

# SENIOR BULLETIN

AAP Section for Senior Members

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## Message from the Chairperson

*Avrum L. Katcher, MD, FAAP*

*Chairperson, Section for Senior Members*

Holiday greetings to everyone! I hope this has been a good year for you, and that next year will be as good or better. The Section on Senior Members hopes we may look back on our accomplishments and forward to the New Year with optimism.

One of our principal projects this year has been completion of the Guide for Chapters on organizing a senior committee. We have felt for some time that the most effective work of a senior group may well be done at Chapter level. Former Chairperson David Annunziato and Section Manager Jackie Burke commenced preparation of the Guide with the help of several others, including myself. It was completed in late September and came off the press just in time for copies to be distributed at the District Breakfasts at the October, 2005, NCE. Additional copies have been sent to Chapter officers for those Chapters interested in organizing as well as those who already have organized their Senior Committee. There are many options for a Senior Committee, including a variety of activities for the benefit of members, and for the benefit of the Chapter. One of the latter was suggested by leadership of the New Jersey Chapter: a Rapid Response Team of Seniors who have left the rigors of practice, but who might be available on short notice to meet

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## Message from the Chairperson Continued from Page 1

with legislators or other officials.

In my previous message, I mentioned work on our Web page by Jerold Aronson of the Pennsylvania Chapter. Since then he has realized that a simple paint job is not enough; structural changes are in order. Indeed, Jerry has convinced the AAP Information Technology Seniors (=High Command) of the need for well thought out change. He and Jaymes Nauta of AAP staff are busy with this. We are looking forward to the results of their efforts in redesign of our web page. When the time comes, you'll hear more about this via the *Bulletin* and also via the seniors list-serv. As many of you realize from reading his splendid articles in the *Bulletin*, Jerry is very thoughtful and a master in information technology, his second profession after pediatrics. Keep it up, Jerry!

On a national level, we also should mention the question of three-level communication, that is, *Bulletin*, web page and listserv. Our *Bulletin*, in the capable hands of Joan Hodgman and Arthur Maron, is well known to you. The web page is en route. We should also consider whether we will be able to interact, exchange points of view and information, and conduct an on-going dialog to enhance member participation. Should we rely on the web page, perhaps with methods to allow individual members of the Section to post queries, responses, or just points of view? Is there a role for the listserv to play in all this? What about Poster Boards at the NCE Senior program or special programs at that meeting or other meetings? What about subgroups with a common interest? How may we use all these routes of communication to improve and create a genuine two-way relationship between the Section and Academy leadership and the individual Fellow? Please send your thoughts to Av Katcher at [stellave@earthlink.net](mailto:stellave@earthlink.net), or, if you prefer, write to him at 100 Old Clinton Road, Flemington, NJ 08822-5534.

There are many changes in pediatric practice. Those of you who still are involved in clinical pediatrics know more about this than I do. My former colleagues are eloquent about the pressures on pediatrician from Medicaid, difficulty in obtaining payment for work from the insurers, the future of well child care and the new forms of insurance, such as pay for performance, consumer-driven plans, and others. We must look to the future with optimism, adopting the attitude so well described by the pioneering surgeon of the mid-eighteenth century, John Hunter, who said, "I live to be puzzled, for then I am sure I shall learn something valuable."

With best wishes,  
*Avrum L. Katcher, MD, FAAP*

# As I See It

by Donald W. Schiff, MD, FAAP

The 2005 Annual Meeting and celebration of the AAP 75th Anniversary gives us the opportunity to recall the origin of the Academy in 1930 and the history of its successes.

Born in the early years of a major depression and in the infancy of pediatric knowledge, the Academy rose from the shadow of the AMA because of the nation's premier medical organization's unwillingness to support the Shepard-Towner Act, which provided federal support to health clinics for mothers and children.

From an initial group of 35 pediatricians, the Academy now numbers over 60,000, and our commitment to children has been widely recognized and has positioned us as a leading child advocate organization.

In an e-mail message to members, the Academy listed an important list of accomplishments including:

- \* Increased immunization rates and lowered incidence of infectious diseases such as polio, measles, chickenpox and pneumonia;
- \* Improved folic acid consumption among pregnant women in order to reduce birth defects;
- \* Trained more than one million pediatricians world-wide in the Neonatal Resuscitation Program (NRP);
- \* Released more than 350 AAP policy statements and recommendations on topics such as: guiding pediatricians in reporting of child abuse (1966), encouraging breastfeeding for full-term infants (1978), advocating that mature adoptees have access to their birth records (1981), opposing corporal punishment in schools (1984), recommending use of analgesia

during circumcision (1999), suggesting no TV for children under two (2001), promoting elimination of soft drinks in schools (2004), and advocating emergency contraception availability for teens (2005).

However, missing from the list have been our organization's ability to help increase the eligibility of millions of children in Medicaid, our nation's largest children's health insurance program now covering 25 million. We have also worked effectively to protect and enhance the State Children's Health Plan since its inception in 1997, which now provides insurance for an additional 4 million.

In spite of the superb efforts of our Immediate Past President, Carol Berkowitz, who has served as a member of an advisory committee to Health and Human Services Secretary Levitt on cutting \$10 billion from the Medicaid budget, children remain at risk of losing funds to pay for critical drug benefits.

This planned reduction in the Medicaid program is further complicated by the horrific destruction caused by the two major hurricanes and the need to provide Medicaid funds to those displaced in Louisiana, Mississippi and Texas.

A bipartisan bill introduced by Senators Grassley and Baucus would extend Medicaid coverage for 5 months to low income families in these affected areas and expand eligibility to twice the poverty level for a two person family. This bill is being undermined by the administration according to a New York Times report.

Katrina has also lifted the cover off of the continuing factor of poverty

in the lives of 17% of our population. It is poverty which contributes to the documented weakness in health care and education and family stability.

The Annie E. Casey Foundation, in their 2005 Annual Report, state their belief that the most powerful approach to altering the future of our most disadvantaged children is to enhance the financial security of parents in the present. The best way to do this is to help parents connect to and succeed in the work force.

Millions of families remain in poverty in spite of the best efforts of hard-working parents. However, a sizeable population of poor families continue to remain disconnected from employment. In 2004 almost 4 million American children lived in low income families where no member of the family had been employed in the past year.

The 1996 Welfare Reform Law was a step in the direction of helping unemployed individuals gain employment, but did not recognize the barriers to achieving their goal. Many parents who want to work their way out of poverty have been unable to do so, leaving their children's future compromised.

A few states have created innovative programs to help remove barriers to employment, incorporating treatment programs for the emotionally disturbed, drug abusers and previously incarcerated. The programs which prove successful need to be recognized and funded to enable families to be brought back to a productive status. Our children deserve the chance.

Please contact me at [donroschiff@comcast.net](mailto:donroschiff@comcast.net) with your thoughts and ideas.

# Advocates for Children

*by Burris Duncan, MD, FAAP*

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Several months ago, Joan Hodgman invited me to initiate a new column for the Senior Bulletin that would highlight advocacy for children. We are well aware that you, the membership of this Section, have been advocating for children your entire professional lives and that many of you have continued to do so after you retired from active practice. It is your story that we are after and it is your story that will give us the greatest incentive to “do likewise”. It was with that premise that I agreed to accept the challenge.

This column will start with four components:

1. A description of the AAP’s Legislative Conference held in the spring each year in our Nation’s Capital just in time for the cherry blossoms. It’s a good way to get into the political arena and promote your cause.
2. A story of one of us that describes his emersion into the Reach Out and Read Program.
3. A partial list of possible ways to help improve the lives of our little friends.
4. An invitation to send us your own advocacy story.

Last April, I had the good fortune to attend the AAP’s annual Legislative Conference held at the Ritz-Carlton in Pentagon City. It was a very full, busy, and informative session which revved the engines and turned the motor on. The Conference was a great success; largely due to the fact that the attendance was limited by design so the number of participants was relatively small, there was a commonality of purpose for all of us who attended, the sessions were conducted in the “hands on” type of learning mode, and the attendees had to immediately put into practice what they had learned. First, all of us were required to call the offices of our Senators and Representative before the Conference and make an appointment to see them in their office “on the Hill”. The first time for anything is often a bit daunting and hence that initial call was a little intimidating. But I got past it and actually was looking forward to the experience. Last spring, at the time of the Conference, the Congress was considering cuts in Medicaid. The proposed cuts would affect so many of the children we serve. The Conference was all about how to approach legislators and how to frame the message. We were observed giving our pitch and constructive criticisms were offered. The last session of the Conference was a trip to the “Hill” to actually do what we had been taught. It removed the jitters and opened communication between the legislative offices and us. Unfortunately for the children, Congress failed to vote “our way” and they did decrease the Medicaid appropriations. But, as they say, it is not the destination but the journey. The Conference eased the journey. I would recommend that you take the journey and swell the numbers who lobby to improve the health and well-being of the children you have cared for your entire adult lives. If this suits, it is best to reserve your place at the Conference early; space is limited and fills rapidly.

Legislative opportunities are also available on a state basis and all AAP Chapters have legislative committees. Retired pediatricians are in a unique position to influence state legislators because they typically have a respected reputation in their community and frequently have been the physician for the legislator’s children or grandchildren or other relatives. Try it!

There are so many ways to advocate for children. You know them and some of you know them intimately and some of you have worked in these areas. The following is a partial list of possible advocacy roles or involvement:

- Legislative issues
  - AAP’s Legislative Conference in April
  - Visit your legislators
  - Op-ed letters
- Personally enter the political arena as a
  - School Board Member
  - City Council Member
  - County Supervisor
  - State legislator

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## **Advocates for Children** Continued from Page 4

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- Serve on the Board of Directors of
  - Local agencies that foster to the needs of children
  - National agencies that have children as a high priority
- Serve on the Local School Board as an elected Board member or as a resource to a Board Member
- Initiate tutoring programs for disadvantaged children getting other senior citizens involved
- Tutoring on an individual basis in the schools
- Work with the Academy's Reach out and Read Program
- A CASA volunteer
- Attend Child Abuse meetings and serve as a resource
- Member of the Foster Care Review Board
- Volunteer to work in the local UNICEF or the Red Cross office
- Push for the US to ratify the Convention on the Rights of the Child

We invite you to send us your story. Tell the readers what your effort is and why you selected it. What has been your contribution and how has your role fit into what you have learned or did as a pediatrician? What are the negative and what are the positive aspects of your work? Does the activity satisfy your desire to be active and productive? Is it fulfilling? Would you recommend it to others? What advice do you have for someone who wants to get involved?

We look forward to hearing from you.

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### **Dr. Michel Cohen and Reach Out and Read**

[mwcohen00@comcast.net](mailto:mwcohen00@comcast.net)

My long anticipated and grand retirement began in October 2000. After a full career of helping individual children, their families and a broad population of youth through many community activities, particularly, through the American Academy of Pediatrics at all levels, I discovered a huge void in my life. No, it was not the hectic daily routine of practice, but the satisfaction of knowing I was making a difference in the lives of children.

While searching for just the right place for my efforts, I decided to become a volunteer reader through the Reach Out and Read program at the Outpatient Pediatric Clinic at the University Medical Center in Tucson. I dutifully began reading to children who had come for visits and their siblings, one half-day per week. Within a few weeks, it was clear to me that this program had enormous potential to influence the lives of the children and their families. The kids enjoyed listening and interacting around the stories I was reading to them. It was just plain fun. The parents took great interest in watching how I delivered the stories as well as techniques I used to promote their child's involvement. Parents also took pride in telling me how much they read to their children or accepted the idea that book sharing at home could be an enjoyable moment for both them and their child, as well as promote their child's development. The idea of reading to infants as a strategy towards school readiness was intriguing and challenging to many. Well, I was hooked!!!

I have since gone on to become Medical Director of the University's Program, Medical Director of The Reach Out and Read Southern Arizona Coalition, Advisory Board member of our Arizona Coalition and have had the opportunity to learn and contribute in two national meetings. Well, you know how pediatricians dive right into meaningful activities. I certainly do not need to look for anything else to do and feel extremely gratified about my role in continuing to answer the needs of children.

Reach Out and Read (ROR) is a national, medically based preschool literacy program that has a total of about 2500 sites in the US and elsewhere. The program began in Boston in 1989 and after steady growth is currently in an extensive expansion mode with the support of a 10 million dollar federal grant and many sources of funds through productive private and corporate partnerships. The ROR model includes three major components.

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Children are given a choice of a new age-appropriate and culturally sensitive book by the medical professional at the beginning of their well-child visit from 6 months to five years of age. The clinician uses the book to make observations regarding parent-child interactions, as a vehicle for the usual visit related developmental assessment and as the focus of anticipatory guidance regarding reading daily to the child at home. When feasible, volunteers are used as readers in the waiting room to enhance the joy of reading for children and to model creative and exciting reading techniques for parents.

To date, ten individual studies and one review article have been published regarding the impact of this model on a variety of outcome measures, including the frequency of book sharing, reading sharing preferences and attitudes within the home and receptive and expressive language development. These studies indicate a positive outcome, to varying degrees, for all these measures. Anecdotal reports from many professionals and parents highlight an enrichment of the clinician child/family relationship, a transition of the medical office to a literacy-rich environment, an absolute escalation in the joy of reading and verbal interaction within the home and a greater orientation towards school preparedness early in a child's life. More in-depth information about this model, the evidence-based research, the national structure of ROR, the location of local sites and the individuals and organization supporting this effort is available on the national website at [www.reachoutandread.org](http://www.reachoutandread.org).

So, where do members of the Senior Section fit into this important program? Basically; anywhere and everywhere. Opportunities exist from being volunteer readers, organizational leaders at all levels, community liaisons, political advocates, fund-raisers, expert consultants on literacy and child development, and overall "champions" of the cause at a local state or national level. Check out the national website or coalition websites within your state and call current participants or leaders. Find out what are the greatest local and state needs. You can contact Martha Gershun, Director of National Expansion from the ROR National Center at [Martha.gershun@reachoutandread.org](mailto:Martha.gershun@reachoutandread.org) or at 913-378-6654. Believe me, it will feel good to be helping in a big way again.

## The Senior Advocacy Award

*by Muriel DuBrow Wolf, MD, FAAP*

Advocacy becomes part of your life when you see recurring problems, and you decide it is important to address these problems. Over the years I have learned that you can't do it yourself and how important forming a coalition can be in attempting to solve serious problems.

The problems of lead poisoning was one area where constant advocacy and coalition building was imperative. We have come a long way in the District of Columbia in helping children and families suffering with lead poisoning. In the early 1970's between 100 and 125 children were admitted yearly to Children's Hospital with lead poisoning with lead levels over 60 mcg/dl. Today we admit fewer than 5 patients per year with leads over 60mcg/dl. (Currently a lead level of 10 or more is considered an undue burden of lead.)



*Muriel Wolf, MD, FAAP and Avrum Katcher, MD, FAAP*

I first learned to deal with lead poisoning when I worked as a resident with Dr. Julian Chisolm in Baltimore, but it was not until I noted and consulted on several families whose children and parents developed lead poisoning when they were redoing old houses on Capitol Hill in D.C. that I became involved in addressing lead poisoning. We published an article in JAMA about those families, and subsequently I became concerned about all the children in D.C. who were exposed to lead in old homes.

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The LEAD task force was formed in the early 1970s—with a steering committee and with health, education and housing subcommittees. There was representation from physicians, nurses, health department members, real estate leaders, educators, and members of the television and radio media. Working together over these many years we have been able to reduce to 1% the number of children in D.C. with leads over 10 mcg/dl. Currently, through the lead advisory committee to the District of Columbia Health Department and the Lead Advisory Task Force we are working on identifying housing with lead hazards before the children are poisoned. Without perseverance and without coalition members working together, we could never have lowered the number of children with lead poisoning so dramatically.

One of the first formal pediatric nurse practitioner training programs in the United States was started in the District of Columbia. In the early 1970s a number of children, particularly from the inner city, had no medical home and lacked strong pediatric care. A nursing co-director and a medical co-director (MDW) started a small pediatric nurse practitioner training program at Children's Hospital. The program was successful. We then formed a coalition with the Catholic University School of Nursing, the D.C. Children's Hospital and the District of Columbia Health Department and received a federal grant under the Nurse Manpower Act to teach and train nurses to become pediatric nurse practitioners. Initially the nurses received a PNA Certificate; some of the R.N.s went on to complete their B.S. degree through Catholic University. The pediatric nurse practitioner training program has continued these many years and is now incorporated into the master's degree program at Catholic University School of Nursing. And many of the children from the inner city continue to get pediatric care from these pediatric nurse practitioners.

When in the early 1990s the federal government planned to award funds to states through block grants, advocates for children became concerned that kids might not get the funds as they did not vote. The Children's Health Care Coalition of D.C. was formed by members of the D.C Academy of Pediatrics, by leaders in the D.C. Health Department, and by members of D.C. ACT (D.C.Action for Children, a non-profit advocacy organization) to advocate for children's programs. Because some 30% of children had no medical insurance, the coalition began to address the issue of uninsured children. A \$1,000,000 grant was obtained from the Robert Wood Johnson Foundation to enroll children in Medicaid and SCHIP (State Children's Health Insurance Program). The program has been very successful, and subsequently RWJ renewed the grant for another three years. Without the coalition many children and families might not have health insurance.

I have described three examples of addressing children's health problems by having advocates for children work together. By building coalitions, we have been able to tackle several serious issues for children, problems that might not have been solved by one single individual.

*Muriel DuBrow Wolf, M.D.*  
Attending in Pediatrics and Cardiology  
Senior Pediatrician Child Health Center  
Children's National Medical Center  
Associate Professor of Pediatrics  
George Washington University School of Medicine.

# Sincere Apology

The article in the June Bulletin titled “Acute Otitis Media (It’s a SNAP)” written by Eugene Wynsen MD, FAAP was incorrectly attributed to Av Katcher instead of just the editor’s note. The editors wish to sincerely apologise to Dr. Wynsen for not giving him appropriate credit for his excellent article and add a second Editor’s Note that was omitted from the June Bulletin.

**Editor’s Note:** *In the recent recommendations that otitis Media be treated with watchful expectancy and control of pain but without initial antibiotics (the SNAP plan), we again have an example of treatment recommended without adequate follow-up. I am not aware that the proponents of SNAP have any large set of follow-up data to support their recommendations. The problem of antibiotic resistance is real, as is the problem of serous complications. Which is the best solution? Without convincing data, what goes around, comes around.*

Joan Hodgman

## A Katrina Reprise

by James L. Reynolds, MD, FAAP

### A Personal Odyssey

It was suggested that I write about Hurricane Katrina from the viewpoint of a New Orleans pediatric cardiologist who, before the “worst hurricane ever”, was working part time at Tulane doing outpatient cardiology. My experience with and thoughts about the worst hurricane ever to hit New Orleans follow:

As Katrina approached, one had to make a decision whether the hurricane’s eye and its cone were actually going to include N.O. News reports were somewhat uncertain up until two days before, so valuable time was lost during which a speedy evacuation was possible had one’s requirement not been an imperative need. New Orleanians were well warned by the mayor, weather services, and the media in advance of Katrina that it was a category 4 or 5 hurricane. We knew the city was, in effect, a saucer rimmed by levees sunken over time and unable to withstand more than a category 3 hurricane. This vulnerability was cited, but somehow was not considered compelling enough for people to flee soon enough if at all.

The city’s mayor, Ray Nagin, advised evacuation, but did not say it was “compulsory” until, as I recall, less than about 18 hours before landfall. Being an autochthonous New Orleanian who never before evacuated during several prior hurricanes, I was reluctant to do so until about 16 hours before Katrina’s landfall. Government and media advice to leave became so unanimous by then in prophesying disaster that, even discounting TV hype, my wife and I made the decision to go. It turned out to be a good one—not in our case because there was damage to our home either from wind or flood, but because of the extreme difficulty of living without power, water, or basic services such as food that retail stores ordinarily provide. We were fortunate living in suburban Metairie, part of which is on a “ridge” six feet above sea level.

We opted to evacuate to Houston, made a hotel reservation there, but something on Interstate-10 called “contra flow” by which a two-way interstate highway becomes one-way by state decree, intervened. On our side of the highway we barely crept along

westward but only as far as the I-55 intersection. We then were forced by state police to go directly north on I-55; all exits going west off I-55 to Houston were blocked; we were compelled to go to ... Memphis. Memphis turned out to be an excellent choice; a cell-phone call to the Houston Marriott to cancel our reservation there resulted in their kindly reserving a room instead at Marriott’s Springhill Suites on Main St. in the heart of Memphis’s business and tourist district, a block from the riverfront. But we arrived there at 1 A.M., sans map, and found ourselves going round and round the loop encircling the city before finally finding our way haltingly, after 18 hours, to #21 Main St..

Memphis has done a superb job of renovating their waterfront and business district, which several years ago was practically abandoned. Main St. in the district’s heart is reserved just for street cars—trolleys to non-New Orleanians—that circle from Main St. along the riverfront, then back again to Main. Countless new apartments and condos now fill many renovated buildings whose

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intriguing architecture has fortunately been preserved. Multiple shops and many good restaurants rivaling those in New Orleans are found in the district, as well as the famed Peabody Hotel with its trained ducks that punctually, at 11 A.M. and 5 P.M. daily, waddle forth from their special elevator down a red carpet under the rapt gaze and delight of countless gathered onlookers, into the lobby's elaborately carved marble pool cum fountain. One feels that despite Hurricane Katrina, something, if not quite everything, must be right with the world if the Peabody ducks still parade there. The hotel's name in Memphis is pronounced Pee-**bod**-ee, not Bostonian **Pee**-b'dee. Said either way, the Chez Philippe Restaurant in the hotel's lobby is for me much duckier than the live canards splashing in the lobby's pool.

The problem with the sort of evacuation we and most others did is that one doesn't plan for an extended stay. Besides a wardrobe deficiency, there is an absence of communication for many days, so friends and relatives at home, or, more likely, scattered about the southern states, are difficult, if not impossible, to contact; telephone service to the hurricane-ravaged area is interrupted indefinitely; one's e-mail server—mine was Tulane U's—is inoperative, transferring funds to a new bank is a challenge when one's home bank doesn't answer the phone; when one's bills are due is unknown; etc., etc., but one copes. *Humanius est deridere vitam quam deplorare*—laugh at life; don't cry over it.

After one month in Memphis, we left, actually a bit reluctantly, to join a daughter in Houston in

order to help her manage. She ordinarily lives in New Orleans and works for Merck as a medical research associate supervising experimental-drug studies, but she evacuated eventually to Houston with her twin 14-year-old sons and Scooter, the endearing family rat terrier (no relation to I. Lewis "Scooter" Libby). My daughter has now moved seven times in connection with both Katrina and Rita. But the boys are now in a good school, Strake, a Jesuit school, that is running separate classes for some 400 New Orleans students from 3 to 9 P.M., Sun. through Thurs., and letting boys, who had already paid tuition in New Orleans, attend free of charge, although Strake's tuition is twice that of the Jesuit high school in New Orleans—a noteworthy example of Texan magnanimity.

So here we are in Houston participating in ferrying two lads back and forth six miles to school and walking Scooter three times daily. I'm restlessly biding my time to return to clinical medicine. Tulane Hospital is not operative, but Tulane, serendipitously, just a few months before Katrina, bought a small private obstetric hospital in Metairie, LA, Lakeside by name, and it is now being converted into a pediatric hospital also for the university.

But too much about the Reynolds; how about New Orleans?

### **New Orleans Medicine Post-Katrina**

A number of the area's major hospitals are severely damaged and inoperative: "Big Charity" Hospital, founded early in the 18<sup>th</sup> c.; University Hospital (a nearby

newer part of Charity also staffed by both LSU and Tulane); and Tulane University Hospital, all three in the LSU/Tulane medical complex downtown on Tulane Ave.; Lindy Boggs Hospital (formerly Mercy Hospital, midtown), and Memorial Baptist Hospital (formerly Southern Baptist Hospital (Broadmoor area, uptown) where I practiced solo pediatric cardiology for 25 years. Touro Infirmary (uptown) has little damage and is open. Lakeside Hospital, Ochsner Foundation Hospital, and East and West Jefferson Hospitals, all in Jefferson Parish, are open, but are currently operating with staff limitation. It was feared that the Tenet-owned hospitals, Baptist Memorial and Lindy Boggs, would not reopen, but Tenet just recently committed to reopening them on a significantly smaller scale. Some physicians have moved to other areas to open new practices, while others practice under vexing limitation and await opening of facilities and appearance of patients. Surprisingly, there's a current dearth of non-professional-level employees—evacuees who haven't yet returned, so it's difficult providing patient services. Everyone in medicine seeks that elusive "normalcy" advocated by Warren Gamaliel Harding.

### **Whither New Orleans?**

What's to become of New Orleans? The main thing the city had going for it was its past, so ... certainly New Orleans should be restored. The city's uniqueness: its busy port—terminus of the mighty Mississippi—its historical prominence, cultural and architectural diversity, birthplace of jazz, site of vertical tombs, and identification

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with Mardi Gras all qualify it for restoration. As an "open-air museum" (E.S. Phelps's apt term), New Orleans is like European cities such as Bruges, Prague, and Venice, *sui generis*; among U.S. cities of the same class, San Francisco comes to mind, but the list is short.

Be warned: We New Orleanians plan on pronouncing *gris-gris* on the nation and sticking pins in a voodoo doll should our city not be properly and quickly restored.

President Bush has made a commitment to rebuild the city, so doubtless it shall be rebuilt. The question is what will be rebuilt, when, and in what manner? New Orleans suffered extraordinarily not only because of Katrina's "worst hurricane" ferocity, but because the saucer-like city is 6-10 feet below sea level, and its citizens were disproportionately poor. With an estimated 50,000 homes destroyed, about 60% of them flooded, and many more severely damaged, large swaths of the city will need total replacement, but it's unlikely that many of the displaced residents will return: They didn't have the financial wherewithal to leave, will not likely have it to return, and for some time the job market will be severely depressed; there was 10% unemployment even prior to Katrina. More recently the Mississippi River lost some of the historic vitality it once had as one of the nation's most vital transportation links. While the New Orleans best known to tourists: the Vieux Carré, the Garden District, and uptown, has survived, many homely, modest, architecturally diverse homes, creole cottages and corner shops in the heart of the city are severely

damaged if not destroyed.

The first impulse in clearing Katrina's devastation is demolition, bulldozing and clearing, resulting in vacant tracts of land, but one hopes there will be a serious effort at restoration through loans, grants, and write-offs to developers and home owners to stimulate restoration.

The situation calls out for a comprehensive survey to determine what is salvageable, especially that of architectural importance and historical significance. One applauds the early effort of the National Trust, with financial support from the Getty and American Express Foundations and others, that has already sent survey teams into New Orleans. One hopes property owners, city officials, local preservationists, developers, the SBA, and FEMA will work in concert to restore as much as possible of old city neighborhoods such as Holy Cross, Tremé, Mid-City, Lakeview, and Broadmoor. Currently, the New Orleans City Council, the mayor, and Louisiana's governor each have competing survey teams with inevitably diverging political interests that one hopes will not get in the way of a good outcome for restoration and development of the city.

Undoubtedly there will be areas of the city that can't be restored. Such areas just inside and outside the city's low-lying southern fringe, where flooding was at its worse, could profitably be devoted to other than residential use: Building the nation's first new oil refinery (at Garyville, LA) since 1976 comes to mind as perhaps a useful project. Such a venture, especially if the required up to 800

necessary federal and state applications and regulations could be abolished, suspended, or simplified would provide needed economic stimulation and permanent jobs for returnees while simultaneously easing the nation's acute gasoline shortage.

In Florida currently, responsive to that state's unusual spate of hurricanes, is a burgeoning coastal boom in land prices. It's most unlikely that Katrina will provide such a surprising stimulus to hurricane-damaged land in New Orleans. The New Orleans economy was depressed pre-Katrina. Creative economic thinking is needed to provide jobs for New Orleanians in order to encourage their return. The port, tourism, medical care, and education were the city's main economic stays; all have obviously suffered severely.

Although the current federal deficit is unusually large, spending on congressional "pork" could be deferred and diverted instead to vital reconstruction needs in the city and the Louisiana and Mississippi Gulf Coast. A glaring example is the \$223 million earmarked in the current Senate budget for a bridge from Ketchikan, Alaska (population = about 9,000, to Gravina Island (population = 50!). Such funds could instead be used to rebuild, e.g., the 5.4-mile Twin Span bridge on I-10 between New Orleans and neighboring Slidell that was destroyed by Katrina. That interstate-highway bridge is a vital commercial and commuter route restoration of which is estimated to cost \$600 million. The deficit could be made up by diverting other monies from the congressional pork-barrel, e.g., \$500,000

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in misused HUD money scheduled by the Senate to build a sculpture garden at the Seattle Art Museum, or \$2.2 million for a cat and dog shelter in Rhode Island, or \$950,000 for a parking facility at a Nebraska art museum that could itself fund the parking facility from more than \$66 million of its own assets. Oklahoma Junior Senator Tom Coburn recently made an amendment to the Senate's funding bill to re-direct pork funds to hurricane ravaged areas, but it lost to the "pork barrel alliance" by a disappointingly overwhelming 86-13 vote—a rare instance of Democrats and Republicans working concertedly, but unfortunately not for the nation's good.

## Future Protection

Will the nation finally get serious about both preparing for hurricanes and preventing the severe destruction they entail? We could do worse by taking as an example the response of the Netherlands to their devastating North Sea flood of 1953 when half the country flooded and 1,900 people lost their lives. That nation has, over a 50-year period, built extensive levees, dikes, sluices, water barriers, and canals that truly have the prospect of preventing recurrence of such a major flood. The Dutch have also realistically decided not to defend certain areas—1.2 million valuable acres—that would require truly extraordinary protective measures, but are devoting such flood-prone areas to holding water overflow instead. A recent Dutch innovation has been houses built on pontoons: As flood waters rise, the houses do, also.

A key to the Dutch success has been the Netherlands Water Partnership, a public-private think

tank located in Delft that helps the government manage the flood project. A permanent group similar to the Water Partnership that would, over the years, monitor and manage hurricane protection continuously is a deft idea of the Delft group.

Our Gulf Coast, including New Orleans, needs a comprehensive study by geological survey and the U.S. Corps of Engineers, with input from the Environmental Protection Agency, developers, and port and commercial interests to determine what is feasible and effective: where to build levees and flood walls and of what height, the most effective type and location of pumping stations and how to protect the pumps from flooding, what to do about restoring wetlands, which vulnerable areas should be declared uninhabitable, how the federal flood insurance program should be modified.

As the population increases and more people live on the coast instead of the interior of the country, hurricanes will be an increasing threat to even larger numbers of people. Katrina killed more than 1,000 people in New Orleans. We know that there is a fairly predictable 30-year hurricane cycle. Hurricanes are tracked and categorized more adroitly these days, but they are now probably not greatly more severe than they were in the past. That they seem so much is due to several factors: The population has dramatically increased; an increasing proportion of the population lives in coastal areas, with resulting increased coastal population density; and the vulnerable poor are concentrated in cities. Although coastal U.S. makes up just 17% of the nation's land, our coasts now

hold 53% (!) of the population: 153 million people. Thus, vulnerability to hurricanes inevitably will increase.

We now know for certain that a primary consideration in hurricane management is provision of reliable communication. New Orleans's mayor and his principal staff (including the then Chief of Police) who had planned to manage the city during Katrina were holed up in a central business district hotel with absolutely no communication means available for more than 48 hours after Katrina struck the city, so there was no direction from the directors.

We also well know now that emergency generators relied on to provide power during hurricanes must be protected from flooding and be supplied with enough reserve gasoline to keep them functioning.

Such fundamental considerations are, well ... basic, but evidently they need to be recognized and stressed, just as there is a need to keep the pumps at pumping stations draining the city pumping during and after the hurricane until the threat of flooding abates. The mayor of adjacent Jefferson Parish sent the pumping-station workers home by direct order just before Katrina arrived, and instructed them, unbelievably, to turn off the pumps before they left. It was this order, apparently, which resulted in the breach of critical canals when Lake Pontchartrain's hurricane-raised waters surged back into the city. (By way of exoneration, the mayor, from reports that he was receiving, thought the danger to pump workers was critical were they to remain in place.)

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The need for hurricane preparedness and conduct of the city during a hurricane scream out for improvement. Government—city, state, and federal—failed their primary role before and during Katrina: protecting citizens.

Assigning post-hurricane cleanup and restoration of services to the U.S. Army has its appeal. The logistics of moving in service personnel and supplies, clearing and reconstructing roads, rebuilding bridges, and providing security to a devastated area is analogous to the quartermaster, engineering, and M.P. services that an army provides during wartime. An instructive new book, “Resilient Enterprise”, by Yossi Sheffi, a professor of engineering systems at the Massachusetts Institute of technology, would make useful reading for the U.S. government to work out protocols for restarting trade and transportation systems after a disaster. By resilience the author denotes critical flexibility in operating supply chain management. Although he writes about large companies, an important lesson applying analogously to governmental agencies “is that by reducing vulnerability to high-impact/low-probability disruptions”, the magnitude of disaster relief will be drastically reduced.

## **Hurricanes and the Poor**

That poor people suffer more from natural disasters is axiomatic. This known and distressing datum was dramatically demonstrated by the desperate distress and suffering of New Orleans’s poor caused by Katrina. One quarter of New Orleans’s residents lived below the poverty level pre-Katrina. Despite

the ubiquity of TV and the Internet, it is likely that many of them were unaware of Katrina or its seriousness. There were not a few who knew about Katrina, but decided to stay put, not to evacuate, even if evacuation was possible for them. Many had no transportation by which they could leave the city, or had no funds to sustain them if they did. The city provided no transportation for those in need of it. Transport and housing for the poor, the aged, the infirm, and the destitute is a crucial element that should be included in planning for future hurricanes.

That planning should also include measures to eliminate poverty. The old saw that “Poverty is always with us,” is a challenge to be met. How best to do this? Understanding New Orleans poverty is a start. In New Orleans it is primarily a problem of the black population since about 70% of the pre-Katrina Orleans Parish population was black.

A national consensus seems to be developing in more recent years that the main factor associated with poverty is not racial, but cultural: A prevalent black subculture of illegitimacy, teenage pregnancy, children raised fatherless, educational failure, joblessness, and poverty. Breaking this concatenation will result in substantive change. The President’s goal of an “ownership society” is a worthy one—ownership fosters responsibility and industry—but cultural change is a necessary prerequisite. The U.S. provides jobs: Illegal immigrants currently cross our southern border in droves to secure jobs that others will not fill. The reason is cultural. Our best minds need to address this

problem.

Since the U.S. has succeeded far more than any nation in history in eliminating poverty—the increase in raising life expectancy and living standards since 1900 is dramatic—we should focus on doing those recognized things that make the economy prosper and thereby provide good jobs: free markets, free trade, the rule of law, minimal governmental interference in private enterprise, and low taxes. A well-off citizenry is an effective buffer against the loss of life caused by a Katrina

## **Final Thoughts**

When Chopin was in Paris, away from home in Poland, his remarkable talent allowed him to reminisce by writing immortal polonaises. It must be especially nice to assuage homesickness in that fashion. Having no musical talent, I lack that option as I think daily about the New Orleans that was and hope the New Orleans to be will change only for the better. One can’t complain about life here in Houston, and a solatium is the message on a recently purchased refrigerator magnet in the shape of the state of Texas. It reads: “Texas is bigger than France.”

# Letters to the Editor

*from John Bolton, MD, FAAP*

To the Editor:

Ever get stuck on one of those seemingly interminable phone menus that are at best irritating and that can drive mild-mannered folk into a torrent of cursing that continues even after talking to the elusive service representative at the other end of the line and who is, often as not, also at the other end of the Earth? Well, curse no more, my lady—or gentleman. Help is at hand.

A man named Paul English, who should be at least beatified if not sainted, has a web site on which he has posted short cuts for getting around 108 phone menus (as of November 23, 2005). Here is its address: <http://www.paulenglish.com/ivr/>.

He was interviewed on NPR's Morning Edition, and he and the interviewer tried a couple of the short cuts, with miraculous results (see, there are two miracles already; are you getting this down, Pope Benedict?). To listen to the interview, go here: <http://www.npr.org/templates/story/story.php?storyId=5024153>.



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*from John Bolton, MD, FAAP*

To the Editor:

It is time to say goodbye to many of your favorite hiking trails, hunting areas, wildernesses, and trout streams. House Resources Committee Chairman Richard Pombo, R-Tracy, decided to give an early Christmas present to the mining companies and developers in a blatant act of corporate welfare. Steal from the public and give the land to the rich, a sort of reverse Robin Hoodism, in the classic tradition of the corrupt politicians and robber barons of the 1800's.

Perhaps it time for all of us to rush out into one of our national forests and stake a claim on some prime river-front land. We only have to claim there might be minerals underneath. Then, courtesy of all those Republican congressmen, we can convert it to private ownership at no more than \$1000 per acre. I can think of a lot of land I would like to buy from the Feds at \$1000 per acre. Where do we sign up? Have Uncle Herb's old failed mining stock certificates suddenly become worth millions? The possibilities are amazing! What if there are minerals under the White House? Has anyone ever checked? It is on Federal land. How do you stake your claim?

How long will it be before middle class Americans realize that the Republican Party long ago sold them out to the highest bidder, read "political contributor?" The tally: 217 Republicans voted for HR 4241, while 200 Democrats, 14 Republicans and 1 Independent voted against the giveaway.

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*from Arthur Maron, MD, MPA, FAAP*

To the Editor:

## SENIOR FORUM

Our readers are invited and encouraged to submit comments in response to articles appearing in the Bulletin. These thoughts are in response to the recent article by Av Katcher entitled "Pediatric Resident Training Experience".

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Av reviewed resident training as we seniors knew it and posed some thoughtful questions about the residency of today. Yes, a lot has changed. I believe there have been three “sentinel events” and several inexorable trends which we can credit (or blame) for the changes in residency. The sentinel events were: enactment of Medicare in 1965, the Libby Zion case in the ‘80s and the Boston Medical Center ruling in the ‘90s.

Medicare included a financial subsidy to teaching hospitals which was little known to Congress and certainly not obvious to the general public. Reimbursement for the direct and indirect costs of graduate medical education allowed teaching hospitals to pay residents more, expand their programs and still reap a handsome profit. At the peak, some urban teaching hospitals were receiving a cool quarter-million per resident per year. GME was big business! Second, the well-publicized Libby Zion case highlighted the danger to patients as a result of sleep-deprived, poorly-supervised, overworked residents (sound familiar?) and revolutionized the organizational structure of residency. Third, a landmark ruling in Boston characterized residents not as students but as employees of the hospital. Collective bargaining and the work environment replaced dedication and altruism.

Underlying these events were several trends: First, medical advances and super-specialization created an expanding disconnect between general primary care pediatrics and subspecialty practice; the dilemma was how to educate residents to treat or refer or both. Second, physicians became providers, patients became recipients, and medical care was managed by a third party. A further decline in dedication to patients and altruism toward the community. Third, and perhaps related, we turned our attention to commitment to family, personal well-being and long-term goals.

Well, Av, pediatric residency training HAS changed. It is more relevant, I believe, to current practice. Our residents sleep longer, learn more efficiently unburdened by scut work, are exposed more to the new psychosocial and environmental morbidities, and can share better with the medical care team. We can't go back to the “good old days” but — in spite of our current health care disaster — I'm not sure we want to.

*Arthur Maron, MD, MPA, FAAP*

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To the Editor:

### **A Phone Call From Bob Grayson, The Founder of The Senior Section**

We are happy to report that Bob Grayson called, to say that he personally, and his son Bill, survived hurricane Wilma at their home in the north Miami suburb of Surfside. As was true for many others, despite past experience they were amazed at the intensity of the storm. Their power was out for three days, and still is intermittent. Fortunately, they have a generator, which kept refrigeration going, and were able to extend a line to a friend some yards away. But they lost a huge tree about 100 feet tall, many other plants, and a corner of the house was injured but not wrecked. Downtown, many buildings, supposedly proof even to more severe storms, were injured, in particular, windows blown out or away, with broken glass everywhere. Telephone is makeshift; one of three lines works.

For those in areas where natural disasters may occur, he has a couple of suggestions, in addition to the obvious ones of preparation. Get gasoline before the power goes out. When it fails, service stations can not pump. Lobby to require service stations to have emergency generators for this reason. Get one for yourself. And most important of all, prepare too thoroughly rather than not thoroughly enough.

# Be Safe, Not Sorry On-Line (Part 2)

*by Jerold M. Aronson, MD, FAAP*

In Part 1 of “Be Safe, Not Sorry On Line, I covered the following:

- Having the right computer hardware
  - PC
  - Modem
  - Internet Connection
- Having the right software
  - Web browser
  - E-mail program
  - Virus, Spyware, and Spam protection
- In Part 2, I will cover:
  - Safe “surfing” strategies
    - Using “secure” web sites, especially for financial transactions
    - Creating secure User ID and Passwords, and e-mail • addresses
    - Minimizing e-mail risks
    - Netiquette

Section members that would like to view Part 1 are encouraged to go to login to the AAP Senior Section web-page and safely read the article on line.

## **Surfing Safely**

Learn to recognize a Secure Site on the web, especially for financial transactions. Look for https:// in the Address Bar. HTTPS indicates the Web site uses Secure Sockets Layer, the most common encryption protocol. This indicates that you can safely enter personal information. When you visit a secure Web site, Internet Explorer will indicate that the site is secure by displaying a lock icon on the status bar. Always make sure a site is secure before using it to send any confidential information such as your credit card number. Look for Information about specific site Security Certificates that confirm safety and security on the site.

Making cookies is not only for politicians! Many Web sites identify you as a unique user by storing information in a small text file on the hard disk of your computer. This file is called a cookie. Cookies enable a Web site to store information about a visitor, retrieving that data for identification in the future. Cookies record bits of information such as user name, password, and shopping purchases. This enables the Web site to recognize a returning visitor without their having to reenter identification information.

Many Web sites use cookies to add to your Internet enjoyment. Cookies allow Web sites to be customized to your needs. For instance, a weather Web site may ask for your zip code. It will then store your zip code in a cookie so that next time you visit the site you can get your local weather without having to enter your

zip code again.

Routinely delete cookies and temporary files from your PC to minimize the risk of identity theft. In Internet Explorer, go to Tools/Internet Options. Under General Tab/Temporary Internet Files click on Delete Cookies and then click on Delete Files. Although these files speed up your connection to web pages that you have visited in the past, your PC will automatically re-create these pages the next time that you go to the specific web page. Deleting files this way may eliminate cookies and other files placed onto your computer surreptitiously.

Take the following additional precautions to safely surf and prevent your PC from being invaded:

- Do not download free software without reading licenses and privacy notices association with the programs.
- Don't download programs from sites you don't trust or know. You may well be exposing your computer to spyware by downloading some of these programs.
- Do not use – or let your grandchildren use – Kazaa or any other file-sharing network. They are prime breeding grounds for spyware and other malware.
- Never agree to download an Active X program (often necessary to display graphics or to perform software diagnostics on your hard drive) from a web site unless you are 100% sure it is honest.
- If you have Windows XP or Microsoft Office 2003, upgrade to Service Pack 2. Set your operating system

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to automatically search for, download, and install all Microsoft security patches.

- Don't click on links within popups—pop-up windows are often spyware activators. Clicking on a pop-up link may install spyware software on your computer. Close the popup with the “X” on the title bar and not the “close” link, if any, within the window.
- Adjust your browser properties to kill popup windows. These are often generated by some kind of malicious active content. Be wary of free downloads. Many sites offering customized toolbars or other goodies are come-ons.
- Choose “no” when asked unexpected questions. Be careful of an unexpected dialog box asking whether you want to take a given action. Always close the dialog box by clicking the “X” icon in the title bar.
- Don't follow e-mail links offering anti-spam help. Don't trust'em! These links may actually install the spyware they claim to be keeping off your system.
- Spam is not only our old-time favorite luncheon meat! Simply put, Spam is an unsolicited e-mail usually to many people. A message written for, and mailed to, one individual that is known to the sender is not spam, and a reply to an e-mail is not spam, unless the “reply” repeats endlessly.

E-Mail is the most popular web application. Major goals of the vendors (including Microsoft) producing web browsers, anti-virus, anti-spyware, and anti-spam software are to make browsing and e-mail more enjoyable, provide protection from potentially harmful downloads, screen unsafe e-mail attachments that could potentially spread viruses, etc. Your ISP will usually provide one or more e-mail addresses and mailboxes. These e-mail addresses are yours as long as you continue to subscribe to the ISP. If you stop subscribing to the ISP, you lose your e-mail address. However, you might choose to use one specific e-mail only for financial transactions, another for personal/family mail, and another for business. Your e-mail program can easily be set to download all mail from all e-mail addresses each time you login to your e-mail. To accomplish this, open your e-mail software, e.g. Outlook Express, click on Tools, Click on Accounts and select Mail Tab. Select Properties for the “default” e-mail address and copy the settings for each of the tabs shown onto a piece of paper. Then, while in the Mail Tab, select Add Mail. This will open a “Wizard” that will walk you through the steps of adding a new e-mail address. For all fields, except the e-mail address, use the data that you have copied to the paper. In the field for the e-mail address, use the

new e-mail address, e.g. [name1@att.net](mailto:name1@att.net) or [name2@att.net](mailto:name2@att.net), etc. This will assure that all e-mail addresses for the same ISP are downloaded at the time you open your email program.

- In contrast, MSN Hotmail ([www.hotmail.com](http://www.hotmail.com)) and Yahoo ([www.yahoo.com](http://www.yahoo.com)) provide free, permanent e-mail accounts that can be accessed from any PC connected to the Internet anywhere as well as being downloaded to your e-mail program. AAP Fellows can obtain a free, e-mail address by logging into the Members Only Channel at [www.aap.org](http://www.aap.org) and signing up. A significant benefit of using these e-mail accounts is that these entities invest substantial resources to provide additional virus and worm protection and minimize spam to improve user satisfaction. However, these applications often limit the size and type of e-mail attachments (important with sending pictures, etc.). For more information on “How to protect yourself from spam (and viruses) using Hotmail and Outlook” see <http://security.msn.com/articles/msmailprotect.armx>

Here are some additional tips for a more enjoyable and safe e-mail and browsing experience:

- View your e-mail first via the “netmail” or “webmail” service provided by your ISP. Each ISP usually provides access to your secure e-mail via their Home Page. Here is how to check your “netmail”. Go to the webpage of your ISP (e.g. [www.comcast.net](http://www.comcast.net) or <http://webmail.att.net> or <http://netmail.verizon.net>) and click on login. Enter your ID and Password and view your e-mail. Delete any/all suspicious e-mail before downloading it to your PC. Logout and then open your e-mail program. Your e-mail will automatically download into your mailbox. Viewing e-mail on the web first provides additional virus and worm protection since suspicious e-mail never makes it to your computer. This is fast and convenient, especially with broadband connections.
- Never open e-mail attachments from unknown senders or if the message is unexpected. If it comes unexpectedly from someone you know, check with the person to verify they sent it. If it appears to come from a trusted source (a company that you do business with, for example), try to verify they sent it before you open it.
- Choose your passwords carefully—The hardest passwords to crack are at least 8 characters long and mix numbers, symbols, and letters. Don't share them. Change them monthly, especially with finan-

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cial accounts.

- Never use your Social Security number for either a UserID or Password.
- Create extra e-mail IDs. Use one for registering with commercial sites or newsletters, another for your message-board and chat-room identities, and another for corresponding with friends. Use more than one e-mail address—Use secondary addresses when registering with commercial sites, signing up for newsletters, etc. Your e-mail program will enable you to download mail from multiple e-mail addresses automatically each time that you sign on.
- Protect yourself from identity theft. Be wary of requests or “phishing”—Scammers are great mimics. In general, most scams are distributed through unsolicited commercial e-mail or spam. Phishing is a technique used by spammers to obtain, or fish for, private consumer information like bank account numbers, social security numbers, and credit card information. Home e-mail users who do not have firewalls protecting their networks are frequent “phishing” targets. According to the Federal Trade Commission (FTC), the “phishing” e-mails pretend to be from familiar businesses - for example, like Internet Service Providers (ISP), online payment services or your bank or Credit Card Company. The e-mail might say “Your credit card is due to expire. Please enter updated information now” or “Your account has been placed on hold due to security reasons. Please verify your identity by clicking on the URL below.” The E-mails instruct users to update or validate billing information to keep their accounts active. The scam directs users to click on a URL address in the body of the e-mail that directs you to a look-alike Web site of the legitimate business. Consumers think they are responding to a valid request. Unknowingly, consumers submit their financial information - not to the businesses - but the scammers, who use it to order goods, services and obtain credit. They create e-mails and Web sites asking for your credit-card numbers and passwords, and these sites can be dead-ringers for legitimate corporate sites you might be doing business with. **Whenever you get a request to give information, don't click through a message to a Web site. Instead, go to your browser and login to the web site directly by typing the address of the specific company into the Address Bar e.g. <http://www.bankofamerica.com> .** Then login to your account with your UserID and Password and check your data. Note – Bank of America recently

informed me when I suspected that I was being “phished” that they do not send e-mails to customers about their account. If they have a problem, they will call you by telephone.

- Be wary of get-rich-quick schemes or better-than-can-be-believed prices on products. Use caution when responding to requests for money to support charities. Watch out for requests to provide or confirm personal information from unknown sources. If you have any questions about what you have been asked to do, contact the corporation that you believe has sent you the e-mail or other communication.
- Avoid publishing your address on any Web page, especially in a “mailto:” link. Spammers search out these addresses and add them to their mailing lists. To see if your address appears anywhere on the Internet, go to our Search page and enter your full e-mail address. If any results are shown, contact the page owner and ask for it to be removed from the page.
- Don't place your preferred e-mail address on a Web page. Use a public e-mail address (Hotmail or Yahoo) for these listings. That enables the anti-spam software of Hotmail or Yahoo to limit your spam
- More convenience=more risk—Only save your ID and password on an authentication screen if you are the sole user of the computer you're on. If you're on a public computer, don't save your password, and be sure to fully log out and close the browser to assure that your ID and Password are deleted and cannot be viewed by the next user.
- Starve spammers – Spammers get paid by the number of click-throughs and sales. If you want to buy a product, use a Search Page ([www.google.com](http://www.google.com), [www.yahoo.com](http://www.yahoo.com), etc.) to find the appropriate Web site. Don't buy anything through spam messages, and better yet, don't even open them. If you do, you only encourage the spammers!
- Use e-mail filters via your e-mail client and/or ISP. For example, at Outlook Express/Tools/Message Rules one can Block Senders or enter Subject Line or Content words that will be blocked if they appear in an e-mail. The risk is you may miss e-mail from trusted individuals whose e-mail address has changed.
- Back-up critical data (files/pictures) regularly. Backing up data means making a copy of it on another medium. For example, you might burn all of your important files onto a CD-ROM or second hard drive. This is essential in the event that your

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computer becomes “infected” and/or incapacitated.

Finally, use good manners called Netiquette (‘Net + etiquette) while using e-mail.

- DON’T USE ALL CAPITAL LETTERS (it’s hard to read and is considered shouting);
- Be brief;
- Use meaningful subject lines;
- Quote just enough from what you’re answering to provide useful context;
- Don’t forward to everyone you know jokes, rumors, hoaxes, chain letters, charity appeals, and such, even if the arriving note tells you to do so;
- Don’t send “Me too” notes to discussion lists;

- Don’t send attachments without getting the recipient’s permission;
- Send plain text e-mail unless all your addressees prefer HTML format; and,
- Accept and cheerfully answer questions asked by people newly online — remember that we all started with the basics. The [Netiquette Home Page](http://www.albion.com/netiquette/) (<http://www.albion.com/netiquette/>) is an entertaining and informative reference

Remember; send your questions/concerns to [jmaronson@aap.net](mailto:jmaronson@aap.net). I’d love to hear from you. While all questions may not be able to be answered personally, your feedback will help identify topics for future articles.

## Something from Nothing

*by Eugene Wynsen, MD, FAAP*

There is a great need for clean energy. But one sees the polluted air, smog, ozone depletion and other toxic problems with the air we breathe. Asthma in children and adults is more common in polluted areas in the cities and chronic lung problems are made worse. It is discouraging to look out at the horizon and see the smog and dirty air that we have in southern California. But it is not limited to California. What long-term health problems that will develop in the children and adults after breathing this polluted air for many years remains to be determined. Also, there is a lot of discussion about the excess production of carbon dioxide and its role in global warming.

It would be nice to have really clean energy and at least eliminate some of these problems and at the same time obtain plenty of energy. Where can we get such large amounts of energy without attendant pollution? Presently, the emphasis is on atomic fission energy or fusion energy, and other sources of this universally needed energy. But, also there are proper-

ties of the vacuum of physics that are of interest because the vacuum is thought to contain enormous amounts of energy. This is not the vacuum we ordinarily think of like the vacuum cleaner, vacuum in a TV tube etc., but rather the concept of the vacuum of space also referred to as zero point energy. What is this?

Aristotle said there could not be a true vacuum (nothing) as illustrated in his statement that nature abhors a vacuum. He said there is no such thing as nothing, which is what this vacuum would have to be. Other scholars came along and disputed this and tried to show that there were areas of space in which there really was nothing. The early atomic ideas helped to promulgate this as it was thought that there was nothing between the atoms. Philosophers and scientists discussed the idea of “nothing” for many centuries. Then Decartes said that if there was nothing between the atoms, the atoms would be touching. Now, we are back to base one, and scientists tell us that there is no such thing as “nothing” in the

basic physics concept of this idea. Aristotle appears to have been right.

If you read my article on Something For Nothing, you can now do another experiment as proposed by T Bearden, Ph.D. (1) If you obtain an ordinary permanent magnet, and align an electret (like the ones in a microphone) perpendicular to the field, he maintains that you will find that there is a constant stream of electromagnetic waves generated continuously, for as long as you leave the system alone, and with no additional input of energy! He believes this energy comes from the vacuum. (An electret is a permanently electrostatic material) This looks like you are getting something from nothing! It is not just a burst of waves, but there is a continuous emanation of electromagnetic energy. Indeed, if this is correct, you would be getting energy from the vacuum of space, which is what we like to call “nothing.” It appears from calculation by some physicists that the energy in the vacuum is limitless as far as

**Continued on Page 19**

we are concerned. Incidentally, I have not performed this experiment, and cannot verify the findings.

The vacuum of physics is defined as what is left after you have taken everything out that can be taken out. If you take out of a space all that you can get out, there will still remain something. There is radiation, all sorts of fields, and energy that it is not possible to remove (at present). All the elementary particles of physics are in there in a virtual state, popping in and out of virtual existence to real particles in the fluctuations of the vacuum for miniscule periods of time. There is a lot of energy, and it has been stated by scientists that there is upwards of 10<sup>-96</sup> ergs of energy in each cubic centimeter of space. Or stated another way, the radiation would be 110 orders of magnitude larger than the radiation in the interior of the Sun. It is a mind-boggling number. Another stated that there is energy equivalent to 1.0 gram per cubic centimeter. I do not know how these numbers were calculated. (In fairness, some physicists say that there is zero average energy there according to relativistic calculations.)

So, why are we not using that energy in the vacuum, instead of burning fossil fuels? That is a good question. First, we would have to recognize that the energy is there. Then we would have to devise a method for getting the energy out in useful form. One scientist has constructed what he calls a motionless energy generator, but developing energy from the vacuum is not an easy problem and will take time and money to develop. There is a lot of resistance to such an idea, and many consider it to be a quack idea. The

physics and electromagnetic manipulations are beyond my capabilities and understanding and I will not try to dwell on them. But the simple experiment I indicated above would have a coefficient of performance millions of times more than one over a long period of time. Most generators have a coefficient of performance less than one. Apparently the generation of electricity that is now in use is very inefficient. I will not try to explain to you why this is so. The common heat pump is more efficient and may have a coefficient of 4 or more. That is, you get more energy out than the operator puts in. (Many people think you cannot get more energy out of a system than you put in, but this is not true).

We are spending huge amounts of time and money on developing atomic fission and fusion energy, but very little on this concept. I think that it has real potential, but is being ignored. Why? I am not sure. The energy is there, according to quantum physics calculations (2,3,4). Ask the physicists. Most will agree, but some will not. When I first came across the idea of the energy in the fluctuations of the vacuum, I was skeptical and thought it was just one of those way out ideas. It seemed ridiculous, but as I found out more, it became a staggering reality and has much support in the scientific literature. It may sound like an oxymoron to say you could take out more energy when you have already taken out all that can be taken out. But one can definitely take out some of this energy as proved by the casimir effect. It is part of the proof that the energy is there to begin with.

While I do not think that this

would be the answer to all asthma and other lung problems or global warming, I do think it would be a start in the right direction. And there are multiple other aspects that would be enhanced as well, if only to mention the esthetic improvement in our beautiful country and nations throughout the world. Comments are welcome.

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2. Genz, Henning. Helix Books, Nothingness. Perseus Books, Reading Mass
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**A Living Will  
is Important  
to Relationships**

**A man and his wife were sitting in the living room and he said to her, "Just so you know, I never want to live in a vegetative state, dependent on some machine and fluids from a bottle. If that ever happens, just pull the plug." His wife got up, unplugged the TV and threw out all of his beer.**

# What Will It Take To Burst the Bubble?

*Joel M. Blau, CFP™*

*Ronald J. Paprocki, JD, CFP™*

**MEDIQUS Asset Advisors, Inc.**

*"Results. One client at a time."<sup>(sm)</sup>*

Virtually everyone is discussing the housing price boom, which has occurred over the last few years. With the memories of the 2000 stock market bubble, and its ensuing crash, still fresh on investors' minds, eyes are now turned toward the red hot real estate market. But the question now becomes, "Are these appreciated values really justified?"

Housing prices in many large markets, such as California, New York and Boston, have skyrocketed, especially in relation to household income. In addition, the use of residential real estate as an investment has increased at dramatic levels, with funds being provided by leveraging the equity in current homes to buy second and even third properties. Adding to the overall risk is the use of interest only, adjustable rate mortgages (ARMs), which are hugely popular and have partially fueled the demand for housing due to their relatively low required monthly payment.

Interestingly, while home price appreciation in some areas has far outpaced household income, housing on average is still "relatively" affordable. Recent data from the National Association of Realtors Affordability Composite Index shows that a median income family has 17% more income than what is necessary to qualify for a mortgage on a median priced home. This certainly is due in part to historical low mortgage interest rates and the popularity of ARMs. This popularity, however, is now causing a high level of market concern with the increased risk that when interest rates rise, some homeowners will no longer be able to afford their mortgages — leading to an increase in defaults and a slow-down of general consumer spending. The severity of the problem would depend on the magnitude of the rise in interest rates, and also on the overall condition of the economy and job market. It may prove extremely difficult, or even impossible, to afford a rising mortgage payment, especially if the homeowner loses their job in a weakening economy. This can all lead to a greater number of mortgage payment defaults, thus effectively increasing the *supply* of homes that will be up for sale, but a weak *demand* for them because of higher interest rates. That scenario would most certainly cause a substantial drop in housing prices, and the infamous bubble would burst.

The impact of a housing crash on the overall economy and the stock market would most likely stem from a slow down in general consumer spending. Decreases in consumer spending can affect businesses ranging from retail to automotive to service sectors, all of which can negatively impact stock prices. Of course, any business tied to homebuilding would naturally be hit the hardest. As is typical with specific market sectors, those that have had the greatest run up in price also tend to fall out of favor quickly as that specific sector softens. Rising interest rates will also negatively impact the bond market, since bond prices move inversely with interest rates.

It is also important to remember that the ultimate driver of our equity markets is earnings. Consumer spending drives corporate earnings. In the event consumers are hit with a combination of rising mortgage payment obligations and potentially high unemployment, there certainly can be a slow down in spending for other goods, which may be reflected in lower stock prices. If, on the other hand, interest rates remain low and under control, the housing market may maintain its strength, thus delaying or even avoiding a bubble burst.

Mr. Blau and Mr. Paprocki welcome readers' questions. They can be reached at 800-883-8555 or at [blau@mediqus.com](mailto:blau@mediqus.com).

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Waterstone Financial Group, Member NASD/SIPC.  
Waterstone Financial Group and MEDIQUS Asset Advisors, Inc.  
are independently owned and operated.

# Charitable Contributions Revisited

(six months 2005 monitoring)

by Sol Browdy, MD, FAAP

In the June 2004 issue of the Senior Bulletin (vol. 13, No. 3) in an article entitled "Making Charitable Contributions", I made two points. In the first, I directed attention to the availability of a web site, Charity Navigator (America's Largest Charity Evaluator), which researches the proportion of funds raised for the specific programs and what proportion is used for administration. The latter figure is considered critical and the lower the percentage the better.

The second stressed the annoying situation that once you make your first donation to a charitable organization, you will be hounded for repeat donations forever, often in the same year or for many years to come. At that point I suggested developing a letter which would accompany the first check for each charity, placing the organization on notice that for the rest of the year I would ignore additional requests. If one additional request for funds was made, the organization would be penalized for one year. If two or more requests for donations were made in the same year, I threatened to delete that charity entirely. Here is my sample letter.

To: Fund Director

Subject: I am happy to donate a check to fifty charities annually, of my choice and recommended by the Charity Navigator. However, as a senior I live on a fixed income and have reached the limit of my charitable contributions. This notice is to remind you that that if your organization continues to seek another contribution in the same year, I promise to discard the letter unopened and withhold my

contribution for the following year. If the number of requests reaches two or more in the same year, I intend to remove your charity from my approved list.

I have just completed the monitoring of the charities on my list for the first six months of 2005. I am embarrassed to say that the results are a dismal failure for which I humbly apologize. Here are my survey's findings and my recommendations.

I actually contributed to a total of 72 charities.

Nine complied and made no additional requests; United Cerebral Palsy, KUED 7 and KUER FM990 (local radio stations), MAP International, Antidefamation League, Polycystic Kidney Disease, Children's Hunger Relief Fund, Southern Utah Wilderness Alliance, American Society for the Prevention of Cruelty to Animals. Ten made one additional request; International Eye Foundation, The Interfaith Alliance, Parkinson's Disease Foundation, Mercy, Human Rights Watch, Mazon, Amyotropic Lateral Sclerosis Association, Orbis Sight Flight, American Kidney Fund, National Foundation for Cancer Research. Two or more requests were made by 42 (58%).

MADD was guilty of making the highest number of requests (10). Next was Epilepsy Foundation (8); Planned Parenthood (7); The Leukemia and Lymphoma Society, Alzheimer's Association, Environmental Defense, St. Jude Children's Hospital and National Multiple Sclerosis (6).

Based on the warning in my letter, I will continue to donate to the nine in number 2. If the 10 in number 3 make no more requests this year I will resume donations in 2007. The 42 in number 4 will be placed on my unapproved list and receive no further donations.

How to account for the low figures of charitable organizations that were in compliance? First, it is obvious that the letter openers at the organizations either ignored my notice altogether or did not check with their superiors to receive proper instructions on how to avoid multiple requests for funds. Of the 72 charities to whom I sent checks plus the letter, only 2 made appropriate comments. For example, the Multiple Dystrophy Association wrote back as follows: "We have received your correspondence and have taken steps so that you will receive only one solicitation each year. It takes some time, however, for changes to be effected and you may receive additional mailings". Actually, in the first 6 months I received 3 additional mailings. Jewish Family Service responded to me as follows: "We appreciate your concern regarding numerous requests for donations. We will be sending newsletters that include a donation envelope; however, we hope you will enjoy the information contained therein. Please do not see this as a solicitation.". However, I did.

**Editor's note:** *This is the second time that readers are encouraged to write in their ideas and suggestions for an individual's making charitable contributions.*

# Probiotic Follow-up. Consumer Reports gets active.

Some time back, Eugene Wynsen, MD, FAAP, reported on the importance of probiotics for prevention of or healing of gastrointestinal disorders, both acute, and also chronic, including Crohn disorder. Not too long ago, Pediatrics published several articles on the topic. Now this has spread to the lay press. Consumer Reports has published, in the July, 2005 issue, a report on health benefits of these organisms. In case you missed Wynsen's article, probiotics is a popular term for bacteria such as Lactobacillus and Bifidobacterium, which normally live in the human gut. Attention was first drawn to them a hundred or more years ago by Elie Metchnikoff, a Russian researcher. He was drawn to study these organisms by observing that nomads living in far-rural areas of Russia, who often lived for a century or more, consumed huge amounts of yogurt daily. Daily doses of a billion or more by mouth, are felt to have positive effects on acute diarrheal disease in young children, Crohn disease, irritable bowel syndrome, and, less firmly, a variety of other disorders. These bacteria are found in such huge numbers of almost all yogurt products which state on the label that live bacteria are present. Most of them far exceeded the minimum dose mentioned above. Consumer Reports mentioned however seven products which had less than the claimed amount. No comment was made on buttermilk or sour cream. Readers who are skeptical of all this might want to use the Consumer Reports article as a springboard to see what they find on PubMed.

*Avrum L. Katcher*

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## Editor's Note:

*The article on Adolescent Guns, which follows concerns a long term problem which has recently been accentuated by legislative action. If we wish to impact this problem it is essential that all of us in practice do our best to carry the message to our patients. Dr. Silverman has authored a resolution to be presented at the next meeting of the Senior Section Executive Committee. I recommend that it be endorsed by the Senior Section Joan Hodgman.*

## Firearms and Depressed Youngsters

*by Benjamin K. Silverman, MD, FAAP*

In this time of monstrous acute natural disasters – tsunami, Katrina, Rita, earthquake, Wilma, floods – the death of one young man may seem relatively inconsequential. This tragic story of a boy's death, however, represents a renewed awareness into a neglected, *chronic* disaster festering in our society, the ongoing toll of which surpasses even that of the more dramatic, headline-producing occurrences wrought by nature.

This 21-year old college student died of a self-inflicted gunshot wound to the head. The story of his death received scant notice in the media, though there was a bit of coverage in that part of the press, the sports sections, to which we usually turn for diversionary relief from the torment of overwhelming grievous events.

This youngster was a senior scholar-athlete and varsity football player at the University of Pennsylvania. He had played well that weekend, scoring 2 touchdowns in contributing to his team's victory. Two days later, he went to his nearby home and shot himself dead. His younger brother, and Penn Quaker football teammate, is quoted as describing his brother having suffered from long-standing depression, but seemingly had been improving. It was not stated in the press if he had been under treatment.

After a brief, appropriate period of mourning, the team is playing out its schedule as the usually dominant Ivy League football champion. Life goes on – but is forever changed for those family and teammates and schoolmates

close to this boy.

Youth and childhood death by gun, sadly, is mostly an American phenomenon. Comparative numbers indicate that our children are 16 times more likely to be murdered by a gun, 11 times more likely to commit suicide by gun, and 9 times more likely to die in a firearms accident than those in 25 other industrialized countries combined. Currently, about 9,700 American prisoners are serving life sentence for crimes, mostly gun-related murders, committed before age 18.

In very recent years, the one national restriction on gun ownership, the law barring private ownership of the AK-47 Russian-designed assault rifle, was allowed to expire by Congress. In late

**Continued on Page 23**

October 2005, both houses of our Congress passed a law relieving gun manufacturers and sellers of any possible judicial responsibility for any misuse or defects or damage caused by their products. That bill was signed into law by our president at a photographed, congratulatory ceremony attended by a joyful group of middle-aged to elderly male Congressmen and officials of the National Rifle Association. The gun people thus became the *only* industry to enjoy carte blanche freedom from judicial reprisal for damages sustained as a result of their products – not the pharmaceutical industry, not the automobile industry, not the toy industry, not the medical community – only the gun industry has been granted complete freedom by our Congress from responsibility for damages from the marketing and dispensing of its products.

In the current political climate, there is little we can accomplish to lessen the random acquisition and use of guns. Nevertheless, as concerned pediatricians and emergency physicians and citizens who are responsible for repairing the wounded and declaring the fatalities and easing the pain of the families, we must be heard. Blocked politically, blocked legislatively, what role can we take as advocates to begin to alleviate this unfettered destruction of our children? It seems that our pleas fall on the deaf ears of a society so indoctrinated in fear of terrorists, of criminals, of violence that it is willing to make the trade-off of thousands of innocent lost lives for the unrestricted so-called “right to bear arms”. At this time, we can continue to be aware of, but can’t neutralize, this regressive trend.

There is a niche in the gun war, however, where we can take a positive stand that even the gun lobby and its legislative advocates would have difficulty opposing.

In the *Journal of American Academy of Child and Adolescent Psychiatry* (2000:39; 1226-26) Brent et al wrote of failure of parents to comply with the directions to remove guns from the homes of children and adolescents suffering from major depression. The families were given recurrent information about the suicide risk for such children. At the 2-year follow-up, the psychiatrists found that over half the families still retained guns in the home. In addition, 15% of those parents who had denied guns in the home at intake had acquired guns.

In the CDC’s *Morbidity and Mortality Weekly Review (MMWR)* of March 7, 2003, there is a report of the source of firearms in school-associated violent deaths between 1992 and 1999. There were 323 violent deaths, 218 involving student perpetrators, aged 10-21 years (mean 14 years). One hundred twenty-three (123) of those students, many of them under treatment for depression, used firearms to commit 85 homicides, 33 suicides, and 5 homicide/suicides. Seventy-eight (78) of the firearms came from home or from the homes of relatives or friends. Fourteen had been purchased or stolen.

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The American Academy of Pediatrics has recently inaugurated its “Connected Kids” program, featuring a series of brochures on child rearing. At least 3 of the 21 brochures ready for release deal with suggestions

to promote protection of children from the familial and societal usage of guns. These represent excellent first steps in reestablishing an Academy stand. The suggestions of noble hopes outlined in the Academy’s “Forum on Firearms and Children” of 1989 have been defeated legislatively. We have been overwhelmed by the fears generated by subsequent events and the millions of political dollars expended by the gun lobby. A stronger and more proactive stand by all of us is necessary for protection of our youth.

The attached ***suggested resolution***, or some edited modification of it, hopefully will be forwarded to the Board of the American Academy of Pediatrics for action, after passage by the executive committees of appropriate sections and districts,

A RESOLUTION ENCOURAGING THE AMERICAN ACADEMY OF PEDIATRICS TO BROADLY INTENSIFY ITS EDUCATIONAL PROGRAM ON FIREARM SAFETY FOR PROTECTION OF AT-RISK, DEPRESSED CHILDREN AND ADOLESCENTS

***Whereas, there is ample evidence of marked incidence of violence, frequently fatal, associated with use of firearms stored in the home and made accessible to depressed children and adolescents; and,***

***Whereas, innumerable incidents have been documented of mass murders and suicides perpetrated by children and adolescents known to be suffering from depression; and,***

***Whereas, numerous studies, two***

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## Firearms and Depressed Youngsters Continued from Page 23

of which are cited in the preamble to this resolution, have documented the severity and seriousness of such irresponsible storage and accessibility to children and adolescents; and

*Whereas*, Academy Fellows, by virtue of their professional commitments, have responsibility for the care of the firearm damage wrought by depressed patients to themselves and others

**Be It Resolved That, the (Emergency) (Senior) Section (District IX) (Chapter 4) (pick one) of the American Academy of**

**Pediatrics encourages the Academy, through action of its Executive Board, to markedly broaden an intensive educational program promoting:**

- a) **voluntary removal of firearms from the home and workplace of individuals known to be significantly depressed, whether or not such individual is under medical or psychiatric treatment, and regardless of age;**
- b) **safe storage of all necessary firearms in the homes , including under lock and**

**key and unloaded, with access confined to mature, responsible adults;**

- c) **requirement of trigger locks on all necessary firearms in the home and workplace;**
- d) **licensing of all privately owned firearms**

Forwarded to:

Executive Committee, Emergency Section, AAP Executive Committee, Senior Section, AAP Executive Committee, District IX, AAP Executive Committee, Chapter 4 of District IX, *AAP News*.

July 11, 2005

## **"On Medical Stories and Myths"**

Today: **"Lazarus Walks Again"**

*by Maurice Liebesman, MD, FAAP*

**"In baseball 90% is mental, the other half is physical"**

*— Yogi Berra*

Call me old-fashioned but you have to agree with me that lately the practice of medicine has changed a lot. The arrival of managed care made us change the way we do things and the advent of electronic medical records brought instant improvement to our handwriting. Mind you, I know how to navigate through the HMOs and I am proficient in the use of electronic medical records but I feel we are losing the spirit of the craft.

I am still in clinical practice and occasionally have Pediatric Residents and medical students in my office. What makes me uncomfortable is that before anything else I have to teach them the rules and limitations of the HMO's and then the use of our computerized records. By the time they learn the ropes, it is time to say good-bye. They politely tell me they had a good time in my office, but I do not believe them, they are just trying to be polite.

What I dislike the most is that only 10 years ago I had

enough time to teach them how to talk to a child, how to look into their ears, how to gain their confidence, how to talk to the mother and how to sit down afterwards and discuss the case with her and give the instructions in a language she could understand. That was the part I still call: the "art of being a doctor". Now, I do not have the luxury of time. In the few weeks they spend with me I have to teach them how to avoid confrontation (HMO: "customer satisfaction") and how to be a good ten-finger typist.

What concerns me is that when these future doctors will eventually sit in front of a patient, they may not know how to listen, how to show empathy, how to communicate and how to hold hands when needed. I was taught that by accepting the wisdom of my teachers I am obliging myself to pass it along (augmented) to the next generation. Kind of passing the torch, you know... Listening, understanding, empathy, compassion are the very fabric of being a doctor, knowledge is just adding the color. What brings me to this diatribe? Because not too long ago I read the story of a woman to whom medicine offered no viable solution for her problems and she turned on us. What do you do when doctors tell you: "Sorry, there is nothing I can do for you..."

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## **"On Medical Stories and Myths"** Continued from Page 24

Let's call her Mary. Mary was born in 1821 in a small town in New Hampshire, in the family farm, in a cabin built by her father. They were not rich but not poor either. Since childhood Mary suffered many chronic illnesses. She was thin, pale and very sensitive and said to be a "nervous child" and may have had seizures. She was frightened by loud noise but, despite these mishaps, she always managed to put herself at the center of attention. By the time she was an adolescent, her doctor diagnosed her as suffering of *"hysteria mingled with bad temper"*. She was quarrelsome to the point that people were afraid to contradict her.

At age 22 she got married and, for a short while she was nothing but bursting with happiness. One year later her husband died of yellow fever. She returned home to her parents and again showed symptoms of malfunction of liver, stomach, lungs, colds, fevers, backaches, nervousness and depression.

When she was about 40 years old, she heard of a "doctor" who performed miracles on patients using a new and mysterious method. His name was Phineas Quimby and he was not really a doctor. He was a watchmaker who emigrated from England. He was the son of a poor blacksmith and who had no formal education. One day, in Belfast, in the public square he witnessed miraculous cures performed by a French doctor disciple of Dr. Mesmer. He used suggestion and hypnosis, methods already in disrepute in Europe. Quimby followed this doctor around and eventually he learned the craft. When he felt he was ready, he came to America ready to profit from his newly acquired talent.

It is not known how Mary heard of this "doctor" but she contacted him. At that time she considered herself an invalid and had to be carried to his office by helpers since she could not walk. Following his instructions she sat in front of him with her eyes closed, with her knees between his knees and was then asked to, very slowly, describe her malady. Then Quimby rubbed her forehead and temples with his wet fingers, (Mesmer's theory was that animal magnetism is better transmitted through water). Slowly and deliberately softly, but with a firm voice he ordered her to let her maladies fly away, fly away... After a few sessions she was miraculously cured! Lazarus walks again..!

Quimby did not deny that the illness existed but he was addressing the cause of the illness, which is many

times in the mind of the sufferer. Mary left her home and her family and followed Quimby everywhere

A few years later Phineas Quimby died, Mary was devastated. Estranged from her family and with no money, she felt incomplete without him.

One unfortunate snowy day, she slipped and fell on an icy street and again, she could not walk and was confined to a bed. In her solitude and coming from a very religious family, she found solace in reading the Bible. She apparently read Matt 9:2 (*"They brought to him a man sick of palsy, lying on a bed, and Jesus seeing their faith said unto the sick of palsy: Son, be of good cheer, thy sins be forgiven thee"*).

After a period of solitary meditation, she had a revelation..! Could I do it? Should I try...? Yes, I am sure I can do it..! She got out of bed and, to everybody's amazement; she walked out of her sickroom!!

She then realized she was into something important...! She adopted everything she learned from Quimby, linked them to portions of the Bible and called them her own. Now she had a mission in life! She did not consider herself a healer, she called herself a "Teacher of moral science" and being a changed woman, very energetic, with newly found strength and determination, she went out to the public searching for clients, many of whom would later become disciples and eventually "practitioners". The word was spreading around like it happened before with Quimby: a new method of healing but this time she excluded medical doctors who did not do anything to help her when she mostly needed. (*"Doctors are manufactures of disease", "not to admit disease is conquering it", "suffering is a self imposed belief and not truth"*). She banned medical doctors but not dentist or optometrists (she had bad teeth and wore glasses) After her local success, she needed a larger horizon where again she could be the center of attention. She moved to Boston, bought a 3 story granite mansion on Columbus Ave., in the most prestigious neighborhood of the city and called it the Massachusetts Metaphysical College where, for a fee of \$300 (1881...!) any follower could enroll for one of her courses. The state of Massachusetts gave her the right to grant diplomas.

In 1877, she married Asa Gilbert Eddy, one of her disciples and who died a few years later.

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## **"On Medical Stories and Myths"** Continued from Page 25

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The poor, invalid daughter of farmers died in 1910 leaving an estate of more than 2 million dollars.

Her full name is Mary Baker-Eddy and her creation is known as Christian Science. She also founded a daily newspaper: the "Christian Science Monitor" and the "Christian Science Herald" a religious magazine

printed in many foreign languages.

You may ask: if she was not a friend of doctors why did I bother to write about her? I do not know exactly why but I have the intuition that there is something we, doctors of Medicine, can learn from her story.

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# **American Academy of Pediatrics Section on Senior Members Executive Committee Meeting - Executive Summary October 8, 2005 8 AM - Noon**

The Executive Committee reviewed the minutes and action items from the April 2-3, 2005 meeting. The minutes were approved. Staff distributed the new Chapter Guide for seniors intended to make chapter leaders aware of senior resources and senior needs in their state/providence. The guide also serves to help chapters create and maintain senior sections/committees.

**ACTION:** Staff will distribute the Guide: 1 copy to the Chapter Executive Director, 1 copy to each Chapter President and Vice President, and an extra copy for whomever in the Chapter will champion senior issues.

### Senior Section Web Page

Dr. Jerry Aronson presented a proposal to the Senior executive committee to address operation and maintenance issues related to section web pages.

### Education

Dr. Crain reviewed the educational program for the 2005 and 2006 NCE. The Executive Committee discussed ideas for the 2007 NCE. Ideas include: senior member education, science of aging, latest supplement research, and genetic research on aging.

### Membership

Dr. Cohen noted that new section memberships are being approved every month. In addition, a recruitment program was implemented over the summer recruiting all eligible members between the ages of 63-65.

Central Office Report Staff reviewed the 04/05 budget close reports with the executive committee. Staff noted that the Section should identify its top 3 priorities so that staff resources can be allocated appropriately.

**ACTION:** It was agreed that this topic would be of major importance at the spring Executive Committee meeting, and might also be discussed at a preliminary telephone conference call.

### Child Advocacy Award

Staff noted that the 2006 Child Advocacy Award call would go out in October with a deadline of December 1, 2005.

### Section's 2006 Election

Dr. Annunziato reviewed the open positions on the executive committee and noted that he will serve as the Section's nominations chair. Drs. Herb Winograd and Carden Johnson will also serve on the nominations committee. Staff noted that Dr. Katcher is eligible for a second 2-year term as chair; Dr. Maron is eligible for a second 3-year term as executive committee member and Dr. Noonan has already served 2 3-year terms as executive committee member and therefore, a new member must be elected to fill Dr. Noonan's position. Dr. Silverman was presented with a plaque for his six years of service on the executive committee. The executive committee thanked him for his work and commitment to the section. Questions about this summary should be directed to Jackie Burke at the AAP national office: [jburke@aap.org](mailto:jburke@aap.org) or call her at (800) 433-9016 ext 4759.

## Take Action Against Medicaid Cuts From the AAP Department of Federal Affairs

On November 3, the Senate passed its budget-cut bill, which largely protects children from Medicaid cost-sharing and maintains the EPSDT program.

On November 18 the House passed its version of the budget bill, which makes cuts in Medicaid benefits of nearly \$30 billion over ten years.

About half of these cuts are borne by children.

Now the Senate bill - which protects children from cuts - must be reconciled with the House bill — which would hurt children significantly.

The message is clear: to protect children, the provisions in the Senate's bill must be retained.

To see what you can do to protect children's health care, go to

[http://capwiz.com/aap3/mail/oneclick\\_compose/?alertid=8261516](http://capwiz.com/aap3/mail/oneclick_compose/?alertid=8261516)

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## Book Reviews *Reviews by Avrum L. Katcher, MD, FAAP*

### In The Name of The Children

*by Christian M. Hansen, MD, MPH, FAAP*

A number of organizations, for example, Doctors Without Borders, offer an opportunity for the pediatrician interested in overseas volunteer work, to help those who are in need. We do not hear as much about individual pediatricians who have volunteered in places where children lack good health care. And we hear very little about individual pediatricians who devote a lifetime to such work. Here is a fascinating story about one such, a man who has been to many places where children lack functional families, adequate food and shelter, and where they suffer from many avoidable or curable health conditions.

Chris Hansen, after graduation from University of Pennsylvania Medical School in 1958, and completing his training in pediatrics at Children's Hospital of Philadelphia, decided that he wanted to work with Native Americans on a reservation for a while. This decision may have arisen from his background as a liberal activist in high school and college. Like myself at that stage, he knew he was a good sick kids' doctor, but was unsure what he could accomplish for the wellness problems of the middle class, or the overwhelming problems of the poor. Result? He decided to find out. His wife, Alix, and two young children? They came along.

I should emphasize that although Chris is a remarkable man and physician, he does not conceal that his career was made possible by the devotion, hard work, and patience of a loving wife, and tolerant children. If you decide to read this book, and I very much hope that you will, my bet is that you will agree.

After work on the reservation, and in Turkey, Chris obtained a public health degree at Harvard. From there, to Mississippi just in time for the civil rights movement, and an opportunity to do what he could for the children of extreme poverty and family disintegration. In two different parts of Africa, ravaged by war and unkindness, he observed, and recorded, the states and deaths of children with marasmus and many other disorders, most unnecessary.

Subsequently, Chris has served on the faculty at Robert Wood Johnson Medical School simultaneously with an appointment as pediatric consultant to the New Jersey Division of Youth and Family services, the state agency responsible for those children for whom there is no family able, willing, and positively motivated to offer responsible care. During two decades and a bit more, he has traveled all over the state, and seen every conceivable form of genuine unkindness to children. And, at intervals, returned to his travels, to such places as Iraq, Kurdistan, Haiti and Arabia. He tells the story of the children and their diseases, as set in the culture, economics and beliefs of the place where they live.

Well, it's a terrible series of situations. Why read about it? Chris offers us a parable, about the woman walking along the shore, throwing the occasional starfish stranded on the sand back into the water. When asked why she did this, she said that otherwise they would die. When it was pointed out that there were millions of such

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stranded creatures, and what difference could one person make, she replied, as she threw back another, "It makes a difference to this one." That is what motivates Chris Hansen, and, one suspects, his lady bride.

As a writer, he is not yet quite up to the level of Paul de Kruif or Jerome Groopman, who have written so clearly and brilliantly about people, their environment, health and disease. He is straightforward, both about his work and himself, including his errors and problems along with his achievements. He is entertaining, engages the interest of the reader, not punitive despite the evil he has seen, and at times downright amusing. As a result his book is a good read, as well as useful for the pediatrician, young or old, who is wondering, how may I make a difference? What should I be doing? How may I negotiate the conflicts of professional and family life with fairness to all? And perhaps more. If you'd like a copy, write directly to

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## **WHERE THERE'S A WILL**

*by John Mortimer*

How is it possible not to like a man who can write, "Those who think they know it all usually know the least; those who think they have all the answers have always lost the plot?" Or, "...excellent advice to all those anxious to join liberal, freedom-seeking, left-wing movements. Go among your fellow protestors in the merciful spirit of a prison visitor, because you are likely to meet some extremely doubtful fish."

Many of you may know John Mortimer as an English barrister-turned writer, the author of a series of highly amusing and intriguing stories about a fictional barrister named Rumpole, plagued by a clientele of low-class thieves, robbers, con men and women, lacking in respect from his peers despite his remarkable record of success in court, and kept in line by his starched spouse, known as "she who must be obeyed," (from the famous adventure novel, "She," by Rider Haggard).

Mortimer, now about 83, after his English public school education, trained as a barrister, like his father, and pursued a career defending just such petty, and not so petty, criminals, alongside of a large divorce practice. His experience at the bar left him vastly skeptical about the English system of justice; he does not hesitate to skewer it, the judges, other barristers and his clients with a long hatpin, both in these essays as well as in his many books about Rumpole. His attitude towards the law is exemplified by his anecdote about two men, a husband and the wife's lover, in court to determine which of them should be for her child's education and future support. They agreed on a blood test to establish paternity. It showed that an unknown third person was the true father. The judge, concealing the report, said that it showed nothing with any clarity, and convinced them to share the cost of bringing up the child equally, since both were men of means. Mortimer concludes, "What [the judge] did was certainly against the law and, just as certainly, right."

Granted my personal bias of satisfaction from reading these stories, or seeing the films made from them, it is also a delight to read this volume, a collection of semi-philosophical essays on a wide variety of personal interests and life topics. For example, Mortimer finds the Pursuit of Happiness to be a ghost that disappears when one reaches out to touch. But he writes about it with delightful sagacity, saying, "It's as hard for a writer to describe happiness as it is to create a totally good character." He wonders, "Is the idea of happiness an entirely human invention? Animals are contented when they are feeding or asleep, a condition dogs enjoy most of the time." And then quotes Shelley,

*"We look before and after;  
We pine for what is not;*

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*Our sincerest laughter  
With some pain is fraught."*

And finally, "Happiness is a byproduct. If it's sought for deliberately, desperately, it's elusive and often deceptive, like the distant sight of an oasis. If you aim to live a life that is eventful, interesting, exciting, even though it's bound to be also disappointing, frustrating and with inevitable moments of despair, happiness may, from time to time, unexpectedly turn up."

In other essays, he takes on the current fashion for political correctness, how lawyers go about their business, the pros and cons of telling lies, how to listen to people, the tyranny of majorities and many other topics. He is now liberal, now conservative, often both or neither. But always he asks penetrating questions about what are we here for, what is the proper relationship between the structures and intents of government and the individual, and what are our duties to our beliefs, and to our fellows.

This book is recommended for pleasure, for learning and as a stimulus to personal reflection.

*Publisher: Viking Penguin, NY, 2003.*

**INCLUDED IN THIS ISSUE OF THE BULLETIN  
IS A SURVEY DESIGNED TO GET FEEDBACK  
FROM THE SENIOR SECTION MEMBERSHIP  
ABOUT SENIOR SECTION MEMBER ACTIVITIES  
AND PROGRAM PREFERENCES.**

**PLEASE COMPLETE THIS SURVEY  
IF YOU DID NOT COMPLETE  
THE ON-LINE VERSION VIA ZOOMERANG.**

**WE WANT TO HAVE YOUR THOUGHTS.**

**THANK YOU**

*"There are three poisons which kill sound criticism, love, hate, and envy. Beware lest through too much love you should make public what might better be kept concealed. As you are guided by love, so others may be influenced by other passions. Between the blindness of love and that of jealousy there is indeed a great difference in origin, but not always in effect.*

*Francesco Petrarca. 1304-1374.*

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