Message from the Chairperson

Eileen M. Ouellette, MD, JD, FAAP

Greetings, Section on Senior Members (SOSM). As I write this column, the fate of the Senate Health Care Bill is uncertain. What is clear, however, is that all bills contemplated so far are very detrimental to children.

The federal government wishes to divest itself of its current responsibility vis-à-vis health care delivery by capping the amount of federal money available per patient receiving Medicaid and increasing the states’ responsibility in the provision of their care. States will be asked to do more with less money. The governor of my state, Massachusetts, estimates that there will be an additional 1 billion dollar cost annually to the Commonwealth. As approximately 46% of the recipients of Medicaid nationally are children, they will bear a disproportionate disadvantage if and when these bills become law.

This means that AAP members will need to increase their advocacy efforts at the state level. I believe that SOSM members have a great deal to contribute to children and to chapters as they gear up to meet this challenge.

Although we are currently the third largest Section with 2,228 members, only a handful of Chapters have Senior Sections or Senior Committees. We have a wonderful opportunity to organize the experience and expertise of our members for advocacy for children at the state level by working with our Chapter leadership to establish formal structural entities for seniors within Chapters. I hope that we can put together a group of SOSM members who have established Senior Sections to assist those of you who wish to pursue this goal.

Our second important goal is to coordinate with the residents, fellows and young pediatricians to our mutual benefit. We had a very successful meeting with some of their leadership at the ALF. At the meeting, they identified two areas that they would like our mentorship: advocacy and financial planning. They are eager to become more active advocates for their patients but they expressed that they often don’t know how to proceed. They also said they are finishing their training with various degrees of debt and have little or no idea how to decrease the debt and set aside money for home purchase and retirement.

As most of us have spent our entire careers as advocates for our patients, I believe we can assist them. Similarly, SOSM has provided financial planning information to seniors for many years and we have access to professional financial planners who have worked with us who should be able to assist these young physicians.

We identified our need for instruction in the use of modern technology to keep up to date with medical information. As a result of the ALF meeting we had our first joint Webinar on June 28 on “Pediatrics at your Fingertips: New Tricks for Navigating Medical Education”. It was very well received and is available by clicking this link: https://www.aap.org/en-us/about-the-aap/Committees-Councils-Sections/Section-on-Senior-Members/Pages/SOSM-Webinar.aspx. Also as a result of the ALF meeting, we now have a liaison member from the Section on Early Career Physicians (SOECP) to our SOSM Executive Committee.

Continued on Page 2
Message from the Chairperson

Continued from Page 1

It has become clear that if we are to make progress in these two initiatives we must reassess the governance of our Section. We hear from many of you as you retire that you want to become increasingly involved in AAP and Section activities. At the present time, we do not have a list of well-defined areas with which interested pediatricians can become associated, nor do we have a list of experienced pediatricians who can assist them. We plan to spend a significant amount of time at our Executive Committee meeting in September reassessing the SOSM infrastructure and developing a new template that is more responsive to the needs of children and SOSM members.

Finally, we have all experienced the annoyance of the numerous unwanted emails we received when our ListServ became dysfunctional a few weeks ago. Jackie Burke has been doggedly seeking a solution to the problem. I will leave it to her to send you the details, but essentially there will be two different formats for member communication. Our classic ListServ will be informational only. Anyone who responds will respond to Jackie only. There will be a second format, which is a chat feature on a Senior Section collaboration site that is being created. All members will be included but you actively check the site for chats you are interested in actively reading. This will provide those of you who want a Chat Room format to have one without the rest of the SOSM membership being inundated with unwanted emails. We’ll send everyone a message when the chat is ready for well, chatting!

I hope that those of you who resigned from the ListServ during its dysfunctional period will reconsider and join the classic ListServ, otherwise you may miss out on important informational emails.

Have a wonderful summer. I look forward to seeing you at the NCE in September.

SOSM Listserv Update

Tuesday, June 27, 2017

Dear Section on Senior Members (SOSM):

In mid-June, AAP implemented some new computer programming to help eliminate dangerous spam messages. We later discovered that programming affected the SOSM listserv®. Again, I apologize for the barrage of messages you received June 21-June 23. The problem has been corrected. We did change the name of the listserv®, which is seniorpeds-list@listserv.aap.org.

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Welcome to the Section on Senior Members (SOSM) e-mail list. This list is designed to keep you informed of Section work and allow you to communicate with each other as a group.

If you want to send a message to everyone on the list, the email address is: seniorpeds-list@listserv.aap.org. ALL messages are sent to SOSM staff manager, who releases each message after it is reviewed. If your comment duplicates something that has already been said, it is not released. There are over 2,000 members on the listserv.

You also have the option of turning on the list digest for yourself, meaning that you will only receive one digest message per day containing that day’s messages, instead of real-time messages. To turn on the list digest, simply send an e-mail message to listserv@listserv.aap.org and in the message body type: SET SENIORPEDS-LIST DIGEST

If you would like to be removed from this list, send an email message to listserv@listserv.aap.org and in the message portion of your email, type: UNSUB seniorpeds-list

IMPORTANT NOTICE TO LISTSERV USERS TERMS OF USE AND DISCLAIMER

By participating in a Listserv e-mail list, you agree to strictly adhere to the terms of use set forth below. If you do not agree, please unsubscribe from this list. The American Academy of Pediatrics (AAP) provides this list as a forum for the exchange of views among its members in matters of professional interest. The AAP is not responsible for, and does not endorse or necessarily agree with the views expressed through this list. Such views are solely those of the individuals who express them.

1. Code of Conduct. AAP-associated Listserv e-mail lists are solely for use by authorized list members to address matters of common interest relating to the list topic in a lawful and appropriate manner. You will not use this list for any other purpose. In particular, you will not use this list to engage in any fraudulent conduct, to further any other unlawful purpose or to violate the rights of any party, and you will not post any material that is false, defamatory, inaccurate, abusive, vulgar, hateful, harassing, obscene, profane, sexually oriented, threatening, invasive of a person’s privacy, or otherwise in violation of any law or any AAP policy. You also agree not to post any copyrighted material unless the copyright is owned by you or you have consent from the owner of the copyrighted material. You will not upload viruses or harmful components. Spam, advertisements, solicitations and other postings with a

Continued on Page 4
commercial purpose are inappropriate to this list and posting thereof is prohibited. Finally, you will not use this list to engage in communications leading or related to an agreement in restraint of trade. Nor may members or participants in this list exchange specific information relating to their prices, profits or costs. Any list user who believes a violation of this Code of Conduct has occurred is encouraged to report it to staff at jburke@aap.org.

2. Responsibility for Content. It is impossible for the AAP to confirm the validity or accuracy of any content posted through this list, thus, we do not warrant the accuracy, completeness or usefulness of any information presented.

3. AAP Rights. The AAP has the right in its discretion to refuse any content that is submitted for posting.

If you have any questions or need further information, please contact staff manager, Jackie Burke at jburke@aap.org or by phone at 800/433-9016, ext. 4759. Thank you for joining SOSM and we hope you enjoy the discussion.

Jackie Burke  
AAP Sections Manager  
jburke@aap.org  
(800) 433-9016 ext 4759

Summer 2017 Editor’s Note  
Lucy Crain, MD, MPH, FAAP

Welcome to Dr. Manny Doyne, who has agreed to assume the role of co-editor of the Senior Bulletin. Manny has included a note of introduction in this issue, but we all know him as the originator and editor of the “Best of the Bulletin” series, available on our website. It’s good to have him on board as co-editor!

Also, sincere thanks to retiring corresponding editors, Dr. James Reynolds and Dr. Carol Berkowicz. We appreciate their past contributions and look forward to their continued contributions of articles for future Bulletins.

Welcome also to summer! We hope that you enjoy the Bulletin as part of your summer reading. As always, we have articles on a wide variety of subjects submitted by our members and others, as well as recurring topics on advocacy, which is of special interest these days. Two articles submitted as excerpts from the Ohio AAP Chapter Newsletter are of special interest. Dr. Goldfarb’s article on Civility offers provocative and timely content and the article on Dr. Toni Eaton, past president of the Ohio chapter and of the national AAP, gives an overview and tribute to an amazing pediatrician, role model, and friend.

Many of us have other volunteer responsibilities within the AAP. Please read the special article on Development, “The Future Campaign” and Friends of Children. These deserve your tax deductible donations and ongoing support. We belong to a great organization which stands up for children, families, and pediatricians and is increasingly needed in these times.

Please note the announcement of waived NCE registration fee for our 80+ year old members of the Section on Senior Members, and I’ll hope to see you at the Section Education program in Chicago.

Enjoy the Senior Bulletin and remember to check out the Section website, which our webmaster Dr. Michael O’Halloran constantly updates. Manny, Michael, and I look forward to your feedback and submissions.

p.s. A question during the recent SOSM webinar asked about volunteer opportunities. Jackie Burke responded later to webinar participants reminding us of the excellent tips on our SOSM webpage for both domestic and international volunteer opportunities of potential interest to retired pediatricians. Also of possible interest is the series of articles in the June/July 2017 issue of The AARP Magazine. Articles on volunteering are accompanied by the notice of the new AARP Job Board with link to job search at www.aarp.org/findajob Check it out and let me know if it’s of help. Write to me and Manny at Letters to the Editor.
It is my privilege to assist Lucy Crain in the editing of this current issue. The Senior Bulletin is one of the more active components of the SOSM web site. After reading through many of the past issues I found all sorts of nuggets embedded within those pages. It always is great reading and I am pleased to participate in any way to help support the Senior Section which is growing rapidly.

Prior to retirement in 2015 I was in a community practice in Cincinnati and helped develop a number of opportunities for students and residents to be exposed to that type of pediatrics as part of their training as the director of the Section of Community Pediatrics at Cincinnati Children's. Lately I have become involved with the Ohio Chapter in birthing a Senior Section with the help of Dr. Chuck Deitschel. Ohio has an active section of 83 members and a newsletter modeled after the Senior Bulletin.

I hope all of you enjoy the Summer issue and thanks to all of the contributors who really make it work.

Background

Dr. Doyne retired from community group practice (Pediatric Associates of Mt. Carmel) in September 2015 and became aware of the AAP Section on Senior Members at about that time. He joined the section in October and became fascinated with the Senior Bulletin to the point that he eventually read all of the past issues. This has led to a project entitled the “Best of the Senior Bulletin” which is now on the SOSM website.

Dr. Doyne also had an academic career through the Cincinnati Children's Hospital. As director of their Community Pediatrics division he was able to institute office based teaching experiences for the residency program. He currently has the titles of Emeritus Professor of Pediatrics at the University of Cincinnati College of Medicine and a Volunteer Professor (Clinical Faculty) at the University of Cincinnati College of Nursing.

In retirement “Manny” has been able to continue his personal teaching activities with medical students, nurse practitioners and residents on a volunteer basis and is excited to have been involved with the SOSM as part of his “transition.” He has helped develop and now co-chairs a Senior Section within the Ohio AAP Chapter.

Attention all Senior Section Members
Attending the 2017 National Conference Age 80 and Up!

The AAP says THANK YOU to our most senior members by offering a complimentary 1-day National Conference registration to any good-standing AAP member who is in the Senior Section born in or prior to 1937!

If you are interested in attending, register for the meeting at http://aapexperience.org/conference-registration/. You will receive a travel reimbursement form, which once completed and submitted to the AAP will allow you to receive $355 reimbursement on a 1-day registration. Please note this offer is only valid for a 1-day registration for good-standing members of both the AAP and SOSM. Full conference registration fees will not be reimbursed.

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2017 NCE Senior Section H Program Agenda (Chicago)

Program Chair, Dr. Phil Brunell

What Every Pediatrician Who is Retired or Contemplating Retirement Should Know

Sunday, September 17, 9 AM – 1 PM
Marriot, Glessner House AB

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9:00 AM Welcome

9:05 AM Screening Procedures in Maintaining Health
   J. Thomas Cross, MD, FAAP

9:55 AM Presentation of Section on Senior Members Child Advocacy Award

10:10 AM Pediatric Volunteer Opportunities Abroad
   Cliff O'Callahan, MD, FAAP

11:00 AM Break

11:15 AM The Science of Happiness: Understand the new field of positive psychology and its application to living
   Judith T. Moskowitz, PhD, MPH

12:05 PM Section business meeting and healthy snack

1:00 PM Adjourn

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**Pediatrics at your Fingertips:**

**New Tricks for Navigating Medical Education Webinar**

This complimentary Webinar, sponsored by the AAP Section on Senior Members, covers practical tips for keeping up to date in pediatric medical education through your computer and cellular phone.

Webinar covers:

- Using cell phone or computer technology to stay up-to-date in pediatrics
- Utilizing tools to manage information overload
- A quick look at how far we have come in digital pediatric education
- Apps/help offered through the AAP and elsewhere!

If you missed the webinar you can view it at https://www.aap.org/en-us/about-the-aap/Committees-Councils-Sections/Section-on-Senior-Members/Pages/SOSM-Webinar.aspx.

If you would like to view past webinars please visit https://www.aap.org/en-us/about-the-aap/Committees-Councils-Sections/Section-on-Senior-Members/Pages/SOSM-Webinars.aspx.

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**Special Article**

**Why Does the AAP Need a New Headquarters?**

Lucy Crain, MD, MPH, FAAP, CODE Member

As senior pediatricians, we are familiar with the good works of the Friends of Children Fund (FCF) including CATCH (Community Access to Child Health), pediatric residency scholarships and more. Tomorrow’s Children Endowment (TCE) is an excellent example of how establishment of an endowment by designated donations has provided AAP invested funds for special needs and life-saving assistance in the wake of disasters like Katrina.
For Our Future Campaign

Another imminently compelling need for funds is to pay the remaining $3 million on the down payment of the mortgage on the new headquarters. The Academy is asking all members to give contributions and pledges to fund the down payment for the new Headquarters of the Future in Itasca, Illinois. The commonest question I hear from AAP members of all ages is “Why do we need a new headquarters building?” The answers are relatively simple. With more sections and programs to house and more staff to help develop and support those services, our organization has outgrown the current headquarters building in Elk Grove Village, and costs to remodel and comply with current environmental “green” restrictions and current and future support for digital communication services would be prohibitively expensive.

Based on these facts, the AAP Board of Directors found that it would be more cost effective to construct a new building on an undeveloped building site located in an office park at Itasca, Illinois (a few miles away from Elk Grove Village and closer to O’Hare Airport.) The board was further convinced of this decision by an offer of these several acres of property at less than market interest rates if the Academy could make a $5 million down payment on the loan by end of 2017. The contracts were signed, construction is well underway, and plans are in progress to move this November into the new headquarters. (See photo above of the multi-story glass walled building across from a Westin Hotel in Itasca.) Through the generous donations of many members of the AAP and several corporate sponsors, two million dollars of that $5 million down payment have already been collected or pledged. All members of the Academy are asked to log onto the AAP website to the “For Our Future” campaign to learn more about this new building and the programs and services which will accommodate our organization for the future of pediatrics and for us as members of the Academy.

-The AAP philanthropic entities noted above deserve consideration by all members of the AAP, but especially by those of us who are old enough and well acquainted enough with our Academy and our profession to be members of the Section on Senior Members.

Thank you for your donations and for all that you do and have done for children and families.

Lucy Crain, MD, FAAP, Editor AAP Senior Bulletin

(And WHY am I writing this? One of the other hats I wear for the AAP is as a member of the Committee on Development (CODE) (a position in which I was asked to serve following my tenure as chair of the SOSM). I have learned much about the ongoing need for funds for Friends of Children, CATCH, Tomorrow’s Children Endowment, the continuation of the Senior Section Advocacy Award and other charitable (and tax deductible) philanthropic entities. The needs are many, as the services provided for children and families and for pediatricians continue.

To donate to For Our Future The AAP Campaign for Children Click here
Senior Member Involvement in Chapters
Allison Buckley
Manager, Chapter/National Relations

Many AAP chapters celebrate an appreciation for their senior member's knowledge and experience. Over half of chapters provide active opportunities to keep senior members engaged. Highlighted below are chapters that take a more unique approach to prioritizing the inclusion of senior members.

Northern California Chapter 1 implemented a “Vintage Docs” committee that encourages senior members to remain active participants. This committee is also an informal mentorship program. The chapter provides senior members various opportunities to impart their knowledge and experience to younger pediatricians in the chapter.

Louisiana recognizes senior members through the chapter's annual “Master Pediatrician” award. This award is part of an annual CME course and honors senior pediatricians who have made a great impact on the health of Louisiana's children. The chapter awards those who have shown influence in patient care, child advocacy and medical education of future physicians.

Mississippi waives membership dues for senior members and offers a discounted rate on CME meetings. They also invite senior members to serve as chapter representatives/liaisons to organizations or issue-specific work groups. As representatives, these members perform various functions such as providing expert testimony, advising officers and participating in the chapter's legislative advocacy activities.

Georgia has its own Senior Section and names two members of this section as honorary presidents each year. The honorees are drawn from this outstanding senior section to acknowledge their enduring contributions to the chapter.

Ohio developed a senior group as part of their Practice of Pediatrics Pillar. This group works on a newsletter, pillar volunteer involvement among senior members, an in-person meeting, and, most notably, a handbook for their senior members. This handbook covers financial planning, insurance and retirement funds, organizational issues, patient and medical records issues, re-entry issues, personal issues and chapter involvement advice.

Many other chapters are making efforts to include their senior members and offer senior specific benefits. We encourage you to contact your chapter officers or chapter executive director to learn more about your chapter's offerings and how you can become involved. Visit the Chapter and District Leadership Rosters page on MyAAP to find your chapter leadership's contact information.

Advocacy

Can Child Health Programs Be Saved?
Don Schiff, MD, FAAP

As pediatrician child advocates, we have all recognized the danger that child health programs face at this moment (6-2017). We don't know how severe White House-Congressional health plans will diminish critical child health structures including Medicaid and CHIP. After the president proclaimed his appreciation of the “American Health Care Act” passed by the U.S. House of Representatives he discovered that it was really “mean”. The responsibility to deliver the next attack on health care was assigned to the U.S. Senate. Their task is to eliminate the “ACA” (Obamacare) and remove 800 billion dollars in the program which will then be used to provide an enormous tax break to the ultra-wealthy in the tax reform legislation to be introduced later in this session?

The Academy under the leadership of President Fernando Stein, the Board of Directors, Karen Remley, AAP CEO and our nation's pediatricians are committed to prevent the passage of this legislation by contacting their senators and providing them information to ensure a vote protecting children. The repeal of Obamacare (ACA) became a rallying cry of the Republican Party long before the present administration came to power. They have consistently denied that Health Care is a “right” for Americans to enjoy and utilize. This indefensible position has long been placed in the dust bin of history by

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western developed nations. The United States has a long history of its own with attempts at broad or universal coverage by Presidents Truman, Eisenhower, Nixon, Clinton, and Obama. Today our nation’s children utilizing private insurance, Medicaid, CHIP, and resources of the armed forces have health coverage for a remarkable 95% of children and adolescents.

The Republican White House and a majority in congress demonstrate their ignorance of the crucial elements which provide a sound and economically viable health system for children. Their drive to limit expenditures produces fantasies about the capability and willingness of state governments to provide the necessary funds and programs equal to or better than Obamacare. Observation of how States have failed to respond to the opportunity to expand Medicaid under Obamacare is an example.

The recent passage of the unbelievable bill entitled The American Health Act by the U.S. House of Representatives revealed the degree to which they are willing to damage or eliminate Medicaid and CHIP by imposing severe restraints on eligibility and federal funding. Other crucial losses would be the removal of the essential benefits requirement and the abolition of Medicaid expansion after 2020. An evaluation of the bill by the Congressional Budget Office published after the passage of the bill defined the deficiencies of the legislation revealing the likely loss of coverage for 23 million Americans including 3 million children. Increasing scrutiny by the public has changed its opinion and appreciation of Obamacare with a dislike of its questionable replacement. The Senate gave the awesome task of creating a new bill to 13 senators who have hidden away from public view and do not intend to hold any public hearings, obtain testimony, or seek additional input. Senator McConnell has determined that he can utilize senate rules that would accept 51 votes instead of the usual 60 to achieve the bill’s passage. His declared goal is to attain senate approval by July 4. Thus, there is no time available for further evaluation, public hearings or an examination by the Congressional Budget Office, the non-partisan group used by the congress and the public to produce a cost figure for large pieces of legislation. If this act is approved, it then must be sent to the House of Representatives for its approval or not! This secrecy and speed has not pleased a number of Republican Senators who are opposed to or wish to make important amendments. These include Senators, Cornyn (TX), Lee (Utah), Paul (KY), Cruz (TX), Collins (MA), Murkowski (Alaska), Heller (NV), Portman (OH) and Capito (WV).

Whether passage can be obtained remains to be seen. Senator McConnell can lose only two votes or he will be unable to move forward. 2018 elections are not distant and many campaigns have already begun. If no new legislation passes significant changes in the current legislation is required to improve and repair the gaps and complexity. This is where the art of politics will come into play.

A final thought: Does anyone hear the hoofbeats of a single payer plan on the horizon? I think that I do! donroschiff@comcast.net

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**Swan Song**

*Lance Chilton, MD, FAAP*

This is my swan song, my valedictory march, my final public act as your former liaison to the AAP Committee on Federal Government Affairs (COFGA). I appreciate the chance to represent you, and hope that you will support our new liaison, Suzanne Boulter, as you have supported me.

I wish I felt better about where my term in this position ended. I have tried to be relatively non-political in my role, as the Academy is definitely. It’s the appropriate place for the AAP, even as it strains to support adequate health care for children, for example, in the presence of the onslaught.

I suspect I’m old enough to expect that I will live out my life in the United States and the world without too much inconvenience, but what about my children and my grandchildren? I was worried before November 8, and am much more worried now. Without going into detail on any of the issues I’m worried about, here’s a brief, incomplete and not-ordered list:

1. Climate change and climate change deniers

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2. The attack on the poor, including their health care
3. A frayed and torn infrastructure
4. Lack of investment in children, most importantly their education
5. The dramatic rise in student debt
6. The attack on women’s health, especially Planned Parenthood
7. Rising belligerence of our country in the world, and inevitable reaction
8. Lack of attention to our country’s environmental treasures, including our national parks
9. Racial and ethnic disparities in income, health care, life expectancy
10. Unprincipled attacks on immigrants and refugees.

That’s just a start. I wake each morning wondering what bad news has come overnight from Washington, from the 2 am tweets, from the Supreme Court, from the Sunday talk shows and from Congress, despite the good and constant work of Mark Del Monte and his colleagues in our excellent Washington office.

There’s one thing that tempers my pessimism: hope of better success on the state and local scene. I’m just this hour back from talking with my state representative, an excellent, concerned woman by the name of… well, that’s not important to all of you from the other 49 states. The point is that she listened to me and my wife, gave me suggestions about whom to support in next year’s primaries, talked about possible legislation for next year’s state session, especially regarding children and health. I have written before that I think that advocacy at the state and local level is at least as important, much more accessible to most of us, and more likely to have a positive effect than trying to steer the Titanic of the federal government remotely from back home. We should try, but…

So, kudos to Mark and everyone in his office, to the chairs of COFGA and its Subcommittee on Access during my term, Marsha Raulerson, Lynda Young, Molly Droge, and Dennis Cooley. We’re in good hands with that group, large hands with large hearts.

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**The Real Issues in Health Care Funding and Delivery**

*Lawrence D. Frenkel, MD*

Passing legislation involving improvements in our system of healthcare organization and funding, at the federal level demands the acknowledgement that this is truly complicated and difficult. The current proposal for health care reform in the US, the American Health Care Act (AHCA) of 2017, fails to honestly address the need to move toward, not away from, a government funded universal health care system, such as Medicare for all. The US is one of the few developed (“high Income”) countries, that has not moved in this direction. Most comprehensive, single-payer, universal systems include: routine preventive health care, which has been shown to save significant amounts of money on expensive emergency room care and other tertiary hospital care for conditions, which if caught early, could be resolved more effectively and cheaply. At least, the addition of a “public option” insurance program could provide needed competition to commercial insurance and would probably be less costly!

Medicaid expansion, through the Affordable Care Act and the Children’s Health Insurance Program, has expanded insurance coverage for children to the highest level in history, generally over 90%, and has covered millions of previously uninsured adults. These programs provide preventive care, early diagnosis, and treatment for poor and disabled children, pregnant women and infants, and those with incomes so low that they cannot otherwise afford commercial health insurance. There is data to suggest that children with health insurance (publicly or privately funded) are less likely to be incarcerated, more likely to graduate from high school, attend college, get better jobs and pay more taxes. Almost two thirds of children covered by Medicaid live in families where at least one parent has a full-time job. These parents are poor, not lazy. Withdrawing or capping Medicaid funds will result in millions of sicker people, ultimately higher costs and
significantly decreased quality of life. The reduction of federal funding for Medicaid to states is irresponsible because state budgets are already tight. In this regard and especially important is the possible surrender of essential health benefits, including maternity care. An additional detrimental change in the current version of the AHCA allows a commercial insurance company to callously deny coverage to individuals with pre-existing conditions or cynically allows them to charge much higher premiums to these unfortunate individuals.

The recent comments of Joseph Kennedy III regarding the AHCA ring true: “We are judged not by how we treat the powerful, but by how we care for the least among us.” “There is no mercy in a system that makes health care a luxury. There is no mercy in a country that turns [its] back on those most in need of protection: the elderly, the poor, the sick, and the suffering. There is no mercy in a cold shoulder to the mentally ill. This is not an ‘act of mercy’. It is an act of malice.”

It should be possible to save money by reducing the impact of three major systemic problems:

1. Federally administered single payer systems can save huge amounts of money by eliminating administrative costs, reducing paperwork, preventing costly and wasteful duplication of expensive health care facilities and programs, and aggressively eliminating fraud and limiting greed. A recent proposal from the National Academy of Medicine suggests that 30% of our $3.2 trillion national expenditures goes for waste, inefficiency, and profit. It is acknowledged that Medicare provides for quality care at much less than the cost of commercial insurance.

2. Health insurance and pharmaceutical companies have been allowed to manipulate legislation so that they make unreasonable profits. Current law prevents federal healthcare supported programs to negotiate for lower drug prices, resulting in US drug prices being higher than in almost every other country in the world.

3. Hospitals currently game the system by multiplying their charges by up to four or five hundred percent above the true costs to allow for commercial insurance “write-offs”. The AHCA, as proposed, stands to increase these insurance, drug and hospital profits on the backs of the poor, disabled, and elderly.

Finally, the conservative stance that government has no right to require that all citizens obtain financial coverage for health care is bogus. Without a mandate for obtaining health insurance, and financial support for such insurance, many individuals would not or could not pay for insurance coverage. The mandates are minimally intrusive on the rights of our citizens. The role of the government in a democracy is to educate, encourage, support, and sometimes even mandate behavior that promotes the good of the majority and prevents self-destructive behavior in the individual. Obtaining good medical care is not only a right but also a responsibility for the individual, their family, and society. We should all acknowledge that “access” to quality health care is not the same as having both quality providers and the means to pay for it. Our political leaders must refrain from disingenuously paying lip service to “individual freedom,” as an excuse for their lack of integrity in supporting the right of all to quality health care. The points outlined in this proposal deserve an honest and robust discussion in the federal legislature and around the country.

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Dr. Sarah Sell and Her Role in the Development of the HIB Vaccine

Emanuel O. Doyne, MD, FAAP

Although many medical advances have occurred in the past 40 or so years one of the most pivotal has been the development of the HIB vaccine which has prevented a disease that terrified all pediatricians and parents prior to the 1980’s.

One of the most critical but underpublicized players in this story was Dr Sarah (Sally) Sell of Vanderbilt Medicine School. She graduated in 1948 from Vanderbilt as one of only two women in her class and then completed a fellowship in Infectious Diseases at LSU.

When she eventually returned to Vanderbilt one of her goals was to convince funding agencies, her fellow pediatricians and ID specialists that despite the availability of Ampicillin to treat HIB meningitis which dramatically decreased the mortality we desperately needed to develop a vaccine to prevent that devastating disease and the morbidity that it caused.

I had the good fortune to work with Dr. Sell during the late 1960’s when I was a third-year medical student on a research...
Dr. Sarah Sell and Her Role in the Development of the HIB Vaccine  Continued from Page 11

project to look at the sequelae of patients who had suffered from HIB meningitis. Until Feigen and Dodge in St. Louis published studies later in the 1970’s our research was the only study published on the consequences of HIB meningitis in the survivors. As it turned out during that time Dr. Sell attended many national conferences to discuss the production of a vaccine and Dr. John Robbins of the NIH was a close colleague of hers and eventually along with Rachel Schneerson developed the conjugated vaccine.

As a student, I was expected to contact all families of children who had documented positive CSF cultures for HIB (found in a very neatly bound volume in Dr. Sell’s laboratory). The plan was to invite the patient and closest age sibling to Nashville for the study which was to occur during one half day. The battery of tests included a physical exam, history, hearing and vision screening, psychological screening including IQ’s and ADHD testing. Both the patient and sibling controls were administered all of the same screening tests, Warren Webb was the psychologist who trained me at the Kennedy Center and Ed Zimsky was a pediatric resident who helped Dr. Sell with the analyses and writing the two papers listed at the end of this article. It was a great experience but I certainly didn't realize until many years later how valuable this work was.

Dr. Sell was wonderful to me and I think adopted my wife and me for the summer. We got to “house sit” for her and her husband Gordon, a pediatric cardiologist, during that summer when they went to Europe (and most importantly to care for their Scottish terrier), She accompanied me to the Southern Society for Pediatric Research in New Orleans for me to present our paper (a terrifying experience but the audience was very kind including Dr. Mildred Stahlman, the first neonatology director at Vanderbilt).

In retrospect, this was a seminal experience in my career. As I entered pediatric practice I had to deal with the ravages of HIB meningitis. I subsequently administered the conjugate vaccine in the late 1980’s and witnessed the miraculous disappearance of that disease.

(Special thanks to Dr. Kathryn Edwards, Sarah H. Sell and Cornelius Vanderbilt Chair and Professor of Pediatrics, Vanderbilt University School of Medicine, for her assistance in this article.)

References:

AAP Legislative Conference Summary
SOPT Legislative Conference Scholarship Recipients
Trainees Highlight Their Experiences

Kevin Fang, MD, FAAP
Community Medicine Fellow in Pediatrics
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What an amazing experience I had at the AAP’s Federal Legislative Advocacy Conference this year. As the Community Medicine Fellow in Pediatrics for Kaiser Permanente Southern California, I lead the advocacy rotation for pediatric residents at the Los Angeles Medical Center. During that month, I get to work with residents on developing their own advocacy interests and tying that with the California AAP and exploring current legislation. Also in this role, I travelled to Sacramento to advocate with the California AAP and California Medical Association, and participated in a Health Policy Elective put on by Kaiser Permanente Southern California. To then receive the opportunity to attend the AAP’s Federal Legislative Advocacy Conference through the generous support of the Section on Pediatric Trainees truly was such a

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blessing. These opportunities combined with the current political climate has made for somewhat of a perfect storm for developing my interest in advocacy.

The weekend started with the March For Science, which occurred the day before the Conference. Despite the rain, it was a privilege to march with Senator Richard Pan from California for vaccine science. Toward the end of the march, we encountered some anti-vaccine protestors, which definitely became uncomfortable because of the degree to which one protestors seemed to harass Dr. Pan, but in retrospect it was a good lesson for me to see because it showed how difficult politics can be. When you are in the public eye and fight for something you believe in, you have to be able to stand your ground against the detractors and naysayers.

The focus of the conference was on maintaining funding for CHIP and by proxy Medicaid. We had so many wonderful speakers including Dr. Karen Remley, Dr. Fernando Stein, Mark Del Monte and Dr. Joshua Sharfstein (from my home state of Maryland!). They told us that this was the largest Conference ever and the passion and enthusiasm for child advocacy was palpable. We also had breakout sessions on food insecurity, vaccines, leveraging social media and coalition building, all of which kept the wheels turning in my head and have influenced current and future community advocacy projects to work on in the Los Angeles area where I’m now based. On the social media point, I had joined Twitter just about a week before and so the conference was a great opportunity to dive in and join the many other Tweetiatricians (@fangjunpei) there.

The afternoon before we went on our legislative visits, the AAP team did a simulation activity where we played the role of junior Congressmen with the goal of getting re-elected. Making staffing decisions, pushing bills, fundraising and keeping up with poll numbers all came at such a fast pace. You really see how stressful the job can be and dependent Congressmen are on their support systems in order to keep up. As someone who never considered entering into politics, but has started thinking more about whether I would do it, it was another good experience, even if it was just a simulation. Oh, and in case you were wondering, my team got re-elected by 1 percentage point!

Finally, the day came to meet with our Congressmen and make our pitches. Joined by the large and robust California cohort, we met with legislative staffers for Senators Kamala Harris and Dianne Feinstein, and then I broke off with a colleague to meet with the staffer for Representative Adam Schiff. Before that, however, we got to hear from Senators Kaine and McGovern on the lawn outside the Capitol. Even just walking up to the Capitol and being in that atmosphere with the Supreme Court across the street, I have to admit to geeking out. We unfortunately didn’t get to meet any of the California Congressmen directly, but I would like to think we effectively delivered our messages to the staffers even though we were probably preaching to the choir. Still, I very much appreciated the time they took out to speak with us, and I made sure to follow my Congressmen on Twitter to keep up with the fast pace of politics and policy.

Thank you again for the opportunity to represent the Section on Pediatric Trainees at the Federal Legislative Advocacy Conference. It was such an honor to attend and I gained so much from the experience that I will carry with me in my career as a pediatrician, child advocate and teacher.

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My AAP Legislative Conference Experience

Ryan Hassan MD, MPH, PGY3
University of Utah Pediatrics
Utah Chapter AAP Resident Liaison
AAP SOPT Program Delegate

This April, I had the opportunity to attend AAP’s Annual Legislative Conference in Washington D.C. for the first time. The conference consisted of training and learning sessions that focused on how and why to speak with our elected officials, and some of the important health policy decisions being made that will affect children, as well as meetings with our legislators’ office staff to discuss health policy. I participated as a member of the global health track, which meant that in addition to visiting with health policy staffers to discuss funding CHIP and Medicaid, I also got to meet with foreign affairs staffers to discuss funding for international affairs.

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I have done a fair amount of legislative advocacy at the state level already, and I had also already spoken with my Congressmen's staff over the phone many times to advocate for child health issues as well, so I felt fairly comfortable with the idea of meeting with Congressional staffers in person. Even so, the training sessions during the conference were very helpful, and helped me and my colleagues remember to stay on message and avoid common pitfalls while talking with staffers. It was also very helpful to hear more in depth information about how Medicaid and CHIP work, both at the program and policy levels, and very exciting to attend the lectures discussing the importance of US global aid programs like Helping Babies Breath, and current efforts to address global warming.

When the time came to actually meet with our Congressmen's office staff, I had the opportunity to meet with staff from both of my Senators' offices and my Representatives' office twice; once to discuss CHIP and Medicaid funding, and once to discuss foreign aid funding. My discussions were very helpful, and the question that all the staffers asked me was how the government could afford to continue paying for these types of programs. I was able to outline in detail the many ways in which investing in healthcare, especially for children, both in the US and abroad, leads to improved health outcomes and reduced costs long term. One point that all the staffers were interested to learn about were the concepts of Toxic Stress, Adverse Childhood Experiences, and Resilience, which they were not familiar with. I was able to explain the science of how early life experiences shape long term health, and how simple interventions, like encouraging positive parenting and reading at a young age, has been shown to improve outcomes, and reduce the likelihood that children will go on to develop long term morbidities, including most of the top ten causes of death in the US.

Since the conference, I have been able to keep in touch with the staffers I met both on the phone and through email, and have been able to refer them to more information about Toxic Stress through the website for the AAP's Section on Pediatric Trainee's advocacy campaign, Partnering for Resilience. I have also been able to have ongoing conversations with staffers about the dangers of the AHCA, and how it pertains to the discussions we have already had.

I am very concerned about some of the dangerous and harmful developments and proposals coming out of Congress and the Presidential administration, but I am very proud that the AAP is continuing to train its members to do the essential and lifesaving work of speaking to elected officials about child health, and encouraging them to make intelligent, evidence-based policies that will improve the lives of our patients. The road ahead will be challenging, but I feel well-prepared to continue advocating for my patients with the ongoing help of the AAP, and I look forward to another trip to DC for next year's Legislative Conference.

**Braveen Ragunanthan**  
*Children's Hospital of Pittsburgh of UPMC*  
*First-Year Pediatric Resident*

Today’s contemporary United States calls upon every citizen to actively shape this nation with direct advocacy to seize the reigns of policy. Rather than stand along the sidelines, more and more Americans since the election are participating in grassroots advocacy to catalyze change. Although I have had over 8 years of experience in meeting with the offices of my members of Congress through social justice endeavors in global health activism with several citizen lobby groups, I had not yet been able to travel to the Hill to fight for child health quite as explicitly. It was incredibly rewarding to be a part of the American Academy of Pediatrics Legislative Conference Pediatrics this past April. I enjoyed meeting trainees and pediatricians from diverse backgrounds and geographic locations, all coming together in the spirit of pushing for essential programs that affect the lives of all of our pediatric patients every day. Medicaid, Children's Health Insurance Program (CHIP), Supplemental Nutrition Assistance Program (SNAP), and more were just a few of the policy programs we championed. Personally, I found it very valuable to attend as a 4th year medical student after match day. I was able to attend my meetings on the Hill with my future residency colleagues who were in attendance at the conference as well. Now the seeds have been planted to build on this momentum with these Congressional offices in the U.S. House & Senate going forward.

It is so important for pediatricians and current trainees to remain active in legislative advocacy to advance child health policy interests. If not us, then who will? Our actions, when coupled with our clinical work in pediatrics, can greatly amplify our impact in touching the lives of children in our society. We must not stand back again right now at this highly pivotal time in American history. We must stand and fight for kids - today and always.
Jessica Simkins MD, MPH
St Louis Children's Hospital
Resident Physician, PL-3

Been to NCE on coasts east and west
Been to state chapter meetings to learn from the best
Interned at DOFA in Washington DC
But “You must go to Leg Con!” They kept saying to me
So, I brought a few friends back to Capitol Hill
Spent three days learning political will
The “want” to help kids never tough to find
But the “how” and the “when” being first on our minds
Full of ambition, the days flew by
With fabulous speakers we learned on the fly
Talks on hot topics, and skills we would need
Packed in 48 hours, we worked at great speed
Then time for the big one - CHIP and Medicaid
We had to defend getting both programs paid
I was nervous - these bills never made sense to me
“Oh just watch us” said staff at the AAP
The BEST explanation I’ve ever heard
By the end I could talk like a finance nerd
A clear vision of what we were working towards
(Hope I feel half this good when I prep for my boards!)
By the time we met staff in the Senate and House
We were armed, we were ready with medical clout
Delivered our message succinct and clear
#KeepKidsCovered is what we got all sides to hear.
Now heading back home, so proud of our work
But knowing these bills on the Hill still lurk
I can do my part now with a confident view
They were right about Leg Con - next year you go too!

Sudden Career Changes
Joseph R. Hageman, MD, FAAP

I had been swimming daily, about 1000 yards, for the past 10 years as a way to help manage the chronic pain from my cervical dystonia; which was under pretty good control. It had been about 6 years since I was able to take call and manage pediatric patients in the intensive care unit or on the general pediatric floor as a hospitalist. The adjustment of no longer being able to practice had been a challenging one, which resulted in a depression and a lot of chronic “neuropathic pain”, managed with Cymbalta® and Neurontin, and regular discussions with my psychologist. However, I had developed a general pediatric curriculum for medical students and pediatric and family medicine residents at the suggestion of my general pediatric colleagues and friends with good feedback. I was also volunteering 3 days/week at Comer Children’s Hospital helping the pediatric residents with their residency research projects.

It was the week after one of our daughters was married and the other graduated from Veterinary School...very exciting! My wife Sally, a Daisy Award winning pediatric nurse at the Ann and Robert H. Lurie Children’s Hospital for the last 38 years, and I got up early to work out. I had been noticing some left sided tightness after swimming which I had been attributing to costochondral pain from swimming for a number of weeks. Every time I stopped to check my pulse after completing a lap, I seemed fine. I got out of the pool and went into the shower room and collapsed. I was lucky there was a physician and life guards who started CPR and quickly got the AED. The fire department was there in 2½ minutes and

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by the time I got to the ER, I had been shocked 4 times. I was in ventricular fibrillation and with the 5th shock, I converted. After the cardiac catheterization lab, with evidence of coronary arterial disease, a left ventricular assist device, I went to the operating room where my left hip, which had been dislocated anteriorly when I fell, was replaced.

I was extubated a day and a half later, and immediately post extubation, I wondered what had happened. After 4 days of recovery, the conclusion was I had coronary vasospasm, no myocardial infarction and with disease in each artery, the cardiac surgeon performed a 4 vessel bypass. I was up walking that day and began teaching about 4 weeks post op. Cardiac rehabilitation was uneventful and very helpful and I received lots of support from family, friends and colleagues. When I showed up for morning report at the children's hospital, the residents applauded which I really appreciated.

The nice thing about being a physician is I have been able to adjust with each bit of adversity in my professional life and with the encouragement and support of my family, friends and colleagues, and with the variety of clinical, educational, research and even administrative experiences I have had, I have been able to find activities to keep my mind active. Admittedly, it is a real challenge when you have an active mind, which stayed basically intact after the cardiac arrest…as near as I can tell anyway.

In the now almost 5 years (June 12, 2013), I have helped pediatric residents with national research presentations (total of 30), helped them publish papers (about 70: most case series, a couple based on their research projects) as the Director of Pediatric Resident Research until June of this year. I have continued to teach the medical students about general pediatric topics as well as about the newborn physical exam. For the past 7 years, I have been teaching how to present history and physical examinations with a group of 4 second year medical students. In the past 6 months, I have been accompanying a group of third year medical students to the Smart Museum of Art and have provided a clinical perspective as they are honing their observation al skills with the help of one the art faculty. With the 30+ years of editing experience, I have also had the opportunity to be a guest editor for a number of issues of Pediatric Annals, a review journal for general pediatric providers followed by about 5 months as the interim Editor-in-Chief and have now become the Editor-in-Chief of Pediatric Annals. All of which has been very rewarding. In addition, I have had the opportunity to serve on the editorial board of NeoReviews as well, which is an online AAP CME journal for neonatologists.

The important message again is to think about what other aspects of your professional life you enjoy and which you may even consider spending time with along the way in addition to your clinical and administrative responsibilities. Hopefully you will have the opportunity to change your routine and maybe even consider “slowing down" before an event or circumstance leads to decisions being made for you…or you have to experience “a forced retirement” which I can tell you from personal experience is not optimal. But keep in mind, all of your varied experiences as a physician will provide you opportunities to continue being active and, as a number of my colleagues have said, “give back” to our discipline as well as to our community.

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When a teenager Antoinette Parisi planned to become a nurse because she loved biology, it was an uncle, a pre-med student himself, who urged her to enter medical school.

“In the 1950’s, only about 6% of the physicians in the entire county were women,” said Dr. Antoinette Parisi Eaton in a recent interview. “Most women going into the medical field went into nursing, but my uncle really challenged me to study medicine.”

An Icon Retires
Antionette (Toni) Parisi Eaton, MD, FAAP

After a more than 60-year career in medicine, Dr. Eaton retired in January 2017, leaving behind a legacy of a passion for helping the country's most vulnerable children and blazing a trail for women in pediatrics.

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“When women were few in medicine, she was a role model,” said Ellen Buerk, MD, FAAP, past president of the Ohio Chapter, American Academy of Pediatrics. “Many of us felt authenticated because of the way she supported women physicians.”

After attending Woman's Medical College of Pennsylvania, she was accepted to the pediatric residency at Columbus (now Nationwide) Children's Hospital. She served as chief resident and at that time she married Samuel Eaton. “In that era, there was no maternity leave provided,” said Dr. Eaton. “Had I not saved vacation and meeting time, I would have had to extend my residency.”

Dr. Eaton's career continued at Nationwide Children's Hospital where she served initially as Director of the Birth Defects Center and Chief of the Handicapped Children's Section, along with teaching as a professor of pediatrics at the Ohio State University. In 1974, she was recruited to the Ohio Department of Health (ODH) to serve as Chief of the Division of Maternal and Child Health.

Over the years, she provided legislative testimony on countless issues impacting Ohio's children and physicians, including advocating for special needs children. She also helped other physicians see the importance of advocacy.

“Toni taught us how to advocate for children. She showed us how to speak to elected representatives and Senators, how to advocate for issues, how to testify at the Statehouse,” said Dr. Buerk.

Dr. Eaton returned to Nationwide - Children's Hospital after her tenure at ODH. Her dedication often impressed colleagues.

During her busy career, she also made time for involvement with the American Academy of Pediatrics and the state Chapter. She served as the Chapter's president from 1983-1989 and as the national Academy's first female president in 1990-91.

“I felt very supported during my candidacy for president of the Academy. I really felt a lot of support, there were many male leaders who were just as eager to have a female president,” said Dr. Eaton.

“She remains an icon in pediatrics and especially for women in pediatrics,” said Gerald Tiberio, MD, FAAP, past president of the Ohio AAP. “Her presence at meetings included great ideas, watchful words, and simple humility. Writing about Toni is an honor and a privilege. Words can't describe, but know that she is woven into the very fabric of pediatrics.”

Dr. Eaton served on many national AAP, Ohio Chapter and State committees and sections. She was Interim Dean of the School of Public Health at Ohio State University from 1997 to 1999. She also served as interim medical director at Nationwide Children's Hospital and Chair of the Department of Pediatrics at Ohio State University. She authored and co-authored too many articles to list. Over the years, she also took time out to mentor other physicians, especially women.

“I have been the grateful recipient of mentoring by Toni for my entire career,” said Judy Romano, MD, FAAP, past president of the Ohio AAP. “Here was someone who managed to be the top pediatrician in the country AND a mother AND a wife. Those credentials were a rare commodity 30 years ago. She became my mentor, my friend and someone I have come to rely on in every stage of my career.”

Dr. Eaton and her husband, Samuel, have four children. It is no surprise to many that three went into medicine and one went into law. But, Dr. Eaton didn't push her children in that direction.

“Whatsoever career path they chose, I wanted to be supportive of their choice,” she said. “And certainly, when they decided to choose medicine, my focus was just to support them and not discourage them. That was so important to me. It didn't matter how many degrees they had but that they should be kind to other people.”

After decades of hard work and little free time, Dr. Eaton is sure of at least a few things she'll do in retirement.

“I have a lot of boxes of memorabilia – plaques and photos – and will hopefully organize them!” she said. “And of course, I'll do some reading and maybe some traveling.”
Jelly Belly Diplomacy

John McCarthy MD, FAAP

It never ceases to amaze me how a seemingly insignificant event can change the world. For example, during the World Table Tennis (Ping-pong) championship in Nagoya, Japan in 1971, a serendipitous meeting took place between Glenn Cowan, 19, a member of the 24th ranked U.S. team and members of the Red-shirted Peoples Republic of China team including their star player, Zhuang Zedong. Amused, he stepped forward to shake Glenn's hand and present him with a silk screen picture of China's Mount Hangzhou as a gesture of friendship. Glenn smiled and gave Zhuang a T-shirt emblazoned with a Peace Sign and the Beatles lyrics, “Let it Be!”. Somehow, word of this unusual encounter aboard a shuttle carrying members of the Chinese team and a lone American player who had missed his team's bus, filtered all the way back to Chairman Mao. He wisely seized the opportunity perhaps for propaganda and invited the entire U.S. Table Tennis team for an all-expenses paid lavish tour of China. Meanwhile, President Nixon got wind of this story and saw it as a real chance for rapprochement with Communist China. This “Ping-pong Diplomacy” culminated in a historic meeting in Beijing, China in 1972 between Chairman Mao and President Nixon marking the end of a 45-year cold war.

When Ronald Reagan was Governor of California, he began devouring Herman Goelitz's “Mini Jelly Beans” in a successful attempt to break his pipe smoking habit. Ten years later, Mr. Goelitz introduced his “Jelly Belly” brand of jelly beans which Reagan liked even more. In fact, throughout his 2 terms as President, he happily received regular shipments of Jelly Belly jelly beans which filled jars in the Oval Office, Cabinet Meeting Room, and even on Air Force One. He encouraged whomever visited him at the White House, to “help themselves” to his Jelly Bellies. This undoubtedly sweetened and softened their dispositions and led to breakthroughs in tough ongoing negotiations. In fact, it’s rumored that Tip O’ Neil, a Democrat and Speaker of the House, made frequent jaunts to the East Wing just to get his hands on those Jelly Bellies and exchange gags with the President, a Republican. No wonder things got accomplished between the Legislative and Executive branches of Government. Jelly Belly Diplomacy worked! When President Reagan gave his famous speech at the Berlin Wall and said, “Mr. Gorbachev, tear down this wall!” , he probably shipped the Soviet leader a jar of his Jelly Bellies which led to a détente and the tearing down of the wall separating East and West Berlin, Germany.

Fast forward to February, 2017. Tahoe Vista, California. My wife, Jane (aka “Nana”) and I (aka “Opie”), were on an 8-day vacation with my daughter, son-in-law, and their children, ages 2 thru 7, 2 boys and 2 girls, (my grandkids). For the first 3 days, we just hung out at our vacation rental and got re-acquainted. We noted that the 2 youngest grandkids ages 2 and 3) were still in diapers 24/7 and wondered why. Nana tactfully approached their parents to offer to help potty train them while they went off skiing/snowboarding at the nearby ski resort with their 2 older children (ages 5 and 7). Enthusiastically, they replied, “Go for it!” They in turn agreed to purchase a large bag of Jelly Bellies when they went out shopping for last minute supplies. Nana knew that Jelly Bellies were the prospective toilet trainees' favorite candy and planned to use them as a strong incentive. She spoke quietly with them as she reviewed the ground rules on the first day: First, they would wear only a pair of dry undies and no diapers during the training period. Second, when they felt the urge to go, they would proceed immediately to the potty and sit or stand depending on gender (for our grandson, Nana placed a wooden bowl stepping stool so that he was high enough to go directly into the toilet). I was to be my grandson’s coach, reminder, and cheerleader while Nana focused on our granddaughter. Third, for their first success, they would be awarded one Jelly Belly of their choosing; for their second success, 2 Jelly Bellies of their choosing and so on. I’m pretty sure that Ronald Reagan would have given Nana’s toilet-training Jelly Belly program two thumbs up. Initially as expected, there were a few partial accidents but they seemed to catch on in a “nana”-second (pun intended) and the driving force was earning those Jelly Bellies. By the second day, they had earned plenty of Jelly Bellies and by the third and last day, their consistent successes became its own reward which they proudly shared with their parents and older sibs upon their return from the slopes. And when they returned home, they continued to remain dry and were no longer in diapers. Nana's brilliant Jelly Belly Diplomacy was a huge success. Nana credits her mother in law, Omi, with giving her the idea when she trained Jane's children in the Pre-Jelly Belly era a 25-cent quarter as the incentive. It was a smashing success too!
Choosing Civility

Johanna Goldfarb, MD

(Published with permission from the Ohio Chapter of the AAP)

In these days of political polarization, incivility has become normalized in our country. In pediatrics, we most often think of incivility in terms of bullying, as a problem for our patients, and many of us know how to address this in our practice. However, lack of civility has been increasingly recognized in health care organizations. The Charter of Professionalism soon to be published in Academic Medicine underlines the importance in Health Care organizations in supporting respect and civility in how we deal, not only with patients, but with the workforce within each institution as well. Only a workforce that is respected and treated with civility is able to respond to concerns about issues of safety for patients and the care we give. It points out that incivility tolerated in our institutions is a risk factor for workplace bullying and a threat to a culture of safety, one in which speaking up is encouraged. In health care settings, incivility is best recognized when it affects trainees. Hazing and “pimping” were at one time accepted as the way new trainees were initiated to the rules of hierarchal medical training. Now recognized as a form of maltreatment, used to humiliate and discredit an individual, the Accreditation Council for Graduate Medical Education (ACGME) has targeted this form of bullying as inappropriate and unprofessional and has instituted a zero tolerance policy for training programs. However, it is an issue for our health care institutions as well. Without attention to these issues in the entire health care institution, we face risks to a culture of safety. Whistleblowers are often not rewarded, and, indeed, frequently become targets of abuse in organizations. By demanding civility, an organization can choke out this behavior. Organizations that have zero tolerance for incivility do not support bullying. Civility is a learned skill that requires practice and support from the top down and the bottom up. It has been shown that the respect and trust engendered by civility at all levels of an organization is associated with higher engagement and satisfaction and leads to greater creativity and desire to support its goals. While some who bully are productive, the cost to the institution of condoning these behaviors is great, adversely affecting quality of work, creativity, engagement and turnover.

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Vergil

Jo Kerr, MD, FAAP

That shabby little unknown bundle of neglect and despair who was dropped off by the police 6 weeks ago—later to be claimed and named by his mother who turns up sober occasionally, is now a definite tour de force on the infants’ ward. Once he was bathed a few times and his eczema treated, it turned out that he was a 14-month-old boy still recovering from a premature birth, birth weight 2.2 lbs. Apparently, he had had no real attention—and practically no solid food. At first, he just lay in his crib, withdrawn, sucking on an empty bottle as he did at home, I guess. On admission, he was ravenous, gobbiling down bottle after bottle. Gradually he responded to social advances—at first, he only chewed on people—just tasting them. Once we thought he smiled in response to being held, which at first, he resisted. Now he is standing up and trying out different sounds: screaming when enraged at being bathed or having his diaper changed. Today, he started making real demands through eye contact and sign language, even using a sly smile, which he seems to have just incorporated. Somehow, he has learned to charm and manipulate passersby into doing things for him like picking up toys he has deliberately dropped outside his crib, and finally, picking him up and kissing and cuddling him.

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We moved his crib into a busier room with busy staff moving about, talking to him as they went by. He is standing and cruising now and yesterday afternoon we found him taking apart the wall oxygen fixture close to his bed. He seems to have a particular knack with his hands.

FOLLOW UP: Vergil’s mother was murdered by her boyfriend one weekend some weeks later. The medical students who were now very involved with him paid a condolence call to his crib when they learned of his mother’s death. It was obvious that Vergil had a particular charm and appeal that would stand him in good stead despite the terrible way his life had started. After recovering from his pneumonia and Salmonella dysentery infection he began to really thrive. Then he was finally and, with the hope of all of us, placed in a foster home.

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Measuring Your Portfolio’s Endurance

Jeff Witz, CFP®
David Zemon

The need for retirement planning doesn’t end with the onset of actual retirement. A new retiree’s focus should shift from building wealth to managing and preserving it. One challenge is making the investment portfolio supply cash flow for the duration of life—and through various economic and market conditions. Factors that drive a portfolio’s longevity include asset mix, spending level, and the investment time frame. Certain aspects are within an investor’s control while others are not.

Asset Mix

Asset mix refers to the ratio of stocks to bonds in a portfolio and determines risk exposure and expected performance. It is also one of the most important decisions investors of all ages make when constructing an investment portfolio. Historically, stocks have outperformed bonds and outpaced inflation over time. Consequently, the larger the equity allocation, the greater a portfolio’s expected return—and risk.

Keep in mind that risk and return go together. A higher allocation to equities increases the risk of experiencing periods of poor returns during retirement. But if you can handle the risk, having more equity exposure in a portfolio enhances its return potential. Growth can bring higher cash flow, inflation protection, and portfolio endurance over time. While it is logical that investors should have an equity component in their portfolios, the actual weighting should be dependent on an individual’s time frame, risk tolerance, and spending flexibility.

Spending Level

Naturally, the amount of withdrawals impacts a portfolio’s longevity. Portfolio withdrawals are typically described in terms of either a specified dollar amount (e.g., $100,000 per year) or a percentage of annual portfolio value (e.g., 5% of assets each year).

- Specified dollar amount: withdrawing a fixed amount each year and adjusting it for inflation can provide a stable income stream and preserve your living standard over time. But the portfolio may survive only if future withdrawals represent a small proportion of the portfolio’s value.

- Percent of annual portfolio value: by withdrawing a fixed percentage of assets based on annual asset value it is unlikely you will deplete retirement assets since a sudden drop in market value would be accompanied by a reduction in the amount withdrawn. This method can produce wide swings in your standard of living when investment markets are volatile.

Retirees who need relatively consistent cash flow may want to combine these two methods.

Investment Time Frame

Investment time horizon may be the hardest to estimate, especially if it is the same as your lifespan. In this case, you can only guess how long your portfolio must support spending. If you plan to bequeath assets, your investment timeframe may extend beyond your lifetime. This may influence your risk and spending decisions as well.

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Timeframe forces a tradeoff between the short and long term. Retirees with a longer investment time horizon might choose a higher exposure to equities. But they may have to offset this risk by being more flexible about spending over time. Elderly retirees and others with a short time horizon may choose a less risky allocation or a higher payout rate, although they can experience rising spending levels, too. In any case, retirees should think carefully about equity exposure and avoid taking more risk than they can afford.

Planning involves assumptions about the future—assumptions that may not pan out. You must ask whether the assumptions you’re making are realistic and consider how your lifestyle might change if future conditions are much different than expected.

Although you cannot fully control these and other factors involved in portfolio endurance during retirement, a more substantial nest egg might enable you to take fewer risks, enjoy a higher sustainable spending rate, or extend the productive life of your portfolio.

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**Book Reviews**

**The Birth of the Pill, Jonathan Eil, WW Norton, 2014**

*Sanford Schneider, MD*

Clinical Professor of Neurology and Pediatrics

University of California Irvine School of Medicine

Recently, I received a mailing from Duke University School of Medicine [where I interned] stating that 54 per cent of the incoming medical students were female [and that medical school tuition was 64k]. Reflecting on my own medical school statistics, I recalled that there were 8 female students [2 PhDs and 1 lawyer] in my 1963 class of about 128 at NYU. Presently, the percentage of incoming female medical student nationally is at or above 50 per cent. Although there are numerous theories for this welcome statistic, I would argue that the most cogent explanation is the development of the birth control pill, which allows for family planning. This roundabout segue is to introduce the reader to a biography of Gregory Pincus, PhD, the developer of the pill. I had the great fortune to participate in a NSF project that placed high school seniors into a science program administered jointly by St Marks School and the Worcester Foundation for Experimental Biology. [This program's graduates include one Nobel laureate Howie Timmons and at least three child neurologists - Jerry Murphy, Paul Chervin, and myself.] During my second year in the program, I had the great fortune to work in one of the laboratories under the direction of Dr. Pincus. This son of a New Jersey chicken farmer, was an extraordinary investigator, mentor, and generous of his time to teach college students about 17-keto steroids. Through the eyes of this freshman college student, he was an awesome scientist, who was held in high regard by the members of the faculty and the greater Worcester community. “The Pill” tells the story of how Drs. Gregory Pincus and Marshall Rock, a Harvard obstetrician, went to Puerto Rico and performed the clinical studies that resulted in the commercial development of the pill. Although, I do not always agree with the characterizations and sub-plots described by the author, through the eyes of this student Dr. Pincus was larger than life. There is no doubt in my mind, that Gregory Pincus was the greatest emancipator and social innovator of women in the Twentieth Century. “The Pill” is truly a revealing and a rewarding read.

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**Benjamin Franklin: An American Life, Walter Isaacson**

*Beryl J. Rosenstein, MD, FAAP*

Baltimore, Maryland

For those interested in late summer or fall reading, I would highly recommend *Ben Franklin: An American Life* by Walter Isaacson. It is a very readable portrait of a larger than life character who could be called the first true American. From humble beginnings and with no formal education, Franklin rose from being a leather apron printer to become the leading American writer, scientist and diplomat of his time.
Most people are familiar with Franklin's aphorisms in *Poor Richard's Almanac*: “He that lies down with dogs shall rise up with fleas; Where there's marriage without love, there will be love without marriage; Lost time is never found again; Keep your eyes open before marriage, half shut afterwards.” But readers might not be as familiar with the fact that Franklin printed the first novel published in America and started America's first subscription library which thrives to this day.

A gifted satirist and the master of the quintessential American genre of dry homespun humor, Franklin set the stage for Mark Twain, Will Rodgers and many others. He printed the first and probably most famous editorial cartoon in American history: a snake cut into pieces, labeled with the names of the colonies and with the caption “Join or Die.”

With no formal training, Franklin became a first-rate scientist. His experiments with electricity and the invention of the wood burning stove are legendary, but probably less well known are his charting of the gulf stream, experiments with heat and refrigeration, a proposal to have daylight savings, observations on the calming effect of oil on water, and the development of the first urinary catheter used in America. Many of today's institutions such as the University of Pennsylvania (the first non-sectarian college in America), the American Philosophical Society and the Pennsylvania Hospital (the nation's first hospital) are the result of his foresight. In his spare time, he invented bifocals and served as President (Governor) of Pennsylvania and Postmaster General of America.

Franklin shined as a politician based on his social outlook that included a mixture of liberal, populist and conservative ideas that would become a foundation of American middle class philosophy. Two hundred and fifty years ago, he offered his own version of trickle down economics and warned against welfare dependency, but his conservatism was balanced by his fundamental moral belief that all actions should be judged by how much they benefit the common good. He espoused a social and political philosophy that would serve us well today.

Franklin's most important and enduring contributions were as a diplomat. He was envoy to Paris to gain French support for the American cause, considered by some as the greatest diplomatic triumph in American history, and after the war he took the lead in handling peace negotiations with the British. He was the only person to sign all four of America's founding papers: the Declaration of Independence, the treaty with France, the peace accord with Britain, and the Constitution.

Walter Isaacson provides a compelling portrait of an extraordinary human being and the fascinating company he kept.

ENJOY!!

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**Summer 2017 Movie Reviews**

*Submitted by Lucy Crain, MD, MPH, FAAP*

**Wonder Woman**

PG 13, 2 hours 20 minutes  
Director Patty Jenkins  
Writer: Allan Heinberg, Story by Zack Snyder and Jason Fuchs

Based on DC Comics Wonder Woman, this is a departure from that series with non-stop adventure, and amazing cinematography. Starring Gal Gadot as Diana (Wonder Woman), daughter of Hippolyta (Connie Neilsen), queen of the Amazons. The movie begins with Diana as a child, living with the Amazons on the isolated and picturesque island of Themyscira, so designated as their home by the gods of Olympus. Diana is eager to become a warrior princess and her Aunt Antiope (Robin Wright) becomes her devoted teacher and coach.

The storyline is set during WWI, a war of which the isolated Diana and the Amazons have been unaware. Like most action movies, this is a huge production with noise and eventual battles, interrupting the idyllic lives of the Amazons. An American spy, Captain Steve Trevor (Chris Pine), having stolen a German aircraft, crashes into the ocean off the coast of Themyscira, and Diana, now a young woman, dives off a cliff and swims to his rescue. His safety is short-lived, as the Germans are in close pursuit, firing guns from their fast boats. The Amazons, armed only with their weapons of archery

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and swords sustain many losses, including the brave Antiope. Somehow, this band of Germans retreat and Diana leaves with Steve to “stop the war”.

The rest of the movie continues with non-stop action and must be seen to appreciate the increasingly complex plot, with a mad woman scientist developing a newer, more deadly mustard gas and other sinister characters intent on evil, death and destruction. For those who like loud action films with lots of fighting and complex plots, this is an entertaining way to occupy an afternoon and deserves to be seen on the big screen, preferably in a comfortable air conditioned theatre on a hot summer day!

Paris Can Wait:

For early summer enjoyment, 82 year old Eleanor Coppola (writer, director, and producer) provides a quietly elegant homage to the beauty of life’s simple pleasures as well as the French countryside (and fantastic food and wine) in this delightful 92 minute movie. Rated PG, mostly for smoking (Well, it is France….), the movie should be appreciated by Francophiles of all ages and provokes memory of the classic “Two for the Road” with Audrey Hepburn and George Peppard.

Diane Lane stars as Anne Lockwood, a 50ish amateur photographer and former businesswoman, married to an internationally successful Hollywood film producer (Alec Baldwin), who is more involved with his career than with his wife. The Lockwoods had planned to vacation in Paris, staying at the apartment of friends, after attending the Cannes film festival. Instead, urgent calls from Lockwood’s next project in Budapest necessitated his flying there immediately. Anne was complaining of a bad cold and painful earache, so Lockwood’s French business associate Jacques Clement (Arnaud Viard) offered to drive Anne with him to Paris, where he had appointments “the next day”.

The couple enjoy an initially strained interaction, but become more relaxed as their journey through the backroads of Burgundy proceed. They are continually distracted by the scenery, Roman ruins, the fabulous food and wine, and more car trouble (and amusing repairs) interrupts an impromptu picnic and necessitates another stop in yet another charming country inn. A detour to Lyon features a visit to the amazing textile museum with one of Jacques’ special friends, with more food and wine, and another overnight. When Anne is finally deposited at her friend’s apartment in Paris, she seems in no hurry to have arrived. And, we have enjoyed a lovely and entertaining travelogue with strong performances by mature actors and beautiful photography and want to immediately book our next trip to France

The Zookeeper’s Wife

126 minutes, PG 13
Script by Angela Workman
Director: Nick Caro
Based on 2008 book by Diane Ackerman and a true story

Set in Poland 1939, Jessica Chastain plays lead of Antoniona Zabrinski and Johan Holdenbugh plays her husband, Dr. Jan Zabrinski, director of the Warsaw Zoo. As the German invasion of Poland proceeds, the Warsaw zookeeper is commanded to report to the German chief zoologist Lutz Heck (played by sinister Daniel Bruhl), who initially attempts to befriend and ingratiate himself to the Zabrinskis, encouraging them to transfer the Warsaw animals to his zoo in Berlin. News of the Nazi onslaught and heart wrenching scenes of children being loaded onto trains bound for concentration camps lead the Zabrinskis to heroically begin their campaign to rescue detained Jewish citizens of Wasaw. “Bring them out” became their motto and the subject of this movie. Against a background of danger, intrigue, and heroism, they rescued more than 300 Polish Jews from certain extermination during WWII. Risking their own lives and devastated by the ruthless killing of the beloved animals in their zoo, the couple were able to escape with their lives, responsible for saving hundreds of others. While at times tepid in pace, the moments of loading Jewish youngsters onto the trains, burning of the Warsaw Jewish ghetto, and the wanton killing of innocent animals in captivity make this an historically captivating story for adults and young adults.
**Norman: The Moderate Rise and Fall of a New York Fixer**
128 minutes, R, Written & directed by (Israeli) Joseph Cedar

Norman Oppenheimer is a self-described fixer who is purportedly connected with everyone who is anyone in New York, but always just outside the inner circle of financiers, Jewish leaders, and politicians with whom he claims influence and close friendship.

Early in the movie, Norman meets a young Israeli politician Micha Eschel, played by Lior Askenazi and insists on buying him a pair of expensive designer shoes… “just a gift from a friend”. Concomitantly, Norman's temple is in financial trouble and eventually on the brink of bankruptcy. Norman thinks he might be able to help.

Time passes, Micha becomes Prime Minister of Israel and mentions to Norman that his son could use some help in being admitted to Harvard. The son is admitted to Harvard after much behind the scenes action by Norman. The rabbi, overacted by Steve Buscemi, is increasingly frantic and accuses Norman of abandoning his own people. The Prime Minister is accused of accepting bribes from an unknown businessman (Guess who….), but Norman finds a way to fix it all. Convoluted plot lines, good performances by excellent actors, and almost predictable ending meld to make this an interesting film.

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**Nine Important Facts to Remember As We Grow Older**

**Number 9**  Death is the number 1 killer in the world.

**Number 8**  Life is sexually transmitted.

**Number 7**  Good health is merely the slowest possible rate at which one can die.

**Number 6**  Men have 2 motivations: hunger and hanky panky, and they can't tell them apart. If you see a gleam in his eyes, make him a sandwich.

**Number 5**  Give a person a fish and you feed them for a day. Teach a person to use the Internet and they won't bother you for weeks, months, maybe years.

**Number 4**  Health nuts are going to feel stupid someday, lying in the hospital, dying of nothing.

**Number 3**  All of us could take a lesson from the weather. It pays no attention to criticism.

**Number 2**  In the 60’s, people took LSD to make the world weird. Now the world is weird, and people take Prozac to make it normal.

**Number 1**  Life is like a jar of jalapeno peppers. What you do today may be a burning issue tomorrow.

Please share this wisdom with others while I go to the bathroom.

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**Funny Item from Anonymous Online Source**

Hello! Is this Gordon’s Pizza?

No sir, it’s Google’s Pizza. Did I dial the wrong number?

No sir, Google bought the pizza store.

Oh, all right - then I’d like to place an order please.

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*Continued on Page 25*
Do you want the usual?

The usual? You know what my usual is?

According to the caller ID, the last 15 times you've ordered a 12-slice with double-cheese, sausage, and thick crust.

Okay - that's what I want this time too.

May I suggest that this time you order an 8-slice with ricotta, arugula, and tomato instead?

No, I hate vegetables.

But your cholesterol is not good.

How do you know?

Through the Subscribers Guide. We have the results of your blood tests for the last 7 years.

Maybe so, but I don't want the pizza you suggest – I already take medicine for high cholesterol.

But you haven't taken the medicine regularly. Four months ago you purchased a box of only 30 tablets from Drugsale Network.

I bought more from another drugstore.

It's not showing on your credit card sir.

I paid in cash.

But according to your bank statement you did not withdraw that much cash.

I have another source of cash.

This is not showing on your last tax form, unless you got it from an undeclared income source.

WHAT THE HELL? ENOUGH!
I'm sick of Google, Facebook, Twitter, and WhatsApp.
I'm going to an island without internet, where there's no cellphone line, and no one to spy on me.

I understand sir, but you'll need to renew your passport ... it expired 5 weeks ago.
A Look at the AAP President-Elect Candidates

Your vote matters, and please remember to vote for next year’s AAP president. The election by all voting members will be conducted online only, [www.aap.org/election](http://www.aap.org/election) (login required). **The election will commence on Friday, Sept. 15 and conclude at noon CT on Sunday, Oct. 15.** Online voting instructions, as well as candidate updates will be provided by email to all voting Fellows with email addresses on file with the Academy as well as the AAP News.

An introduction to the two candidates for President-elect of the AAP can be found in the May 2017 edition of AAP News. Each candidate was asked to submit brief responses to questions about their respective visions and priorities for the Academy. Below are responses from each of the candidates after being asked the following question: “**The strategic plan includes goals to enrich communications pathways and platforms to prioritize bi-directional communication between and among the Academy’s leadership and constituent bodies (e.g. chapters, sections, councils, committees). What does the Academy need to do to make this happen for sections?”**

This year, each candidate has responded to the question:

**Michael Weiss, DO, FAAP**

(Coto De Caza, CA) response:

“The AAP Five-Year Strategic Plan clearly outlines the priorities focused on enhanced communication: Goal 2: Enrichment of Member Value and Engagement, Goal 3: Nurturing Physician Leadership Development, Goal 4: the foundation and gating item for the other goals: Fostering Better Communication, and Goal 5: Enhancing AAP-Chapter Relationships.

With over 50 AAP Sections representing more than 36,000 pediatric sub-specialists who practice in small and large community-based practices, academic institutions, and multi-specialty groups, effective communication with AAP leadership can be a daunting task. The obvious diversity dictates that one size does NOT fit all for this constituency.

Sub-specialists are further challenged by the fact that they often must belong to a wide variety of organizations to assure they receive appropriate CME opportunities and maintain the ability to network with other experts in their respective fields. Given these competing priorities, the AAP must communicate around a value proposition that fulfills the sub-specialists academic, business, and personal needs.

I would suggest that inviting Section representatives to attend District and Chapter meetings, where AAP leaders are present, would facilitate front-line communication benefitting both the sub-specialists and the general pediatricians. Additionally, joint primary care and sub-specialty presentations at NCE and other large meetings would be a way to engage Section members in bi-directional clinical discussions which would foster a better understanding of the specific issues faced by our sub-specialty colleagues.

Relationships trump communication methodology every day and any opportunity we have to foster the face-to-face interaction between our general pediatricians and sub-specialists should be capitalized upon.”

**Kyle Yasuda, MD, FAAP**

(Seattle, WA) response:

“To develop an effective communication system, we must understand the needs of Subspeciality and Issue-centered Sections. All Sections depend on timely communications to advocate for children and families and to develop appropriate educational and policy products. Some Sections have need for rapid responses to unforeseen developments. Foundational to improving AAP communication is the expeditious completion of its Digital Transformation.

Digital Transformation is the retooling of our organization to become truly member centric. It is the systems and processes that can make the Section member experience as seamless and valuable as possible. It is more than a new website or social

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media portal. One aspect of the digital platform is to assist each Section to provide timely communications. It must be modifiable to enable Sections to set their own priorities and provide a means for instant messaging.

For the AAP leadership to be more responsive to its Sections, we need to have informal communications on a regular basis. Whether through social media, chat room, or virtual town hall, the connection between Section members with key Academy contacts can improve. The digital platform should also facilitate communications between Sections and other elements of the Academy to enable members to share resources and areas of expertise.

Digital Transformation is the first step in creating an AAP virtual world where Section members can participate in the communities we choose, have information we desire provided in real time, and connect easily with other Sections and our AAP family.”

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**President-Elect Candidates' Position Statements**

**Michael Weiss, DO, FAAP**  
(Coto De Caza, CA) response:

The Blueprint for Children and the AAP 5-Year Strategic Plan clearly articulate the core issues we face today: access to care, Medicaid/Children's Health Insurance Program coverage, promotion of prevention and attending to children with special health care needs, among many others. Given the heterogeneity of our stakeholders, it is more important than ever to focus on how to address the Academy's priority issues.

**Translate**

We must effectively communicate the importance of children's issues in a manner that resonates with our local and national policymakers. Pediatricians understand how preventive care and anticipatory guidance foster a healthier future for children. I strongly support creation of clear, data-driven messages that focus on the value proposition of investing in children. It is our responsibility to craft messages supporting the value of obesity prevention, immunizations and access to care for all children that will resonate and effect change. We must also develop quality metrics that benefit children and demonstrate our value. We should not accept being an afterthought in policy decisions.

**Nurture**

By virtue of what pediatricians do on a daily basis, nurturing is inherent. This should extend beyond our day-to-day patient interactions into our profession as a whole. We must cultivate the grassroots passion of our membership. Front line support enhancing ideas like Annual Leadership Forum resolutions and Community Access to Child Health grants should be reinforced. Additionally, we are all being asked to do more with less. The only way to make this work is to take a very strong look at how we deliver care. The Academy can help educate and support primary and specialty care practices in true care model redesign where efficiencies can be achieved with existing resources. Enhancing the Triple Aim of healthy populations, outstanding patient experience and improving the value of care by also restoring the joy of practice should be a major focus. This can only be achieved with front line, rolling up of the sleeves work around how we deliver care in a team-oriented manner. By translating the message and nurturing the cause, we have an opportunity to make a real difference.

**Kyle Yasuda, MD, FAAP**  
(Seattle, WA) response:

Members founded the American Academy of Pediatrics. Our mission is “dedicated to promoting optimal health and well-being for every child as well as helping to ensure that Academy members practice the highest quality health care and experience professional satisfaction and personal well-being.” This mission continues to be valid and summarizes the challenges we are facing: How do we succeed in optimizing child health while supporting members in these changing times?

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Strategic focus
The AAP Blueprint for Children clearly articulates the scope of child health issues we are addressing nationally. To successfully implement this plan, our team — members, staff, volunteers and community partners — must all be focused in the same direction. Advocacy in our states, territories and uniformed services needs to have laser-like efficiencies, and our national Blueprint translated into messages that are useful at the state and local levels. We have an excellent Department of Community and Chapter Affairs and Quality Improvement, and its Division on State Government Affairs. We must work together to message our positions objectively and in a timely fashion.

Resilient members
We members need to be resilient, healthy and have satisfying professional careers. Our health and well-being are crucial and foundational to having a strong, respected American Academy of Pediatrics. It is imperative that we strategically plan and resource appropriately caring for ourselves and our practices. Physician resiliency needs to be a primary fiber that is integrated into the fabric of our profession.

Healthy pediatric practices
There are many different types of pediatric practices, and together they are essential in delivering quality child health care. We need to dream of the ideal practices in all by being innovative, creative and taking risks. This will become a reality with the help of knowledgeable partners, including health economists, families, payers and business leaders.

Help Families Discuss the Value of Vaccination, Across the Generations
The AAP participated in developing a discussion guide to help families discuss an often tricky and complicated topic: vaccinations. This discussion guide by Generations United helps older and younger people have conversations around the important role vaccinations play in protecting their health and the health of their family, friends, and community. The 19-page guide offers information on recommended vaccinations across the life span, perspectives and experiences with vaccinations, sample conversation starters and activities that will spur conversations about vaccinations, and resources for additional information.

AAP Member Stories
Check out how members are engaging with the AAP and what inspires them to stay involved. Visit our AAP Get Involved page and click on the “Member Experiences Gallery” in the upper right to see their stories. And while you are there... share your own! We'd love to hear from you.

Guidelines for Senior Bulletin Articles
Lucy Crain, MD, MPH, FAAP, Editor

Section members periodically ask for details of articles which are to be considered for publication in the Senior Bulletin. The Bulletin is published quarterly. The winter, spring, and summer editions are electronic as of 2017. The fall edition remains in print and is received by members via USPS delivery. Our Bulletin is not peer reviewed, nor does it strive to compete with scientific publications.

There's an 850-word limit for articles (with occasional exceptions). We welcome a wide variety of topics, including book reviews (500-word limit) and letters to the editor (350 words or less), but discourage lengthy life histories. Generally, shorter is better and deadlines (published in each issue) are observed. We consider non-copyrighted “fillers” and occasional cartoons for most issues but cannot use all we receive.
The editor may defer publication of articles in order to reserve them for a periodic special focus issue and also has the right to refuse publication of inappropriate submissions. (Authors will be informed if this is the case.) Opinions expressed are those of the author, and we reserve the right not to publish inappropriate material including obscene content and political rants. Fortunately, pediatricians are generally respectful of these considerations before submitting articles, and that is appreciated. Letters to the Editor are also sought for most issues and may relate to past articles or suggest topics of interest.

Questions about articles contemplated or in progress can be directed to me at lucycrain@sbcglobal.net or to our Bulletin staff point person Tracey Coletta at tcoletta@aap.org. We look forward to hearing from you and to reading your articles in the Senior Bulletin.

### 2017 Senior Bulletin Schedule

We welcome contributions to the Bulletin on any topic of interest to the senior community. Articles for consideration should be sent to the Editor at lucycrain@sbcglobal.net with copies to the Academy headquarters at tcoletta@aap.org.

**Fall Bulletin**
August 28 articles due to Dr. Crain and Tracey
October 4 mailboxes

**Winter Bulletin**
December 11 articles due to Dr. Crain and Tracey
January 3, 2018 online

### The Best of the Bulletin

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

![Mentorship Program](image)

If clicking on “here” above doesn't work, here's the link: https://www.aap.org/en-us/about-the-aap/Committees-Councils-Sections/Section-on-Senior-Members/Pages/Articles-from-the-Best-of-Bulletin.aspx

A special THANK YOU to Manny Doyne, MD, FAAP for envisioning the Best of the Bulletin and seeing it through with a little help from his friends (Mike O’Halloran, Lucy Crain, Art Maron).

### AAP Mentorship Program

Mentorship is an important tool for professional development and has been linked to greater productivity, career advancement, and professional satisfaction. The AAP recognizes that mentorship is critical in helping nurture future leaders and a key opportunity to engage existing members and leaders. The AAP Mentorship Program seeks to establish mentoring relationships between trainees/early career physicians and practicing AAP member physicians. A primary goal is to promote career and leadership development. Mentors will

Continued on Page 30
have opportunities to further develop leadership skills and learn about emerging trends from the next generation of their peers. Mentees will gain a trusted advisor and learn methods to enhance career advancement. And all parties will form professional relationships and share advocacy, professional, and research interests.

Becoming involved is very easy. The only requirement to participate is to be a national AAP member in good standing. Participants need only sign up and complete an online mentor/mentee profile form (you can sign up to be both a mentor and mentee if you so choose). The profile form collects information on education/training, subspecialty interests, practice/professional/clinical interests, and the amount of time the participant is willing to commit. Mentors/mentee pairs will have the ability to meet traditionally in person if they choose a local match or use one of several online tools to meet virtually.

The program is set-up for both “traditional” long-term relationships, as well as short-term “flash” mentoring. The flash mentoring component allows for mentees to contact mentors for quick questions, set up 1-2 meetings, as well as participate in online topical forums and Q&A forums. Therefore, the time commitment and expectations can be tailored to fit each mentor/mentee pairs’ needs. [Please note: Administrators reserve the right to deactivate participants after 6 months of inactivity.]

Visit [www.aapmentorship.chronus.com](http://www.aapmentorship.chronus.com) and sign up to be a mentor and/or mentee today! AAP login and password required.

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**Physician Reentry into the Workforce**

Many physicians leave practice and then wish to reenter the physician workforce after an extended period of time away from clinical medicine.

When a physician wishes to return to practice, what kind of retraining is needed? How is the person’s clinical competence evaluated? What role in the workforce should the individual pursue? How should licensure and credentialing issues be addressed? The AAP, in collaboration with 20 other medical organizations, has explored these issues and created a set of resources for members.


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**2017 NCE**

September 16-19, 2017

McCormick Place, Chicago

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**AAP Mentorship Program** Continued from Page 29