As you were heading into the Spring/Summer calendar, I hope you had time to celebrate one of our newest federal holidays, Juneteenth. Given the less than joyous news surrounding us on a daily basis, something to celebrate should be embraced and lift us all up.

What does the Juneteenth really celebrate? Most people think the Emancipation Proclamation of 1863 freed the enslaved peoples of America, but Galveston, Texas represented a pocket in the secessionist states that ignored the proclamation and failed to inform the slaves that they were free. It was not until 2 years later on June 19, 1865, that Major General Gordon Granger brought the news to the Galveston community. The first Juneteenth celebration was held in Galveston in 1866.

Very soon following the murders of George Floyd and Breonna Taylor, in 2020, Senator Ed Markey, D-Mass introduced the Juneteenth federal holiday legislation. Although the Senate did not pass the bill in 2020, they did pass the bill with unanimous consent in 2021. President Biden signed the bill into law on June 17, 2021. Forty-seven states were already celebrating the holiday symbolically, one that now supports a day of celebration for all federal employees.

Historian Mitch Kachun underscored three goals for recognizing Juneteenth; to celebrate, to educate and to agitate. The Black Lives Advancing AAP Towards eQuity Employee Resource Group (BLAAQ-ERG) hosted a Juneteenth celebration at both Itasca and Washington AAP headquarters, educating everyone of its significance, while our members agitate for equity, diversity and inclusion to remove the barriers that cause negative social determinants of health for children and youth, and not just on Juneteenth, but continuously.

I live in an adult community where an incredibly diverse group of residents celebrated the holiday with “soul food”, recognition of African Americans who contributed to the establishment of the community, including African American architects, and a reading of Amanda Gorman's poem, “The Hill We Climb”. You can only be struck by the insight of such a young woman, who gives us perspective for the holiday:

“Somehow we've weathered and witnessed
a nation that isn't broken
but simply unfinished”

For more information, take a look at Juneteenthfoundation.com.
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Candidate campaigning is underway now for president-elect and at-large board members. The election period starts on August 17th and ends on August 31st. The AAP News features president-elect candidates’ responses to key questions. Additional information about the candidates, Benjamin D. Hoffman, M.D., FAAP, of Portland, Ore., and Warren M. Seigel, M.D., M.B.A., FSAHM, FAAP, of Kew Gardens, N.Y, is presented on the National AAP Election Center along with information on at-large board candidates, Terri D. McFadden, M.D., FAAP, of Atlanta, Ga., and Joelle N. Simpson, M.D., FAAP, of Washington, D.C.. The Election Center is a quick link on the AAP.org front page. Be informed and vote!

Looking forward, we have a great program scheduled for the NCE in collaboration with the Early Career Physicians and Pediatric Trainees on “Physician Burnout and Resilience.” The panel will look at the similarities and differences of challenges when managing careers at both ends of the career-length spectrum. It’s Sunday, October 9, 2022, 1 P.M. Dr. Janet Serwint is our SOSM contributor to the panel and most of you know that she’s a fantastic speaker. We also have Dr. Rachel Vreeman as the speaker for the session on “Cognitive Bias – Why Facts May Not Change Our Minds,” surely presenting a provocative concept. We’ll also be energized by hearing about the work of Sandor Feldman, our Donald Schiff Child Advocacy Award winner. So, plan to join us in Anaheim!

Have a GREAT Summer and we look forward to seeing you at the National Conference and Exhibition.

Events happen. Events happen quickly. So much has happened since we suggested topics for this issue in early May - mass shootings in Buffalo, Uvalde, and elsewhere; collapse of the stock market; continuation of Russia’s invasion of Ukraine; thousand-year floods in Yellowstone. Who knows what will take place between today (June 17) and the time you read this?

Our specific topic suggestions at the call for articles attracted scant interest. For one, pandemic fatigue has set in, with most of us seemingly determined to live with Continued on Page 4
it (perhaps cautiously) rather than be controlled by it. But we do have an imagined coronavirus speech to the United Nations (Richard Merkler) and a remembrance of a COVID illness, expressed in poetry (Peter Gorski)

For another, events intrude. So we have commentaries on gun violence (Lucy Crain, Peter Gorski, and From the Archives), Ukraine (Niru Prasad), and investing in a down market (Jeff Witz). Nothing about climate change, but the Yellowstone floods and the massive early heat waves in the U.S. and Europe happened after deadline. Keeping up with current events is difficult given our magazine format and deadline realities.

But there is still room - indeed need - for lighthearted fare. We have two travel reminiscences; Jane Aronson's attempted trip to school at age 2 and Fred Bogin's to the birthplace of golf. We have the final installments of Louay Nassri's history of cystic fibrosis treatment and John McCarthy's submarine exploits, commentary by Bill Marshall, a patient story from Paul Winick, and the poetry of Tomas Silber. There are also Lucy Crain's movie reviews and five varied book reviews.

Thanks and kudos to our contributors. We hope more of our readers become writers as well.

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2022 National Conference & Exhibitions
SOSM Educational Program

Come hear Rachel Vreeman at the 2022 NCE from 2:30-4 on Sunday, October 9, followed by the presentation of the Schiff Award and a short business meeting.

This year's timely talk is *Cognitive Bias - Why Facts May Not Change Our Minds*.

Dr. Vreeman is a Professor of Pediatrics and Chair of the Department of Health System Design and Global Health at the Icahn School of Medicine at Mount Sinai.

She and Aaron Carroll wrote three popular books debunking medical myths, “Don't Swallow Your Gum!: Myths, Half-Truths, and Outright Lies About Your Body and Health”, “Don't Cross Your Eyes… They'll Get Stuck That Way!: And 75 Other Health Myths Debunked”, and “Don't Put That in There!: And 69 Other Sex Myths Debunked”.

She has written for the New York Times and other publications and has frequently appeared on national TV and radio.

The Section on Early Career Physicians (SOECP), Section on Pediatric Trainees (SOPT), and Section on Senior Members (SOSM) are hosting a joint program entitled Avoiding Burn Out and Improving Resilience on Sunday, October 9, 2022 at from 1:00 – 2:00 PM PDT.

Physician burnout is becoming an epidemic across the career spectrum from those starting out in practice to those at retirement age, working part-time or fully retired. This panel discussion will focus on providing effective coping skills applicable to everyday life or clinical practice.
Liaison Report from the Committee on Federal Government Affairs (COFGA)

Manuel Schydlower, MD, FAAP, Senior Section Alternate Liaison to COFGA

AAP Advocacy in Congress

Over 430 AAP members from across the U.S. participated in this year’s virtual AAP Advocacy Conference, March 20-22, 2022. As a member of the Section on Senior Members, it was a thrill to learn along with pediatricians from different generations about best practices to advocate for child health.

Following inspiring presentations by national and AAP leaders, attendees were able to gain added skills in advocacy related to our main theme: Child and Adolescent Mental & Behavioral Health. Experts in these areas equipped us with didactic materials and prepared us in practical simulation workshops to virtually visit the congressional offices of Senators and Representatives in Washington, D.C. on March 22. At this visit, we affirmed the reasons for AAP support of the Children’s Mental Health Care Access Act (H.R.7076/S.3864) and the Youth Mental Health and Suicide Prevention Act (H.R.1803/S.3628) and sought their endorsements for prompt congressional approval. Editor’s Note: H.R.7076/S.3864 was included in the recently passed bipartisan gun control legislation.

During our visit, I was paired with a PICU specialist. We presented data related to the national emergency in youth mental health declared by the AAP last fall and also personalized our message, as learned in the Conference, He and I banked from each other in jointly doing our pitch and request for support. He presented an in-the-trenches view of sometimes needing to care for a serious medical disease brought on by a lack of appropriate self-care due to a mental health condition. I noted the frequent occurrence of mental health problems seen in my past primary pediatric care of children and adolescents, and how these problems are seen more frequently now by current practitioners, including my daughter, a pediatrician, and her husband, a child and adolescent psychiatrist.

I write this in the week of the horrible massacre of 19 children and two teachers who died as victims of gun violence at Robb Elementary School in Uvalde, TX on May 24, 2022. Beyond this carnage, the grief and harm to the mental health of child survivors and families in this community, across Texas and the nation is incalculable. In the wake of this terrible tragedy, the AAP has once again taken a leadership role in also advocating for the prompt enactment of universal background checks, comprehensive extreme risk protection orders legislation, and funding for gun violence prevention research. Perhaps by the time you read this, Congress has gone beyond moments of silence, condolences, and thoughts and prayers, and has taken bipartisan legislative action to help address mental health problems in children and protect them from gun violence.

Special Communication

AAP Equity, Diversity, and Inclusion Initiatives Update

Madra Quinn Jones, MPH
American Academy of Pediatrics Senior Director, Equity Initiatives

While the AAP may have accelerated its work on equity, diversity, and inclusion (EDI) in 2020 after the murder of George Floyd, Jr, this work has long been underway. Although talked about in different terms, one might say that the Academy’s acknowledgment of the urgency and salience of many of the issues being addressed by today’s EDI initiatives is the same as that which prompted the creation of the Task Force on Minority Children’s Access to Care in 1992. The Task Force was formed from “a recognition of the plethora of barriers that impede[d] the access of minority group children to excellent health care”. Barriers included a lack of data on the health status of children by race and ethnicity, access to care, and limited workforce diversity. The group was charged with recommending strategies to remediate the unequal access to health care as well as organizational strategies to “ensure the perspective of minority group pediatricians… and the unique

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needs of minority group children [were] considered in AAP educational programs, policy development, and advocacy efforts, and research.” While progress was made, there was (and continues to be) much work to be done.

Thus, in more recent years, the AAP Board of Directors commissioned two additional task forces. From 2015-2017, the Task Force on Diversity and Inclusion worked to develop recommendations for diversity initiatives within AAP medical education, leadership education, membership, AAP leadership, and workforce activities. From 2017-2019, the Task Force on Addressing Bias and Discrimination was charged with articulating the case that bias and discrimination affect child health and making recommendations for AAP policy, pediatrician and trainee education, resources for parents to help their children develop empathy and resilience, and partnerships to build inclusive communities and promote child health. Though their charges differed, there was synergy in their work (see image 1).

It was the work of these task forces and publication of several seminal AAP policy statements that laid the groundwork for our current EDI initiatives. In fall 2020, the AAP Board approved the AAP Equity Agenda, which “guides the Academy’s efforts to achieve health equity and actualize our goals to become an equitable, diverse and inclusive organization”. It was informed, in large part, by the Impact of Racism on Child Health and the Truth, Reconciliation and Transformation: Continuing on the Path to Equity statement policy statements. The workplan delineates objectives and activities in five domains: internal process, education, workforce and leadership, clinical practice, and policy and advocacy.

While the current effort has only been underway for a couple years, there have been several significant accomplishments. Highlights include:

• Passage of an amendment adding anti-discrimination to AAP bylaws
• Engaging a consultant to guide the organizational change process

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AAP Equity, Diversity, and Inclusion Initiatives Update  Continued from Page 6

• Publishing the Words Matter guidance to support the use of inclusive, anti-biased terminology in AAP content
• Sponsoring the inaugural Renee R. Jenkins, MD, FAAP, Trainee Abstract Symposium at the 2021 National Medical Association Annual Convention
• Publishing the Eliminating Race-based Medicine policy statement
• Establishing a national AAP EDI Excellence Award

AAP committees, sections, councils, and chapters have also been actively working to address EDI. According to FY20-21 annual reports, on a scale from 1-5, one being not a priority and five being a significant priority, nearly 70% of committees, councils and sections rated addressing EDI and/or racism a four or five. Efforts include integrating EDI into goals, addressing EDI in AAP National Conference educational programs, discussing EDI related topics and promoting diversity during the nomination process. In 2020, more than 30 AAP chapters made a statement about their commitment to addressing racism and/or advancing equity. More than 50% of chapters have identified an EDI Champion.

There is more that has been done than can be shared in this space and yet there is more to do. The following are some potential ways that you may individually or collectively contribute to this effort.

**Personally**

• Spend time in self-reflection. Questions you may consider:
  ° Do I think about my race or other social identities as a factor that impacts how I am perceived or my interactions?
  ° Do I read books or consume media (television, movies, podcasts) by diverse creators including those from backgrounds different than mine?
  ° Think about times people have been biased towards you. How did you feel? What did you do?
• Take an Implicit Association Test (IAT)
• Expand your network. Look for ways to having meaningful interactions with friends/neighbors/colleagues from a variety of backgrounds.
• When you’re at the table examine who is there and, more importantly, who isn’t there. If there are people not represented, ask yourself why and think about ways to get them into the room.
• Provide sponsorship to early and mid-career colleagues. Use your position and power to provide opportunities to someone who has been historically excluded.
• Educate yourself. Take the free PediaLink course, Fighting Racism to Advance Child Health Equity.

**Collectively**

• Make EDI a priority. Consider EDI in strategic planning and goal setting
• Use inclusive language and images in materials and communications
• Incorporate EDI content into educational programming
• Establish diverse nomination committees and commit to actively recruit diverse candidates for elections
• Include trainees and early career physicians in Section activities
• Create formal opportunities to increase visibility of members from historically excluded and underrepresented groups
• Practice inclusive collegiality and leadership. Ask for opinions, be human, connect on a personal level and give credit to others

There is an African proverb that says, “if you want to go fast, go alone, if you want to go far, go together.” The change we want to see will not come quickly nor will it come solely from individual effort; however, if we continue this journey together, we will reach our destination.

For more information about the AAP equity initiatives, visit www.aap.org/equity or email mjones@aap.org.
Sandor Feldman wins 2022 Schiff Award

This year's **Donald Schiff, MD, FAAP Child Advocacy Award** goes to Dr. Sandor (Sandy) Feldman. Dr. Feldman is a long-time infectious disease pediatrician, chief of the Division of Infectious Diseases at the University of Mississippi from 1987-2001, and former director of the Pediatric AIDS Program.

Although retired from the university in 2001, he hasn't slowed down. He became Epidemiology Consultant to the Mississippi State Department of Health (MSDH), a position in which he continues today. This role makes him a prominent, perhaps the prominent, advocate for vaccines in the state. He continues to educate physicians, nurses, health programs, the public, and policymakers. He's a presence at the state house and in the media. Mississippi has a medical-only exemption from school immunization mandates and, as the MSDH consultant, he handles questions concerning exemptions.

He has personally met with most pediatric providers in the state, and works closely with the Mississippi Chapter, providing up-to-date information on vaccines and more - including COVID-related MIS-C.

Learn from the Children, Act for the Children

Peter A. Gorski, MD, FAAP

Professor of Pediatrics, FIU Wertheim College of Medicine, Miami, Florida.

This week, I find myself unable to think about anything besides the terrible, frightening events that have usurped the way we view our safety, security, trust and future. More than anything else, I think about the existential change in what children, beginning in their earliest years, are seeing, learning, experiencing and imagining about their developmental right to enjoy carefree joys and safety when they venture out to school, theaters, parks, playgrounds, stores, even places of worship. The murder of 19 blossoming elementary school children and their devoted teachers in Uvalde, Texas this week, has stopped most people in the tracks of their everyday lives, encroaching upon and displacing our usual and usually casual plans, expectations and activities.

Certainly, most Americans, gun owners included, are shocked to realize that a troubled adolescent, still too young to legally buy beer or rent a car, can purchase a couple of powerfully destructive weapons of war along with multiple rounds of ammunition with no questions asked. And that the United States suffers more than ten times the number of deaths by firearms than most other nations in the world. This despite no evidence that more of our citizens are plagued by mental illness than is the case in other nations. And that U.S. states that have enforced strict gun safety laws experience far fewer shootings and killings compared with states that have reduced restrictions over firearm ownership. Or that there are now tens of millions more guns than people in the United States.

Still, a less often mentioned phenomenon needs to be brought into our public discourse if we are to act as a nation to reverse this trend toward doomsday in America. Over the past fifty years, Americans live increasingly remote from one another even as our cities and towns grow overdeveloped and overcrowded. Children and youth interact and interface more consistently and anonymously with electronic media and devices than by direct contact and communication with peers and adults. Maybe as a consequence, we live in a society that teaches, models and condones the selfish regard for one's own interests, beliefs, needs, efforts and wellbeing. Individual freedom and the exercise of social responsibility toward our neighbors have grown uncoupled from people's thoughts and actions. All that matters is what I want and believe. Me first expanded to America first, weakening our personal, national and global interdependence, interaction and mutual concern for our neighbors, colleagues, elders, peers and children who have been raised in families with different perspectives, customs, value systems, habits and lifestyles. We just don't care as much about other people's loneliness, stress, disabilities or social company.

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When it comes to protecting ourselves or our children from potential harm or danger, we don't consider talking to outsiders, asking them to join in activities or getting to know what they like or how they feel. Instead, we participate with a nuclear group of acquaintances, proposing to erect fences or walls around schools and communities. Sadly, such social or physical barricades will only add to children's constant reminders of existential threat in places that are supposed to provide them with care, safety and learning about the many wonders of the world and the many paths they can take to grow happily engaged and successful.

Meanwhile, our public leaders intentionally close their eyes to the dangers they have seeded. Too often, rather than respect and represent the will of their constituents, officials cower before the NRA and gun manufacturers, talk about mental health crises without funding mental health care and avoid blaming their own programs and policies that make lethal weapons accessible to virtually everyone without a license or training. Some currently marketed firearms, like the semi-automatic rifles used in the most recent mass shootings, are more powerful and destructive than those carried by law enforcement and military personnel who work to protect us.

Unable to think about much else this week but the tragic inattention to the social distances and careless communities that contribute to the withering state of human relations and to children's fractured faith in their future, I beg us all to wake up. Ask your children what they hear, know, believe, wish and fear from their friends and classmates. Assure them that you and their teachers and neighbors will protect them from harm. And try to establish or continue activities with friends and family that foster a sense of peace, pleasure and goodwill. If we act to regulate the means to kill and prevent the self-hatred that induces a reason to kill, we can hope to live once again as a society in peace and harmony.

Helping Refugees from the Russia-Ukraine War

Niru Prasad, MD, FAAP

The simplest acts of kindness are by far more powerful than a thousand heads bowed in prayer.
Mahatma Gandhi

Here is my perspective as a physician helping child, adolescent, and adult refugees caught up in the Russian-Ukraine War.

Just as we were recovering from the pandemic, we experienced a new panic: the Russian-Ukraine War in February 2022.

This disaster has affected millions of people, mostly women and children, who have been forced to leave Ukraine. They have been walking hundreds of miles to safety, sheltering along the way wherever they could find a safe haven.

The sudden onset of the Ukraine War has long-lasting effects. On April 14, 2022, the Center for Immigration Studies reported over four million people have fled from Ukraine to neighboring European countries as well as to the United States. This number has been increasing every day due to the heavy missile bombardment used by Russian forces. The United States' main response to the refugees is to provide them with economic and humanitarian assistance wherever they go.

For me, watching national news regarding refugee children and women hit me very hard, nearly bringing me to tears. Coincidentally, my second authored book, “A Guide to Navigating Childhood Development and Wellbeing” was published in February 2022. The proceeds of this book were originally designated for UNICEF. According to UNICEF, donations provide: (1) shelter for the homeless, (2) food, (3) clean water, and (4) vaccinations and protection against communicable diseases. Donations also provide educational resources.

Luckily, I have been doing well with my current project and able to raise a considerable amount. Furthermore, since I am the producer of my own TV show on community access cable TV, I can help raise awareness among our community about what is going on around the world. Remember, there are many ways to get involved with humanitarian projects around the world. Suggested websites are below.

www.unicef.org
www.redcross.org
Global Health

The Other Epidemic

Lucy Crain, MD, MPH, FAAP

What is wrong with our country's inability to stem the tide of mass slaughters of children and adults from firearms? Now that the number of childhood fatalities from gunshots has exceeded that of motor vehicle accidents, where is the outrage of our pediatric community demanding the reinstatement of a ban on assault weapons and high-capacity ammunition cartridges?

Why must the repeated recommendations for background checks, minimum adult age for purchase of any firearms, waiting periods after purchase, trigger locks, safe storage of weapons, and all of the other commonsense restrictions made after every mass killing event go unheeded by our nation's and our states' leadership? Yes, we vote, and we are aware that the majority of Americans want these restrictions, and we continue to blame the NRA, the gun lobby, the Senate for its obstinate inaction, and even the Supreme Court for holding Americans hostage to their interpretation of the Second Amendment while our nation's children die in what should be the safety of their schools. All the finger-pointing since Sandy Hook misses the point. IT’S GUNS!

I am sick of politicians and others saying, “This is not the time for politics!”; “The problem is mental health”; (Has anyone successfully found an available child psychiatrist or psychotherapist or competent counselor willing to immediately see an at-risk adolescent with homicidal anger issues?) “The problem isn't guns, it's mentally disturbed shooters”; “It’s the gun manufacturers”; “The problem is with the police not knowing how to deal with a mass shooting crisis situation”; “The problem is that the teacher propped the door open to enable entry by the shooter”; “Oh no, that’s not right, the problem is that all of the teachers need to be trained to carry and use weapons if an attempted mass shooting is threatened”!

We've heard it all, folks! These are all valid issues, but the problem is ready access to guns and too many guns of all types. Yes, they’re accessible by people of ALL ages and even those with criminal backgrounds and acknowledged mental health red flags. Firearms are more immediately available and readily accessible in the United States of America than in any other civilized country in the world. We will not have a ban on guns in the U.S. any more than we ban automobiles even though they are a leading cause of death. But we require licenses to drive, registration of vehicles, driver education programs, and other safety measures.

Guns present a public health epidemic of an emergency nature, and our nation needs to act now! Thoughts and prayers are empty without action.

The Corona Virus Addresses the United Nations

Richard G Merkler, MD, FAAP

General and Developmental Pediatrician in Solo Practice, Hell's Kitchen, New York, NY

It is the annual meeting of the United Nations General Assembly. The COVID-19 pandemic is on the wane again. In the General Assembly Hall, the heads of state and prime ministers are all scheduled to speak.

Also, there are representatives of non-governmental organizations. On the list of speakers at this session is one unexpected individual, named Virus Coronensis. When it comes to his turn to speak, no one appears at the podium, but a slide appears on the screen behind it showing the now well-recognized drawing of the coronavirus.

Although he can't be seen, Mr. Coronensis addresses the hall.

"It is my distinct pleasure to address this august body in this very difficult time for all of us. There has been great suffering in the world due to the pandemic attributed to my fellow microbes. As much as you may not believe it, we viruses, bacteria,
amoebae and other micro-organisms are suffering too. You must believe me when I say that my brother and sister viruses and I are not at all happy about our finding ourselves entering your bodies and multiplying at such a great rate. This is as great a tragedy for us as it is for you. And, worst of all, the planet that we all share is suffering as well.

“Yes, my fellow viruses have indeed spread throughout the world bringing disease and death, but I must tell you that, in my opinion, in my state of grief, we had no control or choice in the matter. We gravitate to mammalian cells very much against our better judgment; we reflexively inject ourselves into them and cannot prevent ourselves from taking over their nuclear machinery. This is how we live and survive. Just like those of you who wish to avoid killing animals for food, we wish we had other choices, but, such is reality. Just like yourselves, we do not truly know why we were put on this earth, but we are here with our innate drives and desires.”

“We are very much aware of your vaccines and efforts to break up our microscopic bodies, but, as much as we may protest, we have little power to resist them other than hoping for a chance mutation that will make us resistant. We think that we would be happier and healthier if we could find our way back to our original hosts, possibly bats or other animals - I'm not even sure - where we caused little damage while our hosts thrived.”

“I will tell you this, however. We microbes outnumber you, humans, by a huge order of magnitude, perhaps 10 to the hundredth power, and we will be here if and when humanity is gone, and I believe that your eventual disappearance is a certainty. Along with the trees and grasses, birds and insects, we are a part of the great symbiotic ecological system that is Earth. We need to co-exist with each other for our home to thrive. And I must charge you with the task of actively taking steps to reverse some of the negative, harmful trends of human behavior. You cannot see the world as a bottomless well of gifts to grab at will to enrich your individual selves, but rather as a fragile nearly depleted storehouse that must be replenished.”

“What distinguishes you from the rest of the living beings that live on this planet is that you humans have the gift of intellect. You have language and, with that, the ability to formulate structured thoughts, analyze your surroundings, put your desires and needs into words, make plans and carry them out. I think that this may be a very questionable gift, perhaps a trick played on you by nature, or a natural experiment gone terribly wrong. Your thoughts and plans have brought prosperity to some, but war, violence and misery to others. For some of you, success means taking away the successes of others, ruining their fortunes in service of your wants and needs. For as many of you who believe in caring for others, there are an equal or greater number who only believe in caring for themselves. I believe the negative side is winning.”

“We, who lack the ability to plan and carry out efforts to preserve our home, sometimes feel that humanity, with its selfish brains and intellect, would be best gone from the planet. Perhaps, through the random changes of evolution, our planet would return to its pristine state of health. It is up to you to prove us wrong, that, through your intellect and ability to take action, you can act to restore the home we share. If you don't, the consequences for you will be dire, and there will be nothing we the unseen will be able to do about it.”

“So, where do you start? First, you must embrace the knowledge that your lives are as fragile as they are. You need to take into account the negative effects of any plan you make before putting it into action. A gross example might be the investment of billions or trillions of dollars into space exploration when billions of people on the planet are suffering from poor health, and in need of proper nutrition, housing and medical care. You need to continually assess your actions for their consequences and not just charge blindly ahead on your professional plans, marriage plans, plans to have more children than you can care for, and not just unquestioningly follow your religious dictates. You may find the dogmas of other faiths untenable, and yet fail to see them in your own. You must realize that other living species are not your enemies, but simply put here as randomly as yourselves. They are not to be dominated but to be cared for. Yes, even bacteria and viruses.”

“As I have said, if you are not up to the task, you, or your descendants, will suffer. And may I repeat, we are all suffering together, from the smallest creatures (us!) to the largest, but you are the only ones with the ability to change it.”
I Go to School

Jane Aronson, DO, FAAP

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Director, Global Behavioral Health Network for Children and Young People

Many years ago, as a two year old, I snuck out of the family grocery store in South Jamaica, Queens to find my brother, Barry, then 7 or 8 years old, who had walked to school earlier that morning. My parents were both working in the store as they did daily, and I was likely playing close by. I found a metal lunch box with the characters of Buck Rogers printed on the metal box and I sat comfortably on the floor in the kitchen and put little plastic animals and army men in the box in preparation for my journey to school, so I thought.

At some point I might have walked down the narrow hallway from the kitchen to the stairs and walked down the stairs holding onto the banister. Hard to imagine, but I was capable of walking up and down the stairs gripping the wooden bar. I am sure of it because my babysitter, Tootsie, who then a teen girl, laughed at my walking. Most everyone in fact marveled at my ability to walk on that staircase because it was pretty precocious. I was of course my father's daughter from a physically capable perspective. Harold, my father, was an athlete. Harold, already 34 years of age, played softball at the local ballfield with other fathers, both black and white. My brother was already playing football with the Pop Warner league. I don't think that he was really allowed, but he was so gifted, and they wanted him. My brother could do anything in my mind.

I wondered where Tootsie was and I was glad that my mother, Selma, and my father, Harold, were too busy to miss me. I often slipped away from them while they worked in the store. Customers would come and go and I can still see the cash register on the front counter. It was metal and had parts to it that I was not capable of understanding; I did know the meaning of the sound of the register. Things were being bought and my parents knew how to work the register…. though sometimes, I recall that it was not working and that led to a fair amount of frustration and calamity. That said, my father always fixed the register and almost everything else in the store and at home. He was very handy. He told me that I should be handy too! And I was and still am.

I bet you wonder how at my age of 70 years, that I still recall this story and so many stories in my life. Well, I just do. I could write so many memories down….they might be short, but I see them in my mind daily, so don't argue with me.

I see myself gripping the lunch box and happily bouncing out of the store. Yup, I had a bounce in those blue cotton and rubber tipped Ked sneakers. They were my favorite shoes, and they were replaced many times in my young life because I grew out of them and my mother was very conscientious about both Barry and myself having brand new shoes/sneakers as we grew up.

Barry who is my big brother, “Brother” is long gone, but not in my memory. He is forever for me.

So, I was in love with my big brother and missed him daily when he went to school. He was 6 ½ years older than me and my “idol”. So, when he left for school, I was a bit sad and longed for him. I long for him as I write this story, but I digress. What you hopefully will feel by now was that I still recall the many memories of a long life and I find it sweet and comforting to remember the details. I paint it all in my mind and then enjoy recounting the details to anyone who will listen.

I walked happily out of Harold's Delicatessen, likely on a Spring or Fall day and clearly in my mind, said, “I go to school” …. over and over again. I carried the lunchbox and could hear the little figures moving around making funny clicking sounds as they jangled against the metal. I was imagining showing them to Barry when I would see him at school. Who knows where school was? I seemed to know because I had a direction and moved along the sidewalk in front of the stores very quickly and confidently. I was without fear. I was simply happy and convinced of my mission. I had a lot of missions even then.
I recall turning the corner at the end of the block and did not look back….just forward. Ahead in the distance were the railroad cars at the Pecone Brothers lumberyard. I knew them well. My father had driven down this street and then turned right or left to go somewhere…. I don't know where….but maybe it was to Barry's school?!

My father delivered sandwiches to Pecone Brothers daily, but this was not the way to them. That was another way and another direction. I went to the lumber yard from time to time with him. I sat in the backseat, but of course there were no seatbelts then. My father had a cardboard box on the front seat of his used car…he had many used cars over the years…. maybe this was a Studebaker or a Ford….don't recall at this moment. I loved my father's old cars. They smelled special….my mother did not like that smell of oldness, but I liked it…..and some of the smell was from cigar smoke. Harold smoked cigars.

Walking toward the lumber yard, I began to sing. I loved the Disney songs and my mother had 45s of those songs, so I knew them. This morning, all that mattered was my intent to see my brother. I had to go to school to show him my lunchbox. Maybe I could eat with him? I just had to see him and that was all that mattered. I wanted to go to school and be just like him. I loved turning the pages of the storybooks in my house above the store. I could see Mickey Mouse and Daffy Duck and Tootsie would read them to me as I turned the pages.

Fast forward…. all I recall was that Selma and Harold were screaming. Where were they? I thought that they were in the store. Before you know it, I felt my father picking me up and putting me on his shoulders. I thought it was odd that my parents were there. I did not have them on my mind that morning. I was off to school to be with my brother, Barry and that was all that matters.

Both my parents loved to recount this story. They repeated it over and over again over the years and they filled the story with scary details about me almost being at the train tracks and I am guessing that they were very frightened and angry. As they told it, they suddenly realized that I was nowhere to be found, and they were frantic. They ran out of the store and left somebody who worked for them….to hold down the fort, while they ran to find me. They found me in the nick of time….so they said. I recall being on my father's shoulders and I might have felt a little slap of a hand on my backside…. I don't remember that I cried by the way. I was safe and sound and still dreamed of going to school to be with my brother.

I always dreamed of going to school just like Barry. I don't think that this dream ever subsided.

He was always ahead of me, and I continued to want to be just like him. And was just like him in so many ways…. he became a doctor, and I did too.

And in a few weeks, at the age of 70, I will go to school again…. yup! I am off to do a fellowship in child and adolescent psychiatry at Einstein College of Medicine in the Bronx. I will be fulfilling a dream I have had forever….to be a psychiatrist.
My Religious Pilgrimage

Frederick Bogin, MD, FAAP

5 a.m. The first sliver of sunshine announcing a new day. Just enough light for me to appreciate the faint outlines of sheep cascading over hazy hills. I had been driving for nearly one hour, since I jumped out of bed, exploding with anticipation at 3:30 a.m. I was on my way to Mecca. The Old Course at St Andrews, the birthplace of golf.

I had been told that, “As a single player, you simply need to arrive very early, locate the small starter’s shack, and sign your name to a list on a clipboard.”

My wife and I were staying with our four children in a rental cottage in Gleneagles, Scotland. The drive from Gleneagles to St Andrews was magical. A fine mist surrendered to the early morning sunshine. The sheep, the lush green hills, a solo traveler on the road – I was in Heaven!

Suddenly it appeared. The ocean, the links golf course, and the storied building – The Royal and Ancient Clubhouse at St Andrews. My heart raced; my body vibrated like a plucked tuning fork. The seaside course was shrouded in a misty fog. The air was chilly as I parked the rental car and then quickly found the starter shack. A small structure, not much larger than an old-fashioned telephone booth. It was 6 a.m. As I entered, my eyes alighted upon the prized clipboard. I excitedly entered my name – sixth position.

In the ensuing hours any time a group of less than four players appeared for their reserved tee time, the name of the next single player on the clipboard was announced. At 10:04 a.m. the loudspeaker announced, “Mr. Bogin to the first tee.” I walked quickly to the first tee, my feet never touching the ground. At the tee I introduced myself to another American golf pilgrim, and two young Scottish men, students at the University of St Andrews.

The sun broke through! We were soon comfortable in short sleeve shirts. There are no golf carts at St Andrews. One is required to hire a caddy. A pleasant young man raised my golf bag and that of my countryman to his shoulders. I grabbed my driver, walked to the first tee, and prayed.

*Please golf gods – let me hit this first shot respectably.* By 10 a.m. there was a sizable group of onlookers around the tee box. I struggled to keep my hands from visibly shaking. Several practice swings, a few deep breaths, and one final prayer. Somehow, I was able to swing my club, make decent contact with the ball, and rejoice as it traveled 230 yards down the middle of the fairway.

The other three players hit their drives . . . we were off! The Royal and Ancient Clubhouse at our backs, the first green straight ahead. As I walked to my ball I was struck by the natural condition of the course. We were playing on unmanicured terrain. Stray from the fairway and one might find him/herself in gorse – a prickly, spirit-breaking, satanic bush. Unless fully clothed in a suit of armor, one does not try to retrieve a ball hit into the gorse.

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As the round continued, I felt better and better about my game. I suddenly realized that I was playing as well as I had ever played! This day was shaping up to be the new number one entry on my personal list of “peak experiences” per Abraham Maslow. As we walked from the ninth green I tallied my score – 38. As good as any nine-hole score I had ever recorded. A 41 or less on the back nine and I would break 80 . . . for the first time in my life! On the Old Course at St Andrews!

The greens were huge, many of them with two flags; one flag for a front nine hole, the other for the back nine. The greens were closely mown, immaculate, and very fast. On the first par three hole I rolled a 30-foot putt into the center of the cup for a birdie two! Ecstasy.

The Old Course is the original links-style layout. The holes run along the coastline, front nine in one direction, back nine reversing course. What this American failed to grasp was the issue of wind direction. During the first nine holes, the wind was at my back. On the tenth tee I suddenly realized that the wind was in my face. Not just a gentle shoreline breeze, this was a howling wind. My booming 250-yard drives of the front nine were now anemic 150-yard offerings.

I found myself in several of the diabolical sand traps. After three futile attempts to escape in a forward direction (over a wall taller than I), I surrendered to the obvious and chipped the ball out the back, away from the green.

But . . . the sun was shining, the company was pleasant, and I was playing the Old Course.

Gliding on the wings of a personal historic event, my dismal score of 49 on the back nine barely registered. After nine holes I was dreaming of breaking 80. That brief dream evaporated painlessly in the deliciously clear air as I tap-danced across the iconic Swilcan Bridge, sank my final putt, and floated from the 18th green to my car. Joy, exhilaration, ecstasy captured for eternity on an official scorecard. A religious pilgrimage for a lifetime.

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**Discovery**

*Bill Marshall, MD, FAAP*

It was always satisfying in clinical practice to make a difficult or obscure diagnosis and be able to help the ill child. Many medical journals (Pediatrics in Review), books (Oliver Sacks), and general media (New York Times) highlight puzzling cases that are solved by expert doctors. The ultimate puzzle solution, of course, would be the discovery of a new disease. I never discovered of a new syndrome or illness; that, of course, takes a combination of perception, intelligence, and serendipity, all at once. It turns out I could have made a new discovery some decades ago in a different scientific field, but I, and many others, weren't able to put together the clues to a puzzle that we didn't know was there.

I hiked in the Huachuca Mountains of southeastern Arizona many times in the 1980's. I often began the hike in Ramsey Canyon, a Nature Conservancy property most noted for the 14 species of hummingbirds that have been sighted there. The trail begins at about 4000 feet elevation and leaves cacti and yucca behind as it climbs to a pine-fir forest at 9000 feet elevation.

The birds and animals of these mountains are diverse and unusual for most parts of the United States, with animals like coatimundis and javelinas and birds like the blue-throated mountain gem and eared quetzal that range north from the border with Mexico (less than 20 miles south). Little did I know on my hikes that I could have discovered a new species that was right in front of my eyes (and my ears)!

Ramsey Creek runs through the canyon, and frogs inhabit some of the ponds in the creek. I saw them many times and thought little of them. What I didn't do was hear them croak. Of course, I was alert to the sounds of the forest, from bird calls (a trogon?, or, at night, an owl?) to footsteps (a bear?) to rattling (multiple species of rattlesnakes live there). No one else, of the hundreds who hiked up the trail every month, heard the croaking either.

Later that decade, someone realized that the silence of the frogs wasn't normal, hence the discovery of the Chiricahua-Ramsey Canyon leopard frog (Rana subaqua vocalis), a frog that croaks underwater.

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Sherlock Holmes (“the curious incident of the dog in the night-time”) would have been proud.

Of course, as pediatricians, we know that both individual children and families have stories to tell that are vital for their care. Unfortunately, these stories are often not heard - a baby can't talk, adolescents may be reluctant to tell, parents have many reasons to not know or not tell what we need to know, and language barriers and time pressures interfere with our comprehension. I can recall many instances where a “discovery” wasn’t made initially because I hadn’t noticed that something didn’t quite fit with my diagnosis or that a diagnosis even needed to be made. Collectively as a profession, we have, in the past, also not recognized conditions that were right before our eyes - for example, child physical abuse and sexual abuse. Even today, there are undoubtedly medical conditions and important factors in child health (such as structural racism) that we are not perceiving and that are right in front of our collective senses. What are these “unknown unknowns”? They await discovery.


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**Forty Fathoms Below**

The Red-Haired Boy Goes to Sea Part 4: Earning My Dolphins

*John McCarthy, MD, FAAP*

Fortunately, my second patrol, medically speaking, was uneventful and allowed me ample time to read my medical articles on Freon toxicity and write a draft of my paper, entitled “Freon Toxicity in Humans”. I learned that Freon 11 and 12 aboard nuclear subs, although very effective as refrigerants and coolants, were among the most toxic if inhaled in a confined space and certainly NOT something that could be drunk. During patrol, I sweet-talked our very busy yeoman into typing up a draft for me which I would be able to work on further during the next off crew.

During my second patrol, I continued to volunteer and thoroughly enjoyed my stint as a diving officer, as I got to know the control room crew even more than during my first patrol and learned the feeble attempts to play pranks on me. I also developed a solid working relationship with my chief “Doc”. I found out quickly why he was aptly named “Shakin” Lakin for his comprehensive management in holding sickbay, knowing when to consult with me, and being very organized in handling all the paperwork and monitoring the radiation control program.

Several things during patrol greatly contributed toward enhancing morale: a unique widespread sense of humor, movies every night after dinner and at midnight, and great cooks/chefs, which certainly explained our increase in poopie suit girth. Although alcohol-free, the crew enjoyed cuisine like “surf & turf”, baked Alaska, vanilla and chocolate soft-serve ice cream, pizza, and “mid rats” snacks served to those coming on/off the midnight-6 a.m. shift, including those sticky buns.

The officers, including the commanding officer (CO) and executive officer (XO), dined in the wardroom across from their staterooms. Meals were served by two competent stewards on a dining room table that comfortably seated a dozen men. The wardroom was also a place to go day or night to gather one's thoughts, listen to music, play games like cribbage, watch movies, and spread out paperwork. Once every week, the captain presided over a game of poker, BUT it was the “Pork Chop”, our poker-faced supply officer who usually won. I often used the wardroom to read my Freon toxicity papers and write the rough draft of my article, which was eventually submitted to the School of Submarine Medicine as part of my becoming qualified in submarine Medicine.

Once I opened the napkin ring drawer to discover one with Admiral Hyman G. Rickover's name etched in gold, to be used if he ever came aboard. At one time, all prospective medical officers aboard nuclear subs were required to appear before Admiral Rickover before being assigned. His questions were arbitrary and unpredictable. Often, he sent you out of his office to cool your jets because he didn't like the answer. Admiral Rickover had the habit of showing up unannounced in

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civilian attire and once aboard demanded weird services. Crazy as a loon it seemed, but a genius just the same. Several years after his death, one doctor somehow finagled his way into a reception headed by his wife. He sweet-talked her into inviting him to her home for coffee. While there, he learned how tender the Admiral could be in quiet moments with her. They would sit close to each other on a cozy couch and hold hands as one of them read to the other. This was the same man who struck the fear into many prospective “nukes”.

Chief of Naval Operations Admiral Elmo Zumwalt allowed beards and mustaches. Nearly everyone took full advantage of this liberal policy - including me. During patrol, we received “Z-grams” from our loved ones at home which consisted of a brief (no more than 40 words) message thru non-strategic radio traffic. We periodically received messages with news and sports stories shared with the crew. I remember the Dallas Cowboys won Super Bowl VI in early 1972 while on patrol.

Toward the end of both patrols, I noted that many of the crew, especially newer enlisted men, developed a condition referred to as “channel fever”, characterized by a vague anxiety about completing patrol. Symptoms included insomnia, watching movies all night, and noshing feverishly in the mess decks. The only cure: reassurance by the more senior members of the crew, those “old salts”.

Sure enough, we happily completed our patrol as we surfaced for the first time in 60 days. Soon after, the Blue Crew again turned over the Jimmy-Fish to the Gold Crew and flew home for another off-crew, during which I finished writing my comprehensive review of the literature on Freon Toxicity and submitted it to the Submarine Medicine School. Next, I passed the required closed book multiple choice examination containing 300 questions and received the enthusiastic endorsement by my CO for me to be honored with my gold medical dolphins in June 1972 which I proudly placed and wore on the left side of my uniform. June 2022 marks my 50-year anniversary of becoming a qualified submarine medical officer.

Cystic Fibrosis

History of a Miracle, as I Saw It Part 2: Closing in On a Cure

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Average life expectancy improved from six years in the early 1970s to approximately 35 years in the 1990s. It reached the 40s in the first decade of the 21st century.

In 1989, Dr. Francis S. Collins discovered the cystic fibrosis transmembrane regulator (CFTR) gene on the short arm of chromosome seven. This was a huge milestone in the history of CF as mutations of this gene cause the CFTR protein to not work properly. Once we knew the gene, we should be able to manage it directly and not just treat the symptoms. The enthusiasm was feverish. We knew that the cure was just around the corner.

Dr. Collins was the ultimate scientist/physician. He was able to discover the whole human genome. Yet he was very humble, gentle and easily approachable. He played the guitar and sang at CF and other cultural meetings, encouraging everyone never to lose hope. He was officially sworn in on August 17, 2009, as the 16th director of the National Institute of Health (NIH).

The genetic treatment was not as easy as we thought. We needed to replace the defective CFTR in the airway mucosa with normal genes. We thought it should be easy, but we forgot about the nose. The hair in the nose is a great filter. It stops all the inhaled matter with normal CFTR. We could not get it to the lungs. Then, with the normal gene carried on a viral vector, we administered it through an endotracheal tube to bypass the nose. But whatever amount that reached the lungs was soon coughed up. That was another obstacle in the way of a cure.

I participated in a very long-term epidemiological study of CF carried out by Dr. Wayne J. Morgan from the University of Arizona in Tucson, AZ, with many contributors. The goal of the study was to monitor the improvement, or lack thereof, of multiple symptoms including, but not limited to, cough frequency, sputum production, sputum culture results, growth
parameters, pulmonary functions, laboratory studies, life expectancy, etc. These results were compiled, and a national average was established for every parameter. The data were presented in the CF meetings. Each center could see where it stood compared to the national average. Adjustments to treatments were carried out in every center to get it close to, or exceed, the national average. That was a huge effort toward unifying the care among all CF centers and improving the outcome.

The research was concentrated on the areas that were lagging. This study supported by Genetech lasted from 1993 to 1999.

The annual CF meetings were like festivals celebrating the advances made in the prior year. The attendance was initially limited to those giants in CF. It grew year after year to exceed 3,000 medical providers from all around the world. No CF physician, nurse practitioner, nurse, respiratory therapist, social worker or dietician ever wanted to miss those meetings. Someone, however, had to stay back to keep the boat afloat.

The Cystic Fibrosis Foundation (CFF) invested large sums of money with drug companies to run trials on promising drugs to attack the main cause of CF. These efforts were headed by Mr. Robert Beall who was the President and CEO of the CFF from 1994-2015.

The major advancement that opened the door to a new horizon in CF was when Vertex Pharmaceuticals introduced ivacaftor (Kalydeco) in 2014. It was the first medication that potentiated the chloride channel, CFTR, in the epithelial surface of the mucus membranes in CF patients. This medicine was classified as a potentiator because it only worked on patients with partially defective CFTR already present on the surface of the epithelial cells. Only 4% of CF patients in the US had the mutation G551D that responded to ivacaftor. Later, other mutations that had similar pathology “gating mutations” responded to ivacaftor as well. This discovery was a true and definite genetic treatment that promised a cure rather than different ways to treat the symptoms.

When ivacaftor was approved by the FDA for patients 12 years and older, the shares of Vertex skyrocketed. The CFF had invested approximately 150 million dollars in the development of this drug. This was an opportune time to sell its royalty. The selling price was 3.3 billion dollars. Yes, you read it correctly, 3.3 billion. It became the richest disease-focused foundation in the history of this country.

The story did not stop here. Most CF patients in the U.S. have the F508del mutation. Defective CFTR in this mutation is in the cytoplasm of the epithelial cells. So, we needed another medicine to correct the defective CFTR and bring it to the surface. That is where lumacaftor and tezacaftor, both called correctors, came in. The combination of ivacaftor and lumacaftor (Orkambi) showed some benefit but it was not quite impressive. A third medicine, elexacaftor, another corrector that works in a slightly different mechanism than lumacaftor, was added to the other two.

Now we have a medicine that combined one potentiator, ivacaftor, and two correctors, tezacaftor and elexacaftor (Trikafta). It worked wonders. The patients felt so much better. They did not have much sputum anymore and did not cough much. Their pulmonary function improved. The dose of pancreatic enzymes they needed was cut in half. They gained a lot of weight and the appearance of malnutrition disappeared. Suddenly, they had a lot of energy, and their chronic depression was lifted. Their life expectancy is expected to be markedly improved. Actually, instead of life expectancy, they became concerned about retirement, social security and Medicare.

This whole state of affairs was only a dream just two years ago. Miracles do happen even in our time. I have been watching the developments of CF with great interest. I do not know of any other genetic disease that improved so much in such a short time. The best is yet to come.
With All My Heart

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As I was leaving the office late one afternoon, my receptionist, who was on the phone, put up her index finger indicating I should wait. “I have this woman on the phone,” she said. “Her three-week-old baby has a temperature, a body rash and a runny nose. She says you saw the baby in the hospital nursery when you were on service last month. She would like for you to see him. Should I put her off until tomorrow?”

I shook my head. “We have to see the infant now. Any child that young with a fever is concerning. I’ll wait.”

I called my wife, Dotty, to tell her I’d probably be late for dinner again. I explained a baby of that age would need to be admitted to the hospital, and have a full sepsis workup, including a spinal tap, and blood and urine cultures - all this would take time. She wasn't happy, but for the umpteenth time said she understood.

While waiting for the infant, I reviewed the nursery record. As far as I could tell, it was a normal three-day stay with no untoward events. The lab work, like the baby, was all normal. I was mulling over probabilities for the constellation of symptoms - rash, fever runny nose - when this obese woman arrived, clutching her infant son. She had on a torn house dress, and her knotted hair stood out in all directions.

My nurse, who was gracious enough to stay late, brought them back to an examining room where she took the baby's vital signs. His temperature was 101 degrees. When I entered the room, I knew there was no time for small talk. The baby was pale and looked ill. “When did it all start?” I said.

“Just a few hours ago.”

I doubted that, as sick as the infant looked, and as disheveled as the mother looked, I thought she wasn't attuned to the needs of her child. This was an issue I’d have to explore later.

“Let me examine the little fella,” I said.

He was pale, had a fine, flat rash covering his entire trunk, and had some crust around his nose. I did the sepsis workup - the spinal fluid looked normal as was the blood count, except the baby was anemic. I wondered if he could have congenital syphilis - all the symptoms fit. How could that be? He had tested negative in the nursery, and I found out from the mother that she had tested negative in the seventh month of pregnancy. Perhaps the mother was infected after she was tested, and the baby was a slow responder. His body may not have fully reacted to the disease yet and hadn't produced enough antibodies, which would account for the fact that the test in the nursery might not have been positive, even though he had acquired congenital syphilis. When I wrote out the admitting orders, I was sure to include all the necessary tests to rule out the possibility.

My partner, who was going to make rounds at the hospital, volunteered to take the infant to the intensive care unit where I had already made the arrangements. I walked to the sink, rolled up my shirt sleeves and started scrubbing my hands and arms with a brush, up to the elbows. I continued doing this for five or six minutes as if I was a surgeon about to enter the operating room.

When my nurse noticed, she asked, “What are you doing? I know you wash your hands after every patient, but I've never seen you scrub so long or so hard. What's up?”

I smiled. “My wife won't believe I acquired syphilis by examining a newborn. If I'm right and it is syphilis, the rash is teaming with spirochetes, the little buggers that cause the disease. Maybe you ought to scrub also.”

My nurse's eyes opened wide. “Don't worry,” I said without conviction. “It's just a precaution. Chances are, unless you have an open wound, nothing will happen. Better safe than sorry, though.”

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The bad news was that the baby did have congenital syphilis. The good news was that two months later, after a complete course of antibiotics, he was cured and was thriving well. I had referred the mother, Laquanda, to social services at the hospital. The social worker felt that she was a good mother but was overwhelmed. She registered mother and baby for Medicaid and made sure she and her sexual partners received treatment. The social worker and I would provide support.

Also, my nurse and I tested negative for the disease. I had been frightened and was so relieved that I wouldn’t have to tell Dotty that I acquired syphilis by touching an infected infant, that I walked over to the toy heart with interlocking pieces that a patient who I cared for with congenital heart disease had given me and put my hand on it.

I said, “Thank you, with all my heart.”

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**DOWNTON ABBEY - A NEW ERA**

For those who watched the beloved British television series, Downton Abbey, over its six-year 52-episode run, this production is like a visit with dear old friends. Filmed beautifully in the Abbey and elsewhere and starring many of the original cast, viewers are immediately immersed in the activities of the Abbey with its leaky roof and the expenses needed for maintenance. Lord Robert Crawley (Hugh Bonneville) has delegated the operation of the property to his daughter Lady Mary (Michelle Dockery). Shortly after a tour by Mary of the attic, demonstrating leaks in the roof, the indomitable Dowager Countess Violet Crowley (Maggie Smith) announces that she has inherited a mansion in the south of France from a lover of many years ago. She feels too old and frail to visit and claim her inheritance, so Robert and his wife Cora (Elizabeth McGovern) and their son-in-law and wife will visit the property somewhere near Nice, and off they go on what is yet another rich plot development.

Meanwhile, back at the Abbey, a British cinema production company has approached Lady Mary with a generous offer to use the family manor to film a new silent movie with British and American stars. The Crawleys need the money to replace the roof and maintain the manor and, despite objections to such a “vulgar” undertaking, they consent. This movie stars handsome American actor Guy (Dominic West) and co-star Myrna (Laura Haddock). Guy is charming, but Myrna is rude and has an annoying Cockney accent. When the silent movie becomes a “talkie”, Lady Mary and the Abbey staff save the day (and the “vulgar” movie), and the French inheritance issue is solved, but there’s more... It’s definitely worth seeing!


**TOP GUN MAVERICK**

Thirty years after his first Top Gun movie, Tom Cruise is back for a sequel. Having earned the nickname of “Maverick” early in the role of ace top gun Navy fighter pilot Pete Mitchell, Tom Cruise has aged well (and will be sixty years old on July 3). With much help from many naval air operations and sites (Naval Air Station Whidbey Island, Oak Harbor Washington, Naval Air Station Lemoore near the Mojave Desert in California and various others) and beautiful scenery around Lake Tahoe and San Diego, CA, this movie is a cinematic treat. Additionally, there are the ever-present fighter jets flown with cringe-worthy skills by ace pilots from the Navy’s elite Fighter Weapons School.

In addition to Cruise and the beautiful scenery, there are handsome and experienced actors, including Val Kilmer, Jennifer Connelly, Miles Teller, Jon Hamm and many others. If you remember the original Top Gun movie in 1986, Pete’s best friend and wingman “Goose” was killed in combat. Goose’s son, “Rooster” is played by Miles Teller, initially Pete’s nemesis, but that changes. The movie has a prerequisite plot with Maverick being called back into active service as an instructor for the current class of the elite Naval fighter school. (Pete is a test pilot and has remained a captain in the Reserves after...
Summer 2022 Movie Reviews  Continued from Page 20

Upon arrival at the flight school, Pete finds his former love interest running the bar near the navy school base and another side plot evolves. The movie is loud enough in 2D but is also available in theaters with I-MAX, X-D, and D-Box, for those who want a “truly immersive experience”.


Of interest, the original Top Gun movie was reportedly based on a 1983 article about the U.S. Navy elite flying school. That author has since died, but his widow and family contend that Paramount Pictures and Cruise et al did not renew the copyright conditions for the 2022 film. They have filed suit against Cruise and his co-producers of the current movie, which promises to be a mega-blockbuster!

Book Reviews

Book Review
Reviewed by Jon Almquist, MD, FAAP

The Righteous Mind: Why Good People are Divided by Politics and Religion
Jonathan Haidt
Vintage, 2012, 530 pages

This book will give you an eye-opening understanding of why “facts” and more “studies” do not change the minds of vaccine deniers. It may even make you open your own mind to some characteristics of those you politically disagree with that are changing the political landscape of our country.

His studies show that the process of “moral judgments” in humans involves two processes. There is your “intuition”, instictual instant feeling, and that is followed by “reasoning”. Today, many decisions about COVID have been politicized, resulting in the “intuition” to instantly take a stand in one direction. If challenged, your “reasoning process” goes to work to find ways to support your immediate “intuition”.

Even if your reasoning is shaky, you persist with efforts to justify your position. Haidt gives historical and experimental examples of how those who try to listen to the person they are trying to persuade to change their minds, will allow one to better understand that individual, which gives that person's “intuitional position” time to decrease its dominance in their mind.

Haidt studies “moral psychology” and in this book shows examples of how he believes humans have evolved moral characteristics that have helped us survive and thrive. He believes significant among these are the following: care/harm, fairness/cheating, loyalty/betrayal, authority/subversion, sanctity/degradation, and liberty/oppression. He reviews studies of choices people make on these scales and compares where these people proclaim they exist as “Liberals”, “Conservatives”, “Libertarians”, “Democrats”, “Republicans”. 
Book Review
Reviewed by Amar Davé, MD, FAAP

Superior: The Return of Race Science
Angela Saini
Beacon Press, Fourth Estate Books, 2019, 256 Pages

This book caught my eye because of its unique emphasis on how race science evolved, is sustained, and is practiced in various parts of the world. Giving erroneous scientific credence to race, which is purely a social and cultural construct, led to inhumane treatment, torture, and massacre of various racial and ethnic groups over the centuries by self-proclaimed superior races.

Scientists in Europe and the United States joined the chorus to fit external appearances - skin color, eye color, height, the slant of eyes, hair color, size of lips or jawbones, etc. - into theories, based upon racial genetics, of inherent biological inferiority leading to the intellectual inferiority of a particular group of people.

Historical Examples:

1. Nazi scientist Otmar Von Verschuer of the Kaiser Wilhelm Institute of Anthropology, Human Heredity, and Eugenics declared, “Schizophrenia is strikingly more frequent in Jews” and now in the U.S. it is more common in blacks.

2. Tuskegee Alabama - the United States Public Health Service and the physicians in cahoots denying antibiotics to black patients with syphilis to track the effect of the disease in the 1930s taking another 40 years to end!

3. White kids not performing well in school because of a bad environment; black kids not doing well in school because they are born like that.

4. At the beginning of the century, Chinese, Japanese, and all other Orientals were considered to have low IQ based purely on racial characteristics. In 1882 it got legislative support in the form of the “Chinese Exclusion Law regarding immigration based upon their biological inferiority” just by being Chinese.

5. Nobel Laureate James Watson, the co-discoverer of the double-helical structure of DNA, asked one of his colleagues, “When are you Jews going to figure out a genetic basis for being smart?”

6. 1973 - William Shockley the Stanford physicist believed in the intellectual inferiority of black women and felt that black women should be sterilized.

7. 1946-1948 - U.S. government in Guatemala deliberately exposed local people to STDs.

8. In World War II British scientists sent Indian soldiers to gas chambers to study its impact.

9. In 2018 President Trump lamented immigrants from “shit hole countries” while longing for Nordics to come over, leading to a systemic crackdown on “colored peoples’ illegal immigration.”

As of today, despite rigorous scientific studies at the molecular level, the biological/genetic answer to the riddle of inheritance of intelligence has not been revealed. The same good seeds planted in a bad and good environment have two different outcomes purely based on the environment.

Sickle cell genes are spread all over the world, not just the black people in America.

The Mayan and Aztec cultures were far superior in their time, and they were not white Caucasians.

Once the ancient 10,000-year-old “Cheddar Man” fossil found in the U.K. was supposed to have white skin, but genetic tests revealed he was dark-colored. The British people would deny that and continue to believe he was white.
Superior: The Return of Race Science  Continued from Page 22

Remember the first “black pill” Bidil for black-only hypertension in the US!

This is a fresh look at the fact that racist scientists were and are engaged in propagating that race is a scientific fact and not a cultural construct. A must-read to understand that scientists are not above the bigotry of the race equation.

**Book Review**
Reviewed by Amar Davé, MD, FAAP

**Sway: Unravelling Unconscious Bias**
Pragya Agarwal
Bloomsbury Publishing, 2020, 288 pages (Hardcover)

I was involved in a lawsuit twenty years ago when a newborn infant died at the age of six hours because of fatal pure metabolic acidosis caused by mitochondrial respiratory chain disease not known at birth. All experts on the plaintiff’s side lined up with one conclusion; that the baby died due to hypoxia/asphyxia not treated adequately by me. I was unable to get an expert to support the care provided by me. However, the hospital was able to get an expert pediatric hepatologist who cracked the code because of micro-vesicular steatosis seen in the liver and concluded beyond doubt that the baby died of a fatal inborn error of metabolism and not because of inadequate care. The case was dropped. I needed an explanation regarding the universal chorus of inadequate care rendered to me by all experts - the plaintiffs, as well as world-famous experts in various pediatric specialties we tried to enlist. They all missed out big time due to their anchor bias/ confirmation bias. All of them were careless in inadequately reviewing the records and ignoring what was in front of their eyes or not understanding the matter, while at the same time asserting inaccurate expert opinion as the final answer. It brought a lot of anguish to my life. This book brought me an understanding of what happened and why it happened.

I bought this book after seeing an advertisement in a BBC science magazine, “Science Focus”. I have read this book eight times and I will continue to read this book until the last day of my life. The author’s dedication to her children in this book reads, “Because you are the future, and I owe you an unbiased world.”

The very first day I landed in this country with three dollars and had nowhere to go from JFK airport on January 9, 1977, a group of students trying to help me to find a place to stay dropped me at LaGuardia Airport for me to fly to Chicago because one of the people contacted agreed to have me. While dropping me at LaGuardia they handed me two five-dollar bills advising me that In Chicago if a black guy approaches me and asks for money, I must hand him the money no questions asked! I had no idea what that was about, but I just took their advice.

While interviewing for residency at a midwestern institution I was told by a department chairman that if he takes me into his program, it will be looked down upon by the American medical graduates, and I had no idea as to what that was supposed to mean. I almost did not get the second-year slot because of my poor performance, and I pleaded with the department chairman that I was depressed being cut off from the friends, families as well as culture and food, and he very kindly let me continue. Upon completion of my board exam, the department chairman asked me my percentile scores.

While trying to let the practice go because of malpractice suits and loss of insurance, the department chairman I approached asked me if it was an ethical practice because my tax returns looked pretty good for a rural pediatric practice.

A policeman asking me to take the garbage from his lunch and throw it in a garbage can after I got stopped at a traffic light, and many more incidents, left me perplexed.

This book single-handedly made me understand unconscious implicit and explicit biases. This is a must-read for everyone and anyone to understand all kinds of biases guiding our lives and improve if possible.
Book Review  
Reviewed by Emanuel Doyne, MD, FAAP

**A Good Time to Be Born**  
*Perri Klass, MD, FAAP*  
*W. W. Norton and Co., 2020, 384 pages*

Dr. Klass is a well-known author, pediatrician, and national director of the Reach Out and Read program which promotes child literacy. This volume introduces the reader to an underpublicized but one of the most dramatic events in public health - the fantastic progress made in decreasing infant and child mortality in the past century from 100/1000 in the first decade of the 20th century to 5.8/1000 in 2017. As she expressed it, “This change in outlook represented a great tectonic shift in parenting, doctoring and family health.”

The author takes you on a journey from the beginning of the 20th century up through the recent COVID-19 pandemic outlining in a stepwise fashion the events that we take for granted today. Those of us who trained during her residency years (the 1980s) have an acute awareness of many of these events.

Her outline includes maternal education, the conquering of diphtheria (“the plague”), scarlet fever, the polio vaccine, TB treatment, other infectious diseases, and the use of incubators. The introduction of other safety measures such as the “Safe to Sleep” campaign, improved infant car and rear-facing safety seats, bike helmets and the elimination of window blind cords have laid the groundwork for current parents (and grandparents and pediatricians) being “the luckiest...in history”.

This volume is well referenced and would serve as a great textbook for young trainees. Its information should be loudly publicized as we have faced lately some disturbing trends in lack of acceptance of some of these advances, especially during the recent pandemic.

Book Review  
Reviewed by Lin Roberts, MD, FAAP

**Cloud Cuckoo Land**  
*Anthony Doerr, MD, FAAP*  
*Schribner, 2021, 626 pages*

“Cloud Cuckoo Land”, a story of the survival of a single work of fiction through centuries, has, I believe, special appeal for pediatricians. This is because Anthony Doerr's touching story is told through the lives of young people who exist in a different time and place but nonetheless bring to mind children we've all cared for in our careers. We can relate to these characters who have physical disabilities, social and emotional challenges, and who may be fighting poverty and isolation.

There is Omeir, a child from a remote village in fifteenth-century Turkey, born with a cleft lip deformity at a time when surgical/medical interventions weren't available, and myths and prejudices surrounded the disabled.

Anna is a 13-year-old teen living with her older sister in an embroidery house in the city of Constantinople. They are orphans trying to survive by sewing robes for priests, at a time when there was no safety net structure to support such children.

Then there is Seymour, a sensitive teenager, a nature lover, with features of autism, being raised by a single mom in poverty in present-day Idaho. He has emotional challenges and fights social isolation in his school and community.

Continued on Page 25
Konstance is a smart, precocious preteen, isolated on an interstellar spaceship in the distant future, where an infectious disease has run rampant.

And lastly, there is Zeno, conflicted as a child trying to come to terms with his sexual identity. After a POW experience in the Second World War, he searches for meaning as an elder, mentoring after-school kids in the neighborhood library.

All these characters have supporting roles in Doerr's story, however, because the main character really is the fantastical ancient Greek text, “Cloud Cuckoo Land”, discovered by the orphan Anna in Constantinople. Miraculously, the text passes through hands and generations, surviving through to Konstance's future on the interstellar spaceship. All the characters' lives are connected through their relation to this whimsical text. It's a beautiful, redemptive story about the challenges of childhood, coming of age, respect and love for the environment, and the value and resilience of the written word.

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**Poetry Corner**

**Peace - My COVID Experience**

*Peter A. Gorski, MD, MPA, FAAP*

*Professor of Pediatrics, FIU Wertheim College of Medicine, Miami, Florida.*

Beyond tired  
Beyond even willing  
More than to close my eyes  
Uncoil my mind  
Appreciate full free breaths  
Chill  
Rest and recall a gestational state

Unbidden illness  
Two years avoided  
Caught me unawares  
Not sure how or when  
Unmasking a shared vulnerability  
Defying assumptions of invincibility  
Or attention.

This strange realm  
Of another world  
Not ready to sleep  
No urge to rise  
A virulent spell?  
Bells ringing to my next crossing?

Suspended in this moment  
I feel softened  
Uncommonly alive  
And ready to fare well.

5/8/22
Poetry Corner

“The eternal silence of infinite space terrifies me” Pascal

Once Upon a time
Tomas Jose Silber, M.D., M.A.S.S., FAAP
Professor Emeritus, George Washington University
Division of Adolescent and Young Adult Medicine

Once Upon a time
there was nothing.
Nothing, nothing.
There was no matter,
no space,
no time.
Until it appeared.
An infinitely dense point,
concentrating all the energy in itself,
all the matter,
all space,
all time.
That was the beginning of the universe.
A singularity event
gave rise to the Big Bang.

Then they all made their apparition:
matter and energy,
space and time,
electrons, protons, neutrinos,
matter and antimatter.
The energy released was so much.
that only a portion manifested
and the rest was swallowed up by black holes.
Huge heavenly bodies
at hellish temperatures
began to move away from the center from which they were born.
The universe began to expand
and continues to do so.

Colossal collisions took place,
suns, planets, moons arose
and galaxies were formed
Every change
like the transition from one verse to the next
in this poem,
took billions of years,
until Earth became the one we know.
Like an atavistic memory
the stars we see today
died millions of years ago
In the context of the cosmos
life arose a couple of days ago
Yesterday an asteroid killed so many species
that it had the appearance of a first rehearsal.

Continued on Page 27
Once Upon a time  Continued from Page 26

A few minutes ago, Homo Sapiens appeared, discovered how to make fire, wars, the fission of the atom, and the destructive exploitation of our planet.

Look at all that had to happen for you and me to meet.

Letters to the Editors

Letter to the Editors

Beryl Rosenstein, MD, FAAP
Professor Emeritus, Pediatrics, Johns Hopkins Medicine

I greatly enjoyed Louay Nassri's article on cystic fibrosis in the Spring edition of the Senior Bulletin. It brought back many memories as I knew and worked with all of the physicians that he mentioned including Dorothy Anderson, the “Grand Dame” of CF. In 1961 I was a sub-intern on the pediatric service at Columbia's Babies Hospital and can still remember Dr. Anderson, cigarette in place, coming to the bedside to see a child with CF. Sadly and ironically, Dr. Anderson died of lung cancer in 1963. She is described by Dr. Nassri as a pediatrician and pathologist, and while Dr. Anderson had an appointment at Babies Hospital as an Assistant Pediatrician, she had no formal training in pediatrics. She actually planned on a career in surgery but, as a woman, was turned down for a surgery residency at Rochester. Fortunately, she made the wise choice to pursue a career in pathology and pediatrics.

From the Archives

Gun Violence

plus ça change, plus c'est la même chose

Editor’s Note:

In the past 10 years, a lot has changed in our personal lives, in our country, and in the world. But from Sandy Hook in 2012, to Parkland in 2018, to Uvalde in 2022, has anything changed other than an increasing normalization and acceptance of mass shootings in schools and elsewhere?

For this issue, we look back to spring 2018 - first an excerpt from then SOSM chair Eileen Ouellette's Message from the Chairperson detailing the problem and the AAP's efforts to reduce gun violence. Additionally, the Senior Bulletin carried several articles submitted by members of the Section on Young Physicians and Early Career Physicians, who participated in the March 24 “March for Our Lives” rallies speaking out against gun violence in response to the Parkland massacre of February 14.

As reported in the Bulletin, “Many young pediatricians, medical students, and fellows–and older pediatricians as well– were among those vocal crowds who strongly demonstrate that our profession is literally fed up with a mute Congress which refuses to take acceptable action on the ongoing reality of school shootings and gun violence which impacts so many of our patients, children, and families.”

Here is but one of the articles. The others can be read by clicking the spring 2018 issue on the SOSM collaborative site.

Continued on Page 28
Message from the Chairperson
Eileen Ouellette, MD, JD, FAAP
Immediate Past Chair of the Section on Senior Members

Firearm violence against children is shocking. In the past two years, 128,000 children have been injured or killed, more than the number of casualties in the Korean War (54,000) and Vietnam War (58,000) combined. More than 650 children have been injured or killed since January 1, 2018.

Forty-six children and teens under 19 years old are shot each day. Seven are killed each day by guns. Four are murdered, 3 commit suicide, 8 are intentional and 31 are the victims of a violent attack. Most cases of unintentional injury are by younger children who find unlocked guns in the home. (Additional data can be found at the National Center for Health Statistics and at EverytownResearch.org)

Dr. Remley announced that the AAP is advocating for stronger gun laws, violence prevention programs, mental health access and increased research. To further these aims it is establishing a Research Initiative at the AAP. Its aim is to use AAP policy to gather data to achieve a solution to the public health epidemic of firearm violence and its effects on children. The AAP Board of Directors has voted $500,000.00 to establish the program and the AAP has been offered support and partnership from other medical groups to advance this effort. The plan is to start with experts within our own organization and then to branch out to other groups.

After the tragic mass shooting at Parkland FL Marjorie Stoneman Douglas High School on St. Valentine's Day 2018, rallies and marches across the United States gathered to speak out against gun violence. Many young pediatricians, medical students, and fellows—older pediatricians as well—were among those vocal crowds who strongly demonstrate that our profession is literally fed up with a mute Congress which refuses to take acceptable action on the ongoing reality of school shootings and gun violence which impacts so many of our patients, children, and families. A selection from articles submitted by members of the Section on Young Physicians and Early Career Physicians follows.

Trainees and Firearm Violence Prevention: A Multi-Faceted Approach
Christian D. Pulcini, MD, MEd, MPH, FAAP
Pediatric Emergency Medicine Fellow at Children's Hospital of Philadelphia
Immediate Past Chair of the Section on Pediatric Trainees

It was a cold, windy day in Philadelphia on March 24th, 2018, when thousands gathered for the March for Our Lives Event organized by local college and high school students. Pediatricians, fellows in training, residents, and medical students joined the thousands of teachers, students, parents, and other concerned citizens who have decided that the senseless firearm violence which encompasses our nation every single day is unacceptable. The Philadelphia March was a peaceful demonstration that hosted multiple speakers, including Dr. Ruth Abaya, pediatric emergency medicine provider at Children's Hospital of Philadelphia, and notably Pennsylvania Senator Bob Casey. It was the first time pediatricians and pediatricians-in-training from across the city were able to gather and express that this enough is enough, and it is our top priority to #endfirearmviolence. And this was just a beginning for trainees and pediatricians alike.

Thousands of trainees, either through the Section of Pediatric Trainees (SOPT), their local AAP chapter, or their institution have worked tirelessly to push the agenda on firearm violence prevention. The Section on Pediatric Trainees (SOPT) within weeks of the Parkland shooting put together a toolkit of sorts where trainees could take action, because our members were asking for guidance. They were outraged, and rightfully so. From calling legislators to engaging social media, participating...
Trainees and Firearm Violence Prevention . . . Continued from Page 28

in a march to writing a letter to the editor, our 16,000 members in SOPT are passionate and engaged. We will continue our efforts to reinforce Dr. Kraft’s multiple messages to the AAP membership on the topic of firearm violence prevention and will not stop until there is meaningful firearm legislation to address the senseless injury and death of 74 children and adolescents every day in this country.

Update

The AAP continues to campaign for children and against gun violence. This is a selection of ongoing activities.

It’s hoped that these three policies will attract bipartisan support in the Senate, and Academy members are urged to contact their senators:

• Enact universal background check legislation to ensure that those who are most likely to perpetrate gun violence cannot purchase guns.

• Enact comprehensive extreme risk protection orders legislation, which allows family members or law enforcement to petition a judge to temporarily remove firearms from a person deemed at risk of harming themselves or others.

• Fund gun violence prevention research at $35 million for the U.S. Centers for Disease Control and Prevention and $25 million for the National Institutes of Health.”

The Gun Violence Prevention Research Roundtable, which the Academy leads, pushes for sustained and increased funding for public health research to prevent firearm-related morbidity and mortality.

Following the Uvalde massacre American Academy of Pediatrics President, Moira Szilagyi, testified at a U.S. Senate Judiciary Committee hearing on gun violence prevention. Prior to the hearing, more than 300 pediatricians submitted personal testimonies illustrating how gun violence has impacted their patients, communities and lives. These powerful statements came from 40 states. Read excerpts here and the full document here.

There is much more to be done. Using print and broadcast media, as well as engaging with social media, are actions we can all take.

June 24, 2022

Finance

Investing When Markets Are Down

Jeff Witz, CFP®

The start of 2022 has come with plenty of challenges for investors. Both domestic and international equity markets are down. As of this writing (5/10/2022), the Dow Jones Industrial Average was down 11.90%, the S&P 500 was down 16.15%, the MSCI EAFE was down 17.00%. Compounding these challenges is that bonds, normally a safe haven when equities are struggling, have also been down. The Bloomberg US Aggregate bond index was down 10.11%. There are very few places to hide in market environments like these.

When markets are down significantly, investors commonly feel a sense of panic or fear they are losing everything they have accumulated. They obsess over the financial news and are tempted to sell to preserve what is left. However, these moves typically provide short-term comfort at the expense of long-term goals.

Selling after the markets are down may significantly reduce your ability to make up those losses in the rallies that historically occur after a sharp decline. For example, after the 2008/09 financial crisis, in which the S&P 500 was down as
much as 51%, the following rally lasted 118 months and was up over 300%\(^1\). Following the Dot-Com crash in 2000, when stocks were down 45%, the following rally lasted 61 months and was up over 100%\(^2\). In fact, following every sustained down market has been a significant and sustained upward rally\(^3\).

Benefitting from these rallies requires being invested in the market. If you sold previously, you may miss out on all or a significant portion of the rally. If you’re thinking, “but what if I sold when things started going down and then bought back in at the bottom?” Timing the market is incredibly difficult to do. How will you know when the market is headed for a sustained downward slide, and how will you know when the market has reached bottom? These are nearly impossible things to predict and guessing wrong can negatively impact your investment success.

Surviving a down market requires some key behaviors, patience and discipline. Patience that markets will turn and, over the long term, move in an overall positive direction. This also means not chasing the hottest trends and trusting that your investment strategy will produce the results you desire long term. Discipline means continuing to adhere to an asset allocation strategy and diversified investment mix that can help you reach your financial goals.

If you feel like you must take some sort of action, there are a few activities that can be helpful:

– Rebalance your portfolio. Market volatility can skew your allocation from its original target. Certain assets will be more affected by market swings and will move outside their target allocations. Rebalance your portfolio by selling positions that have become overweight in relation to the rest of your portfolio and move the proceeds to positions that have become underweight.

– Tax loss harvesting. In taxable accounts, if any investments are in the negative, you can sell those investments to capture the loss. These losses can be used to offset gains elsewhere or up to $3,000 per year can be used to offset income taxes. Tax loss harvesting can help these accounts become more tax efficient moving forward.

– Review your risk tolerance. Risk you took on years ago may no longer make sense given your current circumstances and life stage. If you are less open to risk, consider adjusting your target asset allocation.

– If you must trade during volatile markets, there are defensive steps you can take to protect your positions. Stop orders and stop-limit orders can help shield unrealized gains or limit potential losses on an existing position.

When markets are struggling, you may be tempted to take action. However, reacting during these time periods may cause more harm than good to your investment portfolios. Correctly guessing when to get out of, or back into the market, is very difficult to do correctly. If you must take action, consider less substantial maneuvers such as tax loss harvesting, rebalancing, and implementing defensive tactics like stop-limit and stop-loss orders.

Before taking any action, we recommend you speak with your financial professional or CPA to better understand their financial or tax implications.

References:
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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, are now all online but readily amenable to printing at home. Our Bulletin is not peer reviewed, nor does it strive to compete with scientific publications.

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

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

Questions about articles contemplated or in progress can be directed to me at glfuld@ne.rr.com or to Co-Editors Peter Gorski pgorski@fiu.edu and Richard Krugman RICHARD.KRUGMAN@CUANSCHUTZ.EDU. Articles and letters should be submitted to the editor at glfuld@ne.rr.com with cc to Susan Eizenga seizenga@aap.org. We look forward to hearing from you and to reading your articles in the Senior Bulletin.
2022-2023 Senior Bulletin Schedule

**Fall Bulletin - Electronic**
August 8, 2022: Call for Articles
September 12, 2022: Article Submissions Due
October 28, 2022: Bulletin Online

**Winter Bulletin - Electronic**
November 7, 2022: Call for Articles
December 12, 2022: Article Submissions Due
January 27, 2023: 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.

If clicking on “here” above doesn’t work, here’s the link:
https://collaborate.aap.org/SOSM/Pages/Newsletters.aspx?RootFolder=%2FSOSM%2FSSenior%20Bulletin%20newsletter%2FBest%20of%20the%20Bulletin&FolderCTID=0x01200092B0E35AC5C1B54987AFBA9168EDA4B4&View=|E-73B6D0E-0A89-40C7-B9EC-AA09A2DA0B09|