cooperhead Continued from Page 18

However, this baseline is interspersed with disarming interludes of pathos, sensitivity to the pain of others, and keen insight regarding the human condition far out of proportion to what the reader expects. The prognosis here appears more favorable than in JD Salinger’s character portrayal.

I had to interrupt the audiobook at times when the volley of foul language became intolerable to my “prudish” ears (typical of my naive, sometimes overprivileged, Baby Boomer generation). At other times, as Demon’s odyssey of enlightenment reached its peaks, I half-mindedly pumped my fists and prayed for his deliverance from the imbroglios over which he has no control: the death of his Melungeon (triracial) father, from whom he inherits his copper-colored hair, by drowning six months before his birth; drug-addicted mother who dies by overdose when he is 11 years old; a physically abusive, vindictive step-father; exploitative foster families; an abrupt ending to a promising career in football when he “blows out” his knee—to name some of the less egregious evils that befall the ill-fated boy.

Set in the deprived culture of Lee County, Virginia (the hillbilly linguistics of the Appalachian region are deftly copied by the individual reading the first person account), the message of this quintessential “novel of memory” highlights that even the most devastating circumstances—and the consequent “venomous” attitude toward life that they foster—can be reversed by inner resilience and blind determination. Add in a “little help from your friends,” and even a distant, but not forgotten, family member. Demon may have gained many admirers because of his heroics on the football field (remember his surname is Fields), but nothing can compare emotionally when he suddenly realizes that his “Aunt” June has been the mother he has subconsciously longed for since his tumultuous birth.

Who of us has not had a surrogate hero in our lives to help us achieve our undeserved destiny? Who of us has not fallen prey to reckless judgments and unbridled vulgar language during times of overwhelming stress? Perhaps I am biased by Demon’s power of will because I have been a surrogate pediatrician—and sometimes, “pap”—to those in residential treatment facilities who suffer his plight, but still endure. However, Demon is every pediatrician’s patient and a part of every child and young adult who needs a kind word or a pat on the shoulder to keep them buoyant in today’s world. Fellow pediatricians, please read the book; and if the vulgarity makes that difficult, please commission one of your tougher patients to read it for you and tell you what they learned and how it made them feel!

Poetry Corner

Life Stories with Sheep
Peter Gorski, MD, FAAP

Each day we walked
Alone together
Persuading ourselves
Encouraging one another.

Led by three who knew the terrain
And revealed their humanity
Responding when we needed to pause
To find new strength or purpose.

One with a Brit’s proper modesty and elfin humor
Another inviting us to improvise upon the keys to wonderment
The third as cool at home in California as in the Amazon jungle.

Together we brought our own personal histories
To create a new common story
Sharing the idyllic Cotswolds
As we listened for meaning

Whether from an errant phone booth
Ringing with symbolism

Continued on Page 20
Life Stories with Sheep Continued from Page 19

Or a silent peace
Permeating the astonishing landscape.

This week the sun shone uncharacteristically brightly
As if to welcome us
And reward our faith
Urging us to mind the gap in our long-held perspectives
Like the deer who found happiness and identity as a sheep.

All lent significance and understanding
Unveiled our notable experience and natural fragility
And served to refresh my belief
In the possibility that kindness will prevail.

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Narrative Medicine*
*Tomas Jose Silber, MD, MASS, FAAP
Chevy Chase, MD

A turbulent river of blood,
with fiery eruptions,
runs in furious cascade
along the devastated landscape,
blasted three years ago,
in the epic battle
against the invading Giant Krebs.
 Everywhere, out of cracks
and crevices, red blood bubbles up,
steam effluents reaching the river.
 Floating in the bloody river,
the soldiers’ red mutilated bodies,
some of them still attached to their horses.
The hero watches this,
silent, shaking, astonished
his long white hair drifting with the wind.
He caresses his white beard and thinks:
“This can’t be happening,
This is all a bad dream.”
It is getting darker
and despair descends with the darkness
Men come to help.
An attempt is made to place a huge tree trunk
to stop the river of blood with a dam.
As this happens,
coasts bordering the river
explode in fiery spasms
that the old man now
feels deeply inside himself.
From the other side
his loyal wife weeps
and begs him not to give up.
He tries and fails,
He can’t pray, so he curses.
Yet the old man is stubborn.
He goes on a pilgrimage
and meets the angel Michael,
who provides him with kind words,
a balm for his pain, a sword,

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and teaches him how to use it.
After more days in the wilderness
the aging hero still has strength,
and he cuts the Gordian Knot:
the landscape immediately fills with light,
the bloody river has turned golden!

“Case 9842 The patient is a 78 yo physician
experiencing sudden gross hematuria
with large clots and urinary retention.
He has prostate cancer in remission,
for which he was irradiated 3 years ago.
A “Foley” was placed successfully.
Bladder spasm resulted in episodes of pain.
The patient removed his “Foley” as instructed.
Retention resolved with a stream of normal yellow urine.
A cystoscopy was requested”.

*This poem is dedicated with gratitude to Dr Michael Phillips, splendid urologist and true mensch.

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**The Simple**

*David Lipsitz, MD, FAAP*

*Ann Arbor, MI*

My softening gray matter brain
picks the sweet taste of berries
growing on untrimmed bushes
along a familiar neighborhood walking path.
My scarred body and mind
have briefly touched my own mortality,
uncovered in the opening of night.

I try to hold on to the simple,
a letter from a childhood friend,
his face frozen in time,
posing as a nine-year-old for over fifty years.
And, I appreciate unexpected caring phone calls,
or, unhurried knocks at the front door
arriving with a smiling gift of something special.

I read facial expressions as unfinished novels,
pages without numbers,
written in long-hand with a treasured family fountain pen,
waiting for the ink to dry.

Thoughts wanting to flow with direction,
some spoken, some silent in the dark.
Awakened within an unfinished circle of life language,
calmer with time, quietly walking away
from an unneeded blanket of worry.

Life’s brief words now seem sensible,
peacefully floating off a straightened line.
Letter to the Editor

Harry Pellman, MD, FAAP
Fountain Valley, CA

I have been married for almost 50 years and have five daughters and eight grandchildren so far. My wife, whom I love dearly, always claims that “you are so picky!” That opinion is easily countered and stopped with a smile and my response, “I picked you.”

With that “curse” of being so picky I have to respond to Dr. Jenkins-Woodward’s almost perfect Chairperson Column. This is not “a war in Gaza.” It has been, and continues to be, “a war against Israel,” by Hamas, the overwhelming Gaza population that supports them, Hizbollah, the Huthis, many sections in Iraq and Syria, cells in the West Bank, and all funded, supported, and even now attacked and encouraged by Iran. There are still daily incoming missiles and attacks from all of these sides, ignored by most media. These are still organizations whose mission is not to win a war, but to eliminate the Israeli State, by any means possible.

Is there ever an excuse to take infants, children, women, and the elderly as hostages? Is there ever an excuse for those overseeing the hostages to deny visits and care from the International Red Cross? I will not even comment on the most barbaric, inhumane traumas inflicted by Hamas and its supporters on infants, children, women, and, the elderly in Israel on October 7, all verified by the U.S., the UN (not a fan of Israel since 1948), and most European nations that did independent investigations.

Yes, we have to support and protect children (and really all innocents), but the subtle message from these kinds of reports is that it is Israel’s fault, not the ones who started the war, those who hide behind women and children and put them in harm’s way, those who use mosques, hospitals, and schools for war and not for the health care, moral teachings, and education that are sorely needed.

Maybe we all need to be pickier and more accurate. Our words matter.

Guidelines for Senior Bulletin Articles

Gilbert Fuld, MD, FAAP Editor

Section members periodically ask for details of articles which are to be considered for publication in the Senior Bulletin. The Bulletin is published quarterly and, by popular request, is now all online but readily amenable to printing at home. Our Bulletin is not peer-reviewed, nor does it strive to compete with scientific publications.

There’s an 850-word limit (with occasional exceptions) for articles to be submitted in MS Word format or double-spaced text. We welcome a wide variety of topics, including book reviews (500-word limit) and letters to the editor (350 words or less). We discourage lengthy life histories and scientific submissions which should more appropriately be submitted to peer reviewed publications. Generally, shorter is better and deadlines (published in each issue) are observed.

Submissions are not guaranteed to be posted in the Bulletin. The editor has the right to refuse publication of any article deemed inappropriate. Publication of articles may be deferred in order to reserve them for a periodic special focus issue. (Authors will be informed if this is the case.) Letters to the Editor are also sought for most issues and may relate to past articles or suggest topics of interest.

Questions about articles contemplated or in progress can be directed to me at gifuld@icloud.com or to Co-Editors Peter Gorski pgorski@fiu.edu and Richard Krugman richard.krugman@cuanschutz.edu. There is a new process for submitting articles. Please CLICK HERE to upload your article submission. We look forward to hearing from you and to reading your articles in the Senior Bulletin.
2024-2025 Senior Bulletin Schedule

Fall Bulletin - Electronic
August 5, 2024: Call for Articles
September 9, 2024: Article Submissions Due
October 25, 2024: Bulletin Online

Winter Bulletin - Electronic
November 4, 2024: Call for Articles
December 9, 2024: Article Submissions Due
January 24, 2025: Bulletin Online

The Best of the Bulletin

Since its inception in 1992 the Senior Bulletin newsletter of the Section on Senior Members has been published quarterly. Since 2017, the Bulletin has been published online only. Hidden within the past issues are articles that needed to be unearthed for you, our members. We hope you find them thoughtful, memorable, entertaining, and educational. We have published an initial list of the “Best” and will add to it over time. We hope you will enjoy this new product, found here on our SOSM Collaboration Website.