ORAL HISTORY PROJECT

Thomas E. Shaffer, MD

Interviewed by
Joseph L. Rauh, MD

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Columbus, Ohio

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Thomas E. Shaffer, MD
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PREFACE

Oral history has its roots in the sharing of stories which has occurred throughout the centuries. It is a primary source of historical data, gathering information from living individuals via recorded interviews. Outstanding pediatricians and other leaders in child health care are being interviewed as part of the Oral History Project at the Pediatric History Center of the American Academy of Pediatrics. Under the direction of the Historical Archives Advisory Committee, its purpose is to record and preserve the recollections of those who have made important contributions to the advancement of the health care of children through the collection of spoken memories and personal narrations.

This volume is the written record of one oral history interview. The reader is reminded that this is a verbatim transcript of spoken rather than written prose. It is intended to supplement other available sources of information about the individuals, organizations, institutions, and events which are discussed. The use of face-to-face interviews provides a unique opportunity to capture a firsthand, eyewitness account of events in an interactive session. Its importance lies less in the recitation of facts, names, and dates than in the interpretation of these by the speaker.

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ABOUT THE INTERVIEWER

Joseph L. Rauh, MD

Dr. Joseph “Jerry” Rauh is a graduate of Cincinnati’s Walnut Hills High School, Harvard College, and the University of Cincinnati College of Medicine (1955). After an internship at Boston City Hospital and two years in the US Public Health Service, he completed his pediatric residency at Cincinnati Children’s Hospital Medical Center. In 1960 he joined a pediatric practice in Cincinnati and also started the Adolescent Clinic under the mentorship of Dr. Robert Lyon. In 1971, with support from his pediatric chairman, Dr. Edward Pratt, he went full time in the Department of Pediatrics and Children’s Hospital.

Dr. Rauh retired as the director of adolescent medicine in 1977; he still works part time and devotes time to the national board of Planned Parenthood as well as the Alan Guttmacher Institute. He was a charter member and president of the Society for Adolescent Medicine for whom he has done several oral/video histories.
Interview of Thomas E. Shaffer, MD

DR. RAUH: This is Dr. Joseph Rauh talking to Dr. Thomas Shaffer in his apartment in Columbus, Ohio on August 20, 2002. Tom, would you just say a few words so we can see how the voice sounds? Do you follow baseball?

DR. SHAFFER: I sure do. I'm watching the Little Leagues right now.

It is sure nice to have you here and I'm glad to cooperate on this study. It's very interesting and informative to me too, to know what's going on at the [American] Academy [of Pediatrics].

I was born in Pennsylvania, up in an area that's now known as the Grand Canyon of Pennsylvania. It's near New York state in the mid area of Pennsylvania. I was born at a lumber operation operated by my grandfather. My father was the son-in-law, who was his bookkeeper and had married his daughter.

I was born in Asaph, Pennsylvania. It is still there on the border of the Grand Canyon, which is a large canyon maybe a half-mile down into the earth with a stream at the bottom. It has become quite famous. It's on most of the maps. We lived there as a family until the lumber business took my grandfather and his son-in-law and his family to the region of Asheville, North Carolina, where we lived until I was in the sixth grade. Then we returned to the family base in Williamsport, Pennsylvania.

DR. RAUH: Did you have siblings?

DR. SHAFFER: Yes, I had a younger brother who is now deceased. The rest of my family is deceased, my mother and father.

DR. RAUH: Were there people in your family who were in medicine or nursing, in the health field?

DR. SHAFFER: Absolutely not. I've always wondered how I happened to have the idea that I was interested in medicine and eventually in pediatrics, but it was not through any family connection. In the town where I lived after I was 10 or 11 years old, there was only one pediatrician in a town with a population of 40,000 and he was not our family doctor. So I got no inspiration from family or from contacts in my home.

DR. RAUH: Well, you went on from high school to Cornell University and then on to Weill Medical College of Cornell University. You graduated undergraduate in 1929 and medical school in 1932. There must have been some experience or person that maybe motivated you. Does that bring back any memories at all?
DR. SHAFFER: No. The only thing I can say is that what I entered Cornell, when I was 16 years old, I signed up for the premed curriculum. I knew at that age that I wanted to be a doctor, but I can't tell you what the influence was.

DR. RAUH: Okay. Did you have any work experience in high school or college that again might have influenced you? Maybe I'm searching for a needle in a haystack here.

DR. SHAFFER: I cannot.

DR. RAUH: Like working in a hospital as an orderly or entry-level lab person?

DR. SHAFFER: I can recall only one unusual contact I had with the medical profession. I was quite healthy, but when I was 12 years old I had diphtheria and I was kept in bed for six weeks. The general practitioner, who was our family doctor, came to see me regularly. It may have been that at that time I became interested.

DR. RAUH: Tell me about undergraduate experience in general. Did you like Cornell?

DR. SHAFFER: Yes, I liked Cornell. I was able, at that time, to get into medical school after three years at Cornell. The first-year class was divided, with half the group in New York City and half the group in Ithaca. I stayed in Ithaca. How I got through the first-year I don't know because I was a social senior, social meaning that I was classified as a senior and involved in various activities. But I stuck with it and was able the following year to join the full class down in New York City. We were the last class at Cornell to graduate from the old building and then the next class graduated from the New York Hospital, which is the present headquarters.

DR. RAUH: You went on for your internship and residency at Yale-New Haven Hospital, isn't that right?

DR. SHAFFER: Yes. I can tell you something interesting about that. I was looking for an internship and I didn't want to stay in New York City. I asked the secretary to the dean about internships and she told me that a man in the class ahead of me, Harry [H.] Gordon (who became a famous pediatrician and was the associate dean at Cornell Medical School eventually) had gone to Yale-New Haven Hospital in pediatrics and had liked it so much that she would recommend it to me. I was impressed and convinced her to take the notice of internship down off the bulletin board so that no one else could see it. [Laughs] I went up for an interview at the appropriate time and was accepted.

At that point in my life I thought I was going back to pediatrics in New York Hospital where Dr. [Oscar M.] Schloss was the head of the department. He required all residents in pediatrics to have had an internship elsewhere before they
came into pediatrics. So when I went to Yale-New Haven Hospital I thought I was preparing for pediatrics in New York City. But I liked Dr. Grover [F.] Powers so much that I stayed.

DR. RAUH: You mentioned in the tape that you shared with me before I came up here today some other giants in pediatrics.

DR. SHAFFER: Dr. [J. Roswell] Gallagher?

DR. RAUH: Yes, okay. Ross Gallagher, who was the father of adolescent medicine. Was he in New Haven at that time?

DR. SHAFFER: No, he had graduated. He was a famous name because he was such an outstanding student and as a medical student wrote several articles with the medical journal locally. I think he was the physician at The Hill School outside Philadelphia at the time that I was looking for an internship. I didn't know him, but I knew about him.

DR. RAUH: Actually, he thought at that time that he was going into cardiology. Cardiology, like just about every specialty of medicine, was in its most primitive form then, of course. I remember this because when I interviewed Ross in 1993, he was a school doctor at Hill. I think he even spent some time with some cardiologists in Philadelphia and he had done as much cardiology as he could as a medical resident at Yale. Then, of course, he went on to become the school physician at [Phillips Academy] Andover.

This was during the Depression. Did that have any influence on what you did in your training?

DR. SHAFFER: I can say one thing; it had to do with what I did for my extracurricular activities. As an intern at Yale-New Haven Hospital, we got only our meals and white uniforms for the first internship. I had two internships. I was an intern for a year and a half in internal medicine and then a year in pediatrics, during which time I had no money except from giving transfusions.

DR. RAUH: No salary?

DR. SHAFFER: No salary.

DR. RAUH: Only your room and board?

DR. SHAFFER: Room and board and white uniforms and laundry and that was it. There were no blood banks in those days so that when a transfusion was indicated it would go out on the call system. They knew the blood group of all of the house staff and I was a universal donor. I didn't get called very often.
We had an ambulance driver who was a type AB and we had to beg him to come to give blood even for small babies, 30 cc’s, and he would always say, "Doc, I just gave blood two weeks ago. I can't do it." And we would convince him to come and give. We got $50 for 500 cc’s of blood.

DR. RAUH: Which was a lot of money when you don't have any salary. And during the early 1930s it would probably be like $500 today or something. When did you meet Frances, your wife? Was it during this time period?

DR. SHAFFER: Yes, she was a student nurse at Yale [School of Nursing]. She had graduated from Randolph-Macon College for Women in Lynchburg, Virginia, and couldn't find anything that she enjoyed doing as a career. After three years she heard about the Yale School of Nursing, which gave a degree in nursing. She applied and that's where our acquaintance came and our romance. We were married while I was still an intern.

DR. RAUH: So you met in the hospital?

DR. SHAFFER: We met in the hospital.

DR. RAUH: Let's see, after residency you went into private practice in New Haven or in Farmington?

DR. SHAFFER: I went into practice in Farmington, Connecticut. I went in with a man who had been a resident in internal medicine several years ahead of me. His name will probably go down in history because his name was Walls [Willard] Bunnell. He and a Dr. [John Rodman] Paul, who was a professor, had done some research on infectious mononucleosis and they discovered the heterophile antibodies. The test for the heterophile antibodies is known as the Paul-Bunnell test.

DR. RAUH: That is correct. That is very interesting.

DR. SHAFFER: He is now deceased. But he was in general practice in a small town outside Hartford, Connecticut and he was looking for someone to lighten the load of a general practice. I went and took the job.

DR. RAUH: Was this defined as a pediatric job?

DR. SHAFFER: I thought it was, but within the first month I discovered that I was making night calls on the general practice, on adults. That discouraged me. I went back and saw the head of pediatrics at Yale, Dr. Grover Powers, and he arranged for me to have several clinics that I could work in and we moved back to New Haven.

DR. RAUH: In 1937 pediatrics was in its absolute infancy; wouldn't you agree?
DR. SHAFFER: Yes, I think the pediatric board examinations were established while I was in Farmington and they were so simple in those days that it’s worth a comment. I applied to take the examinations and I went to Buffalo, New York for an all-day session on a Sunday. A number of notable pediatric professors, maybe six or eight, were the examiners. The total examination was oral. We went from station to station and talked. It usually ended up by their asking me about what I had done and where I went to school and it was a very pleasant experience.

DR. RAUH: Do you remember some of the names of the examiners?

DR. SHAFFER: I can’t remember the names of any of them but I remember where they were from. There was a professor from St. Louis Children's Hospital. I ran into another one of the professors whose name that I can’t recall, but his daughter had gone to a finishing school in Farmington where I have been working so we talked mostly about his personal experiences. It was a nice day but not a stressful one.

DR. RAUH: World War II began in 1941 for the United States. In 1942 you enlisted in the United States Army?

DR. SHAFFER: No, I was commissioned. As a board-certified pediatrician I was commissioned as a captain and I went through a training period at a camp near Boston. My first assignment was to teach at a laboratory technician school in Springfield, Missouri [O’Reilly General Army Hospital]. I taught hematology. I had taken a three-month furlough from my pediatric internship to study pediatric hematology with Dr. Louis [K.] Diamond at Children's Hospital Boston, so the fact that I had some experience in hematology landed me in a teaching job. I took my family with me and we lived there for two years.

DR. RAUH: At that point was your first daughter born?

DR. SHAFFER: Yes. She had been born while we were in New Haven. And my second daughter was born while we were in service in Springfield.

DR. RAUH: Tell me something of your next assignment after the teaching assignment in Springfield, Missouri.

DR. SHAFFER: The dean of the college of medicine at Yale was a general in the [Office of the US] Surgeon General in Washington [DC] and he knew there was a vacancy in the infectious disease department in the Surgeon General’s office. He put my name in and I got orders to go to Washington after two years. I was there for two years in the foreign quarantine division.

That division took over the duties of the [US] Department of Agriculture for quarantine on vegetables and the [US] Department of the Interior had their
responsibility taken over by the [US] Army. The [US] Public Health Service had to give up their responsibilities for human quarantine. The military took over the responsibility of screening and examining ships and airplanes. One of the main concerns was that yellow fever might come in through mosquitoes; they were imported from Africa so that every plane that came into the United States and its possessions was vacuumed when they entered the United States and the search for mosquitoes was conducted in the vacuum waste.

DR. RAUH: Did you examine German and Italian prisoners who were brought to this country?

DR. SHAFFER: No, we didn't. They were in prison camps. There was one of those in Springfield, Missouri that was near where I was teaching. We had a visible population of foreign military that were prisoners but we never had that problem in the work that I did in Washington. It was basically checking up on reports that came in.

DR. RAUH: This was something like the CDC [US Centers for Diseases Control and Prevention], in a way, today. I mean it sounds that way to me.

DR. SHAFFER: Yes, but there was no research or anything like that.

DR. RAUH: But it was surveillance.

DR. SHAFFER: In every post at that time, during World War II, there was a military officer who was assigned at the port of embarkation to check on conditions. I was part of the team that checked at this end. I had a duty one time in Panama where we were concerned about some of the ships that were coming in and going through the canal.

DR. RAUH: Did you see servicemen, or women, too, for that matter, with yellow fever?

DR. SHAFFER: No, no. I don't think we ever had any cases of yellow fever that I know of. We got monthly reports from every post where there was an American unit overseas or local. There were people in Washington who reviewed all of those reports and followed up on any suggestions of illness. But I don't think they ever had yellow fever.

DR. RAUH: Were you actually living in Washington at the time?

DR. SHAFFER: We lived in Washington for two years.

DR. RAUH: Did you continue this work until you left the service?

DR. SHAFFER: No, I was promoted to a higher rank and after the armistice
anyone who had a medical practice at home resigned as quickly as they could. I had no home base because I knew I was not going back to general pediatric practice, so I stayed on for about five or six months after the armistice and worked in the Surgeon General's office at various tasks.

It finally ended up that I was the only pediatrician available and I was drafted to go abroad to check on the medical practices and the health of the war brides who were being brought back to this country after their husbands, who were American soldiers, were sent back to their home base. I was the only pediatrician available. As it happened, I had just signed up for a job at Ohio State University so I was not anxious to go and I found a substitute. But the military population went downhill very rapidly after the armistice. Everyone wanted to get home.

DR. RAUH: Apparently these war brides had some health problems. Could you talk a little bit about that?

DR. SHAFFER: There were several shiploads of the war brides. There were young mothers aboard with babies and there were epidemics of diarrhea occurring that worried the personnel on the ships. They asked the Office of the Surgeon General to investigate and find out what was going on, whether it was infectious disease that was being brought into our country from abroad. I was scheduled to go over to Europe to check on the conditions at the embarkation and I asked to be relieved of that. They said I could be excused if I could find a substitute. There were no pediatricians in the Surgeon General's files on active-duty, but I found a name of a man in North Carolina who I thought had just recently been discharged from the Army. I called him on the phone and he was so pleased that he told me later that he walked out to his waiting room that afternoon after my phone call and announced that he was going to resign from his practice the next day. He went back in the Army and stayed in and he ended up as the chief pediatrician at the Walter Reed [Army General] Hospital in Washington.

DR. RAUH: Do you remember his name?

DR. SHAFFER: I have a little problem there.

DR. RAUH: Okay, no problem. Let's stop here for a moment because we are at the end of the first side of this tape.

DR. RAUH: This is side two of tape one of an interview with Dr. Shaffer. Tom, how did you get here to Ohio State University? You said just a moment ago that that was your intention after leaving the Army. Had you been invited to join the faculty here?

DR. SHAFFER: No. One of the medical officers that I knew in the Surgeon General's office in Washington had come to the medical college at Ohio State for an interview as an internist in the medical school. He had heard that there was an opportunity for a doctor at the university school, which was an experimental
educational program for kindergarten through the 12th grade that was being conducted through the university for the benefit of teaching the college of education students. It was an experimental curriculum; a private school located on the campus. I heard that they were going to add a position full-time as a health educator and a physician to the school. I heard about that and came out for interview because it did appeal to me as a change in my career actually. I was given the position at a very meager salary, but it was only for nine months a year, and I was in that position for five years. I found it very challenging and I must say that I learned a lot about the pediatric aspects of public education while I was there, too.

DR. RAUH: Did you teach health at this school or some aspect of pediatrics?

DR. SHAFFER: Yes. That was really one of the challenges that I had, was how to involve the students in health education. I gave physical examinations and consultations to all the students who had a reason for that, but routinely we examined all senior students. As I said, the population of the school was fairly low. It was kindergarten through 12th grade but there were only 40 or 50 students in each class. But I examined the seventh graders with the mother or father present. For the demonstrations for teaching about health to the students, we liked to have the parents available. I did examine the 12th grade students each year.

We had a full-time nurse and a full-time physician and our offices were always open between classes so there was always traffic in and out of nurse's office. It was one of those situations where teachable moments were always available to us. I was the team physician. I went with the basketball, football, and baseball teams on all their trips and was at their games.

DR. RAUH: It looks to me like you had an appointment in both the department of education and the college of medicine. Is this correct?

DR. SHAFFER: Yes, I did. I was an associate professor when I went; that was my first appointment. The department of pediatrics was located in the [Columbus] Children's Hospital, which was not on the campus; it was in a different part of the city. But the rest of the medical school and the University Hospital were close to my station at the university school.

After I had been on the job for a year, the chairman of the department of pediatrics asked me whether I would be willing to go to the University Hospital and examine the newborn babies. That would save their sending someone from Children's Hospital across town to do it. Up to that point, in 1946, the supervision and care of the newborn babies was the responsibility of the department of obstetrics.

DR. RAUH: Right. That was typical of that time.

DR. SHAFFER: So, he asked me if I would do that. We had a new professor of obstetrics who had been there maybe two years and he was very pleased to have a
pediatrician in the nursery. Pretty soon I discovered that the obstetricians were not too happy when they were not asked to check the babies out. But I was there on that job for five years. At the end of the time we had one of the first-year residents from Children's Hospital assigned to work with me on that. They rotated through the nursery at the University Hospital.

DR. RAUH: So really you became a pioneer neonatologist, following experience elsewhere in your career early on as a generalist pediatrician, infectious disease to some extent in the Army, and with a particular interest in hematology.

DR. SHAFFER: And school health. That was actually the most notable thing I was doing in terms of my pediatric associations. I feel fairly certain that I was on the first committee on school health that was established. Donald Cook was the chairman and I'm pretty sure that that was the first committee on school health that had been activated.

DR. RAUH: Who was chairman of pediatrics here at the time that you were asked to work in the nursery?

DR. SHAFFER: Dr. Earl Baxter was the chairman of the department. He was in pediatric practice in Columbus, but served as chairman of the department. Almost simultaneous with my arrival in Columbus, a Dr. Warren [E.] Wheeler came on board in the department of pediatrics also, and he took over the responsibility for the medical program at Children's Hospital on the site. He was full-time.

DR. RAUH: So he may have been one of the first full-time people, if not the first full-time, on the pediatric faculty.

DR. SHAFFER: Yes, he was. He later became president of the American Pediatric Society and chairman of pediatrics at [University of] Kentucky [College of Medicine]. Dr. Wheeler was never chairman of the department at Ohio State. Dr. Baxter remained in that position and Warren Wheeler was the first chairman of the department at a new medical school at the University of Kentucky in Lexington. He was still there when he passed away.

DR. RAUH: I see. But he had a major responsibility for house staff education here?

DR. SHAFFER: Oh, yes. He was an outstanding pediatrician and pediatric educator and researcher. I learned a lot of pediatrics from Warren Wheeler.

DR. RAUH: I think it was around this time that you started an adolescent clinic at Children's Hospital.

DR. SHAFFER: Yes, that was due to my admiration for Ross Gallagher. I was
able to get some funds from the Junior League in Columbus. They gave us $6000 for a period of three years, I believe. That enabled us to have a nurse and a social worker for two sessions a week. We had Saturday morning and an afternoon during the week when we had the outpatient department facilities available. We didn’t have many patients at first. The nurse and the social workers were volunteers. The money that we got from the Junior League was used for the clerical help that we had. So that adolescent clinic was established on $6000 and two sessions a week for a long while.

DR. RAUH: Did Dr. Baxter feel positive about this?

DR. SHAFFER: Yes, he was very positive and so was the administrator. He was very enthused about it.

DR. RAUH: So this was really the birth of what has become a very excellent adolescent medicine program here today. Did you continue at the University School during this time, or had you given that up?

DR. SHAFFER: I gave that up after five years when I had an invitation to go to Philadelphia on the staff of St. Christopher’s Hospital [for Children], which was directed by Dr. Waldo [E.] Nelson who had been in Cincinnati Children’s Hospital. I was there for a year when our family decided that we would prefer to live in Columbus rather than in Philadelphia, and the opportunity came for me to return, not to the university school, but to work at Children’s Hospital.

DR. RAUH: What did you do in Philadelphia?

DR. SHAFFER: Well, I thought I was going to be working in the outpatient department. I discovered that St. Christopher’s Hospital was a small private hospital and Temple University had taken over the administration for pediatric teaching. I was given the responsibility for community development with the school system, with the public health department, with the well baby clinic. This small hospital of St. Christopher’s, I think only had 50 beds for patients. The department of pediatrics was located there with only the small community surrounding the hospital as a source of patients. I spent most of my time that one year that I was there in people’s offices and at meetings and attending various community events rather than seeing patients, and I was not happy with that as a career.

DR. RAUH: And that unhappiness, plus your family’s dislike for living there, certainly precipitated your coming back here to Columbus.

DR. SHAFFER: We had two little girls who were in school and our family was unhappy with the neighborhood that we lived in.

DR. RAUH: Did Frances do nursing during this part of your marriage?
DR. SHAFFER: No, after she graduated from the Yale School of Nursing she had a job in a research project at Yale and never did any clinical nursing.

DR. RAUH: When and how did you get involved with sports medicine?

DR. SHAFFER: Well, I guess it was one of my interests when I was still in medical school. In the early part of the century the medical schools worked just like the public schools, they took the summer off. I had been at a summer camp as a boy in New Hampshire and when I had my summers off during medical school I was a counselor in the same camp. I had the responsibility in a unit for eight or ten adolescent boys and I think that that’s when I became interested both in adolescents’ problems and adolescent communications. Also I was quite active in sports programs at the summer camp. So I think that I have always felt that my interest in adolescent medicine came from my contacts with the 12 to 14 year-old boys that I saw for three years.

DR. RAUH: Did you participate in sports in high school or in college?

DR. SHAFFER: No, I didn’t but I was manager of the fencing team at Cornell. So I was in contact with the athletic department. I was on the freshman baseball squad but I never really was a varsity player.

DR. RAUH: At what point did you get involved with Ohio State's athletic teams or activities? Was this at a later time?

DR. SHAFFER: Yes. That was in my pre-retirement actually. I went from my work in the adolescent clinic at Children’s Hospital. I went to the student health service at Ohio State on the campus and while I was there I was assigned to develop the sports medicine clinic.

The athletes are not only a dedicated group, but they are also a sophisticated group. The student-athletes complained that they never were seen promptly when they came to the student health service and they had other things to do, so the directors established a sports medicine clinic and asked me if I would work at that as an addition to the other duties that I had. The second year I was doing that I was assigned by the Ohio State athletic department to be the physician for the women's teams.

DR. RAUH: Well, this was certainly avant-garde.

DR. SHAFFER: This was when I had lots of assistance and lots of volunteers among my peers.

DR. RAUH: [Laughs] I see. This was when women’s sports must have been just emerging on campuses.
DR. SHAFFER: Oh, yes. I was just a rookie at the job, too. I can give you an example. The first assignment that I can recall was to examine the women's soccer team, with physical examinations. I had help from the nurses and various others on the staff. One of the women who came through had been ill during the summer and was still seeing her physician at intervals for checkups. Without any knowledge of the feelings of athletes and the coaches, I classified her as being inactive until approved by her physician. In two or three days the entire athletic department staff was at my door telling me that this was their star player and that I had ruined their season by not letting her practice. They were up talking to my boss as director of the student health service. A phone call to her physician from my office was all we needed and he agreed that we would take our hands off that case and let her have limited service. But you always had to be very careful about limitations and the treatment.

I did get lots of help from all of the other male doctors when the cheerleaders came in for physical examinations. They were not much help when I was examining the basketball players, but when the cheerleaders came they all wanted to get in and help me out.

DR. RAUH: Their interest perked up considerably. Can you tie your interest in sports medicine to either the Ohio [Chapter] AAP [American Academy of Pediatrics] or on a national level?

DR. SHAFFER: I think that the biggest stimulation that I had was from the executive secretary of the Ohio State Medical Association, Mr. Charles Nelson. He was interested in school health and in sports medicine as being a part of medical practice of the physicians on the ground floor. Knowing that I was interested and full-time in school health, and interested in sports medicine, he formed the first committee on school health for the state medical association and asked me to be the chairman. He appointed a committee of people he knew were interested and that was the stimulation for us. It was the stimulation, really, for many organizations in the state, because the state medical association participated in many activities through that committee. And it's still a committee that is quite active. But Charles Nelson was the person who invited me, during the early days that I was in Columbus, to talk to a meeting of physicians about school health and their responsibilities in the schools. I've always felt that was the stimulation. Then we got the same sort of thing happening within the Academy, where the executive secretary was very interested in the non-medical, community contacts of the physicians.

DR. RAUH: Tom, were you doing any clinical research during this time period?

DR. SHAFFER: I was one of the few physicians who had time to go to national meetings about school health. I was stimulated through that to have two or three projects at the university school that I could report on at national meetings. One of them was an evaluation of various methods for testing vision of schoolchildren in the schools. There were available about five or six different methods, besides the
Snellen chart, which hangs on the wall where you look at the letters. There was one I remember particularly that was called the Massachusetts Vision Test. It measured the eye movements so that it picked up any muscular weakness. It picked up farsightedness by comparing the vision through special glasses with the normal vision. We had a study on testing with all the different methods and then an ophthalmologist came to the school and did a thorough examination with drops in the eyes so that we had a standard for what the actual vision was, which is the same thing that you would have in a physician’s office. We reported that at the American Public Health Association annual meeting.

DR. RAUH: That sounds like a real step forward in a more accurate way of examining students’ vision at the school level.

DR. SHAFFER: This Massachusetts Vision Test tested three different things; it tested visual acuity and then picked up any muscle imbalance and also farsightedness, which is common in the early grades of school. Our conclusion was that that test was far better than just the Sloan test where you read the letters at 20 feet distance.

Then we did have several projects in cooperation with the physical education division on the campus at Ohio State, with research on physical fitness. So I was really stimulated by the fact that I was just in the center of a lot of activity on the university faculty that we never had at Children’s Hospital. We were isolated in a different part of the city. It was a lucky break for me.

DR. RAUH: Let’s stop here.

DR. RAUH: Second tape, first side of an interview with Dr. Shaffer. Tom, I’m going to go back to when you started your internship at Yale. You didn’t actually start right away there; you went to Boston. Is that right?

DR. SHAFFER: I had had the general internal medicine internship first at Yale, then I began my internship in pediatrics. My first assignment was to go to Boston Children’s Hospital [Children’s Hospital Boston] to study under Dr. Louis Diamond, who had been one of the researchers who unraveled the cause of erythroblastosis in infants. The Rh factor had just been discovered. Dr. Powers, the chairman at Yale, had heard I was interested in hematology and sent me up there.

While I was there I used to sit in on the sit-down rounds, and occasionally on walking rounds, with the rest of the house staff. I was a visitor intern. I well recall some of the sessions. Dr. [Kenneth D.] Blackfan was the chairman of the department and was a very friendly and humorous man, but when he was teaching he was very serious. I was in a group of house officers who were listening to him discuss a case in a classroom and I had had no experience in pediatrics at that point except through Dr. Diamond. On this one occasion that I am so embarrassed about, even now, Dr. Blackfan looked up after he’d made a point and he saw me and he
said, "Dr. Shaffer, how would Dr. Powers handle this case?" And I was stunned and embarrassed to say that I didn't know because I hadn't had any experience with Dr. Powers up to that point. I still remember the embarrassment of being called on in a group of people who I didn't know and who were expecting me to bring some knowledge from New Haven to the scene.

DR. RAUH: You said your internship was two and one-half years, so there were six months in Boston and then two years in New Haven?

DR. SHAFFER: No, it was three years. I was an intern for a year, an assistant resident for a year and chief resident for a year. My visit to Boston was only for three months. In December I returned. When I was there they were very kind. They gave me a room in the residents' quarters, and I've always been a sort of hanger-on at Boston Children's ever since.

DR. RAUH: Okay, let's sort of fast forward now. I want you to talk about being medical director at the Juvenile Diagnostic Center here in Columbus. That was early sixties, 1960 to 1964. What was that about, the Juvenile Diagnostic Center?

DR. SHAFFER: Well, the Juvenile Diagnostic Center was a residential facility that was available to the judges in counties throughout Ohio that had no facilities for handling juveniles that should be incarcerated or detained while they were awaiting trial. It was maintained by, I guess it was the department of justice; I can't remember just what department it was in. There was an ever-changing population of about 600 boys and girls who were sent from large and small counties and who were there for periods of three to six months for diagnostic studies by the social workers, the neurologists, the psychiatrists and medical personnel. I had been on the staff at Children's Hospital, and when the opening for the medical director came up I decided that I would take the job for financial reasons. I transferred my office location to the Juvenile Diagnostic Center, but I still was on the faculty at the college of medicine.

It was a good experience in dealing with reluctant and sometimes belligerent, but certainly not always cooperative, young boys and girls. I was in that post for four years when the opening as director of adolescent medicine at Children's Hospital came up. It never had been a department or clinic up to that point and I had the opportunity to go back to Children's. But the diagnostic center still exists.

DR. RAUH: Could you and your staff have something to say about whether a juvenile would be confined in a reformatory?

DR. SHAFFER: No, there never was a medical reason why they were sent to us. It was always for a social or a behavior disorder. And the decisions that were made were staff decisions; but it was based on the social service and the neurologists and psychiatrists.
DR. RAUH: Then the medical team did have something to say about the disposition of these boys and girls?

DR. SHAFFER: Yes, but that didn’t concern me. I was the health service while they were with us. The other physicians were not part of my staff.

DR. RAUH: I see. Did you have residents helping you there?

DR. SHAFFER: Yes, we did. It was a fairly well paid position as director and we had funds from the state for clinical assistants. We had usually two pediatricians who came in for a half-day and did physical examinations.

DR. RAUH: Let’s come back to sports medicine. Tom, I know that you had a lot to say about safety issues for athletes. I can remember you giving a talk about the type of shirts that football players should wear. I just remember that when they become heated up and perspire it’s critical, depending on the weather of course, that they be able to evaporate their perspiration. This just gets me into the whole area of safety. Everyone in health should think about safety all the time, but I think you were really a crusader here in some ways.

DR. SHAFFER: Well, the heat illness was one of the most troublesome problems of athletics until the studies showed that it was largely a matter of fluid content of the body. We had some specialists at Ohio State in physiology who were very key persons in working out recommendations for heat illness. There was a time when the practice for the upcoming football season was started in August in the hottest part of the year and there would be six or eight deaths nationwide from heat illness. That occupied a lot of research and Dr. Bob [Robert] Murphy, who was the head physician for the athletics at Ohio State, worked with the physiology department . . . Let’s just stop a minute.

DR. RAUH: Before the cat interrupted us, we were talking about the work at Ohio State in the athletic department about heat illness, as you said. You played a role in this?

DR. SHAFFER: No, I was not in on the investigations, but I would spread the word through my contacts in the Academy and also in talks during the summer at medical meetings about the dangers of limited fluids and of practice in the very severe heat and no preconditioning. We felt that it was dangerous to have severe exertion and loss of fluid through sweating without conditioning first. Nowadays the statistics show two or three deaths, but they are usually among the professional athletes. The high schools and amateurs are fairly well keyed in on preconditioning. I don’t think that heat illness is anywhere near the problem that used to be.

DR. RAUH: Can you think of some other clinical problems of athletes that you got particularly interested in?
DR. SHAFFER: Well, I think that women in sports has been a problem. The women are now in strenuous activity just about as much as the men and they are also having preconditioning exercises and preparation for severe exertion. I think the athletes nowadays and the coaches are well aware of the medical implications. When we first started, there was no fluid available during practice season and the players would be out for an hour maybe. When they were weighed before and after practice periods, the loss of six or seven pounds of fluid from just sweating was surprising to most coaches and they soon realized that a dehydrated player was not as effective and also was at risk of having some severe problems.

DR. RAUH: Tell me, when you were at the student health service did you see any women with anorexia nervosa or bulimia with excessive exercising? Do you have any memory of running into that problem?

DR. SHAFFER: I don't think that that was ever a problem in the athletes that I saw. There was always the possibility of the women that were in dance or . . .

DR. RAUH: How about gymnastics? Well, I could see you are talking about ballet dance and the excessive exercise there.

DR. SHAFFER: Exercising that was strenuous, but was not contact. That would be an outstanding problem. But the girls didn't have the heavy uniforms and they didn't have prolonged drills and I don't remember heat illness being a problem with any of the women athletes.

DR. RAUH: Tell me about how you got interested in the Special Olympics, sports of children and adolescents who have special needs. Did you remember when that was first started in your career?

DR. SHAFFER: No. I think that my first interest in the Special Olympics was through an experience that I had when I was an intern at New Haven Hospital. I had a member of the Kennedy family who was a patient and through that I got to know some of the members of the family. They were very much interested in the athletic and school programs for retarded children. And the Special Olympics was founded by the Kennedy family [Eunice Kennedy Shriver]. I really can't remember my being involved until I was asked to serve on the Ohio Special Olympics board of directors. I began to realize that there were events for physically and mentally retarded children, mostly mentally retarded or behaviorally retarded children, who were not supervised at all in selection and also in participation. I was the only physician on the board so I used to attend all the events. My participation in it was not a hands-on participation; it was mostly policies.

DR. RAUH: When you got involved in the Academy, with AAP, didn't you write some policy statements for them which involved the matter of children with Down's Syndrome and the risk of atlantoaxial dislocation? You talked about that on the tape that I saw.
DR. SHAFFER: Yes. Actually that came about with the Special Olympics national board of directors. I’ll have to see now exactly how that happened. I guess I can go back and say that that came about because an athlete in the Special Olympics national olympics died from an injury to the spine, and it turned out to have been avoidable if an x-ray of the spine had been carried out.

DR. RAUH: So that led to policy development in this area about requiring cervical spine films for Down’s syndrome children?

DR. SHAFFER: It was an injury that occurred in a sport, a strenuous sport. Gee, I’ll have to think a little bit about that.

DR. RAUH: We can fill in some of that at a later time.

DR. SHAFFER: I was never particularly involved in that except through a committee that the Academy had when the doctors were objecting to a rule in Special Olympics that every Down’s Syndrome patient had to have x-ray of the spine before they can take part in strenuous activities.

DR. RAUH: Right. Let’s come back here to family. You have two daughters, both of whom are married. Why don’t you talk about your grandchildren, about your daughters’ families? I understand in Atlanta you have three grandchildren and two great-grandchildren?

DR. SHAFFER: I have two and one will be born in March. Those are great-grandchildren. I have four grandchildren. Three girls who live in the Atlanta area and their mother is my daughter. And a boy who lives in Massachusetts and whose mother is my other daughter. So there are four grandchildren. There will soon be three great-grandchildren, all of them preschool and all of them very healthy. But they’re not close enough in their residence for me to be able to enjoy them.

DR. RAUH: Well, you were thinking about moving closer to them.

DR. SHAFFER: Yes, I am seriously thinking that I ought to be nearer so that my family doesn’t have to travel to see me as the only member of the family in Columbus. I have no involvement really in the medical decisions because my grandchildren who now have the next generation have been so indoctrinated with pediatric care that they picked their pediatrician before the babies were born.

DR. RAUH: Did you find that you learned significant information from raising your daughters, as a pediatrician? I mean I found that with my sons, not so much medically but as people in terms of their physical and their psychological development.

DR. SHAFFER: I did, although I must say that in our family the decisions were made usually by the mothers rather than by the doctors at the critical points. The
only time I remember being involved very critically was when one of my daughters woke me in the middle of the night and told me that she had symptoms that made me feel she probably had acute appendicitis. I decided that we could wait until the early hours of the next day before I called a surgeon to see her. I was severely reprimanded by the surgeon that I should have known better than to wait until the next day. I should have called him in the middle of the night, because she was in danger of having a ruptured appendix and I waited too long thinking to save him a trip to the house to see her. I must say that in my experiences as a pediatrician I only have seen three or four cases of acute appendicitis. It just happened that it was one of those diseases where I had not had to make the critical decision and it's often a difficult one to make in the middle of the night.

DR. RAUH: Second side of the second tape. Tom, when did you retire? I know you retired first from the university and then from Children's Hospital.

DR. SHAFFER: I retired from the university in 1972 after 30 years of service. I retired from the Children's Hospital in 1982. I returned to Children's to be part-time in the adolescent services and in the clinic. Since that time I have returned off and on for my own education but I haven't been working since 1982. I really enjoy maintaining a contact with Children's Hospital and with the University. The library facilities are handy to me at the University. And the Children's Hospital, although it is in a different part of town and I must go through some busy streets, has ample facilities for me in the library and for lectures.

In addition to that, my family has an interest in a separate operation of a day care nursery for the children of employees at Children's Hospital, because we have made a permanent charity of contributions to the program. We think it benefits the hospital in that many of the nurses and employees can continue working at Children's when they would have to stay at home with their children if they didn't have the facilities. So I still have strong ties with the Children's Hospital and enjoy my relationships with them. It's the same way as it is with the people in Columbus and the University. It's a very reciprocal relationship between the city and with the citizens.

DR. RAUH: That's the way it should be. I've certainly had that in Cincinnati, so I know exactly what you're talking about. Tell me about your feelings about Columbus. I know in the videotape that I had a chance to preview you mentioned that so many of your colleagues and faculty have come back here to live and to retire, if you will. You've been here almost 60 years.

DR. SHAFFER: Since 1946.

DR. RAUH: Right. Close to 60 years. It must be a pretty damn nice place.

DR. SHAFFER: Yes, it is. It is a place that received us after the war in 1946 with many opportunities for making friends and for the facilities at the university.
That same thing has been true with people who come in for a brief or temporary education; they like to come back to live here. We have the facilities of the university, not only the educational facilities but also the contacts with the faculty and the entertainment and the value of being near a big university.

DR. RAUH: Did Frances like it as well?

DR. SHAFFER: Yes. As matter of fact, she was the moving force that started us in our return from Philadelphia. She told me one day that there wasn’t a house in the Philadelphia area that she hadn’t looked at when we first moved to the area and that the real estate people were taking her out to see some houses that she had already seen. But the school system is good; the city government is good; it's a wonderful place to live.

DR. RAUH: Tell me about where you are living now. I'm blocking on the name.

DR. SHAFFER: First Community Village.

DR. RAUH: And you have been here four years since Frances died?

DR. SHAFFER: Yes.

DR. RAUH: And how have you found this?

DR. SHAFFER: The First Community Village is a retirement center that was established approximately 50 years ago through a large church, the First Community Church, for retiring persons in their congregation. It has now become accepted in the community as regardless of church affiliations. It offers residential independent and assisted living and actual acute care and has a following in central Ohio as being maybe the oldest and most popular of all the retirement centers.

DR. RAUH: Have you been active in the governance of this place?

DR. SHAFFER: Well, I'm active in the activities. I'm quite involved in a health education committee that is ongoing. We have a surprising number of medical professionals living here, nurses and physicians. The health education committee has three doctors and three nurses. We prepare an article for the monthly newspaper and I find it keeps me busy. I maintained some interest in going to the library and doing a little research once a while for an article.

DR. RAUH: Tell me about the program called “Kind Call.”

DR. SHAFFER: “Kind Call” is the name for a program that has been in effect in our community. It is aimed at attentive observation of the older population through a morning telephone call, at about eight o'clock in the morning, to check to see whether or not the person who is registered for the program is healthy and
active. If there is no response, the call is repeated 15 minutes later and if there is no response at that point a designated neighbor, chosen by the resident in the house, is called and asked to go over and check on the health of the person. If that individual cannot be found there is an arrangement with my retirement center that one of the staff at the First Community Village will go over and take a look. None of these people have keys, they just ring the bell. If there is no answer, then the police are notified and they go to the house.

It's a daily call. I was on that when I was living alone. It didn't seem to me that I needed it, but my family was so insistent that we have it that I realized that it's the reassurance of the family rather than individual when you live alone. There are some 40 or 50 citizens in the community registered with this. It's a community service, no charges for it.

DR. RAUH: Do you see any connection between geriatric medicine and pediatrics?

DR. SHAFFER: Well, I think there is a connection because I'm living in the older population group now and I'm an observer as well as a participant. I noticed the same precautions about immunizations and the acute care. It's very similar. I think the older population is slower to accept the fact that they need special attention. But there are enough nurses and doctors in our retirement center that there is a lot of encouragement for people to have pap smears and to take Fosamax and to do all of the things that they might not be able to size up. Health is a very common topic at the dinner table with older people, as you might know.

DR. RAUH: I knew that from my mother-in-law who lived to be 96, almost entirely in good health. She lived in a facility very much like this one in Cincinnati.

Tom, in coming to a conclusion in our interview today, tell me about the honor you received in 2000 from the American Academy of Pediatrics Section on Sports Medicine and Fitness.

DR. SHAFFER: I'm very proud to have this opportunity to thank the Academy of Pediatrics for the honor that I did receive in the year 2000, as an initial recipient of the [Thomas E. Shaffer] Award for pediatric sports medicine. I'm especially proud of the fact that the award bears my name as having been interested in this subject. For many years I have had connection with various sports medicine organizations like the American Medical Association, the Academy of Pediatrics and the Ohio Association for Health, Physical Education, Recreation and Dance. I'm still interested in the fact that the Academy now has a sports section. I can recall a time, 30 years ago, when we didn't have even a committee on sports medicine. And now we have a section with several hundred members of people who serve as the team physicians or advisers or as coaches to the young people. The fact that it bears the Academy's approval is something I'm very proud of.
DR. RAUH: Yes, I think you should be. Now you're going to the annual meeting of the Academy in Boston next month.

DR. SHAFFER: I plan to.

DR. RAUH: Will you go to the section meeting on sports medicine?

DR. SHAFFER: I expect to be there.

DR. RAUH: I hope you will put in an appearance at the adolescent medicine section, which is thriving. A colleague of mine, Richard Heyman, is now chair. I don't know if you have ever met him but he is a delightful person. He is in practice in Cincinnati. He was a fellow of mine 25 years ago.

In any case, just let me say that I have enjoyed this tremendously today.

DR. SHAFFER: My pleasure.

DR. RAUH: I know that everyone who reads this for years to come will appreciate it.

DR. SHAFFER: Thank you very much.
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Thomas E. Shaffer, MD

Current
Retired from the Ohio State University and Columbus Children’s Hospital, in Emeritus Status
Active in: Trustee, Ohio Special Olympics
Trustee, Upper Arlington Commission on Aging (until 1997)
Advisory Committee, “Kind Call” Service (free daily phone call check-in to elderly)

Family
Wife: Frances, deceased 1993
Daughters: Ann S. Bohmer, Acworth, Georgia
Mary S. Haley, Sagamore Beach, Mass
Four grandchildren
Two great-grandchildren

Education
Cornell University, A.B., 1929
Cornell University Medical College, M.D., 1932
Postgraduate: (All at Yale-New Haven Hospital)
Intern, Internal Medicine, 1933-34
Intern, Assistant Resident and Chief Resident, Pediatrics, 1934-37
Clinical Instructor in Pediatrics, Yale University, 1936-42
Certified, American Board of Pediatrics, 1938

Private Practice
Pediatrics, Farmington and New Haven, CT, 1937-42

Military Service
U.S. Army Medical Corps, 1942-46

Ohio State University
Associate Professor-Professor, Department of Pediatrics, 1946-51; 1952-Ret.
Associate Professor-Professor, College of Education, 1946-51
Professor, Department of Preventive Medicine, 1952-75
Director, Newborn Service, University Hospital, 1947-51; 1952-58
Director, Sports Medicine Clinic, Student Health Service, 1973-75
Physician, Women’s Intercollegiate Athletics, 1973-75
Physician, University School, Ohio State University
Columbus Children’s Hospital

Staff Pediatrician, 1946-51; 1952-83
Director, Adolescent Health Services, 1958-60; 1965-83

State of Ohio

Medical Director, Juvenile Diagnostic Center, Columbus, 1960-64

American Academy of Pediatrics

Member since 1938 (Emeritus)
Committee on School Health (chairman)
Committee on Youth
Committee on Sports and Fitness (chairman)
Council on Child and Adolescent Health

Ohio Chapter, American Academy of Pediatrics

State Chairman, 1964-67
Committee on Adolescence and Sports Medicine

American Medical Association

Committee on Medical Aspects of Sports, 1961-71 (chairman)

Ohio State Medical Association

Committee on School Health (chairman)
State Planning Committee on Health Education in Ohio (chairman)
Joint Committee on Sports Medicine (with Ohio H.S. Athletic Assoc.)

Other

White House Conference on Children and Youth
Ohio Planning Committees, 1950, 1960, 1970
Participated in Washington in 1950 and 1960 Conferences
Editorial Board, Physician and Sportsmedicine (Emeritus)
(1st) Board of Trustees, Franklin County Mental Health & Retardation Board, 1965-71
Membership

AAP, National and Ohio Chapter
AMA, OSMA, County Soc.
Ambulatory Pediatric Society
American Pediatric Society
Fellow, American College of Sports Medicine
Sigma Xi, Research Society
American College Health Association

Honors and Awards

ANDERSON AWARD from American Association for Health, Physical Education and Recreation for Meritorious Service to the Professions of Health, Physical Education and Recreation (1964)

DISTINGUISHED SERVICE CITATION from the Ohio State Medical Association for Advancement of the Science and Art of Medicine and Protection of Public Health through Leadership in School Health and Prevention and Treatment of Athletic Injuries (1970)

AWARD FOR DISTINGUISHED SERVICE to Health Education from State Planning Committee for Health Education in Ohio (1970)

SERVICE APPRECIATION AWARD from Franklin County Mental Health and Retardation Board (“348 Board,” now ADAMH Board) (1973)

PRESIDENT’S CHALLENGE AWARD from National Athletic Trainers Association for Contributions to Sports Medicine 1975)

HONOR AWARD from Ohio Association for Health, Physical Education and Recreation (1971)

HONOR AWARD from New York State Coaches Association (1973)

CITATION from Ohio Chapter, American Academy of Pediatrics, 1996 “Pediatrician of the Year”

Honored by the AAP Section on Sports Medicine and Fitness in 2000 as the initial recipient of the Award for Pediatric Sports Medicine (Annual Thomas E. Shaffer, MD, FAAP Award for Pediatric Sports Medicine)