SOSM Chairperson’s Column

Renée R Jenkins-Woodard, MD, FAAP

As pediatricians and pediatric healthcare professionals, we feel that there’s rarely any group we work with that is more exhilarating than young people. We spend our careers with children of all ages - neonates to adolescents and young adults - and do so with dedication and enthusiasm. Many of us in teaching settings also find working with pediatric trainees and early career pediatricians energizing, as they take on the multiple challenges of practice, research, and now advocacy.

Such was the experience I had in February 2023 participating in the Maryland AAP chapter resident advocacy day. The chapter traditionally takes trainees from its three Baltimore residency programs (Johns Hopkins, Sinai Hospital of Baltimore and the University of Maryland) to Maryland’s state capital in Annapolis to advocate for Maryland’s children and adolescents.

This year’s focus was on a legislative bill entitled Primary and Secondary Education – Comprehensive Health Education Framework. I had the honor of co-leading a team of four residents and a chapter member to two legislative meetings where the residents presented our positions on the bill. Senior section members led other delegations. Pediatric residents and Chapter members made 21 visits to Maryland lawmakers and left their compelling stories and experiences for them to consider in debating the bills.

Participants in Maryland’s Residency Advocacy Day included senior section members Jeff Bernstein (center L photo) and Dan Levy (left, R photo) with state senator Malcolm Augustine (striped tie).

Community pediatric and child advocacy experiences are expected in today’s training programs. Social determinants of health and health disparities are common topics within professionalism requirements. There is evidence of skill building in navigating these areas when a formal curriculum is in place. The curricula encourage legislative activities that address the larger systems and policies affecting...
WHAT’S INSIDE

SOSM Chairperson Column - Renée R Jenkins-Woodard.................................................................1
Section on Senior Members Executive Committee Roster ..................................................................3
Section on Senior Members Staff ........................................................................................................3
Editor’s Note - Gil Fuld.........................................................................................................................4
The SOSM Collaboration Site: Getting There - Tom Whalen ............................................................4

Celebrating Don Schiff
Don Schiff is 97 - What Took Me So Long to Notice? - Richard Krugman ........................................8
Don Schiff - James Perrin ...................................................................................................................9
Donald Schiff MD FAAP is My Hero - Lucy Crain ................................................................. 9

From the Archives
To Be or Not to Be: A Snapshot of a Historical Moment - Donald Schiff ........................................10
Health Care Reform – An Important Victory for Children and Pediatricians - and the Next Steps - Donald Schiff .........................................................................................................................11

Liaison Report
Report from the Section on Early Career Physicians (SOECP) ........................................................12

Advocacy
It’s Just a Stage We Are Going Through - Richard Wicklund ..........................................................13
More Minnesota Advocacy - Kumar Belani .........................................................................................14
Legislating Away Transgender Care - Rhonda Jeffries ....................................................................15

Reflections
Futile Literature Search - Paul Winick ................................................................................................16
Adolfo Kaminsky: A Forger’s Life - Beryl Rosenstein ................................................................. 17
A Lesson Learned - Harry Pellman .......................................................................................................18
Purple Cows - Karen Olness ...............................................................................................................18
Goodbye to a River - Remembering My Friend Stephen M. Berman, MD - John McCarthy ..........19
Family History/Genealogy in the 21st Century - Emanuel Doyne .....................................................20
Story of an Underdog - Amar Davé ....................................................................................................20

What We’re Doing Now/Life Choices After Career
Great Volunteer Opportunity - Jennifer Lail .......................................................................................22
Bored in Retirement? Join a Board in Retirement - Yolanda “Linda” Reid Chassiakos .......................23

Movie Reviews
Spring 2023 Movie Reviews - Lucy Crain .........................................................................................23

Book Review
And There Was Light: Abraham Lincoln and the American Struggle - Reviewed by Robert Hauck ...25

Poetry Corner
Glandular Prostate - Charles Spencer ................................................................................................26
The Generous Sun Will Continue to Rise - Tomas Silber ...............................................................27
Open Your Eyes - Danielle Laraque-Arena .........................................................................................28

Finance
Health Savings Accounts Offer a Triple Tax Benefit - MEDIQUS Asset Advisors, Inc.....................29
Guidelines for Senior Bulletin Articles ..............................................................................................30
2023-2024 Senior Bulletin Schedule ...............................................................................................31
The Best of the Bulletin .....................................................................................................................31
children and families. State chapters of the American Academy of Pediatrics (AAP) have unique resources to focus on child health advocacy in collaboration with training programs. Other state chapter models of collaboration, for example, are in publications of programs in Washington state and New Jersey.

The Senior Section began a pilot project in advocacy three years ago to promote collaboration among representatives from the Sections on Early Career Physicians, Pediatric Trainees, and Seniors in five states; Georgia, Maryland, Massachusetts, New Mexico, and Washington. According to the participant feedback survey this year, most respondents learned about the experiences of pediatricians in different phases of their careers. Individual open-ended responses cited the value gained from the opportunity to hear the advocacy experiences of senior members. A majority of respondents agreed that they were more deeply engaged with the AAP and its advocacy work as a result of the project. Ninety-five percent of respondents were in chapters somewhat or very involved with the initiative. We certainly met the goal of enhanced communication for most section members, although the pandemic disrupted in-person connections. Senior Section members have a role to play in sharing their experiences with younger members as well as strategizing with them using the newer tools in social media.

As we move to the next phase of stimulating collaboration among the sections, we want to hear what chapter senior members are doing within their chapters with a focus on advocacy. Please send your communication to us at jraymond@aap.org. We look forward to continuing these conversations with our early career physicians and pediatric trainees as we hone new and creative ways to advocate for children and families.

References:
Spring 2023 Editor’s Note

Gil Fuld, MD, FAAP
Editor, AAP SOSM Senior Bulletin

Sometimes without intention, a theme presents itself for an issue of the Senior Bulletin. Although we didn’t plan on highlighting advocacy, this has become the “advocacy issue” of the Bulletin, since many of the articles in this edition have something to say about it.

First of all, we’re honoring Don Schiff, one of the good guys, a long-time pediatric and AAP leader and advocate for children, especially for appropriate health care insurance coverage, and most recently the advocacy editor of this publication.

In addition to comments by Lucy Crain, Richard Krugman, and Jim Perrin, two of Don’s past columns for the Bulletin are reprinted in “From the Archives” They were written just before and just after President Barack Obama signed the Affordable Care Act 13 years ago and remain meaningful today.

See also; Richard Wicklund’s description of pediatric day at the Minnesota state house; Renée Jenkins-Woodard’s chairperson’s column about Maryland’s resident advocacy day and the Senior Section’s collaborations with other sections and state chapters; and Rhonda Jeffries’ call to arms about state legislatures interfering with medical decisions concerning trans youth.

John McCarthy offers a fond remembrance of another AAP advocacy giant, Steve Berman; Jennifer Rail and Linda Reid responded to our call for articles about volunteer opportunities. And the Bulletin contains the usual collection of stories and reflections by correspondents Paul Winick, Amar Davé, Karen Olness, and Harry Pellman, plus poetry and book and movie reviews.

Two instructional articles round out the issue. Tom Whalen, the SOSM’s communications chair, gives us a simple step-by-step tutorial that will help members access and use the collaboration site. Manny Doyne, whose family has richly preserved many artifacts from the past, describes how to engage and research unknown or forgotten family history.

The SOSM Collaboration Site: Getting There

Tom Whalen, MD, FAAP
SOSM Communications Subcommittee Chair

A well know philosophical question is, “If a tree falls in a forest and no one is around to hear it, does it make a sound?” As a surgeon, I avoid pondering such abstract concepts. However, a similar question that is of interest to me is, “If a Section has a collaboration site and no one knows how to access it, does collaboration occur?”

Yes, Virginia, there is a SOSM Collaboration Page. But no, collaboration is NOT occurring. It currently is best recommended as a hiding place for anything you may wish to keep secret. Fear not: these screen shots will show you a straightforward guide to getting to the page. It is, in my opinion, not nearly as easy as it could or should be, but we are all at the mercy of AAP Information Technology.

Continued on Page 5
The SOSM Collaboration Site: Getting There  Continued from Page 4

When you first log in to your AAP account, scroll down and you will see what is below. Click on the photo, “Collaborate.” The photo may be at the bottom of the page.

You may then be directed to the following page to enter your credentials. This, in my opinion, is silly as you had just entered them on the main AAP entry, but again, I am not the engineer who created the pathway.

You may be brought to a page that will list all your collaboration sites, and some other generic sites created by AAP. Yours will look different than mine, such as having the Uniformed Services or Surgery Sections. Click on the “Section on Senior Members (SOSM)” link.
You have now arrived at the Section Collaboration page, and its contents as of late February 2023 are seen in the next three screen shots.

**Collaboration is Key! Together senior members achieve more...**

- **Health and Wellness**
  Learn more about how SOSM members stay healthy.
  Learn more >>

- **Advocacy and Volunteerism**
  Caring for yourself and others.
  Learn more >>

- **Education**
  Educational. career resources and webinars.
  Learn more >>

- **Career Resources, Caring, and Transitions**
  Important information for SOSM members.
  Learn more >>

- **Senior News Bulletin & Best of Bulletin**
  Published quarterly, all editions are now electronic.
  Learn more >>

- **Pictures**
  Check out pictures from SOSM events and activities.
  Learn more >>

“If you have any suggestions to improve this resource, please contact the Chair of the Communications Subcommittee of the SOSM, Tom Whalen at TVWhalen@Comcast.net’

Continued on Page 7
“If you have any suggestions to improve this resource, please contact the Chair of the Communications Subcommittee of the SOSM, Tom Whalen at TVWhalen@Comcast.net”

For our more visual learners, we have created a “How to access the SOSM collaboration site video” for you.

Here then is my ask to all of you: tell me what you want to have on this page. That is the nature of collaboration. I can be reached at TVWhalen@Comcast.net or by phone at 610-709-4202.
Don Schiff is 97 - What Took Me So Long to Notice?

Richard Krugman, MD, FAAP

I have known Don Schiff for about a half-century! And he was nearly a half-century old when I first met him in July 1968. I was an intern on the infectious disease ward at what was then called The Children’s Hospital (TCH) of Denver to see a patient he had referred in. I honestly can’t remember what type of meningitis it was – but nearly all the children on that service had meningitis of one kind or another. As an intern rotating at TCH from the University of Colorado program, I admitted 12 children with various forms of meningitis in the 22 days I was there. But I can recall meeting a remarkably calm and quiet physician with a slightly quizzical look on his face asking how his patient was doing, and then reassuring the parents that the child was going to do well. He had traveled all the way into Denver from Littleton (then a small town 12 miles southwest of the hospital that had not yet been engulfed by Denver). He had been in practice since finishing his residency at the University of Colorado (CU) in 1956.

After 30 years in practice, Don came to the pediatrics department at CU as head of the ambulatory care clinics. I worked in that clinic running the resident/faculty group practices (our continuity clinic for the residents). We saw our patients a half day a week and took call for them the other 164 hours. Now and then the residents in my clinic would ask me something I had no clue what the answer was. I knew what to do. Don’s presence in the clinic was a huge asset whenever we encountered a condition we weren’t sure about or hadn’t seen before, because he had been in practice for several decades and had seen it all. Don’s major contributions related to his unrelenting focused advocacy to expand access to health insurance for children in Colorado. He and his departmental colleague Steve Berman (who died in January) got a Child Health Insurance Plan (CHIP) through the Colorado legislature in 1986 which significantly expanded health insurance to nearly all previously uncovered children. The program still exists, assuring that less than 10% of Colorado’s children are uninsured. Within two years he became president-elect of the AAP (the third of five Coloradans to serve in that position) and laid the groundwork for the federal child health insurance plan.

I haven’t seen him recently – but I am hoping he is well and still the calm, self-possessed thoughtful guy with the wry smile. Congratulations on a terrific career Don. Colorado and the AAP are proud to have had you with us all this time.

Continued on Page 9
Don Schiff
Jim Perrin, MD, FAAP

A long-serving and thoughtful leader and advocate for children and families! Don Schiff helped guide many younger pediatricians in Colorado, but I particularly remember his time as president of the AAP and afterwards. Don has always been a leader in thinking - and working on - how best to get children health care coverage. As president, Don put together an access advisory committee to help guide AAP efforts in expanding access - especially to Medicaid. This committee brought together diverse AAP leaders to help build a comprehensive understanding of needs and opportunities. He was a forceful advocate for Medicaid and for the AAP expansion of its advocacy and support for this key program then and ever since. He built the platform from which the AAP has worked on Medicaid over the past quarter century.

A great listener and synthesizer - but also a powerful advocate - Don has mentored so many of us and provided much wise counsel. Thoughtful, broad in understanding, and always giving of his time and energy and warmth.

Donald Schiff MD FAAP is My Hero
Lucy Crain MD, MPH, FAAP

No one speaks up for children better than Don! Prior to my tenure with the Senior Section, Don had periodically contributed outstanding articles on advocacy to the Senior Bulletin and many other AAP publications for years. When I was Editor in Chief of the Bulletin, I had the pleasure of naming him the “Advocacy Editor” for the Bulletin and inviting him to write a regular column on advocacy. He readily agreed and has continued to regularly submit eloquent commentaries on everything from the art of advocacy itself to school shootings and violence.

When several of us on the AAP Board a decade or more ago met in Denver on a snowy, cold weekend, there was Don, a past president of our Academy joining us and outpacing all of us en route to a favorite neighborhood restaurant near our meeting!

Suffice it to say Don is no spring chicken (which applies to all of us in the Senior Section), but his passion for advocacy on behalf of children and families is beyond compare. It’s my privilege to know him and to have worked with him over many Bulletin special issues on advocacy and other projects. You can see why I call him my hero!

A “dunking” of the late Richard M. Narkewicz, M.D., FAAP, (center), was among the celebratory events at the June 1983 groundbreaking for the new AAP headquarters in Elk Grove Village, Ill. Dr. Narkewicz chaired the committee that oversaw design and construction of the building. “He was a good sport about it,” one employee recalls.

Dr. Narkewicz is flanked by the late William C. Montgomery, M.D., FAAP, (left) and Donald W. Schiff, M.D., FAAP, (right), all of whom went on to serve as AAP president. Since that summer day, some employees still refer to the pond as Lake Narkewicz.
From the Archives

Editor’s note:

As part of our tribute to Don Schiff, “From the Archives” curator Manny Doyne chose these two articles from the Winter/Spring and Summer 2010 Issues of the Bulletin. They bracket President Obama’s signing of the Affordable Care Act (ACA) on March 23, 2010. The first explains why such legislation was necessary but difficult to achieve. The second discusses what could and should happen after the bill was signed.

To Be or Not to Be: A Snapshot of a Historical Moment

Donald W. Schiff, MD, FAAP

Health care reform, the question upon which our Congress, the media, health care pundits and many citizens have spent the past year, appears to have become the victim, once again, of the complexity of the issue and the concurrent economic crisis, and may not survive.

In the President’s State of the Union address, the necessity of mobilizing our nation to the prime task of improving the economy and reducing the unemployment rate as quickly as possible understandably took priority, and the subject of health reform was not introduced until 37 minutes into the speech.

Although most Americans understand the priority that economic recovery must be given, the economic burden which our present unreformed health care system imposes is clearly not yet appreciated. Our present annual expenditure of 2.5 trillion dollars is out of control.

For families which are not insured or are underinsured, the first awareness of their untenable position frequently arises at a time of a medical crisis. The lack of sufficient insurance during such an event has been reported to be the most common cause of a family to declare bankruptcy.

As a nation, we have long recognized the twin problems of a lack of insurance leading to a neglect of preventive care and the absence of the regular utilization of a medical home. This defect in our current health care has led to the use of the ED as the expensive and readily available frequent source of “primary care.”

Although no unitary health care reform bill has passed the Congress, a number of desirable reforms were incorporated into both the Senate and House proposals. These included the availability of insurance in spite of pre-existing conditions, the removal of caps on medical care cost, the coverage of young adults under a parent’s policy to age 26 and the expansion of the Medicaid and CHIP programs to reduce the number of uninsured. Small businesses also would receive tax benefits or subsidies to aid insuring lower income employees.

The surprising result in the recent Massachusetts Senatorial race has had a sea-change effect on the momentum to pass health care reform. Additionally, polling on the views of Americans on the health care proposals find support in less than 40% of those polled. Now Congressional leaders of health care reform have declared that they feel no need for immediate action, as they have the remainder of the year to pass the legislation.

The President, in the State of the Union address, again appealed to lawmakers to take another look at the proposed legislation, and after temperatures cool down a bit, see if they can overcome their differences and close the gaps in the proposals. Many believe that it is critical to convince individual holdouts from both political parties to come together to pass a bipartisan bill. Present trends suggest that
To Be or Not to Be: A Snapshot of a Historical Moment  Continued from Page 10

this is most unlikely, particularly in an election year.

In spite of the current uncertainties, the American Academy of Pediatrics continues to work with its coalition partners to powerfully promote the well being of children by supporting the AAP basic principles, namely: (1) health insurance coverage for all children, (2) appropriate comprehensive health benefits, and (3) financial support for pediatrics, including proper reimbursement for quality pediatric care.

To be or not to be—we shall see?

Health Care Reform – An Important Victory for Children and Pediatricians – and the Next Steps

Donald W. Schiff, MD, FAAP

The passage of the Health Care Reform bill, the Patient Protection and Affordable Care Act (ACA) is clearly a giant step forward in enabling American Children to receive affordable quality, comprehensive health care.

The AAP has consistently worked to ensure that their fundamental priorities for children and pediatricians become a part of the reform bill. I have listed the top three principles and offer a comparison between these basics and the components of the ACA bill.

Principles
1. Health care for all children
2. Comprehensive age appropriate benefits in a medical home
3. Appropriate payment rates and workforce improvements to allow real access to covered services

Although ACA does not give every child health insurance, major increases in the number of insured children will be achieved by expansion of both Medicaid and CHIP eligibility and financing through 2015. Additional major expansions will occur with the provision that enables young adults under 26 years to be covered under a parent’s policy.

A ban on any pre-existing conditions exclusions will enable those currently uncovered children with asthma and diabetes to attain protection. The prohibition of annual caps on health insurance coverage will benefit many, as will the feature under the new law that a child’s insurance cannot be rescinded if she becomes ill.

Age appropriate benefits are defined as the “Bright Futures Services” and are to be incorporated into all new insurance plans without any cost sharing. Bright Futures provides guidelines for all components of the scheduled well child visits from birth through adolescence.

The medical home concept pioneered by the AAP in the late 1960’s has now been accepted by medical professionals, families and health care management organizations as a standard for the delivery of quality health care services. The new law gives states the opportunity to expand current medical home initiatives.

ACA provides for an unprecedented investment of $8.3 billion of federal funds to bring parity to Medicaid and Medicare funds for primary care doctors. The increased payments apply to evaluation and management codes for services provided by pediatricians, internists and family physicians. Although the reform act calls for an incremental increase in payments over a three year period, some states may choose to push up rates earlier to avoid a very steep increase each year. The AAP is working with some states to promote this change.

Additional steps to increase the workforce through scholarship loans and loan repayment plans to encourage a larger number of pediatric subspecialists, pediatric surgical specialists and providers of mental and behavioral health is also part of the ACA.

As with all legislation, we begin with a framework which must be fleshed out by the development of rules which direct the actual operation of the plan. AAP staff and committee members are actively consulting with congressional staff to provide expert opinion as we move toward implementation of ACA.

Continued on Page 12
Vital decisions which are to be made in the next few weeks will determine the level of funding for Medicaid through the Federal Medical Assistance Percentage (FMAP). Various factions in both parties in the congress have suddenly taken an austere position on the budget. The passage of enhanced FMAP funds is essential to the financial well being of state Medicaid programs. This unexpected turn of events has taken the governors of most states by surprise. In response to the potential loss of Medicaid funds, the governors have collectively sent a forceful letter to congressional leaders explaining the critical level of their budgetary deficits and the danger of not supporting Medicaid programs with supplementary funding.

Opposition to the health reform bill persists. The attorneys general of over a dozen states have together brought a lawsuit to have ACA declared unconstitutional. Other groups have claimed that the voluntary basis of a state’s participation in the Medicaid program has been removed by the new legislation. Although most legal experts don’t believe that these claims are valid, the cases may well end up before the Supreme Court for a final decision.

It appears to me that the greatest problem that we will need to deal with is the question of continuing support of the financing of the reform plan. Whether money will be truly saved will only begin to be known 4-5 years after implementation. But there is no doubt that the health of America’s children will be enormously protected by the passage of this legislation.

**Liaison Report**

**Report from the Section on Early Career Physicians (SOECP)**

**2023 SOECP Health Equity Grant Recipients**

The SOECP Health Equity Grant Program was established to support early career physicians, especially those who are underrepresented in medicine, as they conduct research, interventions, and education that address antiracism and health equity in communities and institutions. Individual projects are receiving up to $3,000 in funding. The 2023 grant recipients and their project titles are listed below.

- **Tolulope Adebanjo, MD, MPH, FAAP** | Plug into Pediatrics, Medical Career Mentorship
- **Emily Frank, MD, FAAP** | Círculo de Guerreras (Circle of Women Warriors)
- **Stephanie Fong-Gomez, MD, MS, FAAP** | Inaugural field trip for the Kaiser Permanente (KP) - Oakland Unified School District (OUSD) - Pipeline Partnership
- **Carly Gomez, MD, FAAP** | An Elementary School-Based Program for Promoting Early Interest In Health Careers In Underserved Communities In NY State
- **Anuradha Gorukanti, MD, FAAP** | Racial Justice Journal Club: Facilitating Critical Reflection about Racism
- **Cherece Grier, MD, FAAP** | URiM Pediatric Health Equity and Advocacy Visiting Scholar Program
- **Landon Krantz, MD, FAAP** | Mitigating Depression Risk in Low-Income Minority Adolescents with ADHD
- **Devlynne Ondusko, MD, FAAP** | Language Cards to Improve Parental Involvement in the NICU for Families with Limited English Proficiency
- **Christina Randolph, DO, MPH, FAAP** | Exploring the Role of a School Book Club on Health Workforce Recruitment
- **Juliann Reardon, MD, MHS, FAAP** | GRaCEful Patient Care Discussions: A Mixed Methods Exploration Of Physicians’ Willingness To Explore Patients’ Gender, Race, and Cultural/Class Experiences (GRaCE) In Clinical Care

**SOECP Research, Education, and Advocacy Awards | Due: May 31, 2023**

The SOECP is excited to open the nomination forms for our awards and showcase the incredible work of the Academy’s early career physician members. Click on the links below for more information about each award and to submit a nomination.

Continued on Page 13
Report from the Section on Early Career Physicians (SOECP)  
Continued from Page 12

- Advancement in Research Award
- Excellence in Education Award
- Leadership in Advocacy Award

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

SOECP Leadership Programming Advisory Group
The SOECP identified a diverse group of members for this advisory group that advise on the formation of a new leadership program or set of programs that align with the SOECP’s and Academy’s commitment to equity, diversity, and inclusion. The group work envision program curricula, selection processes, and accessibility through an equity lens. The goal is to leverage the success of the Young Physicians Leadership Alliance to create a new offering that is relevant and impactful for early career physicians, especially those that are underrepresented in pediatrics. They anticipate sharing plans for future programming in July 2023.

Reestablishing Connections with Early Career Chapter Leaders
The SOECP Executive Committee continue to connect with chapter early career representatives to support local ECP engagement, connect local members with national opportunities, and bolster the Section’s ability to reach early career pediatricians and pediatric subspecialists and get them more involved in the Academy’s work.

SOECP Liaisons: Subspecialist Engagement & Leadership Opportunities
The SOECP continues to focus on collaborating with pediatric subspecialists and surgical specialists. Early Career Physician (ECP) members hold liaison positions in over 20 AAP groups and continues to collaborate with more. Acting as a liaison provides members with invaluable leadership experience as they work to find their “home” within the AAP. Liaisons can bring an ECP perspective and contribute innovative ideas that can help ensure important connections for leadership development.

In addition, SOECP liaison positions help early career physicians gain experience in a new area of the AAP. To learn more about the current open liaison positions and to apply click here (Deadline: April 16, 2023).

Advocacy

It’s Just a Stage We Are Going Through
Richard Wicklund, MD FAAP
Membership chairperson of the SOSM executive committee of the AAP (not the AARP)

Like being a toddler or an adolescent, being a senior is another normal stage in life. Like each stage, being a senior is special. Each person has a different experience. Life is full of uncertainties and certainties. Food, shelter, family, friends, interests, creativity, strength, coordination, cognitive ability, health, illness, and everything else are important. We face each day with a certain amount of wonder.

Being a senior pediatrician is also special. Nothing makes me happier than to meet a former patient who is now a young mother or father with children of their own. And getting together with retired pediatricians is always enjoyable. We can solve the world’s problems over lunch. This week we discussed the problem of children and adolescents getting into edible marijuana (THC). Yes, a range of edible THC products is legal in Minnesota and the potential danger for children is real. Another pediatrician is working on preschool literacy, including literacy programs for women in prison.

Continued on Page 14
Being a member of the Section on Senior Members of the AAP is also special. The best benefit to me is the Senior Bulletin - always full of great articles. We all are encouraged to try to write something: a book review, a poem, or an article related to our careers or whatever. And the SOSM has an educational meeting at the fall general meeting of the AAP with a chance to connect with our fellow senior pediatricians. The SOSM has about 4400 members: any AAP member aged 55 and above can join with a simple call to the AAP office, and at age 65 membership is automatic or almost automatic.

Being a senior is also about “use it or lose it”. Senior Sherpas carrying heavy packs at age 90 guide hikers up the Himalaya mountains. Pat and Vanna are still working at ages 77 and 67.

Advocacy is one way for retired pediatricians to be productive. March 14 was Pediatrician Day at the capitol, an annual event of the Minnesota chapter of the AAP. 172 mostly white-coated pediatricians met in Saint Paul at the capitol building. We heard several legislators discuss what they are doing for children and we each were able to meet with our representatives or senators. I met with my representative and advocated for an assault weapons ban. We also discussed electromagnetic field hypersensitivity, a diagnosis that neither doctors nor politicians know much about. My son has this problem, and it is real.

A highlight of the day was the presence of a young pediatrician who brought her 12-day-old baby and her husband to the event. Also, on March 14 the Minnesota Senate passed a bill for free breakfast and lunch for all school children in Minnesota….

More Minnesota Advocacy

Pediatric subspecialists advocate for their discipline.

Senior section member Kumar Belani and anesthesia colleagues meet with MN legislator Tina Liebling.
Legislating Away Transgender Care

Rhonda Jeffries, MD, FAAP

In 2007, Barbara Walters interviewed Jazz Jennings on her television show. Jazz was six years old at the time, and she brought attention to the lives of children who are transgender. She is one of the youngest publicly documented people diagnosed as transgender. When Jazz was born in Florida, she was assigned male sex at birth. Her parents note that as soon as she could speak, it was clear that she identified as a female. By the time she was five years old, she was diagnosed with gender dysphoria. Her parents allowed her to transition, and her life has been documented in the media. She is a well-known activist for LGBTQ people. She also receives death threats from individuals who don’t approve of transgender people, and her mother worries that something bad will happen to her.

The Williams Institute at UCLA estimates that there are 1.6 million transgender individuals ages thirteen and older in this country. Professor Kristina Olsen from Princeton University created the Trans Youth Project in 2013 to study the life experiences of 300 transgender children who were three to twelve years old at the beginning of the study. The plan is to follow these children for twenty years. Now, nine years into the study, useful information has emerged. The gender development of socially transitioned children resembles that of cisgender counterparts. Children with supportive parents have good mental health with slightly higher levels of anxiety compared to cisgender children and low levels of depression. They also have less depression and anxiety than transgender teens and adults who didn’t live as transgender children.

We know that transgender children experience anxiety, moderate to severe depression, and suicidality. This results from social stigma, discrimination, and lack of social support. In a study from JAMA Network Open, by Diana Tordoff, MPH, gender-affirming care resulted in 60% lower odds of moderate-severe depression and 73% lower odds of self harm or suicidal thoughts within a one-year time frame. The Trevor Project notes that 45% of LGBTQ youth seriously considered suicide in the last year. Rates are lower in those with social support, including children who attend schools and live in communities that are gender-affirming or accepting of LGBTQ individuals.

Gender-affirming care is supported by the American Academy of Pediatrics, The American Psychological Association, the Society for Adolescent Health and Medicine, the American Medical Association, and the Center for Disease Control. Yet, in 2023, 300 bills have been introduced around the country prohibiting gender-affirming care for children. In addition, there are bills in five states to limit, restrict, or ban transgender care for adults. Eighteen states have laws banning transgender students from sports teams that align with their gender identity. In Texas, Governor Abbott issued a directive that parents who provided their child with gender-affirming care should be investigated for child abuse. In Florida, the Board of Medicine and the Board of Osteopathic Medicine voted on a rule to ban puberty blockers and cross-sex hormones at the behest of Governor DeSantis. Pediatricians are being threatened with legal repercussions and prosecution for providing gender-affirming care to transgender children. The right of parents to decide on the best care for their transgender child is being legislated away and is a huge, troubling overreach by state governments.

It is glaringly obvious that this is not about what is best for transgender children and their parents. In many cases, it is politically motivated. In other cases, it is ignorance and refusing to accept the recommendation of medical groups. It is also discrimination against transgender people because the person doesn’t understand or approve of the care provided to them. These lawmakers are not interested in what is the best treatment for children who are transgender, improving their mental health, or decreasing self-harm and suicide among those affected by gender dysphoria.

It is absolutely not acceptable for legislators to deny gender-affirming care to children, nor is it acceptable to deny parents the right to opt for care recommended by medical professionals for their children. And, it is unthinkable to dictate that physicians can’t provide care for their transgender pediatric patients when it involves anything associated with their gender dysphoria. Furthermore, in many cases, the physician is threatened with legal repercussions.

It is critical that we, as pediatricians, become more vocal, pursue activism, and become a force in advocating for transgender children and gender-affirming care. It is not enough to make a statement saying that we oppose legislation that targets transgender children. It is obvious that a number of state legislatures dismiss our opposition and have no respect for our expert opinion. It is frightening to see that legislators are comfortable dictating medical care for children and usurping the rights of parents to seek care for their child. For physicians, it is unthinkable that lawmakers have the ability to interfere with medical decision-making, deem themselves experts, and threaten our profession with legal action as we attempt to provide thoughtful, informed care to those who trust us to advise them and keep their best interest at heart.
Futile Literature Search

Paul Winick, MD, FAAP Hollywood, FL
Retired pediatrician/Adjunct Professor of Pediatrics University of Miami

Dr. L was a gifted practitioner in charge of the residency teaching program. One day, early in my career at the teaching hospital of the University of Miami, as I rounded with my team, one of the residents pointed out an interesting patient on Dr. L’s team with a rare and serious condition, chronic granulomatous disease. I offered an off-the-cuff glib response, “They ought to use the new treatment on him.”

When we finished rounds, I was buttonholed in the hallway by Dr. L. “They tell me you mentioned a new treatment for chronic granulomatous disease. What new treatment? I know the literature well and don’t know of any such treatment.”

I shrugged. “Something I read, I guess. I can’t remember.”

“Bring me the reference.”

I went home and searched through all the journals I subscribed to but couldn’t find what I was looking for. The next day Dr. L again asked, “What new treatment?”

“I couldn’t find it, Give me a few days to do a literature search at the medical library.”

He shrugged and walked away. After a thorough search, I still couldn’t find the information. He again asked, “What new treatment?”

“I don’t know. I must have imagined it. I couldn’t find anything in the literature.”

His eyes bore into me as if to tell me I told you so. I still had a nagging feeling there was a new treatment. That evening, I was talking on the phone, fiddling with some papers in my night-table drawer. I picked up the booklet of the recent pediatric research conference I had attended. I started flipping through the pages. I came across an abstract of an unpublished paper on a new antibiotic that improved white cell function and helped stabilize chronic granulomatous disease.

“Aha!” I said to nobody. “That new treatment.”

The next day, I brought Dr. L the abstract. Even though he made me feel like a know-nothing jerk for the past week, he was gracious enough to thank me.

In time, Bactrim became a standard treatment for chronic granulomatous disease.
Adolfo Kaminsky: A Forger's Life

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

In the summer of 2019, my wife and I visited the Museum of Jewish Art and History in Paris and had the opportunity to see a remarkable exhibition about Adolfo Kaminsky, a man credited with saving the lives of at least 10,000 Jews in France during World War II.

The Early Years
Adolfo Kaminsky’s parents were Russian Jews who met and married in Paris. His mother had fled to Paris from the pogroms in Russia, and his father, a journalist for a Jewish Marxist newspaper in Russia, was forced to leave. Because of his father’s alleged ties to the Jewish Labor Bund, Adolfo’s parents were expelled from France and spent time in Turkey and in Buenos Aires, Argentina where Adolfo was born in 1925. They later returned to France, eventually settling in the town of Vire, in Normandy, in 1932. The family was poor, and young Adolfo soon found work as a clothes dryer and dry cleaner, where he learned the magic of colors and how to use various chemicals. Kaminsky also worked on a dairy farm, where he performed chemical tests to verify milk quality and discovered that lactic acid could erase Waterman Blue, the supposedly indelible ink used on ID and ration cards. These skills would serve him well in his work for the French Resistance during World War II.

Forgery Activity
In 1943, during the Nazi occupation of France, 17-year-old Kaminsky and his family were arrested by the occupying Germans and imprisoned in the notorious transit camp in Drancy. Luckily, in 1944, thanks to his Argentine passport and intervention by the Argentine consulate, Adolfo was one of the few to get out of Drancy, thus escaping deportation to Auschwitz. He then embarked on a clandestine double life, during which he worked as an artist during the day under the pseudonym Julien Keller but had a secret second career as the primary forger for the underground resistance in Paris.

With his artistic ability, Kaminsky was able to masterfully reproduce official documents, including identification papers, birth certificates, marriage certificates, baptism records, travel permits, and ration cards. His forgery repertoire included the fabrication of authentic appearing papers and the use of inks, dyes, seals, solvents, quills, a stapler and bindings of all kinds, as well as typography, signature forging, stain removal, and the production of rubber stamps. He even used a bicycle to run a centrifuge for drying paper.

Kaminsky’s false documents helped people cross borders and saved at least 10,000 Jews, including many children, from being deported to concentration camps. Over one three-day period with little sleep, he processed 900 different false documents that saved 300 institutionalized children from being rounded up for deportation. He did all of this at great personal risk and took no payment for his work. He knew that if he were caught, he would be imprisoned and killed.

Activity after the War
After Paris was liberated, Kaminsky worked for the French government to fabricate documents that allowed intelligence agents to penetrate Nazi territory and gather evidence about the death camps. He also used his forgery skills to help the Bricha movement smuggle displaced Jews into Mandatory Palestine and to support Irgun and Lehi militants working for Jewish independence. In addition, he forged documents on behalf of the Algerian National Liberation Front, the African National Congress anti-apartheid movement in South Africa, and revolutionary movements in Latin America. Later, he even fabricated papers for Americans trying to evade the draft during the Vietnam War. Kaminsky finally retired from his three-decade forgery career in 1971. He moved to Algeria but eventually returned to Paris, where he worked as a commercial photographer.

Final Chapter
Kaminsky kept his past cloaked in secrecy well into his eighties, when he described his life’s work to his daughter Sarah. She wrote his gripping story in “A Forger’s Life”, a 2009 biography, using his own words. In 2016, an English translation was published. There are several excellent Kaminsky documentaries, including “Forging Identities”, released in 2000, and an Emmy Award-winning documentary released by the New York Times in 2016. During an interview for the Times documentary, Kaminsky was asked about the motivation for his work. His answer was, “If I hadn’t been able to do anything, I wouldn’t have been able to bear it.” Adolfo Kaminsky died in France on January 9, 2023, at age 97. He is survived by his wife, two daughters, two sons, nine grandchildren, and the many offspring of the people he saved.
A Lesson Learned

Harry Pellman, MD, FAAP
Clinical Professor of Pediatrics, UCI Fountain Valley, CA

Many years ago I went to an educational meeting where an elective event was made available. It was about how organizations make better decisions. The group of attendees (estimated somewhere between 50-100 by my recollection) was divided into two groups. The groups were given a problem to solve. As I remember, it was about an entry into a Formula 1 car race being held the next day. The driver/owner only had one car and was very low in funds. He needed some of the prize money to continue competing. The problem was the next day’s temperature at the start of the race was to be 40 degrees F. He knew one of the important gaskets in his engine was fragile in cold weather. The dilemma was: does he run and chance ruining his car, or does he withdraw and hope he can get funding for a future race sometime?

The group was randomly divided into two sections. One section discussed the cancel the race decision and the other the take a chance and race decision. The lesson was to see how groups make difficult decisions.

Of course, this was not a real event with an actual outcome to see who was right and who was not. It was an exercise. However, it had a link to a real situation, the Challenger tragedy. This is what I remember being told. A similar situation came up the night before the Challenger’s scheduled flight. Apparently, in that situation room were a group of people tasked with deciding with the same issues of low-temperature prediction for take-off time and the fragility of one of the gaskets. The group included people in various levels of senior positions to relative newcomers. The seniors dominated the conversation and decided to go ahead with the lift-off the following day. One of the newcomers tried presenting his disagreement, but either his argument was not given the same degree of respect or was not listened to. A tragedy resulted.

The lesson was not to blame anyone for the Challenger decision, but to suggest, by this example and supported by many studies, that group decisions have the best outcomes when the decision makers have diverse backgrounds, present various points of view, and welcome and respect all dialogue input equally before decisions are made.

In my 52+ years of practicing pediatrics, I do not remember a time when this has been less true. The loudest voices with the most accusations seem to rule the day and silence opposition. Perhaps the number one lesson we should be teaching, like the Otis Redding song sung by Aretha Franklin, is R-E-S-P-E-C-T (find out what it means to me). All the other social issues we are struggling to resolve could be best addressed and possibly resolved by this one well-performed act.

Purple Cows

Karen Olness, MD, FAAP

I was working as a volunteer in an Afghan refugee camp near Hangu, a small town north of Peshawar, Pakistan. The medical director was an Afghan physician, and the nurses were from Pakistan. I had a room in a house west of Hangu. I wore a shalwar kameez and kept my head covered. Each morning I was picked up in a jeep and driven to the refugee camp around 7 AM. Shortly before dark I was returned to the house. I spent most of my time examining children but also did a nutrition survey and participated in health education programs. I recall one of these was on dehydration in children and was presented to Afghan men. The medical director brought in two plant stalks the night before. He placed one in water and let the other one dry out. This was his clear example of dehydration.

The staff and I worked hard, ate our lunches together when we had time to eat, and shared stories from our lives. One day, as I was preparing to leave, the medical director said, “We are coming to get you at 5 A.M. tomorrow. There will be a procession in Hangu and we want to get you before it starts. “

I was ready at 5 A.M. and the car was there. The usually quiet Hangu was different because many Army tanks were lined up on the streets. I asked about the procession and was told that it was to show sorrow during Ashura, for the martyred grandson of the Holy Prophet Mohammad. We drove to the refugee camp and worked as usual all day.

About 3 P.M. the medical director said that we were going to leave early by 4 P.M. and go to the mountains for a picnic. Three of the

Continued on Page 19
nurses, the medical director and I put food into the Jeep and off we went. We drove into the mountains where they pointed out old gun emplacements from when the British were there. After driving about an hour, we found a pleasant grassy area where we stopped and unloaded our food and tea. We spread out a sheet on the grass and put “biscuits”, chapatis, oranges, and mangos on the sheet. The medical director also brought his prayer rug. We had pleasant conversation and suddenly noticed our observers - several cows with purple spots. I immediately remembered the old ditty - “I never saw a purple cow; I never hope to see one…….” And now I had seen more than one! They munched on our mango peels, and I took photos. We did not see any farmers. Since the cows were so tame, we knew that they must have a home not far away.

It was getting dark when we began the trip back and very dark when we drove through Hangu. The tanks were gone; it was quiet. I thanked my hosts for a lovely picnic, never to be forgotten.

Goodbye to a River

Remembering My Friend Stephen M. Berman, MD, FAAP

1/2/47-1/17/2023

John McCarthy, MD, FAAP

It’s still hard for me to fathom that I first met Steve more than 50 years ago. After finishing my pediatric internship at the historic Denver Children’s Hospital June 30, 1970, I received orders from the U.S. Navy to report for active duty no later than January 1971 as the Vietnam War raged on. What to do in the meantime? Luckily, I ended up in a nearby Denver Neighborhood Health Clinic under the watchful eye of pediatrician Deborah Bublitz, a kind and nurturing woman. At about that time, a tall handsome young man arrived on the scene. His name: Stephen Berman, a third-year medical student from Temple University on his elective month at Colorado Medical School assigned to Dr. Bublitz’s clinic. Our presence enabled her to go on a long-planned vacation, and she asked me to look after Steve.

Eager to be of help, he began seeing families. Steve showed a genuine knack for developing rapport with parents and most importantly with children of all ages. During that month we became fast friends, and I gave him high marks in every category and hoped he would choose Colorado to complete his pediatric training. Wisely, he chose to check out the pediatric training programs on the West Coast before making his decision. Being adventurous, Steve planned to drive there with stops at Four Corners, the Grand Canyon, and Havasu Falls. He invited me to join him. We drove in tandem. At our last stop, Havasu Falls, we hiked down Havasu Canyon, a challenging 6-mile trail, to reach our destination where we camped and swam. The Havasu Falls and the river that fed it were spectacular! Mesmerized, Steve took it all in, especially the beauty of the falls and the power of the river. The next morning, when it was time to go, we wisely chose to ascend the canyon via mule led by the native Havasu. This marked the end of my turn to mentor a young man who ultimately became a giant in pediatrics and public health.

During the next 2 ½ + years while in the Navy, I served as a Submarine Medical Officer in Hawaii. Meanwhile, Steve graduated from Temple, finished his internship, and most of his pediatric residency at the Colorado School of Medicine. When my tour of duty in the Navy ended on June 30, 1973, I returned to Colorado to resume my pediatric training but discovered that I had to wait six months until January 1974. Happily, I reconnected with Steve and met his lovely wife, Elaine. He suggested that in the interim I consider working at Plan de Salud del Valle, a migrant health clinic in Fort Lupton, 50 miles north of Denver, to back up the two primary care physicians there. The tide had turned as Steve now became my mentor. As it turned out, one of the physicians at the migrant health clinic, an avowed conscientious objector to the Vietnam war had chosen as an alternative to work in a federally sanctioned health care clinic while being pursued by the Navy in federal court. I suspect that Steve knew about this physician’s dilemma and figured correctly that I might find a solution to break a logjam. I suggested that those who benefited from this doctor’s services mount a community writing campaign by contacting all their representatives at the federal, state, and local level and the Chief of Naval Operations whom I had served under. It worked! The Navy withdrew its claim. When I finally returned to Denver to resume my pediatric residency, Steve had become the chief resident and he greeted me with a huge grin on his face. Over time, we chose different paths in medicine to pursue, but I never forgot my dear friend and his lovely wife Elaine and two boys, Seth and Ben (my “bulldog”).

I can now hear Don Henley sing John Graves’ “Goodbye to a River” as I mourn the passage of my dear friend, mentee, and mentor, Stephen M. Berman, MD, FAAP
Family History/Genealogy in the 21st Century
Emanuel Doyne, MD, FAAP

My sister and I were very fortunate to have parents and grandparents who preserved many materials that explained our family’s history; including letters, photos, marriage certificates, family trees and photos, to name a few. We both felt obligated to pass this information on to our children and grandchildren. Fortunately for us, it was much easier than it was for them to do further research and digitize the information using one of the many commercial sites that now exist. Previously the most common sources had been cemetery records (particularly in Ireland = https://irishgenealogy.ie), Ellis Island records (www.statue of liberty.org-ellis island) and the Church of Latter Day Saints database. (www.familysearch.com).

According to a wonderful article by Stollard and de Groot in the SAGE Journal in 2022 (Volume 45, Issue 3, 274-294), the most popular subscription site Ancestry DNA had over 15 million users in 2019. Other popular sites include Family Tree DNA, MyHeritage DNA, 23 and Me and Living DNA. The AAP Gartner History Center does its part by providing the “genealogy” of an organization that began in 1931, including an amazing oral history component that contains interviews with some of the legends of pediatrics.

Fortunately, our oldest son shares our interest and of course has better internet skills, so we have gleaned information from many sites which include census reports, ship manifests, birth and death certificates etc. This has amplified our baseline information which currently contains over 700 names with many details about each and going back as far as the 1800s.

I have a friend who is a professional genealogist and led a local Zoom group to help us all better understand how to improve our information. He has been able to research his ancestry back to the 1600s!

It appears from the SAGE article that this type of research is not just popular with the older population but now with even a much younger group because of their facile use of the digital world and of the DNA component which has been heavily marketed. (It usually costs $100 to $360 and is “very good…for ancestry information” according to the October 15th, 2018 Scientific American - something Watson and Crick never imagined in 1953.)

I hope this information is useful to our senior group, many of whom I imagine are way ahead of my family’s efforts.

Story of an Underdog
Amar Davé, MD, FAAP

I landed as an immigrant at JFK on January 9,1977 with three dollars in my pocket, three shirts, three pants, and inadequate clothing for the North American winter, hoping that one of my colleagues would help during the early days.

During the next six months, total strangers came to my rescue until I found a place for a residency in Peoria, Illinois.

I had a dream of going to Harvard but that never materialized due to insurmountable hurdles.

After hard struggles due to depression, isolation, first world/third world differences in the field of medicine, I completed my residency and started general pediatrics in rural Ottawa, IL.

The practice compelled me to be an all-rounder and I wore many hats… from neonatologist to endocrinologist to psychiatrist and many more, because the nearest tertiary care help was 90 miles away. The stress of work was exacerbated by getting sued four times, the most recent case just filed against me now when I am 75 years old and semiretired!

The dream of reaching Harvard level never left me and I started writing in “throw away” journals like Contemporary Pediatrics and a few others. The first break came in 1986 with the blessings of Dr. Walter Tunnesen, Jr when my case discussion about “a curious yellow” was published in the Pediatric Puzzler column describing Gilbert syndrome as a cause of benign jaundice. It was an exhilarating experience.

Continued on Page 21
I went on to publish quite a few articles. Some of them were original research papers like. “Third Degree Burn Following Use of Microwave - Heated Cryogel Pack”, which was published in Clinical Pediatrics in 1993.

I kept striving for higher levels of academic achievement and a eureka moment came in May 2001. This was after a routine call to attend a high-risk delivery at night. The term baby soon after birth started having episodes of respiratory distress. The examination was normal and relevant tests were inconclusive.

While showering back at home, something struck me like a thunder bolt... I saw NO NASAL FLARING in that baby with respiratory distress!!! The analytical thinking was that baby had choanal atresia or some sort of blockade of nasal passages. The problem was that I had never read, heard, or seen anything like that. I looked into literature including Nelson’s but there was nothing like that mentioned.

I went back to the hospital with a video recorder and recorded the respiratory distress with suprasternal and subcostal retractions but absolutely no nasal flaring! I asked other medicos to come to the nursery and see if they could see something unusual? They all drew a blank.

The baby was subsequently transferred under care of Dr. Lauren Hollinger, head of otorhinolaryngology at the old Children’s Memorial Hospital. The next day I drove 90 miles to see the video again with Dr. Hollinger. He turned towards me and made a most riveting statement, “Doctor you are up to something!” My observation was verified, but now what?

I plunged into understanding the physiology of nasal flaring and found scant information. I called Dr. Arthur Guyton, author of a monumental textbook of medical physiology. Due to his age-related hearing problem, his secretary connected me to Dr. John Hall, and we exchanged communications.

I hypothesized that the sole stimulus for neonates with respiratory distress seems to be inspiratory negative pressure or resistive load. No inspiration, no airflow, no negative pressure and no nasal flaring in neonates with respiratory distress who otherwise are obligate nose breathers! Hypoxia and hypercarbia mentioned in the literature as a stimulus for nasal flaring did not play any role based upon my observation.

Dr. Hollinger and I were very confident that any peer review journal would accept this unique finding for publication.

But …the reviewers from Pediatrics rejected it based upon lack of EMG studies, and no proof. In their opinion the pressure changes were miniscule and insignificant.

It was thoroughly disappointing that a clinical observation was rejected, knowing fully well that I had no access to EMG at a rural community hospital on that night, and no one had ever found such a thing according to medical literature I reviewed.

Dr. Hollinger encouraged me to make a poster presentation at Hot Topics in Neonatology, but I saw no interest among the academic colleagues there! One neonatologist was dogmatic. bluntly saying that no such observation could exist!!!

I did not give up and sent the video to Dr. Jerold Lucey, then editor of Pediatrics, pleading him to look at it. This time Dr. Lucey replied that it could be published as a Letter to the Editor! Indeed, it was published as a letter titled, “Absent Nasal Flaring in a Newborn with Bilateral Choanal Stenosis” May 2002, Vol 109, #5.

Such a cold reception from the academic community in US, I concluded, could be attributed to rural physician bias, superior cognitive bias as well as inferior cognitive bias.

Later, I got significant credit: I learned that my finding has been referenced in a European surgical textbook, Symptoms and Signs in Pediatric Surgery by Dr. Kaiser from Bern Switzerland. He confirmed my finding and added that if the stenosis/atre sia is unilateral the absent nasal flaring is unilateral!

A textbook in Brazil and a perinatology journal published by Nature Publications have also discussed my hypothesis regarding absent nasal flaring.

No such luck in U.S. so far! Maybe some day before I cease to exist?!
Great Volunteer Opportunity for AAP Senior Members

Jennifer Lail, MD, FAAP

If you are a swimmer and love being around children, this water safety initiative is an opportunity for you! For me, the combo of great exercise and teaching joyful children is perfect.

In the Triangle region of North Carolina, during their school day, second-graders from local schools file into the Triangle Sportsplex pool area, equipped with program-provided swimsuits and towels and awed by the three pools, swim team flags and blue water. Some have never been in a pool, and few know much about water safety. We volunteers prepare kickboards, underwater docks and swim noodles as they watch catchy American Red Cross videos on water safety practices, knowing they will soon be in that expanse of water. When we hear the kids chanting “Reach, throw, don’t go” or “Think so you don’t sink”, it is time for class to begin! For eight sequential 50-minute sessions over two weeks, volunteers guide the children to learn and practice life-saving water skills such as floating, gliding and blowing bubbles and rhythmic breathing; for some, merely putting their face in the water represents progress. Stratified by skill-based grouping, more advanced swimmers learn and perfect their strokes.

“Swim for Charlie”, also known as the Dr. Charles van der Horst Water Safety Initiative, was founded in memory of Dr. van der Horst, who was a clinician, researcher, activist and marathon swimmer. The mission is to equip children with life-saving water safety skills in partnership with the public school system, including the swimming experience as part of the physical education program. Values include social equity, with intent to address drowning disparities in children as described in two recent articles in Pediatrics.

https://publications.aap.org/journal-blogs/blog/22864 Swimming Lessons: A Lesson on Disparities in Water Safety Education

https://doi.org/10.1542/peds.2022-058867 Learning to Swim and Swimming Skills Among Parents and Their Children in Chicago.

While the program involves fun and play and laughter for the kids AND the volunteers, there is a specific curriculum for teaching and data collection to document each child’s progress in skill acquisition with a report home to the family of each child about their accomplishments. After a background check and training session, you can join in this rewarding process. My volunteer colleagues include a retired engineer, a math teacher, several other physicians and a recreational therapist—along with local university students. “Swim for Charlie” is expanding to more schools; analogous programs exist in a number of communities. For more information, check out swimforcharlie.org, or contact Board Chair/President, Dr. Jon Klein (Jonathan.Klein@swimforcharlie.org) or Program Director, Anna Varnell (anna.varnell@swimforcharlie.org).
Bored in Retirement?  
Join a Board in Retirement

Yolanda “Linda” Reid Chassiakos, MD, F AAP

Volunteering to serve on a board of a non-profit, 501c3, can be a wonderful way to contribute to a mission or cause that appeals to you and your values. You don’t need to have an active license to be able to remain socially engaged and to donate your strategic wisdom and passion to organizations and programs that aid individuals and communities in need of services and support. Non-profits range from organizations that prioritize lobbying/advocacy to on-the-ground outreach to underserved populations addressing physical and mental health and basic needs. If you keep an active license, you can, with appropriate malpractice coverage, even provide direct medical care to the target community on a periodic or part-time basis.

I’ve chosen to maintain my license actively to allow me the option of patient care but have identified three organizations with which I have volunteered to provide non-medical services. Our local chapter of the Optimist Club (https://www.optimist.org/) has been a great opportunity to work with caring professionals and address the educational and developmental needs of local children and youth. I have had the honor of serving on the board of New Horizons, (https://newhorizons-sfv.org/), an outstanding organization that supports individuals with disabilities. Another excellent option for volunteering is to reach out to the AARP, (https://www.aarp.org/volunteer/) which has formal training and multiple choices for volunteers to elect to contribute, including direct service and advocacy for AARP objectives and goals in your state with your local representatives. If you are a member of an ethnic, religious or spiritual organization, you can explore the volunteer opportunities at their official home, be it a church, temple, mosque, or other meeting centers. And, as a Greek-American, I have opted to expand my volunteer role with the American Hellenic Council of California, a non-partisan organization, which advocates locally and nationally to promote peace and stability, democracy, human rights and the support of Hellenic issues.

You may also find that your friends and colleagues have been or are volunteers with local organizations whose goals and objectives attract your interest. Finally, exploring a volunteer consultant or advisory role with your local or state medical and/or regulatory organizations, including organizations such as the AAP, can be an effective way to share the benefits of a lifetime of medical experience with senior colleagues, as well as those in training, or early or mid-career. Whichever path you choose, do strive to maintain a “volunteer-life” balance that allows you to maximize your health and avoid volunteer “burnout”. Remember to “put on your own oxygen mask first”, so you can serve others with minimal stress, and ample time to “recharge” with family, friends, and hobbies.

In my case, my retirement has included not only volunteering but hosting friends and family; the chance to complete a documentary film honoring my mother’s family odyssey in 1922 Smyrna; and the publication of my mystery short story, “Natural Causes”, in the latest Sisters in Crime Los Angeles anthology, “Entertainment to Die For”. I hope each of you has or will have the opportunity to find the right recipe for you to fully thrive in retirement in the years to come.

Movie Reviews

Spring 2023 Movie Reviews

Lucy Crain, MD, MPH, FAAP

THE MENU…is an over the top satire of the affluent gourmet food world which quickly plunges into horror with brief moments of near comedy. The precise techniques of a professional staff under the unrelenting direction of Master Chef Slowik, at his highly regarded restaurant Hawthorn, ring true thanks to a growing number of astronomically priced haute cuisine dining establishments around the world. Well scripted by Seth Reiss and Will Tracy and directed by Mark Mylod, the plot begins as a small group of invited guests (paying $1250.00 each for the privilege of dining at Chef Slowik’s esteemed restaurant) arrive by chartered boat at Hawthorn Island.

We meet the chef’s assistant (Hong Chau) and the chef (Ralph Fiennes) and gradually become acquainted with the guests: food writers, previous Hawthorn diners, a once well-known movie actor and his entourage, and Tyler (Nicholas Hoult) and his last-minute date/escort

Continued on Page 24
Margot (Anya Taylor-Joy). It was immediately noted that Margot was not on the guest list, as she was a substitute partner for Tyler - a star struck fan and “wanna be” chef. Attention to guests was initially personalized and welcoming but soon became increasingly sinister. Dishes were prepared and served with precision but appeared more and more bizarre. (Of note, the three Michelin star chef Dominique Crenn of San Francisco’s Atelier Crenn consulted with this aspect of the film to artistic advantage.)

Cinematographer Peter Demy used a variety of angles to expertly film the settings, the guests, and the food. As the evening progresses, it becomes clear that this meal was one “to die for”, and no one will escape alive. There’s more than one suicide to introduce this intent, as well as a murder or two and mass incineration/cremation. Margo survives by being the only non-pretentious genuine person who ‘just wants a good cheeseburger.” The similarities of this setting and the satirical slaps in this movie and “The Glass Onion” are notable.

R rated, One hour 46 minutes. In theaters and streaming.

TÁR
Academy award nominated for best picture and star Cate Blanchett as Lydia Tár for best actress, Tár is a meticulously directed movie (Director Todd Field) with snippets of beautiful orchestral scores. Its length (2 hours 37 minutes) makes it tedious at times. Beginning with a tailor’s fitting for her conductor’s outfit before an interview with New Yorker staff writer Adam Gopnik in anticipation of a major performance of Mahler’s Fifth Symphony with her beloved Berlin Philharmonic Orchestra, Tár is regarded as one of the world’s best conductors, composers, and interpreters of classical music. Of note, she is an EGOT awardee - recipient of an Emmy, a Grammy, an Oscar, and a Tony. She and her partner Sharon (Nina Hoss as first violinist of the Berlin Phil) live in a luxurious apartment with their adopted 11-year-old daughter and appear to have achieved their dreams.

A downhill spiral begins with Lydia’s abrasive critique of a Juilliard student and shortly thereafter her questionably inappropriate decision to conduct an audition of the solo cellist for a performance of Elgar’s E-Minor Cello Concerto. The solo was awarded to Olga - a new Russian cellist (performed beautifully by Sophie Kauer, who actually was discovered for this film as a 19-year-old cello student of English-German parentage at the Norwegian Academy of Music answering a casting call for the film). An international flood of negative media comments escalate Lydia’s auditory and visual hallucinations, as she is accused of sexual harassment, having contributed to the suicide of another young musician. All this soon destroys her family, her career and her life. The final scenes when she tries to “re-write her life” are heartbreaking. R rated. In theaters and streaming.

Reviewer’s note: As Lydia’s mental health disastrously declines, not one of her colleagues, her life partner, her manager, her students - even suggests professional psychotherapy or psychiatric intervention. This seems a tragic oversight and an opportunity missed to suggest mental health resources.

EVERYTHING EVERYWHERE ALL AT ONCE
My lawyer-writer son described this film as BONKERS!! He and his family enjoyed watching the film, described in its trailer as the story of “an immigrant mother who holds the fate of the world in her hands.” Also nominated for an Academy Award, the film opens with mundane scenes of Evelyn Wang (the remarkable Michelle Yeoh, another Oscar nominee for best actress) sitting at her kitchen table cluttered with IRS forms and invitations to the party she’s hosting that night for her father’s birthday and Lunar New Year celebration. She is joined by her husband Waymond Wang (Ke Huy Quan), who reminds her to hurry to the IRS office to prepare their taxes for their chain of laundromats.

Among the reasons justifying watching all 2 hours and 12 minutes is the performance of Jamie Lee Curtis in a fat suit as the unrelentingly evil IRS agent. The scenes with Yeoh and Curtis in the alpha universe where fingers are replaced by hot dogs are without equal. A second major reason to watch the movie is the performance of 60-year-old Michelle Yeoh, who does most or all of her Kung Fu stunts and changes personalities and extravagant costumes as she traverses alternate universes (!). She learns early on that her estranged daughter Joy Wang (Stephanie Hsu) is a follower of the overloaded bagel. “The bagel will show you the true value of things. If you put everything on it, nothing else matters.” I can’t explain how the non-stop action, the taxes and family issues both unresolved and then resolved at the conclusion of this relentlessly active, ridiculously entertaining, and bonkers movie almost make sense.

R rated. In theaters and streaming. 132 minutes. English and Cantonese. Directed by Daniel Kwan and Daniel Scheinert.

Note: Everything Everywhere All at Once won Oscars for best picture, best director, best actress (Yeoh), best supporting actress (Curtis), and best supporting actor (Quan).
FYI: THE NOMINEES FOR BEST PICTURE
- Everything, Everywhere, All at Once
- The Banshees of Inisherin
- All Quiet on the Western Front
- Avatar: The Way of Water
- Elvis
- The Fablemans
- Tar
- Top Gun Maverick
- Triangle of Sadness
- Women Talking

Book Review

Reviewed by Robert C. Hauck, MD, FAAP

And There Was Light: Abraham Lincoln and the American Struggle
Jon Meacham
Random House, 2022, 720 pages

Abraham Lincoln’s face on Mount Rushmore honors him as one of our greatest leaders, many think the greatest, the president who held our nation together and ensured that slavery was abolished. In my youth I first “met” Lincoln by reading Carl Sandburg’s 1954 definitive biography “Abraham Lincoln” which lionized him. In this new bio I re-met Lincoln at a profoundly insightful level that further elevates my appreciation of a remarkable individual and president.

Meacham traces the course of Lincoln’s career from his earliest days growing up on the frontier, through his course to national prominence, and subsequently dwells upon his role guiding our nation through its greatest struggle, the Civil War. Most impressive to me is Meacham’s emphasis on the context of Lincoln’s life, and the political and social forces that shaped his presidency. In describing that context, the author effectively includes a multitude of diary notes, letters, newspaper articles, individuals’ accounts which personalize the story.

Meacham describes how the “country bumpkin rail splitter” was self-educated and ultimately delivered two of America’s literary treasures: the Gettysburg address and his second inaugural speech. We learn about Lincoln’s winning social personality and his lifelong struggle with depression. His roller-coaster marriage to Mary Todd Lincoln is described in detail, a relationship stressed by the deaths of two sons and his political eminence. All good and interesting, but the heart of Meacham’s book lies in the intricate account of his role as president.

Not until this work did, I fully realize that Lincoln had matured into a consummate politician, but a politician always driven by his conscience based upon his religious beliefs. On both issues, the integrity of the union and the abolition of slavery, the President was buffeted by powerful forces from all sides: “act faster,” “move slower,” and always “compromise with the slave-holding states.” Lincoln acted at a moderate but strategic pace that didn’t quite please any faction, but his eventual success won the support of most prior critics. Guided by his moral compass Lincoln effected the emancipation of American slaves, passage of the Thirteenth Amendment, and his 1864 re-election against enormous odds.

Continued on Page 26
As we all know, Lincoln and too many of our presidents have been assassinated while in office. Lincoln is described as fatalistic about the risk and far too casual about self-protection. Unfortunately, Booth recognized his vulnerability and murdered the president as part of a conspiracy to simultaneously assassinate multiple leaders in an attempt to destabilize the federal government as revenge for victory over the Confederacy. Sad to say, VP Andrew Johnson succeeded Lincoln and as a Southerner reversed some of Lincoln’s achievements. But that’s a theme for another biography . . .

Meacham’s detailed descriptions of the political arena in the 19th century illustrate that “there’s nothing new under the sun.” We decry today’s fractured political scene but see identical maneuvering in Lincoln’s time: self-serving laws enacted by state legislatures; name-calling in the halls of Congress; character assassinations in the press; politicized judges; claims of divine ordination for whatever cause (including slavery of fellow humans). Substitute today’s “abortion” for 1860’s “abolition” and you see the striking parallel.

Meacham’s biography is a scholarly work, so detailed and thoroughly documented that reading is occasionally tedious, but the rewards of his powerful presentation are more than compensatory. The implications for today’s leaders are obvious. I recommend the book with slight reservations: it isn’t a thriller, and it isn’t suspenseful. It is, however, enlightening about a crucial era in our background and thoroughly engaging for anyone interested in our nation’s history. Meacham tells the story of an under-appreciated American hero in an up-close-and-personal style that’s unforgettable.

---

Poetry Corner

**Glandular Prostate**

*Charles Spencer, MD, FAAP*

I walked slowly into the library room.
My organs were there for the monthly meeting.
“What’s the matter with you?,’ my heart says.
“You don’t really want to know”, I say.

“Yes, I do”, says my grinning heart, obnoxious as ever.
Who can be more obnoxious than a heart?
“You really want to know, OK, I’ll tell you”.
“Please do, says my left ventricle, the heart spokes-chamber”

“I having trouble with my glandular prostate.”
“What the devil is that?” says everyone at once.
“Ok, guys, I start, you all are always busy with
Thinking, breathing, pumping blood, digesting food,
That you may have not considered the glandular prostate.”

“Yeah”, says the brain, “I hear about it once and awhile,
But who gives a hoot about male glands just so the thing-a-my-jig
Stands up and does its duty when it’s supposed to.”
The organs all chuckle and laugh at the smart-ass brain.
“What a card.”

“Well, it’s all about peeing”, I start.
They all start giggling all at once, even the kidneys.
“If you can’t control your peeing, you dribble,
You pee before you get to the toilet,

Continued on Page 27
It gets messy and even smelly”

By this time the group is rollicking.
What have you guys been smoking, I ask?
They just grin and chortle.
“You won’t find it so funny when I get the operation, guys.”

Well, brain, it involves an operation and you know what that means?
“No, what?” says the supposedly know-it-all brain.
Pain and lots of it-you even stay in the hospital two days.
Plus, you have a plastic catheter going into your bladder for 2 days.”
“I can’t work much for 4 weeks.”

“Yea, Yea, Yea”, my bones start up, dancing around the room.
“He’s finally found someone else to operate on than us!!!!”
My left knee hugs me.
“Thank you, Thank you”, he says.
“Lose all the weight you want now.”

The Generous Sun Will Continue to Rise

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

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

Yet something will be left
from our passage on earth,
that was magnificent and enduring,
it is the love we shared,
and it is our consolation.
Open Your Eyes
Danielle Laraque-Arena, MD, FAAP

I close my eyes but cannot sleep
The cries, screams and voices of the children
reverberate in my head
Sadness consumes my thoughts
I cry out but you cannot hear what is happening -
Deaf ears turned away

I close my eyes and see
Bodies strewn and bare
Lifeless and bloody
Eyes open staring Extinguished

I close my eyes and see my babies
Toddling, talking, hugging
Giggles fill the room
New words emerge as
She discovers the world in wonder

I close my eyes and see the faces
Faces of those who are meant to lead the way
Harshness in their demeanor
Arrogance fills the air
Hearts closed shut

I close my eyes and wonder
How did we get here?
How were hearts hardened?
How did we forget?
Choose to forget

I close my eyes and
Laughter emerges
New terms, language, thoughts
New faces claiming their place in the world

I close my eyes and
Imagine where we could be
Horizons without limit
I breathe, exhale
Shed the heaviness

I close my eyes
Open

Author’s note: I wrote this poem in the summer of 2022. It's dedicated to Bonita Stanton, MD (pediatrician) who co-edited with me the April 2021 issue of Pediatric Clinics of North America on violence in the lives of children. She dedicated her life to supporting children globally. She died suddenly in January 2022 at the age of 70.
Health Savings Accounts Offer a Triple Tax Benefit

Jeff Witz, CFP®

One of the greatest benefits of being covered under a High Deductible Health Plan (HDHP) is the ability to save into a Health Savings Account (HSA) and receive tax-preferred treatment on money saved for medical expenses. Specifically, HSAs provide a triple tax benefit. Contributions are made either pre-tax if offered through your employer or tax-deductible if set up independently. Once in the HSA, a portion of the money is required to be kept in cash, but any amount in excess of that requirement can be invested. Those investments can grow the balance of the account tax free. If the money is taken out of the HSA for a qualified health care expense, the contributions and the investment growth come out tax free. HSAs are an excellent way to pay for current and future health care needs on a tax-advantaged basis.

For an HDHP to qualify to use an HSA, the minimum deductible in the plan for 2023 is $1,500 for an individual or $3,000 for a family. The plan must also have an annual out-of-pocket maximum of $7,500 for self-coverage and $15,000 for families. These maximums cap your out-of-pocket expenses.

An HSA is used to save money to pay for out-of-pocket medical expenses not covered by your health insurance plan, such as a deductible, copays, coinsurances, prescription drugs, dental expenses, and vision care. Unfortunately, you cannot pay your monthly insurance premiums using an HSA unless you are over age 65 and paying for your Medicare premiums. Premiums for Medicare supplemental or Medigap policies are not treated as qualified medical expenses.

The IRS recently announced an increase to the annual contribution limit for 2023. For a single individual on an HDHP, the maximum contribution amount is $3,850. If more than one person is covered under the HDHP, the maximum contribution amount is $7,750. There is a $1,000 catch-up contribution amount if you are over age 55. These amounts are tax-deductible when reporting your taxable income.

Many employers offset a portion of your health care costs by making contributions to your HSA. Although you may not deduct any contributions made by your employer, those amounts are generally excluded from your gross income, meaning they are tax free. In addition, the contribution limits remain the same whether the contributions are made by you or your employer. For example, if your employer contributed $1,000 to your HSA, the amount you may contribute, and deduct, is reduced to $2,850 or $6,750, not the full $3,850 or $7,750.

Contributions to your HSA can be made throughout the year or in one lump sum. To encourage you to maximize your HSA contribution benefit, if the annual contribution limit is not reached by year-end, you may continue to make contributions to your HSA through the tax return filing deadline the following year (without extensions) until the limit is reached.

On the flip side, if you make a withdrawal for non-eligible medical expenses before age 65, you will have to pay tax on that amount plus a 20% penalty. With tax and penalty combined, over 50% of the distribution could be forfeited. If you are 65 or older, there is no penalty, but the withdrawal amount is still taxed.

Another benefit of owning an HSA is that you may keep your HSA open and continue to enjoy tax-free growth and tax-free withdrawals even if you are no longer eligible to make contributions. This means that when you are no longer enrolled in an HDHP, or if you change employers or leave the work force, your HSA can remain open.

With a better understanding of how HSAs operate and their benefits, it is easier to appreciate their value. As the owner of an HSA, you will get not only the triple tax benefit of tax-deductible contributions, tax-free earnings, and tax-free withdrawals, but also the opportunity to build a healthy medical nest egg to cover current and future health care expenses.

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

Gilbert Fuld, MD, FAAP Editor

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

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

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

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

Questions about articles contemplated or in progress can be directed to me at gfuld@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 gfuld@ne.rr.com with cc to Tori Davis at tdavis@aap.org. We look forward to hearing from you and to reading your articles in the Senior Bulletin.
2023-2024 Senior Bulletin Schedule

**Summer Bulletin - Electronic**
- May 8, 2023: Call for Articles
- June 12, 2023: Article Submissions Due
- July 28, 2023: Bulletin Online

**Fall Bulletin - Electronic**
- July 31, 2023: Call for Articles
- August 28, 2023: Article Submissions Due
- October 13, 2023: Bulletin Online

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

### The Best of the Bulletin

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

If clicking on “here” above doesn’t work, here’s the link: [https://collaborate.aap.org/SOSM/Pages/Newsletters.aspx?RootFolder=%2FSOSM%2FSenior%20Bulletin%20newsletter%2FBest%20of%20the%20Bulletin&FolderCTID=0x01200092B0E35AC5C1B54987AFBA9168EDA4B4&View={E73B6D0E-0A89-40C7-B9EC-AA09A2DA0B09}](https://collaborate.aap.org/SOSM/Pages/Newsletters.aspx?RootFolder=%2FSOSM%2FSenior%20Bulletin%20newsletter%2FBest%20of%20the%20Bulletin&FolderCTID=0x01200092B0E35AC5C1B54987AFBA9168EDA4B4&View={E73B6D0E-0A89-40C7-B9EC-AA09A2DA0B09})