A disturbing headline in the Washington Post caught my eye. “In a Tight Labor Market, Some States Look to Another Type of Worker: Children.” It brought back an image I’d seen a long time ago of children huddled in front of a photographer in caps with coal dust on their faces and clothes. Thus was born the advocacy for protecting children and the federal child labor provisions, authorized by the Fair Labor Standards Act of 1938 (FLSA), also known as the child labor law. This law was enacted “to ensure that when young people work, the work is safe and does not jeopardize their health, well-being or educational opportunities.” The provisions also provided limited exemptions; for example in agricultural work when supervised by one’s parents.

States are given great latitude in enacting laws that determine the specificity of conditions under which children can work; for example how many hours on weekdays. An alarming trend is occurring in state legislatures with bills that lower the age a teenager can work in hazardous settings, such as meat coolers, industrial laundries and assembly lines. Some of the most common laws extend the hours young teens can work. Thankfully, in Wisconsin the bill was vetoed by the governor, and in South Dakota the bill was withdrawn. These bills are often supported by the food industry and Chambers of Commerce.

The risks to young adolescents include work-related injuries, sleep deprivation, school absenteeism, and the potential for mental health issues. Violations of child labor laws have increased over 37% in 2022 compared to 2021, and 283% since 2015. Children in poverty are more likely to see the need for part-time workforce participation and be Black and brown or immigrant. Immigrant children and teens are at the highest risk of child labor exploitation, especially those who come to the U.S. unaccompanied. One of the positive trends for young people is that they are choosing to stay in school. From 2001 to 2021, the percent of young people aged 16-19 years reporting not being in the workforce because they were in school, rose from 37% to 58%. It seems like that should be the goal; education that prepares young people for increased earnings associated with higher educational attainment.

Staying alert for harmful child labor bills needs to be added to our advocacy agenda. Seeking partners for collaboration is a strategy used by our members in Arkansas, collaborating with the leadership of Arkansas Advocates for Children and Families (AACF) in a campaign to defeat the child labor bill. Although they weren’t successful on this round, like all of us advocating over the years, it’s a marathon not a sprint!!

Here’s the link to a comprehensive article from the Economic Policy Institute for additional information on the topic of child labor under attack.

Candidate campaigning is underway now for president-elect and at-large board members. The election period starts on September 13 and ends on September 27. AAP News features president-elect candidates’ responses to key questions. Additional information about the president-elect candidates, is presented on the national AAP election center.

David L. Hill, MD, FAAP of Wilmington, NC and Susan J. Kressly, MD, FAAP of Sanibel, FL, are candidates for AAP president-elect. At-large board candidates are seat A representing pediatric medical subspecialists: Angela M. Ellison, MD, FAAP of Philadelphia
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and Lily J. Lou, MD, FAAP of Palos Park, IL; and seat B representing surgical sub-specialists, Kirk Reichard, MD, FAAP of Wilmington, DE and Kristina W. Rosbe, MD, FAAP of San Francisco. The election center is a quick link on the AAP.org front page. Be informed and vote!

Looking forward, we have a great program scheduled for the NCE. Dr. Walter Orenstein will bring us up to date on the global status of polio eradication and current challenges. He will be followed by Dr. Steven L. Simon discussing the ongoing effects of radiation and nuclear energy. Both of our speakers are experts of the highest order and engaging speakers. You don’t want to miss them. For summer reading, consider *Atomic Doctors* by James Nolan Jr. to give you a head start on the radiation and nuclear energy presentation. We’ll be pleased to present the Schiff Child Advocacy Award to Dr. Lucy Crain. We’ll close with a business meeting featuring a step-by-step walk through the collaboration site and we’ll invite you to give us feedback on our section strategic plan.

Have a GREAT summer and we look forward to seeing you at the National Conference and Exhibition in Washington, DC.

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**Summer 2023 Editor’s Note**

*Gil Fuld, MD, FAAP*

*Editor, AAP SOSM Senior Bulletin*

With this issue of the Bulletin, we say hello to Tori Davis, our new manager for all things SOSM. Although we’ll miss Katie Clark, who retired, and Susan Eizenga, who was reassigned, we look forward to working with Tori.

We requested articles about volunteer opportunities and experiences or activities outside of medicine and/or in retirement. (Some overlap here.) And you responded with a selection of interesting articles.

Several other pieces resonated personally. This 50-years-bearded pediatrician was intrigued to read that Stephen Buchner was able to sport a beard during residency - something that was unthinkable for me in mid-sixties New York.

And John McCarthy’s memory of playing baseball with his brothers, as a catcher, reminded me of the times in my youth when I was a catcher and my brother was on the mound. One memorable game was followed that evening by a trip to the Polo Grounds to see the New York Giants. I was not a Yankees fan.

Dick Aronson’s activity as a college mentor and advisor has nothing to do with baseball, but over 60 years ago (gasp!) I was a
camp counselor and baseball coach, and he was our catcher!

But if you only read one article, you must read Whit Hall’s tribute to his murdered grandson and cri de coeur about gun violence. It’s powerful stuff.

As always, we’re grateful to our writers for sharing their insights and experiences with us. We love our regulars - you know who they are - but we are always looking to hear from new voices and perspectives.

---

**New Executive Committee Member**

*Daniel R. Neuspiel, MD, MPH, FAAP*

I trained in pediatrics at the Children’s Hospital of Pittsburgh, followed by a fellowship in epidemiology at the University of Pittsburgh. I retired from clinical practice in 2017 after a career in academic general pediatrics in New York and North Carolina. I am a Professor Emeritus of Pediatrics at Atrium Health and have been on the faculty of the Albert Einstein College of Medicine and the University of North Carolina School of Medicine.

In the AAP, I have been an executive committee member and chair of the Section on Epidemiology, Public Health and Evidence, a member of the Steering Committee on Quality Improvement Management, and an executive committee member of the Council on Quality Improvement and Patient Safety, where I co-chaired the Patient Safety Committee. I am a member of the Council on Immigrant Child and Family Health, serving on its publications review committee. I have been a lead author of five AAP policy statements and a clinical practice guideline and am currently on the authoring team of an additional policy statement. I served various editorial roles on AAP Grand Rounds for 18 years and am currently on several other journal editorial boards.

In 2016, I received the Elizabeth M. Leistikow Lifetime Achievement Award for leadership in the promotion of evidence-based pediatrics from the AAP Section on Epidemiology, Public Health and Evidence. I have published research on sudden death, impacts of parental substance use, racism and child health, outpatient safety, and most recently on the experiences of pediatricians in the Holocaust. I now live in San Miguel de Allende, México, where I advocate for migrant families.

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**Greetings from Tori Davis, Your Manager, Senior Member Engagement**

I have been with the American Academy of Pediatrics for over 18 years. My journey with the Academy began with working in the Department of Customer Service for two years. Most of my time at the Academy has been spent in the Department of Education where I have had the opportunity to excel in many roles. I have worked for the National Conference for over eight years and in virtual activities where I managed several PREP subspecialty editorial boards for over two years. I have enjoyed working in different roles at the Academy and the opportunity to serve members in different capacities. The vision, mission, and members are what makes working at the AAP rewarding.

I am happily married to my husband Terrance, and we have two wonderful sons and a daughter, and a grandson that I adore with all my heart. I’m looking forward to working with you all. In closing, please don’t hesitate to reach out to me directly if you have any questions or if you need help with anything here at the AAP.

You can reach me either by email at tdavis@aap.org or by phone (630) 626-6006 Monday through Friday 7:00 am – 3:00 pm Central Time.

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4 Senior Bulletin - AAP Section on Senior Members - Summer 2023
National AAP Election Center

The AAP National Nominating Committee (NNC) has selected David L. Hill, M.D., FAAP, of Wilmington, N.C., and Susan J. Kressly, M.D., FAAP, of Sanibel, Fla., as candidates for AAP president-elect.

The winner will serve as president in 2025.

In addition, the NNC announced candidates for two at-large positions on the AAP Board of Directors
- Seat A representing pediatric medical subspecialists: Angela M. Ellison, M.D., FAAP, of Philadelphia, PA and Lily J. Lou, M.D., FAAP, of Palos Park, Ill.;
- Seat B representing pediatric surgical specialists: Kirk Reichard, M.D., FAAP, of Wilmington, Del., and Kristina W. Rosbe, M.D., FAAP, of San Francisco, CA.

The at-large members will be seated on the Board of Directors on Jan. 1, 2024.
Additional information about the candidates will be published in upcoming issues of AAP News.

Voting begins on Sept. 13 and ends on Sept. 27.

Election Rules

2023 National Candidates

David L. Hill, M.D., FAAP
Wilmington, N.C.

Susan J. Kressly, M.D., FAAP
Sanibel, FL

National Candidates Videos
Introducing the 2023 AAP President-elect Candidates

Dr. David Hill and Dr. Susan Kressly share their individual vision for leading the American Academy of Pediatrics.

At-Large Board Member Candidates

Seat A representing pediatric medical subspecialists

Angela M. Ellison, M.D., FAAP
Philadelphia, PA

Lily J. Lou, M.D., FAAP
Palos Park, IL

Seat B representing pediatric surgical specialists

Kirk Reichard, M.D., FAAP
Wilmington, DE

Kristina W. Rosbe, M.D., FAAP
San Francisco, CA
Pediatrics Celebrates Its 75th year

Larry Shandler, MD, FAAP

Pediatrics is the official peer review journal of the American Academy of Pediatrics. It has been continuously published by the AAP since January 1948. That makes it more than old enough to become a member of the Section on Senior Members (SOSM). One can join the SOSM at 55 years of age.

The Section on Senior Members’ Senior Bulletin has been published for about 30 years. As Pediatrics has grown, so has the Senior Bulletin. Vol. 1 No.1 of the Bulletin, which at that time was called the Senior Forum Bulletin, ran less than two pages. It was only in print form. Today, like Pediatrics, the Senior Bulletin is an e-document. This allows for more content. The recent Vol. 32 No.2 runs 31 pages. Besides a message from the chair, this issue has articles about advocacy, reflections from section members, movie and book reviews, poetry, and financial information.

Just as Pediatrics has provided a forum for original research, clinical observations and AAP policy statements, the SOSM has allowed its pediatrician members, including those no longer in clinical practice, academia or administrative work; to be engaged with the AAP to improve the health and welfare of children as well as fellow pediatricians; to be advocates for children on the local, statewide, and federal level; to be involved in education even beyond the National Conference and Exhibition; to be engaged with other pediatricians through the Bulletin, the listserv, and the collaboration site.

There is a difference between the AAP’s senior member category and the AAP Section on Senior Members. One can request to be placed in the senior member category if the member is in good standing and has reached the age of 70 years (or 65 if no longer deriving income from professional employment). National dues are reduced for senior members. For senior members 80 or over, the national dues are waived. But SOSM accepts members at age 55.

The Section on Senior Members allows its members to pass on knowledge and wisdom. As the philosopher George Santayana wrote, “Those who cannot remember the past are condemned to repeat it.” We also have the opportunity to withdraw gracefully, to make room for those that follow us, so they may lead. Here is the link to a sampling of the “Best of the Bulletin,” a compilation of key articles from past issues.

Pediatrics has grown over these past 75 years and will continue to grow. SOSM pediatricians will continue to care and work to improve the health and well-being of children as well as their fellow pediatricians. Neither Pediatrics nor pediatricians stop growing, even at age 75.

Continued on Page 7
HELLO SENIORS!

This is the first of what is hoped will be a series of newsy publications, aimed at AAP Fellows who have identified themselves as Seniors. Are we “grey-beards” or “silver-foxes”? Only time will tell. I’ve heard it said that it is better to be a has-been than a never-was.

The Senior Forum (later, Senior Section, we hope) Steering Committee feels that dialogue is bidirectional. Although we are using this as a means of communicating from us to you, we urgently solicit feedback. We will tell you about plans for this year’s activity; about things we think Seniors need to know, and may not have heard, and the like. But what do you need? Have you a bit of news useful to other Seniors? Are you engaged in an innovative activity you’d like to tell about? Are you still in practice, like some of us hold-outs? If retired, are you having fun, or do you need stimulating activity to prevent boredom? Let’s hear from you, so that these ideas can be given to the author of anything published.

On another note, let’s have some feedback about contributions to child health and welfare, and to AAP activity which Seniors are uniquely equipped to make, by their experience.

NOW FOR THE NEWS

The Steering Committee (Grayson, Daniel, Coleman, Winograd, Howell, Lawrence) held a partially-attended first meeting during the New Orleans AAP Annual Meeting, and will meet again on April 13 in New York during the Spring Meeting. There will be a Social Hour for members of the Senior Forum attending the Spring Meeting on April 13, from 5:30pm-6:30pm in the Rendez-Vous Trianon Room at the Hilton, so that “Silver Foxes” can meet the Steering Committee, and give us some ideas, face to face.

A program has been drafted for a full day “Section-type” program on Saturday, October 10 during the Annual Meeting in San Francisco, featuring an open mike discussion session, an AAP up-date report by Dr. Joe Sanders, and afternoon presentations by Ms. Betty Bernstein, Field Representative from the Social Security Agency, and by Ms. Beverly Tanner, a Certified Financial Planner. Over a box lunch, we would like to have one or more retired couples, tell about what it is like in a household AP (after practice). We need to have volunteers for this? Any takers?
We need volunteers for Steering Committee subcommittees: on Communications (like this one); on Activity Planning; on Program Development for the following (1993) year; on whatever other needs arise (and will be nailed down, we hope, in April).

ARE YOU OUT THERE? Let us hear from you.

ABC

Advocacy

Isaiah 2004-2022

R Whit Hall, MD, FAAP
Hunter, Pediatrician

The phone rang at 6 AM on Saturday, July 1, 2022, the day of our annual family reunion. “This can’t be good,” I thought, as I groped unsuccessfully for my cell phone. It was so much more ominous than I ever dreamed. The voicemail left by my daughter-in-law shattered my world: “We can’t make it to the lake. My son, your grandson, Isaiah, was shot and killed last night.” In disbelief, I tried to call her back to confirm what was unthinkable a few moments before. Finally, my son called. It was true.

My son, Isaiah’s father, battled addiction for a time. As the oldest boy, Isaiah became a stabilizing force for his younger (and older) sisters during those troubling times. As he grew older, Isaiah became increasingly reliable, patiently allowing his siblings to use him for a climbing gym. Then, with patience forged from responsibility, he would listen to their trials and triumphs, seemingly immune to the minutiae that they heaped upon him. As he entered high school, he became his own person, favoring oversized jeans/pajama bottoms and ridiculous looking (in my opinion) cowboy boots with the American flag, worn not as a political statement, but just because he could. He developed the most rag-tag group of friends ever assembled. They loved teenage things, like hanging out, cars, and sports. And they were all kind.

Isaiah graduated from his local high school a month before he was killed. He was a terrible student. During his high school years, he rarely, if ever, turned an assignment in on time, but his teachers loved him. Every single one came to his funeral. He would drop into a class with a cup of coffee, wait indefinitely for recognition, drop off the coffee, say thanks, and leave for his scheduled class. He was a class clown with a heart. He became my hunting and lake buddy. He was funny, a good sport, and never shied away from work details.

The night of his murder, a 19-year-old with a brand new handgun, himself a graduate, came to the local hangout with a pledge, “to get a body under his belt and get street cred.” When Isaiah broke up a fight, telling his friend, “Fighting’s not worth it,” the new gun owner shot Isaiah three times in the chest. Isaiah’s last words were, “I’ve been shot; it hurts.” Despite heroic measures by the kids who rushed him to the hospital, Isaiah never recovered.

As I stared at the stiff, youthful young man in the casket with his long, newly combed hair and kind expression, even in death, the lump...
in my throat progressed to tears for his parents, his four siblings, his 17 cousins and myself. The 300 or so students and teachers at the funeral tried, unsuccessfully, to quell the overwhelming emotion of the moment. There were three other homicides in our small town that weekend. Some politicians, thankfully, support real safety measures. Sadly, others proclaim we have a mental health crisis, whatever that means, but offer no substantial solution or help; some proposed better mental health services but offered no funding. Some, but not all, professed their love for the second amendment. They adamantly proclaimed, “Don’t take away our right to sell, distribute, and own (the most common child killer of all) a gun.” Although I have been a hunter who has been around guns for more than 70 years, I cannot understand why we do not have the courage to take on the lobbies that deal in death. Gun safety is a hunter’s mantra.

We developed antibiotics for infection. We developed vaccines for a host of diseases that have wiped out entire civilizations. We made cars safer by enforcing traffic laws and seat belt requirements; we made our roads safer. We enforce laws protecting children from child abuse and human trafficking. We have lifeguards for swimming pools. But, what have we done to combat the most common cause of death in children and teens? Imagine if we had approached polio, smallpox or automobile safety in the same way we approached gun violence that kills 120 people every day in this country!

As a pediatrician and hunter who loves the outdoors, I am not advocating that we remove all the guns in our country. I am advocating for common sense gun safety. We can warn our families about the dangers of gun violence. We can advocate for the abolishment of assault weapons for general consumption (as we have done in the past before we experienced the uniquely American rise in mass shooting). We can limit handgun sales to those over 21 from gun dealers. We can license and require training for those who purchase firearms. We can make those who distribute guns illegally or store them improperly be responsible for the harm they have caused. We require training and licensing for cars, boats, drivers, doctors, and nurses. Why not firearms?

How can we help? Consider an “eliminate gun violence” organization. There are many worthwhile organizations focused on the issue. My personal choice is Moms Demand Action because they advocate for common sense legislation, have a long-range plan, and support those of us affected by gun violence. No matter how you choose to contribute, please, for all of us, but especially for our kids, support this cause.

We can. We must. Do this.
AAP Advocacy Conference 2023
Notes from a “Senior AAP” Member

Lynda Young, MD, FAAP

In March 26-28, 2023, I was fortunate enough to attend the AAP Legislative Conference – in person! Many of you have attended these in the past and it was so wonderful to be together at the Capitol Hilton in Washington, DC.

Our first day was an overview of “Practical Politics” given by Mark DelMonte, CEO of the AAP. A choice of workshops followed: topics included mental health, advocacy for the general pediatrician with one specifically for pediatric specialists, immunizations, nutrition, gun violence, gender affirming care, and children’s coverage and access to care. It was a buffet of topics, but time allowed for choosing only three sessions.

We then heard from pediatricians in government:

Michael Warren, MD, FAAP – Maternal and Child Health Bureau, HHS (Health and Human Services) Meg Sullivan, MD, FAAP – Counselor to the Secretary, HHS

Elizabeth Cox, MD, FAAP – Robert Wood Johnson Foundation Health Policy Fellow, US Senate HELP Committee

Shaanan Meyerstein, MD, FAAP – Office of Refugee Resettlement, HHS

Our next day was just as busy. We heard from Admiral Rachel Levine, MD, FAAP, Assistant Secretary of Health at HHS. Her nephew in the audience graduated from medical school this year and is going into pediatrics. We then heard from Nusheen Ameenuddin, MD, FAAP and Jenny Radesky, MD, FAAP - chair and co-chair of the AAP Council on Communications and Media. Their topic: “Children and Media”.

Next, we listened to the two pediatricians in Congress - Rep. Kim Schrier, MD, FAAP (D-Wash.) and Vadira Caraveo, MD, FAAP (D-Colo.)

Did you notice all the FAAP’s after everyone’s name? We’re everywhere!

We spent the afternoon preparing for our visit to Capitol Hill the next day. Our topic? Children and Media - protecting young people online. Congress hasn’t passed meaningful legislation to protect kids online in 25 years - before social media existed. Our job was to take our experience and the resources from the AAP and share them with our congressional members.

Last day - early start (6:30 AM!) as we leave for Capitol Hill. Before we met with our respective legislators, we heard from Rep. Kathy Castor (D-Fla.) and Rep. David Schweikert (R–Ariz.). Sen. Marsha Blackburn (R-Tenn.) was supposed to join us but she returned to her home state because of a shooting at the Covenant School in Nashville that day. We went off to our Senate and House assignments and did our thing as only pediatricians can do.

I am grateful to the Academy for allowing me to attend this terrific meeting. If you would like to see the AAP policy statement, please click here:

AAP policy statement: Digital Advertising to Children
Awards

UCLA Honors Robert Morris

Robert Morris, MD, FAAP received the 2022–2023 Carole E. Goldberg Emeriti Service Award, which recognizes UCLA emeriti for exemplary service by an emeritus/emerita professor to the academic enterprise after retirement.

Dr. Morris is professor emeritus in the Mattel Department of Pediatrics at the David Geffen School of Medicine, retiring in 2011 following a distinguished career devoted to the development and well-being of adolescent youth caught in the judicial system both locally and nationally. He has been and continues to be a powerful champion of LGBTQ youth and more generally of diversity, equity, and inclusion inside as well as outside the university. Since his retirement, he has served continuously on the pediatric department’s diversity committee and has worked to promote diversity within the department and Geffen School, especially in the residency program. He has been an effective mentor to many residents.

Locally, Dr. Morris serves on the boards of the Community Outreach for Prevention and Education and the Wesley Heath Centers, where he has improved the health outcomes and mental well-being of incarcerated young people. Nationally, he continues to be active with the National Commission on Correctional Health Care. He frequently lectures, teaches, and publishes about adolescent health issues, especially concerning diversity, adolescent mental health, and the welfare of incarcerated youth.

Reflections

Giving Up the Bike

Louis Borgenicht, MD, FAAP

I turned 80 on December 29th. It was a definite marker in my life and looking back as opposed to looking ahead I realized that one of the realities of aging is giving up things I had previously done with abandon.

I stopped skiing years ago. The possibility of hyper-flexing a bad knee in a fall was daunting.

Then came driving. I had three similar accidents which necessitated giving up the privilege of driving. Three months in a row I hit the driver’s side tire and wheel on a curb. $900 was the cost of each repair. I managed to sell the Nissan Leaf back to the dealer.

Tennis was next. I had played a totally enjoyable doubles game for several years until suddenly I was unable to serve. I took three serving lessons at the Eccles Tennis Center to no avail. So I stopped playing tennis.

Finally, cycling bit the dust. I had a road bike for several years and relished riding in the bucolic environs of Francis, Utah. Several years ago, we purchased two ER bikes. One day my wife decided that we should ride from our home (9th and 9th) to Cotton Bottom. The road was rutted and bothered me. On the way home, three blocks from my house, my shoelace got caught in the bike chain and I crashed onto my left side. The only injury was a road rash on my arm. We called my brother who loaded both me and my bike into his car.

Two weeks later after my rash had scabbed, I took the bike out for a ride. For one reason or another, I had a sense of disconsolate anxiety about traffic. I sold the bike.

So now I walk, take the bus, Lyft, rely on the kindness of friends, and cajole my wife.

Having mild Parkinson’s, I bought a Peloton bike which I ride every other day. It is safe and the myriad of Peloton trainers with musical backgrounds are captivating. Some of my favorite offerings are video rides. I have ridden five kilometers through London, Puerto Rico, and the Scottish Highlands. All this from the comfort of my house and without the angst of dealing with traffic.

It is not something I plan to give up.
**A Philadelphia Icon**

*Joseph Girone, MD, FAAP*

In the 1939 graduating class of South Philadelphia High School for Boys, Angelo DiGeorge was at the top of the class. He was awarded the White Williams Scholarship at Temple University. Riding the Broad Street subway north for four years, he graduated in 1943 with distinction in chemistry. DiGeorge continued his education at Temple University School of Medicine with honors at graduation in 1946. Completing his internship at Temple University Hospital, he fulfilled his pediatric training at St. Christopher’s Hospital for Children. His post-doctoral fellowship was in endocrinology at Jefferson Medical College. Angelo met his future wife, Natalie Picarello, a registered nurse, while he was at Temple Hospital.

Angelo DiGeorge was born in South Philadelphia, the son of two Italian immigrants, Antonio DiGeorgio and his wife Emelia (nee Taraborelli). While he attended primary school, his teacher changed his surname DiGeorgio into the “American” DiGeorge. Professionally, Angelo wanted to do more than provide medical care for children. His serious interest was in science and research. He became an attending physician at St. Christopher’s and a professor of pediatrics at Temple Medical School.

I met Dr. DiGeorge after he had gained international recognition in 1965 for his groundbreaking discovery of a disorder characterized by congenital absence of the thymus gland. It is known worldwide, and we know it as **DiGeorge Syndrome**.

As a pediatric resident at St. Christopher’s Hospital for Children, I would sometimes see Dr. DiGeorge during the day, but my favorite time was at lunch. In the cafeteria, he would sit with his colleagues and this famous pediatrician welcomed residents to the table. I would try to find a seat close to him and his physician friends so that I could listen in on their conversation. Over time, I recognized two Dr. DiGeorges at these lunches. One was for serious discussions with his colleagues regarding recent medical science reports of completed research. Many of these discussions included details of research methods and statistics. The other Dr. DiGeorge had a smiling, less tense face and language discussing politics and sports. His classic laugh could be heard when the actions of foolish politicians were pointed out. These discussions seemed so trivial compared to those meant to help the seriously ill children they cared for but brought welcome comic relief. He particularly enjoyed and laughed about the self-inflicted mistakes of the Phillies. From his experience on the debate team at South Philadelphia High School for Boys, he was able to engage in animated debate on any topic from sports to politics.

When I completed my pediatric residency, I joined the staff at St. Christopher’s Hospital for Children as a patient attending and teacher. This afforded me the opportunity more often to find that seat near Dr. DiGeorge in the cafeteria. For many years I had the wonderful experience of witnessing the two Dr. DiGeorges at lunch. The politicians were the same and unfortunately, at that time, the Phillies didn’t change much.

Dr. DiGeorge was proud of his Philadelphia roots and Italian heritage. His medical contributions are known throughout the world, including his 230 published medical papers. He was often invited to Italian scientific meetings including the San Giovanni Rotondo Medical Genetic School.

Dr. Angelo DiGeorge was a model for all students and physicians with his compassion, kind heart, keen observations and concern for the whole child. The Italian boy from South Philadelphia did very well. His contribution to pediatric medicine is monumental and fellow physicians, patients and families will always be grateful to him. After a lifetime in Philadelphia, Dr. DiGeorge died at age 88 in 2009.

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**Sarah’s Smile**

*Eric Handler, MD, FAAP*

My wife Jill had very limited experience in the medical field, but one day she joined me at the hospital while I did weekend rounds. While she was sitting at the nurses’ station a nurse placed a patient at the nursing desk beside her. This was Sarah. She was in a wheelchair hooked up to a ventilator and a feeding tube. Her head was in a Velcro strap and her arms were held in the air with Velcro as well.

The nurse left Sarah at the station to turn to other patients. Jill is looking at Sarah and Sarah is looking at Jill, who was not only overwhelmed by the incredible technology but was also taken by this young lady who had porcelain-like skin.

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Sarah’s Smile  Continued from Page 12

Approximately five minutes later Sarah’s head fell out of the Velcro strap. Jill panicked looking around for a nurse to help take care of her. Not seeing anybody readily available she decided to put Sarah’s head back into the Velcro strap herself. All along Sarah continued to smile at Jill.

Five minutes later Sarah’s head fell out of the Velcro strap again. My wife is thinking, what is the matter with this equipment and why isn’t it working correctly? She leaned over to put Sarah’s head back into the Velcro strap. Sarah continued to smile.

Well of course this happened a third time and Jill finally understood what was happening. She looked at Sarah and asked, “Are you doing this on purpose.” Sarah responded with an even bigger smile and that was my wife’s introduction to pediatric rehabilitation and the love I have for these patients.

The Doctrine of Discovery Renounced

Edgar K. Marcuse, MD, FAAP

On March 30, 2023, under history’s first Latin American pontiff, the Vatican development and education offices renounced the Doctrine of Discovery. This papal doctrine was used to justify colonization in the name of Christianity and came to be part of US and international law.

In 1863 Lincoln spoke the words: Four score and seven years ago our fathers brought forth on the continent a new nation, conceived in liberty and dedicated to the proposition that all men are created equal. Twenty-nine years earlier Chief Justice John Marshall ruled that the European rights of discovery had been transferred to the United States. (Macintosh vs Johnson). The right of discovery as defined by a Papal Edict of 1493 stated that the barbarous nations be overthrown, their peoples subjugated and brought to the faith.

Many settler communities supported by the US Army not only displaced the Indians, but destroyed their crops, and sought to eradicate them and their culture. These actions and the policies that sustained them for 200 years meet the United Nations’ definition of genocide. Thus, the United States which began as 13 colonies transformed itself into a colonizer - a colonial power akin to Great Britain, Spain, France, and Portugal.

James Baldwin wrote: “The great force of history comes from the fact that we carry it within us, are unconsciously controlled by it... history is present in all that we do. Therefore, it is important:

that we acknowledge that we each live and work on lands that have been inhabited since time immemorial by the Nations and Tribes of many Native American peoples;

that we understand that these lands sustained them for thousands of years, nurtured their diverse cultures, are the final resting places of their ancestors;
The Doctrine of Discovery Renounced  Continued from Page 13

And that we recognize that today many indigenous peoples thrive in our communities, alive and strong!

Such a land acknowledgment is a small but important step toward revising our shared understanding of our national history.

References:
1. Vatican Repudiates ‘Doctrine of Discovery,’ Used as Justification for Colonization
3. AD 1493: The Pope asserts rights to colonize, convert, and enslave

Your Age Is In the Eye of the Beholder

Bill Marshall, MD, FAAP
Professor of Clinical Pediatrics (emeritus), University of Arizona College of Medicine

I learned an important lesson one day as a resident in the pediatric clinic. I entered the room and said hello to the woman holding the baby. I looked at the chart and said, “This is Issac and you’re the grandmother.” “No,” she replied, taken aback, “I’m the mother.” This was a cringeworthy moment for me - she was probably in her early forties but being in my mid-twenties (plus the fact that she probably hadn’t had a good night’s sleep for months), I made the unforced error. (I hope I’m not the only one to have made a similar error.) I apologized and somewhat sheepishly continued the visit. I used this misstep in teaching for many years afterward, both regarding age and regarding any of the many unwarranted assumptions and biases we make about people who come for care.

Age is an important part of perspective: as we age, our perspectives often contrast with those of a different age group. This became quite clear to me during my allergy rotation in residency. My attending, then in his seventies, had chartered a plane to attend a clinic in Morenci, Arizona, a mining town 174 miles away from Tucson by car, but just 110 miles as the crow flies. We met at the airport, the pilot was ready, and, in a clear blue Arizona sky, flew over mountains and valleys to Morenci. I don’t remember much about the allergy clinic that day, but I clearly recall the giant cumulonimbus clouds forming over the mountains that afternoon as we headed back. Our route took us over three significant mountain ranges: the Pinalenos, the Galiluros, and the Rincons, with peaks up to 10,700 feet high. It seemed to be smooth air until we got to the Rincons, the range overlooking Tucson and containing Saguaro National Park. A huge thunderhead had formed in our path, and the small plane rocked back and forth like an amusement park ride - only over 10,000 feet higher. An ever-nervous flier, I looked over at my attending, who sat calmly with his arms folded. He casually remarked, “Bill, you know at my age, all I wish for is a quick and merciful death.” That wasn’t my plan at all. My perspective - and age - were quite different, but I didn’t say anything as we rocked and rolled to a successful landing.

Fifteen years later I stopped by the local Walgreens to pick up a prescription. The young pharmacist behind the counter asked if I wanted the senior discount. I was shocked. Did I really look that old? I was feeling somewhat aged when I went to the airport later that afternoon on the way to a medical conference. Once I got settled onboard, I opened a medical text in preparation for the meeting. My seatmate, an older man, saw me in study mode. He asked, “Are you a college student?” I was young again!

About fifteen years after that I was visiting Munich with my college-aged son, who had just finished a summer work experience in astrophysics in Heidelberg. It was a beautiful mid-September day, and, after walking in the Englischer Garten and snacking on French apples at a farmer’s market, we went to the Deutches Museum, one of the world’s great science museums. We saw medieval sundials and optics from soon after Galileo. I was taken aback, though, with an exhibit featuring the IBM computer I had used during a summer program for high school students at Carnegie Mellon. It was a piece of history - and so was I.

After fifteen more years I’m retired and my image in the mirror is sometimes old and sometimes less so. These stories bring to mind two lessons:

Perspectives about age are elastic, and how I feel is dependent on many factors, including chronology, health, and the people around me. Chronology is not modifiable, but many other factors are!

The other lesson is simpler: The next time I’m on a commercial flight and there is significant turbulence, I’ll look over at my seatmates; if they appear a bit nervous, I’ll know just what not to say.
**Lazarus Phenomenon**  
*Paul Rogers, MD, FAAP*

It was a quiet night with only a few visitors to the teaching hospital emergency room. As a medical student, my job involved watching and learning from the chief resident assigned to teach me the art and science of medicine. At 11:00 PM, a car raced across the parking lot, deposited a nursing home patient at the front door, and quickly sped off. The 92-year-old woman walked doubled over with abdominal pain, and I rolled a wheelchair to her. I wheeled her into an exam room and the chief resident got a complete medical history from her and performed an examination. After completing the examination, he asked me to wheel her on the stretcher to the X-ray department for stat abdomen and chest X-rays.

As I wheeled her down the quiet, dark hallways to the X-ray department, Bessie, 92 years old, was very talkative. She grew up in East Baltimore and had no family left. She started going to church at a young age and loved the stories about Jesus. Throughout her adult years, she continued to be very active in her church. When I arrived back at the emergency room, I wheeled her stretcher back to her examining room and took the X-rays to the chief resident to review. We went to a room down the hall with a viewing screen and studied the X-rays. He explained she had pneumonia in both lungs, an enlarged heart, and an obstructed gastrointestinal tract.

After viewing the films for fifteen minutes, we returned to Bessie’s exam room and found she had died. Her sudden death distressed me since Bessie represented the first patient that I saw die and wondered if I did something wrong. The chief resident explained that there was nothing medicine could have done to save her and that she died peacefully. As the doctor and staff left the room, I stayed by her stretcher. She had a serene look on her face as I said a quiet prayer for her. Suddenly, she reached up and grabbed my wrist and said, “Jesus, thank you for allowing me to be here.” She then dropped her hand back down and I feel she was with Jesus.

The chief resident explained that this was the “Lazarus Phenomenon.” There were over 200 similar cases reported in the medical literature and he gave me several references to look up. However, I feel Jesus was the Chief Resident for Bessie and He had a treatment plan that we would never understand.

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**The Joy of Therapy Dogs**  
*Vic Strasburger, MD, FAAP*  
*Distinguished Professor of Pediatrics Emeritus*  
*Univ. of New Mexico School of Medicine*

Everyone has seen the joy on children’s faces as a therapy dog greets them in the hospital. Many people wish that their dog could become a therapy dog. As the proud owner of two, Maggie (L) and Marshall (R), let me tell you a little about it.

First and foremost, there is a huge difference between therapy dogs and service dogs. (Let’s not even talk about emotional support dogs.) Service dogs are amazing creatures who have been trained to help deal with their owner’s disability. They can sniff out impending seizures, or high blood sugar, or help their owner deal with PTSD. Guide dogs for the blind are the classic example. Whereas therapy dogs serve other people. They are sociable creatures who get petted and hugged and make other people feel good. Very different – in that service dogs can go anywhere their owner goes courtesy of the Americans with Disabilities Act, whereas therapy dogs can only go where they are invited.

Maggie Mae (now sadly deceased at age 13) and I started the Albuquerque Airport Ambassador Dog program. Somewhere close to 90 US airports now have therapy dogs. She was petted by more than 40,000 people in her career (airports like to keep track), including the governor of New Mexico, members of the *Breaking Bad* cast, Seth Rogen, and Dottie Pepper. Marshall, now age 6, has been working since he was 3. Both were rescues.

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A number of organizations certify (and insure) therapy dogs. The American Kennel Club lists nearly more than 200 state-specific organizations —

National programs include:

- Alliance of Therapy Dogs (formerly Therapy Dogs, Inc.)
- Bright and Beautiful Therapy Dogs
- Love on a Leash
- Pet Partners (previously Delta Society)
- Therapy Dogs International

So why do it? Well, if you’re a pediatrician you have always wanted to nurture children, so to see their faces light up is a continuation of what you’ve been doing your entire career. In addition, the dogs enjoy doing it! Therapy dogs naturally love people – that’s the primary way to know if you’ve got one. Both Maggie and Marshall would see people 100 yards away and want to go up to them. Marshall interrupts our daily run if he sees someone nearby.

If your dog loves people, everything else can be trained. Yes, they have to be in good health and pass a test, but it’s not that difficult:

1. They must know the 6 basics: sit, stay, come, leave it, lie down + loose-leash walking.
2. They need to tolerate a group of people descending on them.
3. They need to tolerate being hugged, examined and handled – especially by over-eager children.
4. They need to know how to avoid other dogs while they’re working (airports frequently have security dogs who cannot be disturbed).

Employing a good dog trainer is often useful. But when I first wanted to train Maggie for therapy work, I foolishly thought I would simply drop her off at the trainer’s house and Maggie would come back like Lassie. Doesn’t quite work that way. It’s more like residency – “See one, do one, teach one.” The dog trainer trains you to train the dog. So, you wind up putting in several hours a week for every hour that you spend with the trainer.

But well worth the time and effort, both for you and your dog and your future petters.

What We’re Doing Now/Second Acts

Advising and Mentoring Pre-Health Students at Amherst

Richard Aronson, MD, MPH, FAAP

I turned 75 on March 21 and am still going strong as a pre-health advisor and assistant dean of students at Amherst College, my alma mater. I’ve been in this role since January 2011, advising roughly 400 students and young alumni per year as they explore health professions (not just medicine), pursue studies (in all areas, not just science), and gain experiences (not just directly related to medicine) that will enable them to gain a foundation for becoming humane, empathetic, culturally aware, and competent health professionals who will not only provide clinical care rooted in the biopsychosocial and life course models I learned at Rochester and public health school but also contribute to the urgently needed change in health care systems to address unconscionable health disparities.

Interestingly, in this “retirement” phase of my career, I find that I use in particular the clinical listening skills that are at the heart of medicine:
I aim to listen to every student’s story; see them as whole human beings in their complexity, nuance, strengths, resilience, challenge, stress, struggles; voice confidence in them when they’re overcome by self-doubt, as often happens with the pre-medical rigorous science coursework, and with the MCAT; and inspire them to grow both professionally and personally.

When I started this position more than 12 years ago, I was one of just a few physicians who served as a full-time health professions advisor at a college or university. There are more now.

It has reinvigorated me after a pediatric and public health career that included being a developmental pediatrician, child, and family health leader, champion of efforts to address health inequity, and in my later years placing a very high emphasis on trying with many others to get this country to “invest” more in children and families (sadly we continue to fall very short of this) and to prevent and promote healing from adverse childhood experiences.

I bring all of this to my work at Amherst. While I am very involved in the medical school and other graduate school application processes (such as writing many hundreds of in-depth committee letters of institutional support for our applicants), this represents just the capstone of what leads up to an application. I get to know my students over many years and continue to “follow” them long after they’re accepted into medical school. For example, I connect with my students every year on Match Day and continue to serve in a mentoring role to them while in medical school and residency.

I love this work. It’s a privilege to interact with students on a daily basis and to be part of a liberal arts college like Amherst that is thoroughly committed to diversifying the student community to more authentically represent the country and the world. A significant portion of my students and young alumni are underrepresented: They come from low-income, first-generation backgrounds; many are students of color and have themselves been affected by inequity and injustice; and many have faced extremely difficult life challenges.

### Teaching in Retirement

_Harris E. Burstin, MD, FAAP_

I retired from my pediatric practice and gave up my medical school responsibilities and salary after 40 years on December 31, 2020. After a few months, I realized I did not miss running a practice or a clerkship, but I did miss being a pediatrician and teaching.

As non-compensated faculty (Clinical Professor of Pediatrics) at NYU Grossman School of Medicine, the solution for me was to continue precepting medical students during their pediatric clerkship and to begin supervising NYU pediatric residents in the Bellevue pediatric clinic. On Thursdays, I spend an hour or two with the students and the rest of the day at Bellevue with the residents. They get to spend time with a senior clinician, and I get to be a pediatrician and teach. I also get to use my Spanish skills with the majority of patients at Bellevue.

A perfect solution!

### My Lifetime Love Affair With Baseball

_Part 1_

_John McCarthy, MD, FAAP_

My love affair with baseball stretches back more than 70 years. It first began one fine spring day in 1951 when my dad, a baseball enthusiast, took me to Yankee Stadium, “the house that Ruth built,” in the Bronx. “Joltin” Joe DiMaggio in his final season, played center field. Soon Mickey Mantle, a rookie from Oklahoma, would take his place. In fact, toward the end of the game with the Yankees in the lead, DiMaggio trotted off the field, the crowd stood to applaud him, and Mickey Mantle replaced him. Every year thereafter I looked forward to another baseball season.
In 1953, our parents sent me and my brothers, Jimmy, and Peter to Camp Marist on beautiful Lake Ossipee for July and August. We thought we had died and went to heaven. The many activities offered there included playing baseball under the wise tutelage of Brother Tim. He taught us the basics of the game and nurtured us to do our best. In those days we played against rival camps in the area. Robin Hood and Calumet come to mind. Initially, I learned to play the outfield, catch fly balls, and throw into the infield. When at bat, I watched for a good pitch to hit. Ultimately, Brother Tim taught me to be a pretty good catcher and leader. In my last season at Camp Marist, I won the much-coveted MVP trophy. My brother Jimmy won it the following season for his excellent fielding and hitting.

In 1956, my dad took us to Yankee Stadium for a Memorial Day doubleheader against the Washington Senators. The highlight of the games: seeing Mickey Mantle hit a monstrous home run off Pedro Ramos that nearly cleared the right field façade 620 feet from home plate. That season, Mickey won the prestigious triple crown: .353 batting average; 52 home runs; and 130 runs batted in (RBI).

My Yankees went on to win the pennant that year! In the World Series, they faced the annoying Brooklyn Dodgers. Brother Robert McGovern, our eighth-grade teacher at Mount Saint Michael Academy, somehow managed to find a small black & white portable TV so we could watch game 5 on Monday, October 8. HOW DID HE KNOW THAT DON LARSEN WOULD PITCH AN UNPRECEDENTED PERFECT GAME!!!!?!!? Divine intervention, I suppose. My Yankees went on to win the World Series. In 1957, The Dodgers moved to LA and the rivalry between these two teams would never be the same.

I continued to play baseball every chance I had from spring to fall. In my senior year at Cardinal Hayes High School, I played catcher, at the Coombs Dam ballpark next to Yankee Stadium. Once we caught a glimpse of the players as they appeared from their game. What a thrill!

When my baseball playing days were over, I turned to softball. During my college summers, we formed a neighborhood team, “The Spartans” and played other local teams in the Bronx on some concrete “field” at Dewitt Clinton High School. We won most of the games we played there!

I pitched, my brothers Jimmy played third base, and Peter was at first base. We had lots of fun. Jimmy, a power hitter, often blasted the softball over the chain-link fence for a home run. Peter, a lefty would often smash a line drive down the right field line for extra bases. What fun!

To be continued.

What Keeps Me Busy

Niru Prasad, MD, FAAP

I am a retired physician with a background in pediatrics and emergency medicine. I have over 50 years of clinical experience in pediatrics, emergency medicine, and urgent care. I am also the mother of four children and grandmother of eight boys. I currently divide my time between volunteer and community outreach activities.

A few words about what motivated me to pursue my passion for medicine:

Ever since I was a teenager, I was always passionate about helping others. My passion to help disabled orphans in India expanded thanks to advice from my father, who suggested I should become a doctor. My passion and desire to serve the community motivated me to a path in my life towards becoming a doctor. My husband and I immigrated to the United States in 1965 to work as residents at the Detroit Medical Center. I worked as a pediatrician and emergency room physician for most of my career. I also authored two books on children’s health.


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I have been producing my own TV show, “Health Talk,” for the past 15 years on Bloomfield Community Access Television. I host guest speakers from different fields of healthcare and educate our community on medical trends and ways to stay healthy.

I belong to a variety of organizations; local senior centers; UNICEF; Sense International India: Autism Society of India. I also contribute to local shelters and religious groups.

Some final thoughts:
- Keep your ambitions high.
- Have sweet dreams.
- Smiles prevent wrinkles.
- Stay involved in the community, especially when you are feeling lonely.

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**Reading the Detectives**

*Yolanda “Linda” Reid Chassiakos, MD, FAAP*

I still remember the first time I was introduced to Sherlock Holmes and Dr. John Hamish Watson as a 12-year-old bookworm. I was fascinated by the mysteries solved by Sir Arthur Conan Doyle’s brilliant detective, who used deduction and ratiocination to identify the miscreant(s) in each exciting tale. Holmes, who used inductive reasoning, became an idol; and I soon devoured the entire “oeuvre”, marveling at the consultant’s techniques. Holmes’ methods seemed less madness than magic.

Working after school in our local library allowed me to check out other award-winning mystery authors, such as Hillary Waugh, and nascent thrillers from Fletcher Knebel and Robert Serling, and, later, Doctors Michael Crichton and Robin Cook. But Holmes and Watson remained #1 in my rankings, despite my having to tip my hat to Edgar Allan Poe’s trek to the Rue Morgue.

It was only when I entered medical school that I saw—and observed—the outcomes of Conan Doyle’s studies in medicine under his mentor Dr. Joseph Bell. Although 1970s medicine was welcoming expanding technology, especially in the laboratory and radiology arenas, the reliance on physical diagnosis and the scientific method still superseded “tech” and seemed immediately familiar. Holmes’ ability to observe and examine his clients, victims, and suspects, echoed the diagnosis of patients that we were tasked to learn. Dr. Watson may have been an excellent clinician, but his relationship with Holmes was often that of the medical student to professor, learning the tools of the trade.

Having devoured many tomes in the mystery genre, I was inspired to try my hand at my own mystery when my work/life balance allowed me a life, i.e. after residency. I, like many Angelenos, have several screenplays and manuscripts partially completed or waiting for a second draft in my desk drawers. However, it took finding kinship with a fellow mystery writer physician, Dr. Deborah Shlian, a couple of decades later, to develop a partnership that resulted in the completion and sale of our first medical mystery thriller, *Dead Air*, to Oceanview Publishing.

*Dead Air’s* protagonist, a student and radio talk show host from New York City attending a New England Ivy League school was a “fish out of water”. The female protagonist, Sammy Greene “on the scene”, and her medical student boyfriend risk their careers and their lives trying to find the truth behind faculty and student suicides and disappearances. *Dead Air*, and its sequel, *Devil Wind*, set in Hollywood, each won the Royal Palm Literary Award and encouraged us to keep writing.

As work and life kept us busy, we took a bit longer to finish our latest Sammy Greene mystery thriller, *Deep Waters*, an ancient and modern mystery set in the lovely azure waters of the Aegean Sea in Greece. *Deep Waters* pits archaeologists and treasure hunters against each other and won the Florida Publishers and Authors Silver Awards for both mystery/suspense and thriller/horror. Now that we are both retired, we have planned to write 2-3 more Sammy Greene books, focusing on medical mysteries once more, before wrapping up the series.

When I retired last year to care for my 101-year-old father, my creative efforts focused on sharing my film, *The Full Catastrophe*, the...
Reading the Detectives Continued from Page 19

odyssey of my late mother’s Greek family in the Smyrna ethnic cleansing of 1922 as well as writing and narrating a film about my father, an ethnic Greek born in Germany.

As a teen, Dad was beaten up by Hitler Youth and hospitalized in Berlin, fled to Greece, and valiantly fought against the Nazi occupation via the Greek resistance. After the war, he emigrated to the US, studying physics, and signed up with NASA for 47 years and subsequent emeritus status as a respected radiation physicist. He wrote his last published paper on the South Atlantic Anomaly at the age of 95. I was grateful for the time my father and I had together before his gentle passing, six months after I’d left my university position.

Not yet ready to resume medical practice in retirement, I began exploring volunteer options, as well as picking up some half-finished writings. Deborah was working on her non-fiction books, Lessons Learned: Stories from Women Leaders in STEM and Lessons Learned: Stories from Women Physician Leaders, and was not quite ready to tackle Sammy Greene #4 yet, so I jumped at the opportunity to write and submit a mystery short story to Sisters in Crime Los Angeles for their anthology, Entertainment to Die For.

My story was one of 18 selected for the book and was published in January. I’ve had the opportunity to sell and sign it at venues such as the annual LA Times Book Fair attended by thousands of avid readers in Southern California. At the fair, I met many fellow authors, some of whom are retired physicians, and made several new friends.

Sherlock Holmes had motivated me to read more mysteries; and medical school had taught me, as it did Sir Arthur in Edinburgh over a century ago, the logical thinking needed to diagnose and address a presenting case. As a retiree, I’m not ruling out part-time work using those skills again in medical practice, but, for now, Conan Doyle and our common experiences as physicians have provided me with the analytical tools to create detective stories and entertain mystery lovers around the world.

I do have one more mystery to ponder…will ChatGPT become the MRIs and PET scans for writers…? Stay tuned.

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Retirement Story

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

Several nights after my retirement became official, the office threw a gala party to honor me. It should have been a happy time for me - a time to relax, a time to travel, to spend more time with family and frolic with grandchildren. Instead, as I put on my tie and slipped into my suit, I was shaking and buried my face into my open hands. I wouldn’t miss the medical aspects of the practice, as I would be teaching part-time at the University of Miami medical school. I would miss, however, the interactions and relationships, garnered over thirty years, with parents and with the children.

The party was held at a banquet hall, replete with signs wishing me well in my retirement. The buffet dinner with chicken cacciatore, beef wellington, pasta, and numerous vegetables didn’t tempt me. The music didn’t enliven my senses. I felt numb. Listening to the platitudes of my partners’ speeches didn’t awaken the funk I felt – that is, not until my junior partner, Rachel, to whom I had been transitioning my patients to, began to speak.

“There’s one thing I don’t understand,” she said. “I’m seeing a number of Paul’s patients and they complain about having to wait for me. They all say they never waited for him. How can that be? I know he had a huge practice and saw more patients than I. How can that be? How could they never have waited for him? I hope he’ll share his secret with me.”

For the first time that evening, I smiled. When it was my turn to speak, I thanked everyone for their kind words, and for the luggage they presented to Dotty and me, to enjoy our travels in retirement. I turned to Rachel. “You know I like to teach. Later I’ll tell you my secret.”

I took Rachel aside. “You really want to know?”

She nodded. “Of course, they waited for me when I was busy. But if someone waited an inordinately long time, I would write their names down and when they came into the office the next time, I would rush them right back. I guess in their minds it would erase the memory of when they had to wait. It’s all in the perception,” I said.

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Rachel smiled. “I like it. Thank you.”

“I have many more tips I can share with you.”

“I’d like that, too.”

The feeling that I still might be wanted, elevated my mood. Now, if I could only find something else to hold my interest, this retirement business might not be so bad.

Several weeks later, I was sitting at the kitchen table still wondering what meaningful activity would hold my interest and enhance the rest of my life. I was still sad to be leaving pediatric practice, which I really adored. I would miss the relationships with the children and their parents that had been forged over the years. When my phone rang, it was my good friend Allan who tried to coax me into keeping him company in a creative writing class at the Institute for Life-Long Learning at a local university.

“Nah,” I said. “I got brung up in Brooklyn and ain’t even loined to talk a goody English.”

“Come on, keep me company. I always wanted to write.” “Nah!”

“Please.”

Just to get him off my back, I said I would, figuring he’d forget about it when the time came to actually take the course.

“Great,” he said. “I’ll pick you up in ten minutes.”

After taking the course I was smitten and continued taking courses at the local university. So far, in my retirement, I have published four books including *A Tale of an Unlikely Pediatrician*. Also, I have many of my stories in *The Chicken Soup For The Soul* series.

## Volunteering

### HEADS Up

*Fred Bogin, MD, FAAP*

As my late wife and I walked around our new hometown of Hatfield Mass (population 3200), we noticed chalk words of wisdom on many of the sidewalks around town.

A sample –

“Talk to yourself the way you would talk to someone you love.”

“Start your day with a deep breath.”

“Courage does not always roar. Sometimes courage is a quiet voice.”

(Complete with a lovely lion chalk drawing)

We were struck by the emotional power of the words peppering our town sidewalks. It wasn’t until three years later that I learned the origin of the chalk campaign. WALKAPALOOZA had been crafted by a small volunteer committee in town to bring attention to Children’s Mental Health Week.

Continued on Page 22
In 2016, following several adolescent suicides, a small group of suicide-loss survivors met with school officials to offer a forum to help the Hatfield community identify risks for suicide, support those who grieve, and provide a resource for families. A group of participants from that forum continued to meet to discuss mental health needs with a focus on building awareness. From these meetings evolved an all-volunteer organization meeting monthly and dedicated to promoting and supporting mental health.

The group’s Mission Statement reads –

**Hatfield will become a model community committed to educating, liberating, and protecting the mental health of all its members through educational outreach and programs that preserve dignity, foster acceptance and compassion and promote a spirit of community.**

The committee has promoted mental health awareness and education through varied activities including:

- Screenings of award-winning mental health documentaries (*Resilience, Screenagers, Angst, Upstanders*, and *Race to be Human*), with knowledgeable guest speakers.

- Collaboration with other groups to organize and present *Beyond Gun Laws: A Conversation About Keeping our Community Safe*, a public forum with a guest speaker from Moms Demand Action.

- Reaching out to other local organizations to gather up-to-date information about community mental wellness surveys and resources.

Supporting other community-based organizations with related missions (e.g. Out of the Darkness Community Walks with the American Foundation for Suicide Prevention; and HEART – Hatfield Equity Alliance fighting Racism Together).

In addition to the WALKAPALOOOZA referenced earlier, the committee has sponsored an activity during Children’s Mental Health Week in which middle school and high school students are encouraged to submit a poster illustrating positive viewpoints on youth mental health. One of my favorites is pictured below. This week I will have the pleasure of awarding a winning certificate and gift card to the creator of this moving poster.

I first learned about the committee a year ago and began to attend their monthly virtual meetings. I am the only pediatrician in the group. I feel that I have something to contribute to our discussions and planning. After the recent statement by the Surgeon General regarding youth and social media I proposed that we organize a community forum to discuss this issue. It seems to me that further research, information, and education regarding social media and screen usage are a critical need in our current environment. I anticipate that the committee will pull together a worthwhile forum on this topic and I plan to be actively involved in the effort.

Oh, and the name of the committee? Yes –

HEADS Up

“Hatfield Embraces Acceptance and Dismantles Stigma”

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**More Volunteer Opportunities**

*Kathleen Braico, MD, FAAP*

In accordance with the request to list some volunteer organizations that senior pediatricians might want to volunteer with, I can suggest the following:

**The Glens Falls Medical Mission Project Guatemala** This is a small non-religious medical mission that goes to the town of Nueva Santa Rosa, Guatemala every October and April for a one-week mission. We hold general medicine, women’s care, dental and pediatric clinics and we need 3-4 providers for each. We recruit MDs, PAs, NPs, pharmacists, dentists, nurses, and EMTs. All clinical volunteers must have a current license. In addition, we bring our own fully stocked pharmacy (following Guatemalan Ministry of Health and WHO recommendations for drugs). We also apply fluoride varnish on children’s teeth, dispense near-vision eyeglasses, and sponsor local women who are trained to teach nutrition to clinic patients.

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In the pediatric clinic, we most often see stunting due to chronic malnutrition, parasitemia, developmental delays, dental caries, and acute infections.

Translation services are provided by a university program in English from Guatemala City. We collaborate with a Guatemalan nursing college and an agricultural university as well. We allow health professional students in their last year of training to join us under supervision. Non-medical personnel are also needed, and we allow parent volunteers to bring their teenage children who are at least 16 years old to work in the clinics.

Further information and costs are listed on our website. **We are now accepting applications for October of 2023. Apply now for October. If that team is full, volunteers can be put on the list for the spring mission.**

**Serious Fun Camps** Founded by Paul Newman, Serious Fun is a network of camps in the US and abroad catering to children with serious illnesses. These camps seek volunteer physicians in a variety of pediatric subspecialties, including hospitalist and emergency medicine, to staff each session. In addition, camps need general volunteers to help in program areas. Nurses are needed to pass medications and to be alert to any medical problems that may occur in cabins. Camp infirmaries are staffed to care for daily medical needs as well as acute problems that may occur in campers, such as IV infusions of medication or pain relief. In addition to the nine US camps, there are camps in Europe, the Middle East, the Caribbean, Japan, Africa, and Southeast Asia. Not all of them will accept US-licensed physicians as clinical volunteers, but most will accept adults as general program volunteers.

Conditions served vary with each camp but may include cancer, hemophilia, sickle cell anemia, neuromuscular disorders, collagen vascular diseases, mitochondrial and metabolic disorders, transplants, congenital heart disease, and many more “orphan” diseases. A few of the camps have sessions for children on home ventilators. Most camps have year-round programming with family weekends during fall, winter, and spring. General volunteer information can be found by visiting [Serious Fun Camps](#). The website lists where each camp is and provides contact information for volunteers.

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**The Joys of Volunteering: A Personal Journey**

*Leila Srour, MD, MPH, DTM&H, FAAP*

I have been fortunate enough to achieve my personal and professional goals through volunteering, both locally and internationally. My experience as a teenage hospital volunteer taught me the joy of helping others. Later, as a pediatric practitioner in Santa Barbara, I found great satisfaction in volunteering with the American Lung Association and participating in Camp Wheeze, which supported children with asthma.

During my MPH studies, I had the opportunity to volunteer in Mugonero, Rwanda, which reignited my passion for international work. Dr. Karen Olness, the founder of Health Frontiers, gave me the opportunity to support the training of Lao pediatricians. My husband and I left our home and jobs in Santa Barbara for a year to undertake this meaningful work. I completed a course in tropical medicine before our move, which helped to prepare me for the task. Our journey in Laos lasted for eleven glorious years.

The number of Lao pediatricians has increased from six to over 150. These pediatricians now work in teaching hospitals in every province and most Lao districts. The Lao pediatricians recently held their 18th pediatric continuing medical education conference. Laos currently has two pediatric hospitals, the National Children’s Hospital, which...
opened in 2011, and Lao Friends Hospital for Children, which opened in 2015. Health Frontiers continues to provide training support for pediatric, internal medicine, and emergency medicine residencies and fellowships in sub-specialties.

In 2013, we left our home in Laos without a specific plan but to visit friends and family. During a visit to East Africa, we received an invitation from the AAP to document I-CATCH projects in several African countries. While evaluating three projects in Uganda, we were grateful to receive accommodation in the Health Volunteers Overseas (HVO) guesthouse in Kampala. As a result, we signed up to volunteer with HVO in Indonesia and the pediatric residency program at the National Referral Hospital in Thimphu, Bhutan. We have continued volunteering with HVO in various countries, including Indonesia, Cambodia, Laos, Nepal, and Bhutan, where we have witnessed significant improvements in pediatric healthcare and the quality of care for children and their families. HVO’s mission is to enhance the training of national healthcare providers.

Through my volunteer work, I have realized that the value of helping others goes far beyond financial gain. Every day presents new and unique challenges, and these experiences have allowed me to connect and learn from healthcare professionals worldwide. While visiting friends and family in the United States, I have noticed that the passage of time brings about little change. However, the progress and advancements witnessed with each visit to the countries where I volunteer are genuinely inspiring.

Retirement may not be the only option when many rewarding opportunities are available. Sharing your pediatric knowledge and skills, learning from new colleagues, and watching the development of young pediatricians can be truly fulfilling. Living in new cultures and working with volunteers worldwide can also provide unforgettable experiences.

By supporting post-graduate and fellowship training in pediatrics, internal medicine, and emergency medicine, Health Frontiers helps Lao doctors advance their skills and knowledge. Health Volunteers Overseas provides opportunities for healthcare professionals in countries with limited human resources to improve healthcare services through training. Volunteer organizations offer onsite and virtual volunteer opportunities, making it easier than ever to make a meaningful contribution to global healthcare.

Dr. Gitanjali, the pediatric chief resident from Bhutan, presented her research at the 2023 International Pediatric Association conference in Gujarat, India. She is standing to my right. An HVO scholarship supported her attendance at this conference.
A MAN CALLED OTTO
starring Tom Hanks as a cranky old man is an American adaptation of the 2015 Swedish dramedy film “A Man Called Ove” by Hannes Holm, based on the novel by Fredrik Backman. The American version is more enjoyable.

Otto was recently widowed from his wife of many years. The film begins with Otto’s retirement party, which is not a happy event. Otto goes home only to find that new neighbors are moving into the adjacent unit in his housing complex. As they drive onto his lawn, introducing their two young daughters and attempting to make friendly introductions, Otto is brusque and rude. The movie promises to be a real downer, especially as Otto is determined to end his life as soon as possible to join his wife Sonya (Rachel Keller). His several unsuccessful suicide attempts become almost comical with constant interruptions by the new renters and others. Otto intends to jump from the platform into the path of an oncoming train, but serendipitously rescues another man who collapses onto the tracks, while the other bystanders are too busy taking photos of the event to be bothered with the man’s predicament.

Otto ignores attempts to brand him a hero, but his increasing involvement with other former friends and neighbors and battles with the nasty real estate developers who are threatening to demolish his entire housing complex continue to interfere with his own suicidal plans. Soon, he becomes immersed in fighting development efforts and even babysitting for the new neighbors Marisol (Mariana Treviño) and Tommy (Manuel Garcia-Rulfo). As his life story unfolds with his own son Truman Hanks playing his father as a young man, Otto’s sadness and vulnerability are overcome by the kindness and concern of others and the movie evolves into one worth watching.

With a strong supporting cast and Hanks as the star, what could go wrong? Director: Marc Forster, Screenplay David Magee. PG 13. 126 minutes.

BOOK CLUB: THE NEXT CHAPTER
As it stars Jane Fonda (Vivian) a newly engaged luxury hotel chain executive, Candice Bergen (Sharon) a retired judge, Mary Steenbergen (Carol) a retired restauranteur, and Diane Keaton (an older Annie Hall), this film promises to be a fun romp by well-known actresses now in their seventies and eighties.

In honor of Vivian’s engagement, the group decides to go to Italy and celebrate in style. Their adventures along the way are amusing and entertaining, and the scenery as they tour Rome, Venice and the rolling hills of Tuscany provides a delightful Italian travelogue and a light-hearted fun experience. Due to the theft of their luggage on arrival in Rome, the four are forced to visit high-style couture houses. This results in the four fashionistas sporting the latest in Italian style, as well as Vivian acquiring a wedding gown that has more sequins than the sequin mines outside of Nashville could ever hope to deliver!

Apart from the numerous dumb jokes and sexual innuendos, each of these accomplished female actors is assigned a handsome male partner. Don Johnson is Arthur - Vivian’s fiance’ planning to join his bride-to-be in Florence. Bruce (Craig Nelson) is Carol’s husband, left back home due to a recent heart attack and Diane Keaton’s partner is Mitchell (Andy Garcia). Judge Sharon makes do with local talent, which includes superstar Giancarlo Giannini as a police chief trying to trace their stolen luggage.

This is a stupidly funny movie which, despite the excess emphasis on dumb jokes, is entertaining comedy and an excellent demonstration of the talent and beauty of eighty-year-old actors. PG 13, 107 minutes.

AIR
released in April 2023 is a sports dramedy based on mostly true events and characters leading to the development of the custom Air Jordan sports shoe. The plot initially focuses on Nike’s plight in 1984 - approaching bankruptcy and being outsold and out-designed by Adidas and Converse.
Matt Damon plays Sonny Vaccaro, lead salesman and recruiter for sports endorsements for Nike in this fast-paced film directed by Ben Affleck, who also stars as an arrogant Phil Knight, Nike’s CEO. The impressive cast includes Viola Davis as Mrs. Delores Jordan, Michael’s mother and no-nonsense advocate and manager. The situation looks grim as Michael’s agent announces that Adidas has promised the young basketball superstar a huge signing bonus plus a red Mercedes and other perks. Sonny convinces his boss that he can sign Jordan with a custom-designed shoe plus competitive perks, and that results in the extraordinarily successful Air Jordan shoe.

An Amazon production, written by Alex Convey is now streaming on Prime. The 1980’s soundtrack is terrific, as are the acting and dialogue. 112 minutes. R for language.

**Book Reviews**

Reviewed by Amar Davé, MD, FAAP

*The Seeds of Life*

Edward Dolnick

*Basic Books, 2017, 311 pages*

*also in paperback*

A few months ago, I started searching for answers about awareness of humanity to the connection between sex and reproduction and was shocked to find out that we only became aware of this relationship in the recent past - 1876!

Throughout my medical school years, residency years, and 46 years of practicing medicine I took it for granted, based upon assumptions and not on facts, that we knew about this for a long time. I wish I knew that then, and I am glad that I know that now.

So, what prevented giants like Aristotle, Newton, Stuart Mills, Leonardo Da Vinci and many more from resolving the mysteries of how the babies are formed.

Theories ranged from preformist - humans existing fully formed in a small invisible size - to vital fluid from semen starting the process in the uterus.

Leuwenhoek saw the wiggly sperms under his microscope in 1677 and Reiner De Graff saw ovarian follicles in 1666. Spallanzani performed brilliant tests on frogs in 1765 preventing sperms (semen) from coming in contact with eggs and preventing fertilization, but disregarded his own findings because sperms were considered parasites.

In 1876 Oscar Hertwig saw the fusion of sperm and egg under microscope for the first time, solving the mystery of the relation between sex and babies.

The boundaries created by creationist belief of creation kept many minds off the track despite their observations pointing towards a relation between sex and babies, with men and women both taking part. The details of providing the necessary ingredients of life in the form of DNA codes had to wait until Watson’s and Crick’s discovery of the double helical structure in 1953.

This is must read - a fascinating, hilarious and mind boggling account of the history of sex and babies.
Reviewed by Paul Holtrop MD, FAAP

**Tomorrow, and Tomorrow, and Tomorrow**

*Gabrielle Zevin Knopf, 2022, 416 pages*

What’s a good book? Is it a book that you simply enjoy reading as you read it? Or is it a book that teaches you a lesson, or packs an emotional punch, or leaves you thinking about it for weeks afterward? I had high hopes that *Tomorrow, and Tomorrow, and Tomorrow* might be a good book, however, one defines that. It was named the best novel of 2022 by *Time* magazine, it has been on the best seller lists for months, the clerk at my local indie bookstore raved about it, and the author previously wrote *The Storied Life of A.J. Fikry*, a book I enjoyed.

The book follows the story of Sam and Sadie, who first meet in a hospital as pre-adolescents following a tragic automobile accident involving Sam. They bond over their shared love of video games, and Sadie, unlike anyone else, is able to pull Sam out of his shell. Fast forward to Boston several years later, where they meet again as college freshmen and decide to design a new video game together. The story then recounts their careers in the video game industry, both successes and failures, while also telling of their personal lives, which are, not coincidentally, intertwined with their business lives and their relationship with each other.

That the book is about video games did not turn me off, even though I haven’t played video games beyond the occasional Pacman game of my youth, nor should it turn any reader off. Although we learn things about making video games, the main story arc is about human relationships. The book also keeps us wondering for much of the time about the outcome of Sam and Sadie’s relationship, with the question of will they or won’t they become lovers driving much of the narrative.

So, was it a good book? For me, it was an okay book. Neither of the protagonists are particularly appealing, the plot is a bit mundane, and the happenings seem mostly ho-hum. The writing is fine but not sparkling. I did not mind reading it but did not look forward to opening the cover when it was time to read again; rather, I wanted to get to the end quickly so I could start another hopefully more enjoyable book. It did not really pack an emotional punch or teach a lesson, either.

How to explain, then, its selection by *Time* magazine as a top book and its persistence on the bestseller lists? It is simply difficult to define what a good or great book is, and that will vary from person to person. It seems safe to say that my tastes, in this case, do not agree with a major media reviewer and the purchasing public – and that’s okay.

If you find a book that is a pleasure to read, that is wonderful. If you find one that packs a punch or leaves a thoughtful lesson, excellent. And if you find one that does all those things, and perhaps delights you in other ways, well, maybe that’s a great book. But *Tomorrow, and Tomorrow, and Tomorrow* didn’t do it for me.

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**Poetry Corner**

*hi-Jack-ed*

*Peter Gorski, MD, FAAP*

For my 8-year-old nephew Cayden who was grieving the sudden diagnosis of Wilms tumor in Jack, his lifelong best friend.

The young look forward
Wondering and planning their futures
Chasing serial finish lines
Eager to reach the next mark
Unable to envision their final steps.

Decades later
We see more to review

Continued on Page 28
Past, present and future
Come equally into focus
Learning more about ourselves
Than the path ahead.

Beginning and end
Are not meant to meet
Childhood is a time to dream
And laugh and hope
With only a naïve and distant wish
To grow up.
When young
We fear bumps in our heart
But not in the road
Nothing sudden to cause a full stop
And present too much to understand
Or reconcile.

Being a one-digit age
Embracing the gift of the moment
Hold onto what you trust
Until you’re old enough
To make sense of what you can’t control.

Letting early appeals
Cushioned by love
Build a faith
You will carry through time.

Finance

Bonds Are Back!

Jeff Witz, CFP®

For more than a year the Federal Reserve has been raising interest rates to try and cool the economy and combat inflation. This has had far-reaching effects on economic production, hiring, borrowing, and consuming. Consumers have been significantly impacted by the rising cost of borrowing. Interest rates on mortgages, car loans, credit cards, and home equity lines of credit have increased significantly. Consumers must pay more to borrow across the board.

However, one area where rising interest rates have had a positive impact for the average investor is in the fixed income space. Bonds, CDs, money market funds, high-yield savings accounts, and bond mutual funds and ETFs are all producing decent returns for the first time in over a decade. During the 2008/09 financial crisis, the Fed lowered interest rates to historic lows to stimulate the economy. This led to years of inexpensive borrowing, but also low returns from fixed income products. This forced many investors into higher risk investments such as stocks. For now, that scenario appears to be over.

Savers now have several lower-risk options where they can invest excess cash, whether that cash is their emergency fund, an upcoming downpayment on a large purchase (like a home), or money needed to support their standard of living. Here is a look at these options and their pros and cons:
Individual Bonds. Corporate, federal, and municipal bonds all offer a pre-determined rate of return if the bond is held to maturity and the lender does not default. This means that at maturity you receive your principal investment back plus interest. The interest you can earn, or yield, is most expressed as a percentage return. The challenge with individual bonds is liquidity. If you need to sell the bond before maturity, you may have to sell that bond at a discount to entice a buyer. In some circumstances, this means missing out on the interest payment at maturity and selling the bond for less than you paid for it.

Certificates of Deposit (CDs). Similar to individual bonds, if held to maturity, CDs pay out a pre-determined rate of return. Most commonly offered by banks, CDs can provide similar returns to individual bonds. They also come with FDIC insurance in case the bank runs into financial difficulty. However, there can be greater liquidity concerns. If you need to pull the money out of a CD before it matures, you can be penalized as much as 3 months of interest.

Bond & CD Ladders. If there is a concern about liquidity or changes in interest rates, creating a bond or CD “ladder” may be a good approach. A ladder refers to purchasing bonds or CDs of varying terms and recycling the proceeds as they mature. For example, a ladder may mean investing in 3-, 6-, 9-, and 12-month CDs. As the 3-month CD matures, you use the proceeds to purchase a new 12-month CD. As each subsequent debt instrument matures, you do the same. A ladder allows an investor to access some funds in a shorter amount of time, or adjust their strategy to changes in interest rates. The downside is a ladder can take considerable time to set up and manage.

Bond Funds. If you have concerns about owning individual corporate or government bonds, or if you are looking for professional management, bond funds can be a good option. Many bond funds own hundreds if not thousands of bonds. By investing in that one fund, you are essentially invested in all the companies within that fund. As bonds mature, the fund pays out the proceeds in the form of a dividend. The downsides are that these funds charge a fee which can cut into returns, and the yield can lag individual bonds as it takes time for the fund’s existing bonds to mature and for them to cycle in new bonds with higher rates.

High-Yield Savings Accounts. If accessibility is a primary concern, a high-yield savings account can be a good option. These accounts are normally offered by banks and act like a regular savings account, except they provide a higher return. You can typically move money more freely in-and-out of these accounts, so they have greater liquidity than bonds and CDs. Potential downsides are that some require a certain minimum initial deposit and ongoing balance, some can charge fees, and some restrict transfers directly to your checking account.

Money Market Funds. Like high yield savings accounts, money markets provide a higher rate of return than just cash. These funds are typically used in an investment brokerage account to house unused cash while it waits to be invested or used for other purposes. The downside can be liquidity. It typically takes a day for the fund to be sold and the cash to become available for investment or withdrawal.

Overall, there are now plenty of options for keeping cash. The trick is determining the best option for your needs. If you are unsure which option may be best for you, speak with your financial advisor.

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 glfuld@nc.rr.com or to Co-Editors Peter Gorski pgorski@fiu.edu and Richard Krugman richard.krugman@cuanschutz.edu. An email will be sent at the end of August to upload your article submission for the Fall Bulletin. We look forward to hearing from you and to reading your articles in the Senior Bulletin.

2023-2024 Senior Bulletin Schedule

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.