SOSM Chairperson’s Column

Renée R Jenkins-Woodard, MD, FAAP

The best news I have to share about the Annual Leadership Conference was that it was COVID-free for me this year and I was able to attend in person. The Annual Leadership Conference has morphed over time, going from the Chapter Chairs Forum many years ago to now being attended by the leadership of chapters, sections, councils and committees. The Board of Directors, district and national officers, the AAP central office and Washington DC staff will participate. Dr. Larry Shandler, the section Vice-Chair, and I represented you, the Section on Senior Members. The goal of the meeting is to give the Board of Directors some direction on what members feel are the most important issues facing them.

The process is led by a resolution format with the top 10 resolutions given the most important attention. This year 188 members voted on 75 resolutions and 63 were adopted. Of those 63, the top 10 resolutions that will be referred to areas of the Academy with related expertise for review and potential action are:

1. Federal Protections of Gender-Affirming Care for Both Patients and Their Doctors
2. Supporting Pediatric Payment Advocacy
3. Autism Diagnosis by Pediatricians
4. Support for State Constitutional Ballot Amendments That Protect Access to Reproductive Healthcare
5. Supporting Community Pediatricians who Teach Medical Students and Residents in their Practice
6. Increasing Access to Mental Health Services for Youth by Restructuring Medicaid Payment
7. Opposing Legislation that Bans Offices of Equity, Diversity and Inclusion (EDI) and Restricts EDI Education for Learners at State Medical Schools
8. Ban on Youth-Oriented Gun Advertising
9. Advocating for Telehealth Across State Lines for Students
10. Supporting Pediatricians’ Discussion of Firearm Safety in Pediatric Settings

Although the resolution process is at the heart of the leadership conference, there is a richness of information and leadership education. Dr. Sandy Chung, our current president, gave us an update on the four strategic child health priorities of the AAP for 2023:

1. Healthy mental and emotional development,
2. COVID recovery and disaster readiness,
3. Equity, diversity and inclusion
4. Safety and well-being within the pediatric profession

In addition, a new Firearm Injury Prevention Special Interest Group, open to all members, will provide a forum for pediatricians and other health care professionals focusing on firearm injury and violence prevention to share successes and strategies, promote educational programs, engage in advocacy efforts, and foster connections among members.

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There were great plenary and concurrent session talks during the conference. Most are captured with slides and video presentations using this link.

I’d like to thank Districts VII and X for inviting me to participate in a panel discussion, “Leadership Building Growing Leaders for Districts/Chapters: How I got here and how I can I help others to leadership.” The early career and pediatric trainee participants were especially inspiring, giving us lots of assurance that the future of the American Academy of Pediatrics is in good hands. Larry Shandler’s reflection on the conference says it all, “After returning to the Leadership Conference after decades away, I still find it an exciting place to discuss, act and network on issues vital to pediatricians and the children they care for.”

Meeting dates for next year, July 25-28, 2024.

Election Day is upon us for some states and jurisdictions. Vote 411 is a good resource for information on local elections. Local elections matter! Let’s get our voices heard for the children!

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**Fall 2023 Editor’s Note**

*Gil Fuld, MD, FAAP*

*Editor, AAP SOSM Senior Bulletin*

Welcome to the fall issue of the Senior Bulletin. It has a little of everything; submissions from regular contributors and first-time correspondents; reminiscences of the past; advocacy and concerns about current medical and social issues; reports from the AMA and our SOECP liaison; retirement activities; book reviews; movie reviews; poetry; letter to the editor; and more.

I also need to mention what we’re not publishing and why. In response to a request for articles on the interference of state legislatures in the ethical practice of medicine, we were challenged to reproduce without comment an individual Congressional testimony. This we did not do. As it was sent to the entire section list-serv, inserting it into the Bulletin would be superfluous. But more importantly, the Bulletin is not the place for section members to merely submit statements they approve of. It is appropriate for members to submit their own reasoned and sometimes provocative personal commentary.

We want to hear what you have to say.
My formal child advocacy efforts began with my involvement with California Chapter I when I received legislative advocacy tutoring from the then District IX chair Marty Gershman. Marty was a remarkable child advocate and taught me the ropes of educating legislators in Sacramento and locally. At that time, I was on staff at the Golden Gate Regional Center and was appalled by the number of severely disabled near-drowning child survivors in state hospitals. Championing regulations for safe fencing, child-proof gates, and other preventive measures to prevent child drowning was one of our Chapter’s first significant accomplishments.

Dr. Gershman established the first Chapter I Pediatric Advocacy Day at the State capital in collaboration with the California Medical Association. When I succeeded him as Chapter I President and with the help of then Executive Director Beverly Busher, we continued that effort, which eventually grew into a district-wide event and continues as the annual Child Health Legislative Day at the Capitol. Advocacy efforts continuing when I was elected District IX Chairperson included regulations for safe car seats, firearm safety measures including trigger locks and background checks, vaccinations, tobacco and e-cigarette use, and other many topics.

I joined the clinical faculty at UCSF in 1971 and was privileged to encourage budding physicians to become involved in legislative advocacy. Shortly before my retirement from UCSF, influenced by Dr. Toni Eaton’s conference on services for children with special needs, I founded an annual CME conference: Developmental Disabilities; Update for Health Professionals at UCSF. After 22 years of providing education on developmental disabilities to an average of 300 attendees (and more than two million online attendees in recent years), co-chair Gerri Collins Bride RN and I passed the leadership torches this spring to Dr. John Takayama and Dr. Clarissa Kripke.

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Throughout my career, my ongoing advocacy efforts have focused on the needs and rights of children and adults with disabilities and those with socioeconomic needs...like food insecurity and hunger. Volunteering at our church food pantry in San Francisco, I was impressed with the number of young families and children who needed food distributed every week in order to stave off hunger. I searched the literature, found USDA studies on food insecurity and hunger and, with the help of my friend and colleague Karen Ande, a documentary photographer (and physical therapist), we devised a local study of family food insecurity. With the help of many others, we were able to conduct a survey at the Tenderloin Health Fair and to photograph children with parental consent, supporting our hypothesis that you can’t tell by looking if a child is actually hungry.

Many children appear obese because of their junk food intake and have only one well-balanced meal per day with their school lunch. The photos and surveys supported our concerns and those of the USDA surveys: more than one in four children in our City of Saint Francis go to bed hungry every night! We presented our findings to the local Board of Supervisors who agreed that it was sad, but they had few solutions. Knowing that pediatricians are well positioned to address food insecurity if they only screen for it and knowing that pictures speak louder than words, we presented our findings to the Chapter I board along with the recommendation that our members not only screen for food insecurity but keep a list of resources to refer families in need. The board led by President Gena Lewis decided to send posters of Karen’s photos and our findings and recommendations to all 2300 members of the chapter with strong recommendations for screening and referral to food pantries and other resources for these families.

With appreciation to CA Chapter I and the AAP and to all of those from whom I’ve learned so much over the years, to my students and patients, to my partners in advocacy, especially those self-advocates with disabilities, to my family who have put up with my frequent trips to Sacramento and elsewhere to speak up for other children, I’m humbled to accept this award named for one of my all-time heroes and child advocates: Dr. Donald Schiff.

### Liaison Report from the Section on Early Career Physicians (SOECP)

#### Summer 2023 Update

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**Chair:** Crystal Shen, MD, MPH, FAAP | smilecarrie@hotmail.com  
**AAP Staff:** Elisha Ferguson eferguson@aap.org  
**Chair-elect:** Bethany Nunez, MD, FAAP | Bethany.Nunez@ttuhsc.edu

**2023 SOECP Section H-Program & Additional Sessions**

All members are welcome to attend the SOECP’s Section H-Program at the AAP 2023 National Conference and Exhibition on Sunday, October 22nd in Washington, DC. | 1-5pm EDT | In-person session number: H3040 | CME: 3.50

**2023 SOECP Health Equity Grant Recipients**

The SOECP Health Equity Grant Program was established to support early career physicians, especially those who are underrepresented in medicine, as they conduct research, interventions, and education that address antiracism and health equity in communities and institutions. Individual projects are receiving up to $3,000 in funding.

The 2023 grant recipients and their project titles are listed below:

- Tolulope Adebanjo, MD, MPH, FAAP; Ginnely Carrasco, MSW; Jennifer Craiker & Renee Green, Ed.S, LCSW | Plug into Pediatrics, Medical Career Mentorship
- Stephanie Fong Gomez, MD, FAAP | Inaugural field trip for the Kaiser Permanente (KP) – Oakland Unified School District (OUSD) – Pipeline Partnership
- Karina Almendarez, ASW; Emily Frank, MD, FAAP & Rosario Santillana, MD, FAAP | Circulo de Guerreras (Circle of Women Warriors)
- Carly Gomes, MD, FAAP | An Elementary School-Based Program for Promoting Early Interest in Health Careers in Underserved Communities in NY State
- Abimbola Dairo, MD, FAAP & Anuradha Gorukanti, MD, FAAP | Racial Justice Journal Club: Facilitating Critical Reflection about Racism

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• Cherece Grier, MD, FAAP | URiM Pediatric Health Equity and Advocacy Visiting Scholar Program
• Landon Krantz, MD, FAAP | Mitigating Depression Risk in Low-Income Minority Adolescents with ADHD
• Devlynne Ondusko, MD, FAAP | Language Cards to Improve Parental Involvement in the NICU for Families with Limited English Proficiency
• Christina Randolph, DO, MPH | Exploring the Role of a School Book Club on Health Workforce Recruitment
• Juliann Reardon, MD, MHS, FAAP | GRaCEful Patient Care Discussions: A mixed methods exploration of physicians’ willingness to explore patients’ Gender, Race, and Cultural/Class Experiences (GRaCE) in clinical care

2023 SOECP Research, Education, and Advocacy Awards
Nominations for the Section’s awards: Advancement in Research Award, Excellence in Education Award, and Leadership in Advocacy Award closed on May 7, 2023, and received 23 applications in total. The 2023 honorees will be selected and notified in August.

SOECP Leadership Programming Advisory Group
The SOECP identified a diverse group of members for this advisory group that advise on the formation of a new leadership program or set of programs that align with the SOECP’s and Academy’s commitment to equity, diversity, and inclusion. The group work envisions program curricula, selection processes, and accessibility through an equity lens. The goal is to leverage the success of the Young Physicians Leadership Alliance to create a new offering that is relevant and impactful for early career physicians, especially those that are underrepresented in pediatrics. They anticipate sharing plans for future programming this Fall.

SOECP Employment Support Program
This program is a partnership with the AAP Section on Administration and Practice Management (SOAPM) and is intended to provide a means of supporting ECP members who are finding it difficult to secure a position for the first time or transfer to a new position.

A Synopsis of the American Medical Association’s Annual Meeting

Lynda Young, MD, FAAP

Once again, I and about 1,000 plus other physicians descended on Chicago in June for our annual meeting. A lot of work got done and you would have been proud of the pediatricians that attend and shape policy on children’s issues. The AAP has a small but mighty delegation and there are a number of us scattered among the state and specialty society delegations.

Below is a “Reader’s Digest” version of the new or amended policy that addresses children’s issues. If you would like further information, please contact me at lyoung1976@outlook.com.

• **Formal transitional care program for children and youth with special health care needs** – this resolution strengthened existing AMA policy to include a population of patients that do not fall under “disability” but also need extra care, especially when transitioning to adult health care. It also encourages physicians to pay special attention during the preschool exam to identify physical, emotional or developmental disabilities that have not been previously noted. A key resolve addressed establishing formal transition programs to adult medical care systems for adolescents with disabilities.

• **New policies to respond to the gun violence public health crisis** – asks the AMA to advocate for federal and state policies that prevent inheritance, gifting or transfer of ownership of firearms without adhering to all federal and state requirements for background checks, waiting periods, and licensure. The resolution also asks for advocacy for federal and state policies to prevent multiple sales of firearms to the same purchaser within five business days, and policies implementing background checks for ammunition purchases.

• **Increased suicide risk for children and young adults in the welfare system** – existing policy now includes the word “child” or “children” in addition to “youth and young adults” to bring attention to the dramatic rise in child suicide.

• **Foster health care** – existing policy addressing the health care needs of children in foster care by adding advocacy for comprehensive and evidence-based trauma-informed care that addresses the specific mental, developmental and physical health care needs of children in foster care.

• **Job security related to leave for a caregiver when a child in foster care is placed in their home** – added to existing AMA policy on Family and Medical Leave is a statement that adds “providing reasonable periods of paid or unpaid leave for adoption or placement

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of a child in foster care in the home.”

• **Minimizing the influence of social media on gun violence** – asks the AMA to call upon all social media sites that allow posting of videos, photographs, and written comments encouraging and glorifying the use of guns and gun violence to vigorously and aggressively remove such postings. Also, the AMA should work with social media sites to provide educational content on the use of guns, inherent dangers, and gun safety in an effort to end the ongoing and devastating effects of gun violence in our communities.

• **Teens and social media** – the AMA study and make recommendations for teenage use of social media and age limits on this use, including proposing model state and federal legislation.

• **School resource officer (SRO) violence de-escalation training and certification** – this was a very lengthy report from the Council on Science and Public Health that addressed a number of issues on this topic. The report asks the AMA to encourage (1) an evaluation of existing national standards to have qualifications by virtue of training and certification that includes child and adolescent psychology and development, trauma-informed care, implicit/explicit biases, how to work with children with disabilities and special needs, diversity inclusion, de-escalation training, bullying and cyberbullying training and (2) the development of policies that foster the best environment for learning. There was more, but these points were some of the new additions.

• **Advocate for a national emergency for children’s mental health** – the AMA has now declared a national state of emergency in children’s mental health. This resolution asks the AMA to advocate that children’s mental health and barriers to mental health care access requires urgent attention and the AMA join with other interested parties to address the increasing shortfall in access to appropriate mental health care for children.

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**Advocacy**

**AAP Advocacy; A Meaningful Choice for Members of Our Section**

*Manuel Schydlower, MD, FAAP*

Remember the advice we received from friends and colleagues who preceded us on the often bumpy path into retirement? All provided caring and well-meaning guidance intended to be helpful as we embarked on that same journey in this stage of our lives. The following resonated with me: “...learn something new...do something meaningful...volunteer...reconnect with your foundations...” As many of you in the Section on Senior Members (SOSM) are experiencing, the renewal of advocacy activities with the AAP has turned out for me to be an added source for the discovery of new knowledge and gratifying involvement in promoting the health and well-being of children.

Last year, I attended the virtual AAP Advocacy Conference, March 20-22, 2022. At this meeting, we were equipped with new information and prepared in practical simulation workshops for virtual visits to Congressional offices of Senators and House Representatives on March 22. During these visits, we affirmed the reasons for AAP support and sought their endorsements for the Children’s Mental Health Care Access Act and the Youth Mental Health and Suicide Prevention Act.

This year, I was fortunate to attend in-person, as the SOSM alternate liaison, the Committee on Federal Government Affairs (COFGA) meeting in Washington, D.C. July 9-11, 2023. Liaisons from several sections, committees, and other organizations were included as participants on Monday, July 10 with updates and discussions on advocacy for several AAP legislative priorities. A significant item on that day’s agenda was preparation for in-person Capitol Hill visits on the following day.

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The theme for this year’s visits to congressional offices was protecting children in the farm bill, up for renewal, particularly by strengthening the Supplemental Nutrition Assistance Program (SNAP). Two other colleagues from Texas and I together visited the offices of Senators from our state, and then split up to visit the offices of our respective district House representatives. The same was done by several other attendees to the COFGA conference from other states.

The Farm Bill is a “must pass” legislation reauthorized every five years that governs an array of agricultural and food programs. Nutrition programs presently account for 77% of the Bill, and it was our task to advocate for Congress to preserve access to SNAP and increase benefits to ensure children have access to the food they need to thrive. Our presentations included providing AAP data that noted how SNAP served one in five children before the pandemic, lifting millions of households out of poverty, including almost one million children in 2021, and demonstrating positive health, educational, and behavioral outcomes in children.

The scope of AAP advocacy is extensive and an enjoyable opportunity for members of our Section to expand our knowledge and engage in fulfilling activism on behalf of children. Check out the Academy’s new digital advocacy guide which includes tools, resources and information on how to be effective child health advocates: Advocacy Guide.

Advocating for Migrants from Both Sides of the Border

Dan Neuspiel, MD, MPH, FAAP

My working career was in academic ambulatory pediatrics in New York and North Carolina, serving primarily immigrant children and families. In both locations, I also participated in advocacy groups that supported local immigrant families and promoted legislation to ease their lives in the US. When the AAP established the Council on Immigrant Family and Child Health, I was quick to join and participate.

After we retired in 2017, my wife and I made a long-planned move to San Miguel de Allende, Mexico. We first discovered this picturesque city with a large ex-pat community while visiting friends here in 2006. The climate, culture, language, and volunteer opportunities available here were all very appealing to us. The beauty of this historic UNESCO World Heritage Site also attracted us.

After relocating to San Miguel de Allende in July 2017, I learned more about the plight of migrants passing through this area, close to the geographic center of Mexico, and I became aware of a migrant shelter in the city of Celaya, about a 45-minute drive south of San Miguel. Many migrants, primarily from the Northern Triangle of Central America (El Salvador, Honduras, and Guatemala), make their way north by riding the tops of freight trains (called “La Bestia” or the beast). The train line splits in Celaya, with various branches headed to different spots in Texas, Arizona, and California.

The Celaya migrant shelter, called Casa Abba, is part of a chain of similar facilities throughout Mexico. It is directed by a charismatic and passionate minister, Ignacio Martinez. Many migrants stop at Casa Abba for a few days to eat, sleep and refresh themselves for their continuing journey. Casa Abba also specializes in treating migrants who have suffered amputations from falling or being pushed by roving criminals from the roofs of moving trains. The shelter has a cooperative arrangement with the International Red Cross, which provides prostheses and rehabilitation for migrants with amputations.

Due to the increasing difficulty of attaining US asylum, many migrants now seek refugee and asylum status in Mexico. Since the process to apply for such protection in Mexico can be lengthy, Casa Abba is lately housing more long-term migrants who are either awaiting their Mexican immigration status or rehabilitating with their prostheses. Also, there have recently been greater numbers of migrants from other regions passing through Abba, including Haitians, Africans, Cubans, and Venezuelans.

Back to my personal story. Soon after moving here, I learned of a local group of ex-pats who had established a US 501(c)(3) nonprofit organization called the Latin American Relief Fund, whose primary goal is to support Casa Abba in its work with migrants. I was honored to join the board of this group that raises funds to support Casa Abba, provides educational events for our community on migration issues, and helps with other support for local migrants. I have learned a great deal from serving on this and other nonprofit boards. Though I do not provide any direct
medical care, I and another physician on our board have advised Casa Abba to organize their health services. We have raised funds for Abba to purchase their current building and are currently embarking on a campaign to help them build an even larger facility. We also support the salaries of a teacher and social worker at the shelter.

As the child of a refugee and Holocaust survivor, I’ve found it incredibly rewarding to give back by serving and supporting migrants throughout my working career and retirement. The history of US immigration policy is marked by racism and inequity, and I feel very fortunate to be able to make a small contribution of compassion to those fleeing repression and poverty to seek better lives for their families.

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**Advocating for Migrants from Both Sides of the Border**

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**Bring Back Asylums?**

*Abe Bergman, MD (formerly FAAP), Seattle, WA*

*Editor’s note: Although currently not a FAAP, Abe Bergman has been a recipient of AAP awards and has a long history of AAP involvement.*

Media attention about the unsheltered homeless is unabating, especially in Seattle. But the stories remain identical: pathetic victims, angry neighbors, and paralyzed public officials. Nothing has been accomplished in the last seven years to alleviate the problem. Yet there is one action that could have an immediate effect - bringing back asylums.

I do not mean the large institutions of the past. The literal definition of asylums is: “places of refuge and comfort,” which can be interpreted as small supported living units that offer drug treatment, case management, and lockable doors. Now comes the hard part: persons impaired by addiction and mental illness who refuse asylum treatment should be compelled to do so.

The number and degree of impairment of the unsheltered homeless continues to surge because of fentanyl. The victims look haggard, smell bad, shout the “f-word,” and evoke fear in those who pass by. They are a difficult group to assist, often resisting measures like drug treatment, that would help them “get better.”

Sadly, my young-adult son is one of them. Like most of the others, he wants to stop taking drugs. He also wants to receive Supplemental Security Income for which he is eligible and replace the food assistance card that he keeps losing. The drug habit assures that he cannot carry out these ordinary tasks without help.

It helps to take a look at asylum history. A series of changes in American society in the 1960s led to the virtual emptying out of public asylums. Attitudes about mental illness were affected by the civil rights movement. For example, there was a strong feeling among some reformers that persons with mental illness, however impaired, should make decisions for themselves, honoring their autonomy.

The consequence was an emptying of state institutions, shifting to their families the responsibility of caring for individuals with disabling mental illness or developmental disability. These overwhelming care burdens have led to the creation of the home care industry, with chronically underpaid workers.

New asylum homes would emphasize drug treatment with well-defined goals, case management, security, long-term follow-up, and jobs. The opportunity for productive work probably surpasses the value of any other form of therapy. An example is the Seattle Parks Conservation Corps, which has provided outdoor work for the homeless since 1986.

My son made many stops in his journey through the mental illness and criminal justice systems. They included county jails, group homes, and treatment centers. In terms of benefiting his behavior, the highest quality care was provided at Western State Hospital where he stayed for a year.

My son refused to talk to psychiatrists, psychologists, or social workers. He did talk with nurses, but his closest attachments were with
custody staff members. They did not ask questions about his past and played basketball with him. The most effective was the system of rewards and restrictions. My son knew that fighting meant he could not go to the gym or library. He stopped fighting and attended group meetings.

Political support for the impaired homeless does not exist. But a great deal of “sweat equity” is provided by idealistic souls working on their behalf: in particular, the temporary shelter groups like the Downtown Emergency Service Center, Reach Out operated by Evergreen Service Center, and faith-based organizations like Union Gospel Mission. Especially impressive is We Deliver Care, volunteers who walk Third Avenue handing out water, snacks, and socks. It is these people who have earned a measure of trust who should be involved in the planning and operations of prospective asylums.

Washington law limits involuntary commitment to situations “when there is a danger of substantial harm to oneself or others.” The admittedly controversial proposal offered here is broadening that definition of harm to include “individuals unable to meet their basic living needs.” Strong resistance will come from those passionate about civil liberties, disability rights, and public defender rights.

But the fundamental conflict between the responsibilities of public health and safety, versus the rights of individuals to maintain responsibility for their own health and safety, has gone on for generations. This conflict has also played out with devastating effects among COVID vaccine refusers.

Given this unresolved conflict, drug treatment asylums are unlikely to appear anytime soon. But at some point, public disgust with bodies on sidewalks and fentanyl deaths might induce some action. At the very least, mandatory asylum commitment should be an issue that is openly discussed.

**Reflections**

Believe It or Not

*Miles Weinberger, MD, FAAP*

This is not Ripley’s, but the personal experience of a physician. My first memory of this unusual clinical problem was a boy, about age 10, admitted to the hospital when I was a resident. He wasn’t my patient, but a loud barking cough could be heard by all from his room at the end of the hall. The astute chief resident announced that the cough was functional in that there was no organic basis for the cough. I don’t remember the outcome of that boy, but fast forward past two years at the National Institutes of Health, two years in fellowship at the National Jewish Hospital, to private practice in Marin County California. I remember a 9-year-old girl brought to my office by both parents, who described that she had been coughing all day for several weeks. I recognized the pattern of coughing as unlikely to have a physical cause. Like other physicians before me, I used a behavioral technique and stopped her cough within 15 minutes. I saw her a week later with psychogenic polyuria-polydipsia. I advised how to stop that, but she returned a week later with psychogenic polyphagia. I recognized that her problem exceeded my skills and referred her for psychiatric evaluation. Fortunately, during the next 45 years of practice, I never had another case exactly like that.

However, functional cough, a chronic cough without a cause, was a recurring problem at the allergy and pulmonary clinic I began in 1975 at the University of Iowa. Based on a 1966 publication by Boston allergist Dr. Bernard Berman, the diagnostic term for that clinically characteristic functional cough was “habit cough”. The cough was readily recognized by the frequent barking cough heard even from the waiting room. Eventually, an average of 9 children per year were seen at our clinic with that unique cough. The cough frequently occurred several times per minute during all waking hours, only absent once asleep. The average age of children seen in the clinic for habit cough was 10 years with a range from 4 to 18 years. The prior duration of this type of cough in those children was a median of 4 months. Of 140 children with habit cough, 18% were described as having daily cough for over a year. Dr. Berman described successful treatment by “the art of suggestion.” Ergo, we called the simple behavioral technique successfully used at the University of Iowa Clinic, “suggestion therapy”.

That’s a good story, but there’s more. I retired from the University of Iowa in February 2016. In February 2019, I received a phone
Believe It or Not  Continued from Page 10

call from the father of a 12-year-old girl with daily coughing repeatedly for 3 months. He had seen my previous publications on the subject, concluded his daughter had the same problem, and asked for help. Although never previously done, I successfully used suggestion therapy remotely via teleconference. Her father recorded the 30-minute session. Amazed and delighted that his daughter stopped coughing, he placed the recording on his website.

So, routine use of suggestion therapy during a clinic visit to stop prolonged coughing was effective with patient contact and also remotely by teleconference. But the story gets better and approaches “believe it or not” status. Unexpectedly and unintended, we began receiving reports of habit cough cessation from parents when their child with habit cough viewed the video on the web. No physician contact was involved in cessation of cough. This successful suggestion therapy by proxy was eventually reported over a hundred times in the US and 15 other countries.

Parents and adults from multiple countries providing unsolicited reports that watching a video recording stopped months of coughing is a “believe it or not” experience. The personal and family suffering of daily coughing for months or even years perhaps must be seen to appreciate the disturbing quality of life experienced by those with chronic cough. Those with habit cough further suffer frequently also from unsuccessful iatrogenic efforts to treat the cough, which responds to no pharmacologic agent.

To transpose a famous Sherlock Holmes statement, when you have eliminated all possibilities, the unlikely becomes likely. Cessation of a chronic cough, present for months or years, by watching a physician talk by teleconference recording to a 12-year-old girl and stop her cough, seems unlikely and incredulous, but it happens, believe it or not!

Three Falls

Tomás José Silber, MD, MASS, FAAP
Professor Emeritus, George Washington University Division of Adolescent and Young Adult Medicine

Fall I
My first fall took place in Chevy Chase, MD by the end of the 20th century. It happened on a December snow emergency day when many roads were closed. That day I got up very early in the morning to make sure I would make it to rounds on time. I looked out of our bay window and saw on the street outside the dreadful combination of ice sheets and new snow. Well prepared with warm clothing, including long johns, a thick blue parka and snow boots, I ventured outside in the direction of my Oldsmobile. Suddenly, I slid, my legs went up and I was in a backward free fall. Instinctively, in a fraction of a second, before I hit the ground, I flexed my head forward and placed my chin against my chest. The dramatic landing, miraculously, did not result in any injury. I got rid of the snow that was covering me from head to toe and arrived on time to rounds with coffee and doughnuts for my residents and students.

Fall II
My second fall took place at the beginning of the COVID pandemic. I was at home in my basement man cave after a long working day. Sitting placidly, I decided to reread a short story by my favorite author, Jorge Luis Borges. Thinking that I had left my reading glasses upstairs I climbed up the stairs. When I was about to reach the landing my wife called to let me know that I had actually left the glasses next to the TV set downstairs. I turned around swiftly, suddenly lost my balance and came tumbling down at full speed. As I fell forward, I let my body go limp, protecting my head with my arms. I hit the wall with a ferocious thud. My wife screamed and I got up immediately to show her that I was unharmed. To give some levity to an otherwise scary event, I commented to my wife, “You know Sigmund Freud once wrote that young women who experience falls are on their way to initiate their sexual life. They were ready to take ‘the fall’”. She looked at me in disbelief, so I ended the episode with, “Oh Siggie, did you always have those thoughts in your mind?”.

Fall III
Fully immunized against COVID, I was returning from shopping errands, holding packages in both hands. I walked on our walkway almost reaching our front door when my right foot stumbled over the border of the walkway and suddenly I lost my balance to the point of no return. It was almost a slow-motion fall, as I had time to drop the packages and from the corner of my eye see the bushes at the side of the walkway. I let myself fall sideways on the shrubbery and, voila, I was unharmed. The tricky part was to turn over, place myself on all fours, straighten up and finally get up, all under the astonished look of our neighbor’s dog, who, thinking herself Lassie, started barking for help.

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It was then that I thought of what could become my second act, when I realized that I had mastered falling backward, falling forward, and falling sideways. Indeed, I was ready; I could become a stuntman for aging Hollywood actors!

WOKE – Count Me In

Robert Saul, MD, FAAP
Professor of Pediatrics (Emeritus), Prisma Health Children’s Hospital-Upstate Past President, SC Chapter

A lot of folks are talking about woke or anti-woke these days. If woke is being “aware of and actively attentive to important societal facts and issues (especially issues of racial and social justice),” then count me in. My pediatric roots see all children as needing our care, compassion and nurturing, not just those of one’s choosing. Folks that argue for the latter live in a society that I do not recognize nor one that my loving mother would have recognized.

Let’s look at some of the hot-button “woke” issues:

• School choice - One is smeared as being woke if they rightfully argue that public school monies should be spent on public schools. Private schools and charter schools are wonderful educational options but only if open to all. Taxpayer monies are distributed to public schools because of the American ideal that an informed and educated public will lead to informed and educated citizens who exercise the ideal of caring for, caring about and working with our fellow citizens. Shunting money from our public school base to more restrictive or private schools denies the original intent of public education. Now, I often hear the argument that certain schools are lacking or substandard. An honest assessment will lead to the conclusion that we have let that happen and that a lot of that has occurred because systemic racism led to those significant discrepancies. One need only look at vast swaths of urban and rural America to see that reality. If it is being woke to demand a better, more equitable public school system for all, then count me in.

• Books - Certain books are being described as offensive by some folks. These folks claim that these books are leading to indoctrination and need to be removed from classrooms, libraries, and I suspect, from sales altogether. These markedly subjective assessments strike fear in those of us who hold the freedom of the press dear to our hearts and who hold the freedom to publish and distribute books as an essential tenet in a free society. Book banning under any name is frightening. If it is being woke to support book publishing and distribution to the limits of the law, then count me in.

• Gun regulation - Our Second Amendment guarantees our right to keep and bear arms, so it is said. The framers of the Constitution did not envision the current carnage that exists in our society. As of 2/14/23, there have been 68 mass shootings in the USA. Firearms are now the number one cause of death for children in the United States. If it is being woke to say that something must be done about gun regulation, then count me in.

• LGBTQ and transgender care - Folks who pursue different lifestyles out of desire or emotional need are not sub-human as many seem to portray them. I remember the brutal murder of Matthew Shepard in Wyoming back in 1998 and am appalled at the pervasive anti-gay rhetoric and hate that continues in our society for those who are judged to be different. I choose to accept those who pursue different lifestyles as my fellow humans/citizens worthy of my support, and nurturing - and deserving of all medical care needed. If it is being woke to accept all people as our fellow humans and deserving of our love and care, then count me in.

• Systemic racism - I have read a series of books recently that have reawakened me to the reality of blatant racism present in our society during my formative years.1-6 A recent political candidate contended that such racism no longer exists.7 Yet he acknowledges that significant inequities led to past problems with the implication that, since he rose above the social difficulties, racism no longer exists. Systemic racism has indeed existed in our society and I would contend that the lingering remnants thereof continue to disadvantage people of color. To deny such is troubling indeed. We should be reminded that race is a social construct, not a biological one. Society has chosen to identify folks by skin color but there is no biological basis for this distinction. Specifically, for children, the impacts of systemic racism have been substantial and are still present today.5,9

• Birth disparities
• Mental health disparities
• Socio-economic disparities including health insurance, segregated housing neighborhoods
• Educational disparities

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• Chronic exposure to environmental agents
• Increased risk of poverty
• Increased childhood traumatic experiences leading to stress that have short-term and long-term consequences for health and emotional-behavioral development
• Race-based medicine has led to very unfortunate experimentation and medical care that was distributed in very inequitable ways over too many years. 9

Woke is a term that has taken on more meaning than initially intended. I find it hard to argue against trying to be aware of and actively attentive to important societal facts and issues, including racial and social justice. I will continue to speak without fear on behalf of children and families (and communities) that have suffered from past injustices. I will continue to seek solutions to school inequities, book banning, and gun regulation; to continue to provide comfort and care to LGBTQ/transgender individuals; and to fight the past and present aspects of systemic racism that are still present. If doing all of these things is considered to be woke, count me in.

References:
7. Racial inequity – It cannot be whitewashed

My Lifetime Love Affair with Baseball
Part 2: Funny stuff
John T. McCarthy, MD, FAAP

For me, among the most endearing aspects of major league baseball are a great sense of humor and the camaraderie among players and managers.

Those included Lawrence Peter “Yogi” Berra, Hall of Fame catcher for the New York Yankees and Casey Stengel, his manager for seven seasons. Yogi became a baseball legend not only for his excellence on the field for the Yankees but also for his funny malapropisms: “When you come to a fork in the road, take it,” or “It’s not over till it’s over,” or “You can observe a lot by watching,” or “OK, pair up in threes.”

Casey Stengel proved to be an astute commentator on baseball: “The only thing worse than a Mets game is a Mets doubleheader,’’ and “Getting good players is easy. Getting ‘em to play together is the hard part.”

In 1935, Phil Rizzuto tried out for the Brooklyn Dodgers, Casey Stengel then the manager advised him he was too small and should be a shoeshine boy. But Rizzuto ignored his insult and became a Hall of Fame shortstop for the Yankees in the 50s, and his manager, the same Casey Stengel, then said of Rizzuto, “He is the greatest shortstop I have ever seen in my entire baseball career!”

I often wondered if anyone ever recorded a conversation between Casey and Yogi. What a laugh that would have been!

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One of the things I really enjoyed every time I went to game at Yankee Stadium was the dulcet voice of Bob Sheppard who announced the name and number of each player coming up to bat. It really gave me goose bumps. What a voice! “Now batting, #7, Mickey Mantle, #7!”

I guess Derek Jeter liked it when he became a Yankee on May 29, 1995. So, just before Sheppard announced his retirement on September 5th, 2007, when the Yankees beat the Seattle Mariners to end the season, Jeter begged him to make a recording to be used every home game: “Now batting for the Yankees, #2, Derek Jeter, #2,” until he retired in 2014. What a nice gift for both!

When not able to attend a game at Yankee Stadium, I frequently listened to the game on radio or watched it if televised. My favorite all time baseball sportscasters included:

**Mel Allen** New York Yankees (1939-1964) Trademark expressions “How about that!”, “Going, going, GONE!” and “Slicker than boiled okra!”

**Vin Scully** Brooklyn/Los Angeles Dodgers (1950-2017) “They’re tearin’ up the pea patch”, I wonder what he said that day when Yankee, Don Larsen pitched a perfect game in the World Series against the Brooklyn Dodgers?


**Harry Caray,** sportscaster for five major league teams: St Louis Browns (1944-5), St.Louis Cardinals (1944-1969), Oakland Athletics (1970), Chicago White Sox (1971-1982) where he popularized the singing of “Take Me Out to the Ball Game” (Albert vonTilzer, composer & Jack Norworth, lyricist) during the seventh inning stretch (invented by Brother Jasper of Mary, Manhattan College baseball coach and disciplinarian c. 1882), and Chicago Cubs (1945-1997).

Lastly, **Phil Rizzuto,** as my sentimental choice both as a player (13 years) and a sportscaster for the New York Yankees (1957-1996), “Holy Cow!” and “Did you see that?” when Roger Maris hit his 61st home run off Red Sox pitcher Tracy Stallard.

These sportscasters effectively brought color and palpable excitement to the game of baseball that had me hooked for a lifetime. But wait, there’s more! **To be continued……..**
I found Charlene available and waiting and offered her the folder with my assembled materials. As she looked them over, her helpful expression changed to one of mild disapproval: the names on my social security card and driver’s license did not match and would not be acceptable. To remedy this unusual (?) discrepancy I could either apply to Social Security for a new card with my name change or show a marriage license to prove my married name was real (sic). I objected to making the change in SS, given that my entire professional career and its SS payments had taken place under my original name. We agreed the marriage license was a more realistic requirement and with this new assignment in hand, I once again departed for my home across the county.

Surprisingly, a successful search for my 68-year-old marriage certificate was relatively brief, and two days later, with high hopes, I set out again. Charlene was available and this time she recognized me at once. But her pleasant smile quickly turned to a frown. The certificate, signed by the judge who married us, as well as by my husband’s father (J.Kaufman) and my father (T.B.Lobach) was not acceptable, i.e. not the official document with a seal issued by the NYC government. This rejection was confirmed by Charlene’s on-site supervisor as well as by a phone call to “headquarters”. (I don’t recall ever having seen the official certificate. Perhaps it had been hidden in the discarded effects of my long ago deceased husband?)

It was time to acknowledge defeat. The well-intentioned AAA staff and I all agreed that any further quest for a REAL ID by this 90+year-old supplicant was unwarranted. I would plan to continue using my valid (!) passport whenever the need for “real” identification arises. I gathered my useless credentials and prepared for another cross-county trek home. But before I left, I had two questions for the charming young Charlene. Would she mind telling me if she was married? She answered she was not. When and if she married, would she change her name? The answer was “certainly not”. She had no desire to experience the many name change hassles she had observed (and perhaps participated in), especially when divorce was part of the applicant’s life story. Sadder, but not particularly wiser, I left the AAA office for the last time.

It was still April, and the sun was still shining. I calculated that I had contributed 90 useless miles worth of fossil fuel waste to the warming planet. I wondered why it was easier to renew a U.S. passport than to obtain a New York State REAL ID. I speculated about whether this experience with the immovable bureaucracy and its carefully programmed minions would make me more sympathetic to conservative views about the evils of the administrative state or, more likely, reinforce my feminist-inspired distaste for the persisting patriarchy whose earlier challenges to my identity still cast their long shadow. As I turned into my driveway, I noted it was still April and the sun was still shining.

* A REAL ID in New York State meets federal (Department of Homeland Security) standards for license issuance and production that make forms of identification more secure and consistent than routine driver’s licenses, which, starting in 2025, will not be accepted for boarding domestic flights.

Remembering Sinclair Lewis: His Home Town Memorial Service

Robert C. Hauck, MD, FAAP, Shoreline, WA (formerly from Sauk Centre, MN)

It happened in the mid-winter of 1951. As a teen growing up in Sauk Centre, I looked forward to attending the upcoming memorial service for famed local son Sinclair Lewis. Lewis’s influence surrounded us: I had walked to school five days a week on The Original Main Street and my father’s business was located on Sinclair Lewis Avenue. Now an event of international significance was coming to our little city, an occasion not to be missed.

The largest non-church venue in town hosted the service, the familiar auditorium of my public high school. (Lewis’s spirit would have turned purple if his service was held in a church building.) Dignitaries of the literary world had arrived to honor the renowned author whose novels earned him the first Nobel Prize for Literature awarded to an American writer.

Discretely left out of their presentations was the initial response of his hometown as it disowned its son because of his harsh exposé of life in Gopher Prairie, the fictionalized version of Sauk Centre in his novel Main Street. Only after he achieved fame did our little city claim him by renaming streets, library, movie theater - even restoring his childhood home into a memorial site.

After the formal service, many of us drove to a cemetery on the outskirts of town to inter his ashes. Only the hardy attended on that
classic Minnesota winter afternoon: temperature near zero, a frigid breeze lowering wind chill, and bright sunshine glistening off a blanket of white snow. Cemetery staff had chiseled a small square hole in the frozen turf to receive Lewis’s ashes. We all shivered while impatiently willing the ceremony to be brief as words of dedication were quickly uttered. Just as the urn was upended to dump the remainder of Sinclair Lewis into his final resting place a fierce gust of wind caught those ashes and blew them onto the surrounding circle of spectators. Suddenly Sinclair Lewis was among us!

Repressed laughter replaced the cold solemnity of the occasion.

All of us wore a little bit of Sinclair Lewis on our hats and coats to the final event of the day, refreshments in the high school cafeteria. Our accidental dusting had lightened the mood as a pleasant cheerfulness seasoned our conversations. The incongruity of celebrating an international celebrity in a small-town school lunchroom was lost on no one. And No, Mr. Lewis, contrary to your lifelong beverage indulgence, along with cookies and bland sandwiches only tea and coffee were served to your admirers.

They Just Don’t Understand

R Whit Hall, MD, FAAP

I remember the phrase when I had the vast experience of at least three weeks of clinical care under my belt. Ms. M was morbidly obese, post-stroke, and only able to utter, “et ah”. Her family told me she had been a jovial soul, quick with a joke, who loved celebrations, especially when the celebrations were accompanied by an abundance of food. Which was obvious to all of us as we joked casually about the undeniable link between her medical condition and appetite. Her family dutifully came to see her, visit, and try to elicit an intelligible response. The medical team said the family just didn’t understand she was “out of it” and would never recover the ability to converse.

It was up to this eager but naïve medical student to find a vein that behaved like a chameleon, moving away from my needle, changing color and shape to blend in with the abundant fatty tissue surrounding it. My phlebotomy lesson sometimes lasted for a half hour while Ms. M squirmed but dutifully gave me her long-suffering needle-scarred arm. As I watched her deteriorate over the course of my time on “Infernal” Medicine, and as I watched her family try to turn back the clock to before her stroke, it became increasingly obvious she was never going to recover her former self.

As the conversation shifted toward comfort care, to stop the ventilator, stop the blood-letting, and stop the pain, the family pushed back. With all the wisdom accumulated during my three weeks of clinical care, I knew I was right. Indeed, just before I left the medical service Ms. M died, albeit not before even more heroic measures to prolong the inevitable were thrust upon her. Under our breath, we chastised her family. They just don’t understand.

My third and fourth years crawled by, with the addition of a firstborn, followed by a second son, John. John David Hall was born at 32 weeks gestation on June 9, 1973, weighing 3 ½ pounds, the day before my med school graduation. He had RDS and had to fight for his every breath. All that was available at that time was hood oxygen, but his fighting spirit gave him the determination to survive. He grew into a wonderful, gentle man. He graduated from college. John’s real passion and gift was teaching young children. In the classroom, he was known as “Mr. John”. He loved to teach his students how to dance; he especially loved “freeze dancing”. Within the family, he had a special relationship with his many nieces and nephews. He was definitely their favorite uncle.

He loved music (especially folk music) and playing the guitar. Although he practiced playing his instrument religiously, he played mainly for his own enjoyment; his friends just tolerated it. His kindergarten class, however, loved his playing and singing. They were inspired by his enthusiasm, although not necessarily by his talent. He was an avid hunter and fisherman, spending many days (and nights) waiting for that elusive twelve-point buck. As a testament to his gentle nature, when the big one did show up, John watched that beautiful animal through his scope on that frosty November morning with all the autumn color in the woods, lowered his rifle, and watched that big buck saunter away.

Sadly, throughout his adult life, John battled addiction. The siren songs of drugs and alcohol would lure him to the point of homelessness. Then, with the encouragement of family and friends, he would beat back the addiction to resume his otherwise productive life. But
They Just Don’t Understand  Continued from Page 16

on May 2, 2022, we received the call that John, aged 48, had a respiratory arrest outside the hospital. When we got to the hospital, the unmistakable milieu of ventilators, monitors, and alarms told me the news was bad. The next day, neurological exams and an MRI confirmed our fears. His brain would never recover.

The following day, because John was an organ donor, he was transferred to our university hospital where I worked as a neonatologist, to “resuscitate” his salvageable organs. Every day I would sit with him, talking about his childhood and my young adulthood. About trips to our favorite fishing hole, night fishing with our lines dropped into the murky abyss of unfathomable nighttime creatures. For the next five days, I would leave every night, hopeful. Because every morning I would fantasize John would be awake having breakfast, just as he always did.

I thought of Ms. M and the hundreds of patients I had cared for who were transitioned to comfort care. And how I thought they just didn’t understand when they pushed back from my oh-so-wise (or not) advice. And I thought about how grateful I was for my family, my supportive partners who allowed space and time off, and Dustin, my partner’s husband, director of the organ transplant unit, who always made time to listen. On May 9, on the inevitable trip to the OR where the organs would be harvested, I again fantasized John would wake up and start breathing once the tube could be removed to allow his voice to call out to his dad. As he had always done. Thankfully, the heart stopped quickly once life support ceased. Then as we were ushered out of the operating room where John gave his final gift of life to others, and after 50 years as a physician, I just now began to understand.

Travels to Montana: Religious Beliefs, National Parks, and the Bacteria in Our Gut

Lee Evslin, MD, FAAP

During an RV camping trip to Montana’s Glacier National Park this summer, I became fascinated and saddened by the stark contrast between the natural beauty of the park and the overweight, unhealthy appearance of so many Americans. I was also struck by the surrounding vast agricultural fields that, according to pesticide mapping, are heavily sprayed. My thinking on the subject was magnified each evening in the campsites as I read a book I would not normally select. It was the story of nine radical Christian thinkers, written by a minister.

A book about rebellious Christian thinkers has not been high on my list of books to read. I am not even a Christian. I am a retired pediatrician and medical administrator from Hawaii. I have spent a career immersed in the science and business of medicine, and more recently, have been researching, testifying, and writing on the adverse health effects of pesticides.

The book Sacred Earth, Sacred Soul was written by a Christian Pastor, John Phillip Newell. He describes eight men and one woman in Christian history. During their time as ministers and teachers, almost all were criticized greatly by the church authorities. They each gave sermons and wrote about the divine essence in all creation. According to the author, the concept of calling nature divine was and is a grave threat to the powers of the church. The churches were involved in empire building. “Empire did not want to be reminded that earth and birth are sacred, a view that held too many implications for how living beings and the world’s resources were to be revered rather than exploited.”

The heavily sprayed (dead appearing) agricultural fields outside the park and, for that matter, in much of America may be stark proof of the danger of exploiting nature. There is rapidly growing scientific evidence that pesticides on our food crops may be much more detrimental to our health than we have been led to believe.

Glyphosate is the active ingredient in Roundup-like herbicides. Herbicides are a type of pesticide, and these glyphosate-based herbicides (GBHs) are the most heavily sprayed pesticides in the history of the world. Glyphosate became pervasive in our food supply starting in the mid-1990s. GBHs are sprayed on GMO crops while growing and on many non-GMO food crops before harvest. America has had significant increases in at least 20 medical conditions, including obesity, depression, anxiety, cancer, autism, and autoimmune diseases, in this same time period.

GBHs may be a cause of this significant increase in illness for several reasons, but perhaps most importantly these herbicides not only kill plants but also significantly affect bacteria. They change the bacteria in our intestines and affect the bacteria and fungi that give health to the soil that nourishes our food. The bacteria that live in and on us are called our microbiome, and the bacteria and fungi living

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in soil are the microbiomes of the soil. Scientists are only beginning to understand the importance of healthy microbiomes. We have 100 trillion bacteria in and on our bodies. We have more bacteria than we have human cells. These teeming bacteria are the vital building blocks of most, if not all, life forms. Bacteria help digest our food, produce essential chemicals such as vitamins, and are part of our immune system. In balance, they can help protect against autism, obesity, depression, cancer, auto-immune diseases, and much more. Microbiomes are healthy when abundant, diverse, and in proper ratios.

In the past thirty years, we have introduced into our environment, our food, our bodies, and the bodies of our livestock an agent that changes the ratios and the functions of those bacteria. Changes in bacterial balance are also being demonstrated in mammals, insects, bees, and birds, and in our soil, oceans, streams, and lakes.

Whatever name, religious or otherwise, one wants to give to the divine essence visible in all creation, the message should be clear to us all as we become less healthy and deal with a steadily worsening climate. We either honor and work to support the diversity and wonder of the natural world, or the planet will no longer be hospitable to human life. The process of our extinction may well be started. Religions, corporations, nations, and all of us need to heed the wisdom of those early Christian teachers and the world’s indigenous people. We either honor nature and live cooperatively with it, or the planet’s ability to support human life will end, and the planet will start repopulating itself without humankind.

**Reflections on Practice: My Beard**

*Stephen Buchner, MD, FAAP (San Mateo, California)*

During my residency rotation in the ICN, sleep was a luxury, and rarely did I have time to take a shower or shave before morning rounds. This was the era when residents started all IVs, collected samples from umbilical artery catheters for arterial blood gases and made adjustments to ventilators. I noticed that the residents with beards did not appear to have been up all night. So, I grew a beard for the duration of my residency.

As a participant in the military deferment Berry Plan, my active duty started at the end of my residency. I was assigned to the Naval Hospital at Camp Pendleton Marine Corps Base in Oceanside California. I had heard that beards were allowed in the Navy but I decided I would serve clean-shaven and with short hair. I reported to the pediatric unit on my first day, and much to my surprise, the chief of pediatrics had a beard. I was not allowed to grow a beard on duty. I had to wait until I accumulated enough leave to regrow my beard. I have occasionally threatened to shave but have kept the beard for over 50 years.

On my first day in private practice, the nurse mentioned that she was worried the children would be scared of the beard. Fortunately, that never became a problem. I always said if the children like me it’s my personality, if they don’t like me, it’s my beard.

My favorite beard anecdote was in December one year when a precocious 3-year-old girl came into the exam room and announced, “I know three men with beards. Jesus Christ, Santa Claus and Dr. Buchner.” I was happy to be linked with these bearded icons in this child’s mind.

**It All Depends**

*Louis Borgenicht, MD, FAAP*

*Note: Bill Marshall’s article in the summer issue of the Senior Bulletin struck a coincidentally responsive note.*

I cannot for the life of me figure out or pretend to know what the clerk at Fred Meyer was thinking. I was cleanly, even nattily dressed at 8 a.m., a colored T-shirt underneath a pressed Facconable denim button-down, tan Banana Republic Gavin (“relaxed fit, lower waistline”) pants, National Geographic suede slip-ons and blue French socks with an upside down question mark. Sure I have gray, but not white, hair and even had been nursing a red apple on the right side of my nose as a remnant of youth. Maybe it was my focused, intent expression.

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I had a simple task: to buy some newborn-sized diapers - which, as a pediatrician, are a necessity at my office. As Fred Meyer stores go, this one is massive, and I hate wasting time wandering while trying to shop.

“Excuse me. Could you please tell me where the diapers are?” I asked the first sales clerk I encountered.

“Disposable?” she asked. I thought this was an unusual question.

“Yeah.”

“Right back there on the north wall past the health and beauty section,” she directed me. I headed off.

The north wall looked distant and wrong. The idea of going through the “health and beauty section” did not seem right. As I drew close, I noticed Tampax and sanitary pads and felt even more unnerved. Looking down the wall, I was unable to recognize anything that looked like newborn diapers. As I moved along the display, I suddenly felt weak and mortified when my eyes settled upon the product she thought I had asked for; Depends. Shelves of them. I began hyperventilating and looking for the nearest store clerk. I had been sent to The Wall of Depends.

There she was, around the corner, stocking the condom shelf.

“Where are the newborn diapers?” I asked, realizing that perhaps my initial question had not been specific enough.

Without hesitation she said, “Back on aisle 10 near the baby foods.”

“Thanks a lot,” I said with relief.

I found what I was looking for, and rather than confront the store clerk who sent me in search of Depends, I checked myself out at one of those new self-service registers so common now in large grocery stores. I felt at once mortified, angry, incredulous and the butt of someone’s cosmic joke. It felt like the opposite of being carded at a bar.

For the next few days, I considered revisiting the site of the embarrassment. Even though I don’t consider myself that much of a scientist, sometimes you need reproducible results to believe something is true. So three days later, I ventured out to try my experiment. The first person I saw was at an information desk.

“Where are the diapers?” I asked.

Without looking at me, he said, “Aisle 10,” where the baby diapers are.

But it did not count; I needed someone to look me in the face and answer. I found a clerk stocking oranges.

“Where are the diapers?” I repeated.

She looked at me, furrowed her brow and said, “Aisle 10 I think.”

That was better but not good enough. I wanted to ask someone geographically closer to the Depends section. By the time I found the proper clerk, I had begun to feel like Larry David in a real-life episode of Curb Your Enthusiasm. She was standing five feet from the Wall of Depends.

“Where are your diapers?” I asked.

She looked me up and down and then straight in the eye without blinking and without a doubt in her voice and said, “Right over there in aisle 10.”

There was no solace in the fact that Harrison Ford had had a similar experience while shopping for diapers for a grandchild. Age, like beauty, is in the eye of the beholder.
What We’re Doing Now/Second Acts

My Best Volunteer Experience in Retirement

Robert C. Hauck, MD, FAAP (Shoreline, WA)

Which organization hosts thousands of high school students to an international experience every year? Rotary, the international service club, provides thousands of such cultural immersions annually through its International Youth Exchange Program in the 221 countries where it is active. Participation in that program has been my most rewarding volunteer activity both before and during retirement, a welcome bridge into after-work years.

My involvement in youth exchange began about 40 years ago as our family stumbled into hosting foreign students in our home. When a local program desperately needed a summer home for two girls from Mexico we polled our five daughters who enthusiastically all said “Yes!” Their decision launched a series of “living together” multi-cultural encounters with teens, sponsored by numerous organizations. That up-close-and-personal experience with youth exchange and especially with Rotary’s program prompted me to join our local Rotary Club and volunteer to manage youth exchange.

Rotary’s program is an academic and cultural exchange; students must qualify academically to attend school for a year in a foreign country while living with volunteer host families. Each student is supported by an entire Rotary Club in their destination city. Compared with many other exchange programs Rotary’s is affordable because it is managed by community volunteers. The failure rate is low because students must demonstrate that they want to exchange and aren’t unwillingly being sent abroad by their parents. After exposure to multiple youth exchange organizations, I consider the Rotary program to be the premier international program.

Each year our Rotary Club sponsors one or two out-going students to all corners of the world and receives one or two students from those same corners. My responsibility included the selection of out-going students and year-long connections with hosts and students to ensure that all went well. During a typical week I might drop in to visit Maria from Chile, living with a local teacher, and exchange letters with Christopher, our local boy in Japan.

The rewarding friendships with foreign students in our home changed our family. Two daughters did short exchanges during college and our youngest spent her high school senior year in Brazil with Rotary sponsorship. After her year abroad that daughter returned home a different young woman: multilingual, mature, and confident with a cross-cultural awareness that few of her stay-at-home classmates enjoyed. Incidentally, that’s a bit of predictive advice I offered to the parents of departing students: Don’t expect to welcome home the same daughter or son you sent abroad for a school year. They’ll return home a different young adult - and you’ll like the changes.

As a bonus, some host families and their student guests forge lifelong friendships. One Rotary couple visited their student Greta many times at her Danish home, hosted her parents on visits to the U.S., and eventually were honored guests at her wedding. Another family hosted their German student Hans a second time for an internship with our local city government as part of his graduate studies. They also attended his wedding and now follow the growth of his children from across the Atlantic.

Nora from central Mexico is our special student who we’ve seen at least twice yearly for more than 30 years. We are her HAPs (Honorary American Parents) and she still addresses us as Mama Katie and Papa Bobby. When her first son Curt turned twelve he began spending summers with us and our children’s families, even attending our family vacations and weddings. We were privileged to attend Curt’s wedding in Mexico earlier this year, which further cemented our families’ connections.

Involvement in youth exchange has benefitted our entire family in countless ways. And what a fulfilling job this has been for a retired pediatrician (!), being intimately involved in life-changing experiences with dozens of teens from multiple cultures. I recommend volunteer work with international exchange students as ideally suited for pediatricians, retired or not.
After forty years of being a pediatrician, I have a fleeting interest in retiring. I love medicine and kids and I am still intellectually motivated, eager to learn, and want to be of service. There is a global crisis in mental health for children that existed long before COVID. I have been attending child psychiatry fellow rounds at Cornell where I am on the pediatric faculty for decades. Parents from my years of private practice have often reached out to me to get parenting advice about ADHD, anxiety, depression, self-harm, and suicide. In 1986, when I graduated from medical school, I was accepted into a psychiatry residency, but the HIV/AIDS epidemic filled our lives with babies with HIV/AIDS and no medication. After 6 months of pediatrics, I decided to not pursue the psychiatry residency and to instead complete a pediatric residency and a Pediatric Infectious Diseases fellowship.

I won’t bore you with what I have been doing over the many years since graduation from med school, but instead, I will share a few thoughts about how it feels to be a child and adolescent psychiatry fellow at a city hospital and medical school in the Bronx at the age of 71. Yup, I finally pursued that dream to be a child psychiatrist!

I am grateful to my division chief, Dr. Walker, for accepting me into the program and I feel blessed by my patients who trusted me for the last 14 months. I want to give a shout-out to the parking lot guys at Montefiore, who nicknamed me “mommy” and who befriended me and took care of me each morning when I felt scared to come to work. I have the same relationship with the parking guys in lower Manhattan where I live. I wonder why they know how to nurture me while others don’t.

Let me first tell you all the good that has come from going back to school and then I will close with a moment of emotional trauma that was likely unavoidable.

I am beginning to feel like a therapist and very eager to conceptualize and formulate! I know a lot about medications for mental health, but I am a champion of psychodynamic theory and cognitive behavioral therapy. I adore play therapy. Knowing about medications gives me another way to see mental health and the miracles of meds. I love learning, and the past 14 months feel like I am almost constantly thinking through problems in yet another way. I am not fixing. Rather, I am considering, listening, and proposing. I am sitting back in the chair and asking so many questions, I must appear obnoxious. I take kids for walks to the park, play Uno, and watch kids draw and build castles. I see families in a small room and occasionally on Zoom, which allows me to do house calls! It is sad to see the adversity and trauma of my families, but I am impressed and amazed at their triumph. I advocate, but sometimes I am awkward and unprepared for their rejection.

I am dialectical and most days I am on all sides of issues which helps me decrease my anxiety and hopefully the anxiety of the kids and their parents I serve.

I am a better parent to my young adult sons. Becoming a psychiatrist has helped me be less angry. Frankly, I am more patient everywhere in my life, but that did not happen right away. I have had stages of exhaustion, impatience, and anxiety to the point of not sleeping and not smiling. Some days, I considered quitting and I am not sure I know why I did not quit. My best friend who is a psychologist was always available to me as I drove home at the end of some very bad days. And my life partner who has the same gusto for work as me told me that I could quit and stay home and write and read and rest. I had a lot of support.

I have made mistakes with parents; the Bronx takes no prisoners and I don’t speak Spanish which is the biggest mistake I ever made while in medical school! Oh, and I am a woman of a certain age with wild grey hair….not easy for a diverse population as you can imagine. I am gay and that was hard when a colleague hurt my feelings and committed what I definitely think was moral injury. I got over it….there were apologies on all sides; I took all that hurt and made it work for me and others. Two of the fellows ahead of me helped me survive…couldn’t have done it without them.

I think that I have discovered a lot about myself. I hope that becoming a child psychiatrist will serve me and others well. I am capable of good work still after all these years. That matters to me. I am a doctor because of my great uncle Joseph D. Aronson and I am graced with his legacy as are so many members of the Aronson family for four generations. We just wanted to do some good in the world…like him.
OPPENHEIMER

(Writing a movie review of 500 words for a 3 hour long movie based on a book of 600+ pages is a challenge!)

Adapted from the book *American Prometheus: The Triumph and Tragedy of J. Robert Oppenheimer* by Kai Bird and Martin Sherman, Christopher Nolan has written and directed a true Oscar-worthy film.

Thanks to the efforts of Nolan and cinematographer Hoyle van Hoytema, scenes of lush landscapes of rural New Mexico are interspersed with the many close-ups of Oppenheimer (played by Gillian Murphy) and others in this brilliant cast. Nolan and Hoytema chose to use a large format I-MAX as the preferred mode for the movie, and it works well.

With much preliminary background and dialogue, Oppenheimer is introduced as a brilliant quantum physics researcher and teacher with international training and reputation. During World War II, Lt. General Leslie Groves appointed Oppenheimer to lead the top-secret Manhattan Project team tasked with developing the atomic bomb. There are numerous flashbacks and scenes of Oppenheimer with his faithful wife Kitty (Emily Blunt) and ongoing sexual encounters with his mistress Jean Tatlock (Florence Pugh). Both women had previous affiliations with the American Communist Party, but Oppenheimer never was a party member.

The construction of Los Alamos in the middle of the forsaken New Mexico desert, the construction of the bomb, and the eventual testing on July 16, 1945 are remarkably detailed and quite loud. A cameo by Gary Oldham as President Harry Truman with Oppenheimer (who was termed “Father of the Atomic Bomb” by *Time Magazine*) is interesting, whether true or not. The encounter in the Oval Office with Oppenheimer discouraging the use of the atomic bomb on humans and Truman dismissing him as a “crybaby” is memorable.

After the atomic bombing of Hiroshima and Nagasaki ended World War II in the Pacific, Atomic Energy Commission (AEC) Chair Lewis Strauss (played to perfection by Robert Downey Jr) desperately wanted to be named Secretary of Commerce. Strauss launched a vendetta against Oppenheimer, accusing him of being a Russian spy and preventing the renewal of his security clearance. He charged that Oppenheimer had prevented the US from further development of the hydrogen bomb, as promoted by former physicist associate Edwin Teller (played with sinister effect by Benny Safdie).

With a budget of $100 million, released July 21, 2023, and distributed by Universal Pictures, this is a masterpiece of a movie. In theatres. Wear earplugs and see it in I-MAX if possible.

Note: Oppenheimer’s security clearance with the AEC was restored after 68 years in 2022 when Energy Secretary Granholm stated that the 1954 AEC decision to revoke his security clearance was due to a “flawed process” and noted that “evidence of his loyalty and love of country have only been further affirmed.”

INDIANA JONES AND THE DIAL OF DESTINY

In his 42nd year as Indiana Jones, Harrison Ford hasn’t aged at all thanks to Hollywood’s digitally enhanced special effects. Like the initial Indy movie, *Raiders of the Lost Ark* in 1981, Indiana plays Hunter College Archeology Professor Jones who now is retiring due to anticipated boredom. Flashing back from his retirement party to memories of the end of World War II, he recalls reclaiming artifacts stolen by escaping Nazis with his colleague Basil Shaw (Toby Jones). They retrieved and archived half of the ancient dial of Archimedes (Antikythera), a Greek dial that reportedly could predict astronomical positions for decades if not centuries.

Now, truly aged in 1969, he returns to his empty apartment. His wife has left him and his son was killed in the Vietnam War. The emotional impact of this is interrupted by the sudden arrival of his god-daughter (Basil’s daughter) Helena Shaw (British actor Phoebe Waller-Bridge) who entices him to find the other half of the dial to prevent it from falling into the hands of surviving Nazis. As they remove the half-dial from the college archives, super Nazi Jurgen Voller (Mads Mikkelson) bursts onto the scene, somehow leading to a horse chase through a parade and into a New York subway tunnel. You have to see it…

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Indiana Jones and the Dial of Destiny  Continued from Page 22

The movie suddenly relocates to Tangier where Helena Shaw possesses the half dial and is attempting to sell it to the highest bidder with the help of her young sidekick/thief Teddy (Ethann Isadore). Chaos ensues with the arrival of good OLD Indy, behatted and with his signature bullwhip, followed by wild scenes on a three-wheel vehicle careening through crowded Tangier streets and markets. Amazingly, Indy finds his old friend (Antonio Banderas) who will help them escape to Sicily to locate the other half of the dial.

With the dial parts reunited, bad things happen, with many battles and the return of Nazis plus ancient warriors shooting huge lances into their little plane. Action scenes explode at such a rapid pace, that it's hard to follow. Indiana is wounded, but somehow returns to the US and a promising happily ever after ending to conclude the preceding furor of the preceding 150+ minutes.


MISSION: IMPOSSIBLE - DEAD RECKONING PART 1

In this 27-year-old franchise, Tom Cruise again plays Ethan Hunt, a daredevil agent of the IMF (Impossible Mission Force). His mission, as charged by former IMF director Eugene Kittredge (Henry Czerny) in this endeavor, is to find and restore the two parts of a missing cruciform key which reportedly will unlock the “Entity”, an artificial intelligence (AI) device which has powers to predict, save, and or destroy the world.

The somewhat confusing plot begins with scenes on the Sebastopol, a Russian submarine that implodes under the polar icecap, leaving the bodies of dead crew members suspended in icy waters. Two crew members each wear half of the key around their necks, but no key is found when the bodies are retrieved.

Starring Cruise, Hayley Atwell, Ving Rhames, Simon Pegg, and Rebecca Ferguson, plus villainess Paris (Pam Klemintieff) who chases Ethan all over Rome in a Hummer, the movie is loud, action-packed, and very fast-paced.

As with all of the franchise series, Hunt has a love interest. There are two in this film.

Scenes on the Orient Express appear genuine, but the knife and fist battles of Ethan with bad guy Esai Morales atop the train are heart-pounding. The often televised trailer of Ethan Hunt racing his motorbike off an Alpine cliff to parachute into a valley to meet the speeding train reminds viewers that the 61-year-old Cruise still performs all of his own stunts. (It’s reported that no stunt person would accept “the money in the world” to perform that death-defying stunt!)


Book Reviews

Reviewed by Beryl Rosenstein, MD, FAAP

The Secret of Life: Rosalind Franklin, James Watson, Francis Crick and the Discovery of DNA’s Double Helix

Howard Markel
W.W. Norton & Company 2021 576 pages

James Watson and Francis Crick’s discovery of the double helix structure of DNA is the foundation of modern genetics and molecular biology. How it came about is an amazing story of scientific brilliance, serendipity, intrigue, and academic rivalry. In this long, well-
annotated and readable book, Howard Markel, a pediatrician and Director of the Center for the History of Medicine at the University of Michigan, relies on papers from the University of Cambridge and King’s College, London, Nobel Prize committee archives, personal interviews, and Rosalind Franklin’s notebooks to weave an engaging tale of the discovery of the structure of DNA. Markel provides vivid descriptions of the very eccentric characters who worked feverishly at the University of Cambridge’s Cavendish Laboratory, the University of London, and Linus Pauling’s laboratory at the California Institute of Technology to unravel what they considered to be the secret of life.

While the book is a chronicle of scientific genius and perseverance, it is also a tale of cronyism, misogyny, antisemitism, academic politics, and scientific misconduct. Watson and Crick get most of the credit for the discovery of the double-helix structure of DNA and along with Maurice Wilkins were awarded Nobel Prizes in 1962, but they only succeeded because of the x-ray crystallography work carried out by the brilliant Jewish scientist, Rosalind Franklin, at King’s College, London. Watson and Crick did no original laboratory research and relied heavily on the X-ray photographs of DNA obtained from Franklin’s lab without her knowledge or approval.

Unfortunately, there was bitter animosity on the parts of Watson and Crick toward Franklin, and she died at age 37 of ovarian cancer, a tragic and heroic figure, without getting credit for her work. If alive today, during an era of less sexism in science, Franklin would have probably received a Nobel Prize for her contribution.

Reviewed by Linda Reid Chassiakos, MD, FAAP

Lessons Learned: Stories from Women Leaders in STEM

Deborah Shlian
American Association for Physician Leadership, 2023, 390 pages and Kindle

Apple TV will be premiering “Lessons in Chemistry” in the fall, a bestselling novel by Bonnie Garmus that follows the obstacle-strewn road women aspiring to graduate degrees in science faced in the mid-20th century. Fictional research chemist Elizabeth Zott eventually breaks her glass ceiling via a popular TV cooking show, seasoned by her dynamic personality and her knowledge of chemistry.

The reality, however, is that the pathway to a PhD can be brutal -- more so when the goal is a doctorate in STEM (Science, Technology, Engineering, Mathematics) domains. Even more so, when a PhD candidate is a woman in a “man’s world”. Despite these challenges, dozens of ground-breaking women who have weathered the taxing obstacle course to professional success in research, teaching, the corporate road, academia, etc., have cleared the way for today’s generations of scientists, professors, and innovators in these demanding spheres. In “Lessons Learned: Stories from Women Leaders in STEM" award-winning physician-author Deborah Shlian, MD, MBA has collected and shared the fascinating personal stories of many of these diverse women who persevered in difficult, and often unwelcoming, environments, and who serve as inspirations for all who seek careers or are currently engaged in STEM realms.

As she did for her earlier tome, “Lessons Learned: Stories from Women Physician Leaders”, Dr. Shlian has collected factual essays from thirty-one women who had the determination and resiliency to succeed and embrace the long journey to scientific accomplishments and leadership. Each woman shared stories of significant events in the different stages of her education and career and provided encouragement for the community of women following in her footsteps in the years to come. Mentors and colleagues of all genders will find the stories of perseverance in often inequitable situations illuminating and can take in the wisdom and expertise summarized by the contributors as their lessons learned.

“Lessons Learned” has just received a gold medal by the Florida Publishers and Authors Association Book Awards. A brilliant book spotlighting brilliant women!
The Generous Sun Will Continue to Rise.

Tomás José Silber, MD, MASS, FAAP,
Professor Emeritus
George Washington University Division of Adolescent and Young Adult Medicine

The generous sun will continue to rise.
Cheerful children will continue to play.
The flirting stars will keep twinkling.
Strong youngsters will keep running.
The waves of the ocean will continue to break on the sand
Men and women will keep looking at each other.
A red sun will continue to set,
after our brief life
fades away

Yet something will be left
from our passage on earth,
that was magnificent and enduring,
it is the love we shared,
and it is our consolation

Belonging

Peter Gorski, MD, FAAP

Travel
opens our eyes
to novel paths
surprising perspectives
and in the end
the heart that waits
at home.

The Big Bang

Joseph Girone, MD, FAAP

Whales and snails
Bees and fleas
Apples and eagles
All from the Big Bang

Planets shine and align
Bananas and cheetahs
Seashore and dinosaurs
All from the Big Bang
The Big Bang  Continued from Page 25

Peaches and cheeses
Asparagus and cactus
Human eye and butterflies
All from the Big Bang

Newborns and acorns
Pandas and pooches
Goose and spruce
All from the Big Bang

Really?

MICHAEL

Steven Emmett, DO, FAAP

She sat there – in the darkened room. A child’s
chair beside the bed
So her head lay close,
   To the child who near her slept.
A robe, tired from the months of wear,
   Mirrored the comfort of her face.
And he standing by the door
Looked down upon his life.
While she, in the serenity of decisions
Once painful now secure,
Tenderly wiped the blood
   Trickling from the child’s nose.

The child, a faded shell
   Of beauty, once held within
Rested quietly.
   Periodically shouting out
In pain that gnawed at him,
Ravaged by the fates.
Skin, once warm with life
Paled as it slowly took its leave.
Yet, they saw this not,
   Only a child of their love
Warm with memories of life,
   A golden glow within their hearts.

Thus I came upon this scene,
   In wonder at the glow
Of love, that seemed between them pass
Then spread to flood the room.
An illumination felt and yet unseen
By the senses of the soul,
   Reminded by the season
Of an image that for years
   By hands too numerous to count
Would try to show,
   A love that here before me stood
In simplicity of truth.
MICHAEL  Continued from Page 26

Now, though the weeks have passed,
My thoughts will still return
To that very special day
I was privileged to share.

    Reflecting on the knowledge
    Of what had come to pass,
    And how, my soul was touched
    Forever to be changed
    By one small child.
    And a love that was exchanged
    That despite the pain
    Brought joy.

This poem was written early in my practice some 38 years ago long before the successes of treatment for ALL were as good as they are today. Michael at age 7, after multiple tries of experimental treatments, decided enough was enough. He was terminal and the parents wanted to take Michael home to spend his last days there. I elected to help them with their decision and it was one of the best decisions I have ever made. I remember this time as clearly as it was yesterday. It was December 15, right before Christmas, and the mother was pregnant at the time. They called and told me they thought the time had come. I went to the house and started a morphine drip. They then called at 2 AM for me to come again. I arrived at this scene and waited for Michael to pass.

As I was leaving, I turned to the parents and said I would see them on Christmas Day. I have no idea why I made that statement. That was when John was born. John looked exactly like Michael as I brought him to his mother. We all had a good cry over that.

John is now 38 years old with three children of his own.

Letter to the Editor

Letter to the editor:

Samuel S. Fager, MD, MBA, JD, FAAP

Any seniors who wish to improve their knowledge of a foreign language or learn new foreign languages have many more resources than ever before. When most of us were starting to learn foreign languages in high school, our only sources for learning languages were our language teachers and our textbooks. At that time, only a few of us had opportunities to travel abroad as exchange students. While many of us had to study a minimal number of language courses to meet college requirements, most premedical students opted to take additional science or math courses at our universities. Even if we took upper-level language courses, only a few of us became completely fluent in another language.

Fortunately, during the years since we completed our residencies and fellowships, the demand for bilingual or even multilingual professionals has increased dramatically in business, higher education, clinical medicine, and scientific research. As a result, the opportunities for adult learners who wish to improve their current language proficiency or acquire more languages have increased dramatically.

For clinicians who wish to widen their career paths, online courses (including university courses taught through Zoom) are plentiful. In addition, online dictionaries, online news services, and online websites are available in multiple languages — at every level of multiple languages, from Spanish, French, and German to Portuguese, Indonesian, Japanese and more. Even though it is still possible to attend formal classes in language schools in major metropolitan areas, it is no longer necessary to travel to get an outstanding language education.

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In addition to increasing opportunities in careers both domestically and internationally, other advantages accrue for bilingual or multilingual individuals. International travel can become much more enjoyable. The appreciation of cultural events and individuals from other countries is easier. Increased understanding of individuals from other areas of the world can lead to more openness to new ideas as well as to a reduction of prejudice. Finally, and perhaps most significantly for seniors, ongoing clinical research has concluded that bilingualism can delay the onset of Alzheimer’s Disease by up to five years.

Finance

Periodic Investment Portfolio Rebalancing is Key to Long-Term Success

Jeff Witz, CFP®
MEDIQUS Asset Advisors, Inc.

RESULTS. ONE CLIENT AT A TIME.®

When you begin investing, a critical step is to select your investment allocation. This is when you not only decide what percentage of your investments to put into lower-risk investments like bonds and higher-risk investments like equities, but also when you select what percentage to put into specific asset classes such as domestic large companies, domestic small companies, international companies, domestic bonds, international bonds, real estate, and cash. Each of these categories can be broken down even further, like growth versus value equities or long-term versus short-term bonds. An ideal allocation minimizes as much risk as possible through diversification while still targeting a certain average rate of return.

However, over time an allocation tends to stray from its target percentages. Certain asset classes may outperform others. If you allow an asset class to stray too far from its target percentage, you could end up with a completely different portfolio no longer suited to your long-term investment objectives.

Effective investing requires diligent portfolio maintenance, and rebalancing is the remedy for asset class “drift.” This means selling assets that have risen in value and buying more of the assets that have dropped in value. The purpose of rebalancing is to return a portfolio to its original target allocation. This restores the strategic structure in the portfolio and puts you back on track to pursue long-term goals.

At first glance, rebalancing may seem counterproductive - why sell a portion of outperforming asset classes and acquire a larger share of underperforming ones? While intuition might suggest that selling previous winners can hinder returns in the future, that logic is flawed. Past performance may not continue in the future, as historical data shows that asset classes tend to rotate top performers year-over-year. There’s no reliable way to predict future returns, but being well-diversified across asset classes increases the likelihood that you’re invested in that year’s best performer.

Equally important is choosing the original asset allocation based on your risk and return preferences. Rebalancing realigns your portfolio to these priorities by using structure, not recent performance, to drive investment decisions.

Before selling and buying investments for the purpose of rebalancing, tax implications should also be considered. For example, in a taxable account, you may not want to sell a position that has a gain because you may need to pay capital gains taxes. In taxable accounts, often the best way to fund underweight positions is to contribute new money to the account or look for tax loss harvesting opportunities. The same concern does not exist for tax-advantaged accounts such as IRAs, 401(k)s, and 403(b)s. In these accounts you can buy and sell as frequently as you want without having to incur capital gains taxes so rebalancing can be done at any time.

Guidelines should also be set for when to rebalance. Constantly buying and selling for the purpose of rebalancing can result in increased costs. Many investors choose a specific time to rebalance, such as every 3 months or once a year. Other investors choose to rebalance based on the percentage variance. For example, if the asset class strays 5.00% up or down from its target that can be a signal it is time to rebalance.

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Periodic Investment Portfolio Rebalancing . . . Continued from Page 28

Portfolio rebalancing is a necessary part of an effective investment strategy, and a routine check of your investments should be completed regularly to ensure they have not drifted too far from their intended percentage targets. Staying true to your risk and return preferences is a key to long-term investment success.

Jeff Witz, CFP® welcomes readers’ questions. He can be reached at 800-883-8555 or at witz@mediqus.com.

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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. 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.

All articles express the views of the authors and are not necessarily the views of American Academy of Pediatrics or the Section on Senior Members. Such views are solely those of the individuals who express them. The AAP neither endorses nor is responsible or liable for the contents, accuracy or reliability of any Web sites linked in any articles and use thereof is solely at your own risk.

Questions about articles contemplated or in progress can be directed to me at gilfuld@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.
2023-2024 Senior Bulletin Schedule

Winter Bulletin - Electronic
October 30, 2023: Call for Articles
December 4, 2023: Article Submissions Due
January 19, 2024: 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.