Message from the Chairperson

Arthur Maron, MD, MPA, FAAP
Chairperson, Section on Senior Members

Hopefully, as many of you as possible are planning to join us in Orlando, FL for the AAP National Conference and Exhibition (NCE) on October 26 to 29, 2013. As usual, we will have a panoply of exhibits, educational opportunities, and many colleagues who can’t wait to see you again. The Section on Senior Members, particularly, is proud to present our Educational Program in cooperation this year with the Section on Bioethics. We cordially invite those of you who live in the Orlando area to attend our Educational Meeting on Sunday, even if you are unable to attend the full NCE. The recipient of our annual Child Advocacy Award will also be introduced and honored.

The Section recently named a new liaison senior member to the prestigious Committee on Federal Government Affairs, since Dr. Don Schiff has completed his term of service, representing the Senior Section. The new liaison is Dr. Lance Chilton. He will bring to COFGA the concerns and initiatives of our section and share the accomplishments of COFGA with us.

We are pleased to share with you the fact that, following AAP initiatives to recognize and reward senior pediatricians for their long loyalty

Continued on Page 2
and dedication to the AAP, our section membership has doubled—from 700 to over 1400! If you have not yet signed up to become a member, this is your big chance. It’s time for you to take advantage of the perks of membership in the Section on Senior Members.

We have just submitted our Section Annual Report to AAP leadership. I am frankly gratified — but not surprised — at our accomplishments. Our pilot Webinar was very successful, and the next one will be held on September 26th. Our updated web site and perennially popular Bulletin are easily available to you.

To the many new members of our section, I encourage you to participate in section activities and initiatives. Your contributions to the Senior Bulletin, your suggestions on what we and the AAP can do for you and your patients, your attendance at our webinars and other programs, will increase your value to us, as well as our value to you.

Let’s hear from you all.

The AAP Section on Senior Members (SOSM) has an opening for executive committee member beginning October 2014. This leadership position helps to steer the current and future activities of the SOSM. If you are a member of the AAP and the SOSM and are interested in a 3-year executive committee position, please contact the Section Nominations Chairperson, Dr. Michael O’Halloran at mmohalloran@charter.net.
Dr. Grayson, Friend of the AAP and the Senior Section

Robert Grayson, MD, FAAP, of Surfside, Fla., died Aug. 4 at age 94.

Recipient of the 1991 AAP Clifford Grulee Award for outstanding service to the Academy, he was honored for a lifetime of state and national achievements.

Dr. Grayson was chair of District IV and AAP Executive Board member from 1983-’89 and alternate district chair from 1978-1983. He helped establish the AAP Section on Senior Members and served as newsletter editor for the Section for many years. He was also a member of the AAP Committee on Practice Management.

He served as Florida Pediatric Society president (1964-’65) and AAP Florida Chapter president (1970-’75). In 1967, he drafted a constitution and bylaws to amalgamate both organizations. During his presidency, the Florida Chapter was honored with the Large Chapter Award (1975).

Dr. Grayson and chapter poison committee members pushed to form 15 poison control centers in Florida in the 1950s, and he served as the first president of the American Association of Poison Control Centers.

After practicing in Miami Beach for 37 years, Dr. Grayson retired in 1986. He was a prolific writer, serving as an editor for the AAP Section on Senior Members’ newsletter. In 2009, he drafted his life reflections, published for his 90th birthday (http://www.aap.org/en-us/about-the-aap/Committees-Councils-Sections/Section-on-Senior-Members/Documents/SrBullFall_2009.pdf, pages 28-32). He also interviewed pediatric luminaries for the AAP Pediatric History Center’s oral history project.

Bob continued to pursue his lifelong nurturing of his bromeliads and other flora.

Wood-working was also a perennial love and many of us were privileged to receive his hand-made ballpoint pens with wooden grips.

He earned his M.D. in 1943 from the College of Physicians and Surgeons at Columbia University in New York. After serving in the Army stateside in World War II, he completed pediatric residency training at the Willard Parker Hospital, New York, and Duke Hospital in Durham, N.C.

Dr. Grayson is predeceased by his wife, Shirley, of 61 years. He is survived by his daughter, Jane Grayson, MD, FAAP, son, Bill, and two grandchildren.


The AAP Section on Senior Members would like to thank Mead Johnson Nutrition for their support of the Child Advocacy Award.
A Look at the AAP President - Elect Candidates

Sandra Hassink, MD, FAAP

What do you feel is the greatest challenge facing pediatricians in balancing their personal and professional lives, and how do you think we can help our members navigate these challenges?

The AAP must make helping pediatricians achieve work-life balance a core organizational competency. Creating an individualized approach to professional development that incorporates strategies for work-life balance will help members respond to the demands of delivering the best possible care for children and demonstrate membership value along the continuum of practice.

Work-life balance is a fundamental issue for all physicians. Medical students consider it one of the factors in choosing a career path. Residents may evaluate residency programs based on flexible training options. Work-life balance has been found to be one of four factors that affects success of female physicians in academic medicine. Both male and female mid-career surgeons rated work-life balance as one of the key factors in coping with job stress and burnout.

Solutions to improve work-life balance often are focused on individual change; this strategy is important but cannot address the broader professional and organizational issues that involve the dynamic interplay of work and family. It is clear residents are carrying an increasing burden of debt through residency and into practice at the time when they most need flexibility to meet the demands of young families and establishing practice. A close look at how graduate medical education is being financed, options for loan forgiveness, loan consolidation and financial counseling for medical students are all issues that demand continued AAP focus.

Workplace family leave, on-site 24-hour child care, opportunities for short sabbaticals, and targeted support for researchers with child care responsibilities are strategies that are being piloted and should be supported. Health care organizations can offer group mentoring and publicize leave policies that help pediatricians to achieve increasing balance. The AAP should support programs that help mid-level and senior department/division chiefs and heads of practices create workplace cultures that support work-life balance.

The AAP Sections on Senior Members and Young Physicians have addressed self-care and work-life balance as key issues. In addition, the Pediatrician Life and Career Experience Study of factors acting longitudinally on graduating residents should provide critical information to inform AAP priorities and action.
A Look at the AAP President - Elect Candidates

Thomas W. Tryon, MD, MBA, FAAP

What do you feel is the greatest challenge facing pediatricians in balancing their personal and professional lives, and how do you think we can help our members navigate these challenges?

The greatest challenge facing pediatricians in balancing their personal and professional lives is coping and staying ahead of the rapid changes in the world of health care. Historically, adequate payment for pediatric services has been a consistent and ongoing concern. With health care reform and the Affordable Care Act, making appropriate gains in achieving reasonable payment for pediatric services will be even more problematic. Because of that, we are facing potential greater workload expectations for private practice pediatricians.

With the desire for work-life balance, the net effect is an overall change away from private practice and into being employed as a corporate pediatrician. Sadly, this radical change is occurring at a time when it is even more imperative that we work to ensure every child has a medical home.

To address these challenges, I believe the AAP needs to continue to focus on three specific strategies to help our members.

First, the AAP must continue to advocate for adequate payment for pediatric services. That advocacy voice will be even more crucial as we cruise the troubled health care reform waters ahead.

Second, we should alert and refocus our members on the excellent report from the Taskforce on the Vision of Pediatrics 2020. The taskforce found eight megatrends that will change the landscape of the practice of pediatrics within the next decade. This important work enables us to peer into our professional future. An excellent website detailing the work of the taskforce can be found at http://www2.aap.org/visionofpeds/default.cfm. Giving our members these resources will assist them in carving out a practice that will empower them to achieve balance between their personal and professional lives.

Third and finally, the AAP needs to continue branding and marketing the practice of pediatrics and the value of being a FAAP. We are an honored and prestigious profession. Continuing our commitment to working for children and our profession, we will assure our members the opportunity of shaping a fulfilling future — both personally and professionally.
Lance Chilton, MD, FAAP was selected in early September among many excellent candidates to serve as Senior Section Liaison to the AAP Committee on Federal Government Affairs.

Dr. Chilton's will help the Senior Section stay abreast of initiatives for children at the federal level and help the Section better communicate advocacy opportunities to senior members of the AAP.

Dr. Chilton has treasured his many associations with the Academy over the past 38 years, and says that now, as a certified senior member, he looks forward to continuing opportunities to be of service to the Academy, and, above all, to children.

Chilton has occupied a number of positions within the AAP. Within the New Mexico Chapter, he has been president, vice-president, and secretary and remains active as newsletter editor and a member of the chapter’s executive committee. Within the national academy, he has been a member and chair of the AAP’s Committee on Native American Child Health, chair of the Pediatric Practice Action Group, a member of the Annual Chapter Forum Management Committee, and District Vice Chair for District VIII, a chapter CATCH coordinator, and a member and vice-chair of the executive committee of the Council on Community Pediatrics.

In 2010, Chilton received the Section on Senior Members’ child advocacy award in 2010. Given the remarkable people who make up the section, he felt especially honored to have been selected. He is pleased to be a member of the SOSC, and read its excellent newsletter avidly as soon as I receive it, keeping track of its progress, its advice columns, and its website.

Dr. Chilton has enjoyed long-time contact with the AAP’s Federal Government office staff, having worked closely with Jackie Noyes, Bob Hall, Cindy Pellegrini, among others, and more recently, with Mark Del Monte and Tamara Haro. He made his first visits to Capitol Hill with the Committee on Native American Child Health in the early 1990s and has made numerous Capitol Hill visits to New Mexico’s senators and congressmen/women since, most recently this spring with the Council on Community Pediatrics Executive Committee. He currently practices pediatrics at a university-associated clinic in an area largely serving children from Mexican immigrant families; his job also includes directing the pediatric advocacy program for the pediatric residency program at the University of New Mexico, a prominent part of which is teaching the art and science of working with local, state, and federal legislators.

Dr. Chilton has been married to Kathy von Briesen Chilton for 46 years, and is proud of his two daughters and five grandchildren. When not with family or working or attending Academy functions, he is happy to be outdoors in New Mexico’s beautiful mountains or bicycling about Albuquerque and other parts of the world.
2013 NCE Senior Program
H2020- Joint Program: Section on Bioethics and Section on Senior Members: Evolution of Pediatric Ethics
Over the Past 40 Years
Date: Sunday, October 27, 2013
Location: Orange County Convention Center - W304E
Time: 8:00 AM-5:00 PM
CME: 6.75

Faculty: Jeffrey Botkin, MD, MPH, FAAP; Ellen Clayton, MD, JD, FAAP; Norman Fost, MD, MPH, FAAP; Joel Frader, MD, FAAP; Terry Kind, MD, FAAP; Mark Mercurio, MD, MA, FAAP; Tomas Silber, MD, FAAP

Sponsor(s): Section on Senior Members (SOSM), Section on Bioethics (SOB)

Description: This section program will provide an overview of ethics over the past half century, addressing issues in neonatology, adolescent medicine, palliative care, social media, and professionalism. The future direction of pediatric ethics will also be explored.

Agenda:
EVOLVING PERSPECTIVES
8:00 – 8:30 am Moral and Ethical Dilemmas in the Special Care Nursery
    Mark Mercurio, MD, MA, FAAP
8:30 – 9:00 am Audience Questions and Discussion
9:00 – 9:30 am Ethical Issues in Adolescent Medicine
    Tomas J. Silber, MD, FAAP
9:30 – 10:00 am Audience Questions and Discussion
10:00 – 10:20 am Break

PROFESSIONALISM
10:20 – 10:50 am Challenges to Organized Medicine: From Nestle to Sunbeam to Coca Cola
    Norman Fost, MD, MPH, FAAP
10:50 – 11:20 am Challenges and Opportunities in the Use of Social Media
    Terry Kind, MD, MPH
11:20 – 12:00 pm Audience Questions and Discussion
12:00 – 1:00 pm Lunch Break and Presentation of the Senior Advocacy Award.
    Location: Orange County Convention Center - W207C

EVOLVING PERSPECTIVES, cont.
1:00 – 1:30 pm Newborn Screening From Bob Guthrie to the Uniform Panel
    Ellen Wright Clayton, MD, JD, FAAP
1:30 – 2:00 pm Audience Questions and Discussion
2:00 – 2:30 pm Pediatric Palliative Care
    Joel E. Frader, MD, MA, FAAP
2:30 – 3:00 pm Audience Questions and Discussion
3:00 – 3:20 Break
3:20 – 4:00 PM William G. Bartholome Award for Ethical Excellence
    Jeffrey Botkin, MD, MPH, FAAP
4:00 – 5:00 pm FUTURE DIRECTIONS OF PEDIATRIC ETHICS?
4:00 – 4:20 pm From Peapods to Whole Genome Sequencing: Old and New ethical challenges
    Ellen Wright Clayton, MD, JD, FAAP
4:20 – 4:40 pm Gender and Sexuality in Pediatric Healthcare Joel Frader, MD, MA, FAAP
4:40 – 5:00 pm Audience Questions and Discussion, Session Wrap Up
EDITOR’S NOTE: This issue introduces a new and -with your input- an ongoing feature well known to other publications: *Letters to the Editor.* I ask, for the sake of space, that your correspondence be no more than 300 words in length. (Articles of 500-1000 words are always welcome for consideration of publication in the Senior Bulletin.)

**LETTERS TO THE EDITOR:**

*To the Editor:*


Mr. Mencken died in 1956, and I think he missed something. To illustrate, I will re-write his quote below:

*Moral certainty is always a sign of cultural inferiority. The more uncivilized the person, the surer he or she is in knowing precisely what is right and what is wrong. All human progress, even in morals, has been the work of people who have doubted the current moral values, not of those who have whooped them up and tried to enforce them. Truly civilized people are always skeptical and tolerant, in this field as in all others. Their culture is based on “I am not too sure.”*

*I think there was a “current moral value” in the early 20th century that Mr. Mencken failed to doubt! I wonder what current moral values, in 2013, we are failing to doubt.*

_Sarah K. Weinberg, MD FAAP_  
_Mercer Island, WA_

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*Dear Dr. Crain,*

*Many thanks for responding to my note.*

*As you will appreciate from the attached correspondence, my now 16-year-old grandson “CB” (with my sponsorship as an AAP member) was recently awarded a mini-grant by the Shot@Life program to purchase 10 copies of the AAP Red Book to follow up on his proposal for immunization advocacy. As you will note from the attached essay, the concept arose as he was preparing to satisfy the requirements for a community service project in order to qualify for the rank of Eagle Scout. I advised CB on formulating his presentation, as did the Public Health nurses described in his attached essay (which is under 800 words excluding the two photos). As a proud grandfather, I sat in the audience when he presented, in full Scout uniform, to the Kiwanis, Rotary and other groups as described. In reality, because his presentation is highly illustrated and relevant, the community leaders in the audiences actually listened to every word, and asked some pointed questions, which he fielded easily (e.g. How does the Drinker respirator (Iron Lung) work?)*

*Before CB and I applied to the Shot@Life competition, I informed Dr. Bill Strong, FAAP who has returned from retirement to head up an Institute of Public Health and Preventive Medicine at our medical school (Georgia Regents University) of the project, and his response is highlighted below.*  

*Continued on Page 9*
He noted:

“The program and the initiative that CB has shown sounds like it could be the focus for a public health initiative, not only for adult education but a model for a curriculum at a magnet school such as A.R. Johnson in Augusta that would incorporate youth as leaders of health awareness and change. I would be most excited to meet him. It sounds as if he might also give a presentation to first year medical students since Paul Wallach (Vice Dean for Curriculum) wants to incorporate a significant amount of public health into the first year curriculum. What a role model CB could be for both of those venues. The potential to use this as a community model for the Central Savannah River Area (CSRA) and do comparative analyses with communities in which we have off site health science campuses is exciting. There should be research dollars as well as recognition available for such an effort.”

In any event, since I recently became affiliated with the SOSM and had the opportunity to read your Bulletin, I thought that I would drop the manuscript in your in-box for consideration.

Very sincerely,

Arthur M. Smith, MD, FAAP, FACS

Editors Note: See article about Dr. Smith’s grandson and Shot@Life Program in the Winter online issue of the Senior Bulletin.
**ADVOCACY CORNER:**

**A Step Away from Chaos**  
*By Donald Schiff, MD, FAAP*

As the heat of summer draws potential candidates of the Presidential campaign of 2016 to Iowa seeking that state’s support, the battles over the Affordable Care Act continue. With the possibility of a loss of control of the Senate by the Democratic Party in 2014, there is a chance that important elements of the effort to assure health insurance for most (if not all) Americans may be lost or severely diminished. In an attempt to move forward, the Academy will be responding with other members of child advocacy coalitions to an HHS program called Connecting Kids to Coverage. This will, community by community, utilize grants to local groups to increase the numbers of eligible children (4-5 million) who will sign up for coverage via Medicaid or CHIP. The goal is to increase coverage for at least 2-3 million children currently without insurance.

The term chaos may strike some who are reading this column as a bit over the top, but as one listens closely to Washington, the battle between the two major parties for control of the budget threatens to shut down the government this fall, and Obamacare is at the center of this conflict.

The polls continue to reflect a serious lack of knowledge about the Affordable Care Act among physicians and the general public. The advances in health care achieved by the Health Reform Act have already given us coverage for children to age 26 under their parents’ plan. It prevents refusal of insurance because of a pre-existing condition and also disallows caps which previously left children undergoing prolonged care for major or chronic illness with loss of their insurance as costs rose beyond the cap. The inclusion of a minimum benefit standard will also elevate levels of care for children.

Previously both Speaker John Boehner (R-OH) and Minority Leader Mitch McConnell (R-KY) have downplayed talk of shutting down the government. Pressures to change their prior attitudes have risen, and the idea of shutting down has become an attractive tool in the minds of both House and Senate Republicans.

Senator Mike Lee (R-UT), the leader of the Senate effort, predicts that the vast majority of the Senate Republican Conference will back his plan, giving him enough votes to sustain a filibuster of any stopgap spending measure, which contains funding for implementation of Obamacare. Prominent Republicans backing this approach include second and third ranking members of the Republican leadership, John Cornyn (TX) and John Thune (SD). Senator Marco Rubio (FL), frequently spoken of as a possible Republican Presidential candidate for the 2016 contest, has also signed on to this confrontational approach. Only John McCain (R-AZ) has expressed a contrary opinion, fearing that shutting down the government is an overreach, which would anger voters.

Further evidence of the Republican Congressional determination is reflected in their passage of legislation to repeal the ACA 38 times, with a promise from the Speaker that more of the same is forthcoming. An additional sign of the times is that support among Democrats is also on the decline – 11% among those designated moderate or conservative. However, liberal Democratic support is unchanged at 78%.

Perhaps the Congress can recognize the fundamental danger in which they are placing children's Continued on Page 11
health care and, in fact, our nation's entire economic recovery. John Boehner states, “the GOP will do everything we can to thwart Obamacare.”

If the Republicans relent on the funding of Obamacare, they have promised that the next battle will take place over the debt ceiling. Current limited authorization has required the Treasury to shift money from one government account to another to keep us afloat. This can't go on beyond November and requires a new Congressional authorization.

Is chaos really that far off?

Your comments and suggestions are always welcome at donroschiff@comcast.net.

Seniors: Check out the PRE-RETIREMENT CHECKLIST!

The pre-retirement check list provides an overview of various considerations associated with retirement. Written by members from SOSM and SOAPM and located on the Senior Section Web Page: check it out at www.aap.org/seniors, and look for “Pre-Retirement Check List” on the Home Page or under Education of the website.

Did You Know . . . ?

A neat shortcut is available to allow you to get to our Section on Senior Members website really fast.

Try it, you'll like it!

Happy browsing.

www.aap.org/seniors
I wish someone had really sat me down during my pregnancy and told me I was not taking the changes that would occur in my life seriously enough. Sure, I was practically getting things ready for the baby, but I thought, as a pediatrician, most of the intellectual and emotional prep-work had been done. Hey – I went through residency! Oh boy... (or girl, as it was for us). I was wrong.

Jane has made me a better person and a better doctor already. I love being a mom. Here are a few lessons I learned and now share with my patients:

• In no way was I prepared for the overwhelming shift in me that had to occur after the baby was home. I was no longer ‘Dr. Logan’ or even the ‘Kelsey’ I knew. I was Jane’s mom, and that was it for about two months. She required all of me, right away. Not being able to often do errands, cook (I had made much food in prep to freeze, only to have it wasted because of a storm and multi-day power outage.), hike, bike, go out at night, clean, do yard work... well, you name it, and I couldn’t do it because of feeding, sleeping, etc. – that was harder than I imagined.

• The new mothers who choose to breastfeed are in for the shock of their lives. It is truly wonderful to be able to feed your baby, and the initial time, effort, and emotional stress is enough to break anyone. After about six months, I realized why I had little time to do things I loved prior to Jane being born; breastfeeding and pumping had become my hobby!

• Just as I got in a great routine and got used to my new life, it was time for me to go back to work. Another shift. More stress. The second time we do this, I’ll go back part time at least for the first week back, and I will ease into my responsibilities as the whole family gets used to new time demands.

Quick tips for your pregnant and new mothers:

• Read, read, read... practical books, like Heading Home with Your Newborn, are very useful. Read these during pregnancy, not after birth!

• Emotionally prepare for the practical changes that must occur right after birth and right after return to work. Really prepare.

• Accept that your life is going to change, and know the new stressors are temporary. Embrace them!

• Lanolin. Use it. However, it does not come out of clothes, so use breast pads.

I completely agree with my colleague, Dr. Logan. Although we have a few differences – she’s a Caucasian sports medicine expert who lives in the Midwest with her partner and 8-month old daughter, and I am an African-American hospitalist living in the Northeast with my husband and 9-month old son – the differences stop there. When it comes to our experiences as mothers, we can finish each other’s sentences!
My son, Kenechi, is my absolute pride and joy. I cherish the moments that we share and I truly feel that being a mother is the greatest job that I have ever had. However, there are a few things that I have learned along the way that have been invaluable to me.

More lessons learned:
• Sleep when the baby sleeps. Really.
  ○ I was given this advice often during my pregnancy and then immediately after my son was born. My response was “I was a resident before duty hours became a hot topic.” I figured not only did I not need to sleep, but I could do the laundry and have dinner ready every night. I neglected to reason that being on call every 4th night as a resident meant that on the other nights, I was able to sleep. As a new mom, there is no every 4th night…it’s every night! I quickly realized the importance of napping.
• Make time for yourself.
  ○ I was the type of person who didn’t want to miss a single moment of my newborn son’s life. Therefore, I started to neglect the little things. I was able to get a shower every day (although if you can’t do that every day, that’s perfectly fine!). But I never wanted to leave Kenechi even to just go for a walk. When my son was 3 weeks old, my husband told me that I had to leave the house for 2 hours and go do something for myself. Although I cried in the car on the way to the nail salon, it was a great 2 hour break. I rediscovered what I liked and what I needed and I also realized that my worst fear did NOT come true…my son did not forget me while I was gone!
• Make time for your significant other.
  ○ As I have been told often, when Kenechi grows up and moves out, I don’t want to look at my husband and say, “who are you?” Try to have date night at a minimum of once a week with your partner. Date night might not be dinner, drinks and a movie (because if you’re like me, I couldn’t stay awake that late anymore!). But even if you just go grab a quick bite to eat at the local diner, do something together…just the two of you.
• Be Mom, not Dr. Mom.
  ○ It is very easy to function as the pediatrician for your child. But remember, you are his or her mother first. People kept asking me “how on earth does a pediatrician choose a pediatrician for their child?” Well, I chose someone who during the prenatal visit said to me, “If it’s okay with you, I’m going to pretend as if you know nothing!” I loved that. She really allows me to be Kenechi’s Mom first.
• Take the help.
  ○ Most of us are very used to doing things on our own. This is one of those times that if someone offers the help, take it! If someone wants to make dinner for you, say ok. If someone wants to do the laundry, say ok.
• Other great resources –
  ○ Like the Facebook page, “Medical Mommas”
  ○ Other moms! Remember that plenty of people before you have navigated the juggling act of being a Mom and being a physician…so ask for advice!
Two hundred children, wearing their best clothes, are parading down the street in rows of four. Each child is wearing a blue knapsack and carrying a favorite book or toy. They are very happy because they were told that they are going out into the country where they would see forests, streams, and fields full of flowers. Their orphanage is in the most squalid and overcrowded section of the city. Many of them have witnessed violence, death, and indescribable brutality. Hunger is something that they live with every day. At the head of the parade is a dignified older man who holds a child’s hand in each of his hands. The children frequently call him “father” or “uncle” because of his kind and loving manner. He is telling the children to walk proudly and keeps reassuring them that he would never leave them.

This scene took place in the Warsaw ghetto in August 1942. The children were being led to the train that was to transport them to the gas chambers at Treblinka. The older man was Janusz Korczak, author, children’s advocate, and pediatrician.

Korczak, whose real name was Henryk Goldszmit, was born in Warsaw in 1878, the son of a prominent Jewish attorney who was a community activist. There are several different stories regarding his name change to Janusz Korczak. One version is that he adopted the name as a pen name when he entered a literary contest at the age of twenty. The other version is that he was urged to change his name when he began broadcasting children’s radio programs. In either event, the name change came about because his real name was considered “too Jewish”.

Korczak’s father became mentally ill when Janusz was 11 and ultimately committed suicide. This was a great blow to the family who now had no source of income. The family had to give up their well-appointed apartment and ultimately young Janusz became the income producer for his mother, sister, and grandmother.

In the years 1898-1904, he studied medicine at the University of Warsaw. While attending medical school, he became involved with a group of liberal writers and educators and wrote several articles for Polish language newspapers. It was in this period that he published his first book, *Children of the Streets*. This was the first of many he would ultimately publish that had to do with providing children with optimum conditions in order to enhance their physical and mental development.

With the onset of the Russo-Japanese War, he was drafted into the Russian military. While serving on the front lines, he wrote several articles on his observations of the effects of war on the populace. Following discharge, he decided to specialize in Pediatrics, although at that time, there were few formal training programs in medical specialties. One had to devote time to study on one’s own using whatever resources became available. He did spend some time in Paris and in Berlin studying the care of newborn babies. Once established, he devoted some of his practice to caring for the poor. Most of his time was spent at a Jewish children’s hospital, and he also did volunteer work at summer camps and then began working with orphans. While providing medical care in an orphanage, he developed some of his ideas that children were autonomous and should be treated with love, understanding, and respect. At that time, the predominant idea concerning children was that they should be trained and shaped by adults and didn’t possess independent ideas and emotions. In 1910, he led an effort to purchase an empty lot in Warsaw in order to build a Jewish orphanage that would ultimately become a model institution. In 1912, he became director of *Dom Sierot*, Continued on Page 15
the orphanage of his design, commonly referred to as “the Krochmalna Street orphanage”.

One of the unique things that Korczak instituted at Dom Sierot was a children’s republic where the orphans had the power to make decisions for themselves. They formed their own parliament and their own court. Korczak even developed a children’s newspaper and arranged for some of the articles to appear in the popular Polish press. He strived to provide the proper educational environment, nutrition, and sanitation.

He now spent less time on his medical duties and began to concentrate more on education and social activism. He began to consult to other orphanages and children’s summer camps. He published several articles about his impressions of the summer camps.

When World War I broke out, he was again drafted into the military. While in the Army, he came upon a shelter for homeless children in Kiev. This had a profound influence on him and stimulated him to write an article on how to love children. After the war, he returned to his work at the orphanage in Warsaw, was asked to take charge of an orphanage for Christian children, served as an instructor at several boarding schools, and taught as a lecturer at universities and seminaries.

In the 1920’s and 1930’s, he wrote a number of books intended for adults about children’s growth and development. Here is one of his most famous quotes: “Children are not future people because they are people already...Children are people whose souls contain seeds of all those thoughts and emotions that we possess. As these seeds develop, their growth must be gently directed”. He also published a very popular series of children's books titled “The King Matthew Series”. Korczak then began broadcasting children's radio programs that were so prized and beloved that he became to Polish children what Mr. Rogers was to American children.

In the 1930’s, the Polish government came under the control of a radical right wing party and anti-semitism became more prominent. Korczak became interested in the kibbutz movement in Palestine and visited there twice to study their educational and child care programs. He actually considered moving there, but could not bring himself to leave his children in Warsaw. His longtime associate, Stefania Wilczynska, who was very involved in formulating Korczak’s educational concepts, did make the move to Palestine. Ultimately, he was asked to relinquish his position at the Christian children’s orphanage and was called to lecture less often. In spite of its popularity, the radio station was forced to cancel his children’s program because of anti-semitic complaints. In 1939, the German army invaded Poland launching World War II. After the Germans occupied Warsaw they relocated the Dom Sierot orphanage into the ghetto with the rest of the Jewish population. Korczak was offered asylum by Christian friends who planned to smuggle him out of the ghetto and hide him in an apartment in the city. He refused, preferring instead to stay with his children.

Conditions in the ghetto were appalling and desperate. Because the Germans brought Jews in from all over the country, overcrowding was a major problem. At its height, the Warsaw ghetto held 450,000 people in an area of approximately 1.3 square miles. Hunger was rampant and thousands of people, particularly children and the elderly, were dying of disease or starvation. Lack of sanitation and medical supplies were serious issues. Almost daily, the SS would enter the ghetto, round up several thousand Jews and load them on railroad cars for transport to the death camps.
Ultimately, the number of homeless children increased to the point where institutions, including Korczak’s orphanage, could not find room for them. They were left to beg on the street or resorted to smuggling resulting in being shot to death if they were caught.

Korczak attempted to maintain the familiar routine at the orphanage. Older children mentored younger children and read them stories. The children’s parliament and court still functioned. Regular classes were still being held and the children were still expected to attend and to finish their assignments. Providing adequate nutrition and hygiene became an exceptional challenge. During this time, Korczak refused multiple offers of sanctuary.

On August 5th or 6th of 1942 (the exact date is uncertain), the SS issued orders for all of the children in the orphanage to be taken to the plaza for relocation. Even though Korczak knew the ultimate fate of the children, he chose to accompany them. There is an unconfirmed story that at the last minute an SS officer recognized Korczak as one of his children’s favorite authors and offered to help him escape.

Janusz Korczak died with the children he loved in the gas chambers of Treblinka. Like many of the victims of the Holocaust the location of his remains is unknown. There is a monument dedicated to him on the grounds of Yad Vashem, the Holocaust museum in Jerusalem.

In 2000, he was made an honorary Fellow of the American Academy of Pediatrics.

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THERAPY FOR C. difficile ASSOCIATED DIARRHEA?

By Andrew Margileth, MD, FAAP

This letter was written to Pediatrics in response to a policy statement on treating C. difficile. Management of infections in children includes preventive measures, vaccines, antibiotics and biologicals. Additional supplemental therapies such as probiotics and herbal medicines are gaining clinical support, although scientific evidence is lacking. Doctors Schutze and Willoughby’s policy statement presents a logical plan to manage C. difficile associated diarrhea (CDAD) in pediatric patients (1). However, their recommended treatment with antibiotics alone may result in chronic CDAD, and up to 30% of patients so treated experience a recurrence (2). Where possible, aggressive management, cecostomy, colectomy or fecal transplantation should be avoided in children (3).

Our purpose herein is to briefly discuss using probiotics as a supplemental or alternative therapy for CDAD.

One organic probiotic, i.e., kefir, originated in Republic of Georgia and has been used for 2,000 years to promote good health and gastrointestinal well-being. It contains a moderately high dose of 12 species of live and healthy bacteria made with skim milk plus vitamin D, calcium and prebiotics. It is an inexpensive and tasty probiotic found in most grocery stores. Only 3 contraindications exist to probiotic use: premature infants, <1,000 grams, a patient with severe malnutrition and/or immunodeficiencies (4,5). Unfortunately, Drs. Schutze and Willoughby’s recommendations did not include probiotics because of a lack of controlled studies.

However, while that is true, recent review articles have reported the efficacy of probiotics and prebiotics in healthy children and in 12 infectious and noninfectious diseases (2,3,4). Mechanism of probiotic action, its safety and cost effectiveness in prevention of CDAD is reviewed (5). Prior to resorting to fecal transplantation, initially we would recommend a trial of high dose (>20 billion colony-forming units/day) of a commercially-available liquid probiotic (lactobacillus GG (LGG))1 (3.5oz/day) or one to two commercially-available LGG capsules2 (10 billion cells) for several days for treatment of CDAD (2,3,4).

In summary, use of probiotics in infants and children appears to be safe, efficacious and cost effective for many clinical disorders (2,4). Hopefully, double-blind clinical trials to substantiate these claims will be done soon.

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1 E.g., BioKEFIR.
2 E.g., Culturelle.

REFERENCES


REFERENCES FOR ADDITIONAL READING: August 7, 2013


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SUMMER BLOCKBUSTERS….OR DUDS? AND A NOTE ABOUT CURRENT MOVIES FOR CHILDREN

By Lucy Crain, MD, MPH, FAAP

As a wanna be movie critic, I suppose that I should try to be more objective about the movies I review, but the 2013 summer “blockbusters” which I’ve seen have not deserved that title. Most, including the long awaited Batman, Dark Knight Returns 2, have lost huge amounts of money due to poor attendance and negative reviews. (A producer for one of these films was quoted as stating, ”Well, we’ll make it up in overseas sales!”) As someone who grew up enjoying DC and Marvel comic books and expects some decent, although strong, language and exciting fun from movies based on those characters, I’m left with the sense that the current crop of Hollywood action movies loosely based on comic book characters is indeed a loose association. The movies invite and provoke violence, nightmares, and (probably) hearing loss (due to the loud booms, thuds, and firing of weapons). I question the validity of a PG 13 rating, which apparently is given if there’s no depiction of sex, frontal nudity, or profanity.

Man of Steel: (PG 13) The latest Superman movie stars a British actor with chiseled features and impressive physique, Henry Cavill. The story of Superman’s origins and escape from the disintegrating planet, Krypton, and his rescue and loving upbringing by a Midwestern farming couple (Kevin Costner and Diane Lane as Jonathan and Martha Kent) is re-told with hugely enhanced scenery, rockets, and a tornado barreling down the highway (further exaggerated by X-D, 3-D or even routine cinematography). Amy Adams plays reporter Lois Lane and introduces the shy Clark Kent to the Daily Planet. Editor Perry White is played by Laurence Fishburne, with appropriate grumpiness. Somehow the military force, which destroyed Krypton as well as Jo-El, Superman’s biologic father, has also survived only to repeat their warfare here on Earth. Director, Zach Snyder, cast of thousands, loud.

White House Down: (PG 13) Directed by Roland Emmerich and starring Channing Tatum as an applicant for a position with the White House Secret Service detail. Secret Service chief, Maggie Gyllenhaal interviews him, thinks he is not qualified and turns him down. As Tatum leaves his disappointing appointment to join a White House tour with his 10-year-old daughter, impressively played by Joey King, a group of domestic terrorists gains entrance to the White House, capturing the tour group as hostages, wrecking havoc and attempting to capture the president. The president is well portrayed by actor Jamie Foxx. Tatum, of course, becomes the president’s personal security detail and manages to save the day against unbelievable odds- including too many guns to count, rocket launchers, helicopters, tanks, and sophisticated automatic weaponry. If our grandson were 13 or 14 and really wanted to see this movie, I might take him, but I’d have him wear ear plugs. Louder.

Red 2: (R) Purportedly based on the original Red movie about evil forces trying to gain control of a “red mercury” nuclear bomb which could destroy the Earth, the actors in this fast paced movie include Bruce Willis, John Malkovic, Mary Louise Parker, Catherine Zeta-Jones, Helen Mirren, and Anthony Hopkins. Directed by Dean Parisot and filmed essentially all over the world, it features great cinematography, intrigue, suspense, interesting scenery, entertaining acting by professionals who deserve better vehicles for their talent. However, if you choose to not see this in the theatre, Anthony Hopkins as a mad scientist who wants to blow up the world makes it worth renting for home viewing in a couple of months (volume turned down for the neighbors, please).

Continued on Page 20
COMMON SENSE MEDIA is a consumer organization which posts regular reviews and recommendations for child appropriate and inappropriate movies currently on screen. I recommend this for all pediatricians, parents, grandparents, and children and youth who are interested in current movies. This week’s post includes an article “40+ Movies You (might) Regret Showing Your Kids” by Betsy Bozdeck, mother of a preschooler and an excellent writer. Among those reviewed and categorized by age appropriateness are: Planes -3 stars, Despicable Me-4 stars, Monster University -4 stars, and Smurfs with a disappointing 2 stars.

Donate to AAP Brick Program

The Academy invites you to be a part of its building. The plaza and entry way of the Elk Grove Village, Illinois, headquarters office recently was renovated. For a limited time, you can make a donation to the Friends of Children Fund and sponsor a brick to be placed in the walkway or walls near the main entrance. Dedicate a brick and express appreciation for a mentor, colleagues, family or friends.

To design your brick and make your donation visit http://aap.thatsmybrick.com or contact Grace Geslowski at ggeslowski@aap.org or call 888/700-5378.

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Managing the Outflow of Retirement Accounts

By Joel M. Blau, CFP®

By Ronald J. Paprocki, JD, CFP®, CHBC

Often times we are so focused on the benefits of contributing to a retirement plan or IRA that we forget about eventually having to address distributing what we’ve accumulated. What many retirees often don’t realize is that the IRS not only limits the amount you can contribute to qualified retirement plans and IRAs while you are working, it decides how much you must withdraw when you’re retired. Under the rules for “required minimum distributions” (RMDs), you may have to take distributions before the end of the year, whether you want to or not.

First, know that distributions from qualified retirement plans and IRAs are taxed at ordinary income rates, reaching as high as 39.6% in 2013. In addition, you must pay a 10% penalty tax on distributions received prior to age 59½, unless a special exception applies (IRC section 72t). On the other hand, RMDs are not required for Roth IRAs.

Usually you must begin taking RMDs no later than April 1st of the year following the year in which you reach age 70½. For example, if you are turning age 70½ this year, the first distribution must occur by April 1, 2014. But if you wait that long, then you will also have to take another distribution for the 2014 tax year by December 31, 2014. To avoid the doubling up of payouts in one year, you must arrange to take your payout prior to the April 1st of the year after you are turning age 70½. Once you pass age 70½, you must continue annual distributions each year.

However, there is an exception to these rules for balances held in retirement plans sponsored by your employer. If you still work on a full-time basis and own less than 5% of the practice or other business entity sponsoring the retirement plan, you are allowed to postpone RMDs until the year in which you actually retire.

How much do you have to withdraw? The amount of the annul RMD is based on the IRS life expectancy tables for the participant and the value of the account on the last day of the previous calendar year. In other words, your RMD for the 2013 tax year depends on your balance as of December 31, 2012, even though you’re taking out the funds almost a full year later. Your financial advisor or tax advisor can help you determine the amount of your specific required distributions. In addition, there are many websites that have RMD calculators so that you can do it on your own, if that is your preference.

If you fail to comply with these rules, the IRS may impose a harsh penalty equal to 50% of the amount that should have been withdrawn, or the difference between the required amount and a lesser amount actually withdrawn. The penalty is added to the regular income tax that is due on the RMD. To avoid any potential problems, be sure to take your distributions well in advance of the December 31st deadline. Don’t wait until the last moment.

The key is to be proactive and plan accordingly. So often, the vast majority of time is spent on determining the best way to shelter income through various qualified retirement plans, and very little attention is paid to the rules for taking the money out. Keep in mind that during your retirement years, you will have two separate pools of assets to draw from; qualified (retirement plans and IRAs) and non-qualified (personal investment portfolios). By utilizing distributions from both sources, you can create an income stream during retirement that minimizes income taxation, avoids penalties, and maximizes the efficiencies within your overall coordinated financial plan.
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