



# los angeles pediatric society NEWS

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Summer 2010

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## FROM THE PRESIDENT

### Children Renew Us

By Johanna Olson, MD, FAAP, FSAHM



It's an interesting cycle that life provides us with; just when you reach an unbearable level of frustration and sometimes disappointment with humanity, along comes a child to give you a whole new chance at adjusting your vision. My three year old daughter Alex is an inspiration with her unexpected facial expressions, spontaneous dancing, and most importantly, her never- ending wonder at the most banal phenomenon. We forget how great it is to walk on a brick wall and pretend we are flying, or how to make a world from a shoe box.

### Pediatrics affords us the opportunity to have our vision adjusted every day.

While we gripe and sweat over how and when we will pay the bills, our children dance around in fairytale worlds creating endless possibilities in their heads. My daughter asks me every night "mommy, did you sing heigh ho, heigh ho on the way home from work?" Now I pretty

much do, just so I can tell her I did without lying. But the funny thing is, it makes me smile every time. Even after the 117th time I've done it. In case you don't remember, Heigh-Ho is a song from Walt Disney's 1937 animated film Snow White and the Seven Dwarfs™. It is sung by the seven dwarfs as they work at a mine with diamonds and rubies and as I was singing Heigh-Ho, I began to think about how the world of the pediatrician has some parallels to the work of the Seven Dwarfs.

Endless paperwork, insurance denials, vaccine costs, and sometimes just cranky parents make for an environment somewhat akin to a mine. Something might explode or collapse at any minute. But our patients are precious gifts, their stories our own fairytales. Every day, no matter how hard I work, regardless of the infrastructure battles I win or lose, despite the difficulties of balancing a career and a home life, my patients provide me with little gems that make me grin all day long. Funny sayings, an eye roll at their parents' concern about their clothing choice, or an elaborate description of a successful debate competition are just a few of the "rubies" I get every day.

Another patient of mine emailed me in distress, nearly suicidal. But I was rewarded the next day with an email of perseverance and success, and an acknowledgement of my role in his decision making process. Another patient sat on my couch and sang along to her favorite song on her animal print covered iPod. Every day we are invited into their worlds to learn about things we never thought possible, or weren't creative enough to dream up ourselves. They assist us in flexing our creativity muscles and dusting the cobwebs off of our imaginations. My teen patients inform me about music and artists, technology and trends that I couldn't access otherwise. Sure, we work in a mine all day long, but we dig up a lot of precious gems as well.

Pediatrics affords us the opportunity to have our vision adjusted every day. I have to remind myself that the work of a healer is difficult, but it is a privilege, and one that we would sorely miss if it suddenly disappeared.



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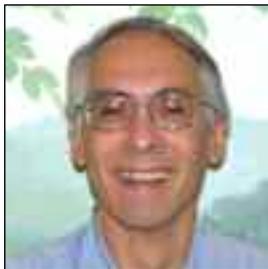
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### NO BETTER TIME OR PLACE TO GET CME – 2010 ANNUAL BRENNEMANN



**Ronald A. Nagel MD FAAP**  
Program Chair

Fulfilling your yearly California 25 CME requirements can be challenging and boring but not if you attend the 67th Annual Brennemann lecture program this Fall. For the 5th year in a row the location will be the *Disney's Paradise Pier*® Hotel beginning Friday October 8 and concluding Sunday October 10 at noon time. What better way to earn 14 CME credits than by listening to 5 nationally recognized

Professors and at the same time interacting with 150 pediatricians, family physicians and health care professionals. We have an All Star line up who will be providing us with didactic lectures on 17 current pediatric topics applicable to your daily medical practice.

Kenneth Wright, MD, Clinical Professor of Ophthalmology at Keck School of Medicine, USC will be discussing strabismus, eye trauma, pink eye, and orbital cellulitis. Seth Pransky, MD, Director of Pediatric ENT at Rady Children Hospital in San Diego will be educating us on chronic sinusitis, neck masses, hearing loss in newborns, and stridor. Deborah McCurdy, MD, head of Pediatric Rheumatology at Mattel UCLA Hospital will update us on pain amplification syndromes, autoimmune diseases workups, juvenile idiopathic arthritis, and SLE. Joseph Church, MD, a regular lecturer for LAPS and the division Head of Clinical Immunology and Allergy for CHLA, will teach us about the clinical applications of immunoglobulins, share cases of immunodeficiency, review 2010 HIV guidelines, and instruct us on the immune work-up for recurrent infections.

Lastly, Jennifer Willert, MD, from the division of Hematology/ Oncology / Bone Marrow Transplant at Rady Children's Hospital San Diego will be serving as our Cliff Rubin Lecturer, honoring the memory of our past president and long-term program chair. This keynote address on Saturday morning will be on the "hot topic" of Cord Blood Stem Cell Donation and Transplantation.

Come join us for a weekend of medical education and Halloween fun at Disney and Knotts Scary Farm amusement parks. Please go to our website [www.lapedsoc.org](http://www.lapedsoc.org) to view our brochure. We are looking forward to seeing you there!

### DON'T MISS THE FUN AT THE 67<sup>TH</sup> BRENNEMANN LECTURES

Disney's "World of Color," Knotts Scary Farm,  
Medieval Times and Pirate's Adventure



**PHYSICIANS IN TRAINING****Fellows Abroad – The Value of International Experiences in Training****Shelley Aggarwal, MD, MS**

During one of my first international trips, I fell asleep in a bus in Rome while going from one spot to another, and awoke to find myself slumped in the seat of a now off duty bus that was, by that time, parked in some lot behind an old Italian building. On a separate trip, I

worked in a “medical clinic” which was, in fact, a wooden house built on a collective in Costa Rica with a make-shift American massage table as my examination surface. One of my last trips abroad involved teaching residents in the only residency training facility in Siem Reap, Cambodia, which also happens to be the location of the temples of Angkor Wat. Be it for the sake of adventure or for humanitarian causes, international travel has forced me to develop a wider world-view in which I have waded into the lives of others and been challenged to create a common understanding, some method of effective communication, and a healthy sense that the unexpected is to be expected... and enjoyed.

It is for these reasons, and many more, that I believe international rotations should be a part of the American medical training process. International health is no longer something that is found at the borders of the United States. Due to the wave of immigration from various parts of the world, particularly Southeast Asia and Latin America, US physicians are practicing “international healthcare” in Los Angeles, New York, Miami, and many other US cities that serve the needs of recent immigrants, visitors, or returning American travelers to the United States. Trainees should be encouraged to explore international health opportunities not only to expand their breadth of health experiences, but also to improve cultural competencies in an effort to better serve and understand the patients that will be seen in their offices at home. A broader understanding of basic human needs and the impact of environment, availability of resources, and cultural practices on general health improves the patient-doctor dynamic for all patients.

Having worked in Mexico, Cambodia, Costa Rica, Spain, India, and having recently completed an internship with the WHO in Geneva, I believe the exploration of other cultures has made me a better physician and a much more interesting person, and has allowed me to focus my area of interest; advocacy and access to healthcare, particularly for young women in socially conservative environments.

As a fellow at Children’s Hospital Los Angeles in the Division of Adolescent Medicine, I have experienced the scope of adolescent medicine practice from the perspective both of a community physician and as a hospitalist. The breadth of services at CHLA is wide for young adults and teens, and includes medical and mental health services for homeless and/or gang involved youth, work at transitional homes and free clinics, training in care for HIV positive youth as well as the specific needs of transgender youth, in addition to hyper-complex inpatient medical management. Ironically, and

sadly, there are many similarities in the lack of resources I have seen between the developing world and our high-risk and homeless youth. My skills are easily transferred from one environment to another.

What I understand now that I did not before is that adolescents have needs that are not satisfied by the adult or pediatric model of care. While these models are invaluable, they often present youth as the “other” population that has to be dealt with, neither a sanctioned adult nor a dependent child. I will readily admit that prior to my own subspecialty training I found youth to be a challenging population. At the end of the work day when I saw a 17 year-old female with abdominal pain listed on the “to be seen board” I felt a sense of annoyance and then noted that I would stiffen up just a bit. I am sure that my patient felt my resistance in our interaction, and I understand now that the hesitation to see this patient came from a general sense of my own discomfort in being unable to communicate with her, while simultaneously feeling ill prepared to perform a GU exam, and finally difficulty in explaining in age appropriate language the necessary next steps toward a solution for this young patient.

Adolescent medicine is much like international health to me. It is uncharted territory in many ways. Youth are flowing through various stages of development and they are beginning to take primary ownership of their own health. Up until the teen years the conversation about health, preventative care, and consent happens with parents or guardians. However in adolescence the primary point of contact and discussion becomes the teen. Navigating age appropriate explanations of procedures, medical rights, and even access to health care is a powerful process and a profound responsibility. All physicians carry the same responsibility regardless of field of practice, however the teen years can often define the nature of the long-term medical relationship that an individual will have. As a result, medical interactions and the sharing of medical knowledge, balanced with a message of confidence in the youth along with messages of empowerment are crucial during this time.

As our society is in a dynamic state of flux, and the concept of “traditional” becomes increasingly variable, it seems to me that the definition of medical training needs to be widened to include the less conventional. I learn every day. And from my mentors I have learned that being a good physician is not about reciting the answers, it’s about being able to think through the question. It is what I have learned when I have traveled, and been locked in a bus, had to figure out how to be a doctor in the forest in a wooden house, or how to teach Cambodian residents with limited English about asthma. It is what I have learned listening to young people who don’t always know exactly what they want to say, but just that they need to say it. It is what I have learned through this wonderful process of growing as a physician.

**PHYSICIANS IN TRAINING****SEND US YOUR STORIES!**

We are launching a new column to highlight educational experiences of residents, fellows and health care professionals in training. If you are interested in submitting an article or know someone that is, please contact us!

**Membership in LAPS is FREE to all Graduating Residents**



2010 PARMELEE LECTURE RECAP – GENDER VARIANT BEHAVIOR, ALL MIXED UP

Johanna Olson, MD, FAAP, FSAHM

The Los Angeles Pediatric Society’s Spring Parmelee lecture was hosted this year at Bocca Steakhouse in Encino, the heart of the San Fernando Valley. The event drew audience participation from all over Southern California, and included families of gender variant children, looking to learn more about this intriguing topic. Since the increase in mainstream media around gender variance and transgender children and youth, pediatricians have been sought after as the main source of information for parents around this issue. What



should pediatricians tell parents when they report cross gender play in their children, and at what point should a gender specialist, or mental health therapist be involved? Dr. Marvin Belzer and Dr. Catherine Forbes of Childrens Hospital Los Angeles shed light on this very subject at our Parmelee lecture in May.

By the age of 3 years, most children express an interest in or preference toward activities and behaviors typically associated to their specific gender. We call these behaviors “gender-typical” because the members of one of the sexes favor them. For example, boys enjoy rough-and-tumble play and identify with male heroes, while girls enjoy such activities as playing with dolls and pretending to be a mommy. Gender variant behavior is behavior that does not conform to societal expectation for the child’s assigned gender. Girls may insist on wearing boys’ clothing and short haircuts and refuse to wear skirts, dresses and female bathing suits. They tend to reject play activities that are associated with being a girl. Instead, they prefer games and toys that are typically considered more appropriate for boys such as GI Joe™, Superman™, and cars and trucks. These girls may identify with male characters and refuse to assume female characters in play-acting. For example, they may want to be the father when playing house. They prefer boys as playmates and are interested in rough-and-tumble play and contact or team sports. These girls may also express the desire to be a boy, announce that they really are boys, and enjoy being mistaken for a boy. Boys may show an interest in women’s clothes, shoes, hair and make-up. They play-act and identify with female characters such as Barbie™, The Little Mermaid™, Snow White or Cinderella. They wish to have or may pretend to have long hair, prefer girls as playmates, and avoid rough-and-tumble play and team sports. Others may describe them as gentle, sensitive, artistic, sweet, cute, and very affectionate. When young, they may express the desire to be a girl or claim that they really are girls.

Gender variance does not apply to children who have a passing interest in trying out the behaviors and typical interests of the other sex for a few days or weeks. By 5 or 6 years of age, gender variant children begin to be influenced by social pressure to conform and may adjust their behavior in public to blend in. This does not necessarily mean that the child’s core traits have changed. It is important to understand that what drives gender-typical or gender-variant traits cannot be changed through the influence of parents, teachers, coaches or therapists.

“Reparative, or corrective” therapy primarily involves behavioral interventions with the desired outcome of culturally acceptable gender expression in line

with biological sex. This type of intervention is not recommended because of concerns about doing harm, and inducing shame within the child about who they truly are. Although a child may alter his or her behavior in response to parental pressure or social pressure, such changes may be skin deep and may not reflect how the child truly feels.

Affirmative therapy is supportive and affirming rather than shaming, and reinforces to the child that it is acceptable to be whoever they turn out to be over time. Affirmative therapy stresses developmentally appropriate exploration of identity. The therapist works with the child, the families and schools to help improve self-esteem, health, and well-being, as well as prevent risk behaviors and reduce distress.

ADVICE FOR PARENTS INCLUDES:

- Love your child for who he or she is
- Question traditional assumptions
- Create a safe space for your child
- Seek out socially acceptable activities
- Validate your child
- Seek out supportive resources
- Talk to other significant people
- Prepare your child to deal with bullying
- Be your child’s advocate

Parents should seek extra help from professionals if their child becomes anxious, depressed, angry or hyperactive in spite of parent’s efforts to be supportive, or if their child shows signs of self-destructive or suicidal behavior. Children who are very shy or have difficulty making friends may benefit from training to improve social skills.

Currently, the Diagnostic and Statistical Manual of Psychiatric Disorders has specific criteria for diagnosing children with Gender Identity Disorder of Childhood. While there is much debate about whether this discordance should be labeled a psychiatric illness, the fact remains that there is a cohort of children that will go on to identify as transgender children, adolescents and adults. These young people need support from families, schools, and the medical community. Many youth make the decision with their families to proceed with phenotypic transitioning – changing the external body to match the internal gender identity. This transition often begins with a reversible social transition – changing hairstyles, clothes and possibly name and pronoun. Over time, the transition may require the administration of cross-gender hormones, and is best achieved within the context of a knowledgeable and comfortable team that includes a physician and mental health therapist.

The most important thing to consider when taking care of gender variant children is helping them feel comfortable and safe with whatever gender expression they choose. It is the same approach we take to all of our patients; treat them with respect, dignity and compassion to achieve the healthiest outcomes possible. For more information, please see the list of resources below, or contact the Transgender Youth Program at Childrens Hospital Los Angeles 323-361-2153.

PARENT AND CHILD RESOURCES

- **LA Gay and Lesbian Center** – [www.lagaycenter.org](http://www.lagaycenter.org)
- **Gender Spectrum** – [www.genderspectrum.org](http://www.genderspectrum.org) “... education, training and support to help create a gender sensitive and inclusive environment for all children and teens ...”
- **FTM Alliance** – [www.ftmalliance.org](http://www.ftmalliance.org)
- **Lynn Conway’s website** – <http://ai.eecs.umich.edu/people/conway/> “... illuminate and normalize the issues of gender identity and the processes of gender transition ...”
- **Bryan XY** – [www.bryanxy.com](http://www.bryanxy.com) “... a personal and comprehensive website about transsexualism, FTM (female-to-male) gender transitioning in particular ...”

<http://www.childrensnational.org/files/PDF/DepartmentsAndPrograms/Neuroscience/Psychiatry/GenderVariantOutreachProgram/GVParentBrochure.pdf>

# Los Angeles Pediatric Society 67<sup>TH</sup> BRENNEMANN LECTURES

14 CME Credit Hours • October 7-10, 2010 • *Disney's Paradise Pier*® Hotel

Please See Our Website for Complete Meeting Brochure with Lecture Topics and Schedule  
**REGISTER ONLINE WITH YOUR CREDIT CARD AT [www.lapedsoc.org](http://www.lapedsoc.org)**

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Rooms are available to registrants at the SPECIAL LOW rate of \$149 (plus \$12 resort fee and tax) per day, single or double occupancy.

### WE RECOMMEND YOU MAKE YOUR RESERVATIONS EARLY.

- You may make your room reservation on line using the following link:  
<https://resweb.passkey.com/go/LAPS102010>
- You may also access this link through our website: [www.lapedsoc.org](http://www.lapedsoc.org)
- You may also contact the hotel reservations desk directly at 714 520-5005.
- Special rates will only be available until September 17, 2010 or until ALL blocked rooms are taken. Once these rooms are taken, regular hotel rates will apply
- The Los Angeles Pediatric Society disclaims any responsibility for hotel arrangements.

## DON'T FORGET TO SIGN UP FOR YOUR ROUND TABLE SESSIONS

- No. 1 Pediatric Pink Eye and Orbital Cellulitis  
 Kenneth Wright, MD
- No. 2 Stridor: Assessing the Airway from the Nose to the Lung  
 Seth Pransky, MD
- No. 3 25 Cases of Immune Deficiency- or Not  
 Joseph Church, MD
- No. 4 Workup and Treatment of Autoimmune Diseases  
 Deborah McCurdy, MD

## MEETING ADVANCE REGISTRATION BY MAIL

Los Angeles Pediatric Society 67<sup>TH</sup> BRENNEMANN LECTURES, October 7-10, 2010  
 Registration must be cancelled by September 17, 2010. Administration charges of \$35 apply after this date.

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Round Table Sessions (No Charge)

Fri. Session: 1, 2, 3, 4 (enter number in box) Pref: 1  2

Sat. Session: 1, 2, 3, 4 (enter number in box) Pref: 1  2

Tuition Fee:	By 9/17	After 9/17	
Physicians: Members of LAPS	\$525	\$575	\$ _____
Physician Non-members	\$575	\$625	\$ _____
Pediatric Residents	\$100	\$150	\$ _____
Allied Health Personnel	\$275	\$325	\$ _____
Emeritus with LAPS	\$150	\$200	\$ _____

### Pre Order Boxed Lunch (Must be ordered by 10/4/10)

<b>Friday</b>	\$25 Turkey # _____	\$25 Vegetarian # _____	\$ _____
<b>Saturday</b>	\$25 Turkey # _____	\$25 Vegetarian # _____	\$ _____

Tickets may be purchased online until 9pm PST on Sunday 10/03/10 using the following link:  
[www.disneyconventionear.com/GPLI10A](http://www.disneyconventionear.com/GPLI10A)

If you wish to order and pay for your discounted Disneyland tickets through LAPS with a check, use the form below. Tickets valid from 10/04 - 10/17/10. Tickets must be ordered by Wednesday September 22 and will not be available for pickup until after 6pm on October 7.

### One-Day Theme Park Ticket

Either *Disneyland*® Park or *Disney's California Adventure*® Park  
 (Ages 3-9) \$54 # \_\_\_\_\_; (Ages 10+) \$64 # \_\_\_\_\_ \$ \_\_\_\_\_

### One-Day *Disneyland*® Resort Park Hopper® Ticket

Both *Disneyland*® Park and *Disney's California Adventure*® Park  
 (Ages 3-9) \$74 # \_\_\_\_\_; (Ages 10+) \$84 # \_\_\_\_\_ \$ \_\_\_\_\_

### Two-Day *Disneyland*® Resort Park Hopper® Ticket

Both *Disneyland*® Park and *Disney's California Adventure*® Park for two days  
 (Ages 3-9) \$111 # \_\_\_\_\_; (Ages 10+) \$131 # \_\_\_\_\_ \$ \_\_\_\_\_

### One-Day Twilight Ticket after 4:00 pm Either *Disneyland*® Park or

*Disney's California Adventure*® Park (Ages 3+) \$41 (not available at gate) # \_\_\_\_\_ \$ \_\_\_\_\_  
 Twilight ticket not valid Saturday October 9, Sunday October 10 and from Friday October 15 through Sunday October 17

### Checks payable to: LAPS

Mail to: LAPS, PO Box 4198, Torrance, CA 90510-4198 Grand Total \$ \_\_\_\_\_

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**EDAP CELEBRATING 25 YEARS IN LOS ANGELES COUNTY**


**Paula J. Whiteman  
MD, FACEP, FAAP**  
Consulting Specialist, MD,  
LA County EMS Agency

June 2010, marks the 25th Anniversary of Los Angeles County Emergency Department Approved for Pediatrics (EDAP) program. An EDAP is a licensed basic or comprehensive emergency department that is approved by the County of Los Angeles to receive pediatric patients from the 9-1-1 system. To date, there are 44 approved EDAPs: 42 in Los Angeles County, one in Ventura, and one in Orange County. The EDAP program recognizes that children require specialized medical procedures and equipment that take into account their size and stage of development.

**HISTORICAL PERSPECTIVE**

The pediatric healthcare providers in Los Angeles County first approached the EMS Agency in the early 1980's with the EDAP concept and ultimately assisted in the development and implementation of standards specific to the pediatric care provided in hospital emergency departments (EDs). Many 9-1-1 receiving hospitals throughout the County stepped up to meet these standards and be approved as an EDAP. It was recognized that EDs would have many challenges to meet in the quest for EDAP approval - many did not have the required equipment and supplies; staff would need to obtain additional training in the specialized care of children; and policies would have to be developed specific to the new standards. In addition, formalized processes would be required to address inter-facility transfers to a higher level of care when applicable.

In June of 1985, with approval of the Board of Supervisors, the EMS Agency approved 62 hospitals as EDAPs. Paramedic and base hospital guidelines were developed to provide pediatric patient medical direction and destination guidelines. Reference No. 510 – Pediatric Patient Destination established the EDAP as the most accessible receiving (MAR) facility for pediatric patients.

**REQUIREMENTS FOR DESIGNATION**

In order to obtain EDAP designation, hospitals must collaborate with the EMS Agency and submit the required application and supporting documentation. An on-site review and inspection is then conducted, and if approved, EDAP status is valid for a period of three years. The administra-

**Karen Rodgers  
RN MICN**  
Pediatric and SART  
Program Coordinator



tion and coordination of the EDAP program at each hospital requires qualified individuals to oversee the program: an EDAP Medical Director, a designated pediatric consultant, and a Pediatric Liaison Nurse (PdLN) to coordinate the program requirements and ensure that the standards are met at all times.

**COMMITMENT TO PEDIATRIC CARE**

Over the years, the EDAP Standards have undergone change and revision, and additional requirements have been added. Unfortunately, some EDAPs have relinquished their status due to a variety of reasons: being unable to meet the physician or nursing requirements; hospital closure, and/or closure of their pediatric units. Even with the loss of some EDAPs, the concept of specialized pediatric destination has endured and become a standard of care. Like all aspects of medicine, there is a constant need to evaluate and improve the quality of care for our pediatric community on an ongoing basis.

EDAP hospitals have been proven to provide an essential public service that saves the lives of children of all ages, from neonates to adolescents, by providing specialized pediatric care. Dedicated pediatric emergency medicine physicians, leaders and advocates continue to give their time to improve the pre-hospital and emergency department standard of care delivered to our pediatric patients through outcome data and best practice. Resources have been developed to assist in providing patient care: pediatric Base Hospital Treatment Guidelines (BHTGs), Standing Field Treatment Protocols (SFTPs), and Color Code Drug Doses L.A. County Kids medication chart. Currently, a Midazolam study is being conducted with the EDAPs and Base hospitals in the interest of delivering the highest quality of pre-hospital care to the pediatrics patients of Los Angeles County.

The EDAP standards, listing of EDAP Hospitals, maps and other pediatric resources may be located on the EMS web page <http://ems.dhs.lacounty.gov>. Questions regarding the Hospital EDAP designation or pediatric destination should be referred to Paula Whiteman, MD at [Paula.Whiteman@cshs.org](mailto:Paula.Whiteman@cshs.org) or Karen Rodgers, RN at 562-347-1654 or [kr Rodgers@dhs.lacounty.gov](mailto:kr Rodgers@dhs.lacounty.gov).

**EVE AND GENE BLACK SUMMER MEDICAL CAREER PROGRAM**


*Dr. Zaslow (center) with students.*

**A Dream Becomes a Reality — Thanks to the Summer Medical Career Program  
Tracy Zaslow, MD**

When I decided at 11 years-old that I wanted “to be a doctor when I grew up,” I had no idea what that really meant. As a very young “physician-to-be” most opportunities had age

and/or experience minimums that I did not meet. But, then I learned about the Eve and Gene Black Summer Medical Career Program that was actually hosted in my community at my own pediatrician’s office. (Thanks Dr. Keer!)

During the program I got first-hand experience working in every nook and cranny of the hospital including the pharmacy, dietary services, social work, radiology, the emergency room, the operating room, private medical office and so much more. My four-weeks as an Eve and Gene Black Summer Medical Career Program participant reaffirmed my enthusiasm and fueled my passion

to become a doctor. My experiences gave me a solid foundation on which to build and a confidence that medicine was truly the perfect career for me.

Now that I am a doctor practicing sports medicine, I have been able to give back to the program that gave me so much. During my chief residency year at Childrens Hospital Los Angeles, I coordinated the hospital's program and now, my sports medicine clinic hosts many Summer Medical Career Program participants every year. Thanks to all the physician sponsors, financial contributors and the many working behind the scenes to make this program possible; their efforts helped my childhood vision become a reality!

YOU, too can help a student’s dream become a reality but volunteering to host a student or two at your practice or in your hospital department. If you are interested in becoming involved in this life changing program, contact LAPS at [meosborne@lapedsoc.org](mailto:meosborne@lapedsoc.org) or 310-347-8087.

## Barbara Carr – The Last of a Legacy



**W**e have lost a friend!

After a short and private, but difficult battle with cancer, long time Los Angeles Pediatric Society (LAPS) Administrator, Barbara Ann Carr passed away on May 27, 2010 at the age of 70. Barbara was the daughter of Eve and Gene Black who in the late 50's started what

turned out to be a near 50 year involvement with LAPS, District IX of the American

Academy of Pediatrics (AAP) and California AAP Chapter 2. To Eve and Gene, LAPS was part of their family. In the early 70's Barbara began working along side her parents, performing administrative duties and assisting with the planning and realization of continuing medical education meetings for LAPS, District IX and Chapter 2. A special interest of Barbara's was the now successful flagship program to interest high school students in children's health issues - The Summer Medical Career Program. This Program is now aptly named to honor her parents, Eve and Gene. From its inception, 41 years ago, Barbara helped to efficiently organize, coordinate and welcome the often ambitious but wondering students. This mentoring program has provided over 2300 high school students the opportunity to explore their dream to become health care professionals and pediatricians.

Gradually, Barbara assumed her parents' duties and Black family legacy continued until she formally retired from LAPS in 2008 and District IX in 2009.

Her "can do" attitude, meticulous nature and remarkable work ethic, a now recognized trademark of the Black family, made Barbara an invaluable asset. As a result of her wealth of knowledge, and at insistence of the respective Executive Committees, Barbara remained as a consultant to both LAPS and District IX until her death.

It is the end of an era for LAPS! We, and everyone who holds our Society close to their hearts, will be forever grateful for the myriad of contributions and the tireless dedication of this outstanding family. To Barbara, nothing was too great of a challenge. Last minute crises were transparent to the membership and often the leadership. Barbara, Gene and Eve now leave us to their lessons and past administrative leadership. LAPS will not be the same without them!

Barbara Carr is survived by her five children and 5 grand children. If you wish to send a note of condolence to the Carr family, you may mail it in care of: LAPS, PO Box 4198, Torrance, CA 90510-4198. In the true spirit of her commitment to the future of LAPS and pediatrics, Barbara requested that any memorial donations be made to the LAPS and designated for the Eve and Gene Black Summer Medical Career Program.

Barbara, your smile, warm welcome and sense of humor will be missed .....bon voyage.

Richard G. MacKenzie, MD, FAAP, Past President

### EVE AND GENE BLACK SUMMER MEDICAL CAREER PROGRAM DONATIONS

You may make a donation with your credit card at: [www.lapedsoc.org](http://www.lapedsoc.org) or with a check payable to LAPS and mailed to: PO Box 4198, Torrance, CA 90510-4198. We thank you in advance for your continued support!

- Individual (\$50 +)     
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The Los Angeles Pediatric Society has established funds in memory of Eve Black and Jim Seidel, MD, PhD. If you would like to make a donation to either of these funds, please indicate below.

- EVE BLACK MEMORIAL FUND**     
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*LAPS is a private, tax-exempt, not-for-profit organization pursuant to Section 501(c) (3) of the Internal Revenue Code. All donors will be acknowledged in the newsletter. Donations of \$1,000 or more will be recognized for five years from the date of the donation.*





**2010 EVE AND GENE BLACK SUMMER MEDICAL CAREER DONATIONS**

The Summer Medical Career Program was established by the Los Angeles Pediatric Society in 1969. The purpose of the program is to encourage high school students to choose careers in the health professions. This is accomplished by providing firsthand experience observing doctors, nurses and allied health professionals at work in hospitals and through career guidance provided by counselors at each participating institution. For a period of four weeks students take part in a variety of activities affording direct contact with both the medical staff and patients. They rotate through the various departments in hospital and observe the role of health-care personnel in providing medical services. The program is different at every location and is usually tailored to meet the interests of the participants.

A weekly stipend of \$50 to cover program expenses is available upon request for any student with financial need. A certificate of completion is awarded at the end of the program as well as two \$500 scholarships from the Rissman/Seidel Scholarship Fund.

Funding is provided by contributions from individuals and groups. The Executive Board of the Los Angeles Pediatric Society gratefully acknowledges the contributors listed below. The generosity of these donors allows LAPS to continue to offer educational programs such as the Eve and Gene Black Summer Medical Career Program.

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*We regret the omission of any names. Please call our office with any errors and we will print a correction in the next issue.*

**LAPS THANKS 2010 EVE AND GENE BLACK SUMMER MEDICAL CAREER PROGRAM PARTICIPATING HOSPITALS AND COUNSELORS**

Cedars-Sinai Medical Center, Los Angeles • Childrens Hospital Los Angeles • Harbor UCLA Medical Center, Torrance  
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• Support LAPS' educational mission through the Summer Medical Career program for LA Youth
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Apply today! Membership application is available on our website: www.lapedsoc.org

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Pediatricians as well as other physicians, surgeons, and licensed allied health professionals who have a particular interest and concern with the health and welfare of infants, children and adolescents are eligible to apply for membership. Membership for all categories is \$125 a year. Please complete each of the following items as applicable. \*Life membership is available at a one-time fee of \$1,250.

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3. Medical School \_\_\_\_\_ Year Graduated \_\_\_\_\_

Internship \_\_\_\_\_ Years \_\_\_\_\_

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Other Professional Training \_\_\_\_\_

Hospital Staff \_\_\_\_\_

Private Practice: Total Years \_\_\_\_\_ Academic Practice: Total Years \_\_\_\_\_

4. Member in good standing of other medical and scientific societies \_\_\_\_\_

5. References (Name of two physicians, preferably members)

1. \_\_\_\_\_ 2. \_\_\_\_\_

6. \*LIFE MEMBERSHIP

7. Date \_\_\_\_\_ Signature: \_\_\_\_\_

YOUR CHECK FOR FIRST YEAR'S DUES (\$125) MUST ACCOMPANY APPLICATION
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Make checks payable to: los angeles pediatric society • P.O. Box 4198, Torrance CA 90510-4198



**LAPS LOG...  
NEWS FROM OUR  
MEMBERS**

Life Member and Summer Medical Career Program Counselor, **Alvin Miller, MD** was honored by Simi Valley Hospital leadership and staff for his key role in bringing to the community its first Neonatal Intensive Care Unit. Miller, a neonatologist and pediatrician also served as the NICU's first medical director.

The Third Annual Siegel Lectureship is being held at the UCLA Medical Center on Friday, October 1, 2010. This lectureship honors LAPS Emeritus member, **Sheldon Siegel, MD** who is the co-founder of the Allergy-Immunology Department at UCLA and past president of AAAAI. For more information about this lecture, call 310-825-6481.

.....

Past President and Life Member, **Paula Whiteman, MD** received a Special Achievement Award from the AAP, California Chapter 2 in recognition of her contributions in the field of Pediatric Emergency Medicine.

.....

AAP California, Chapter 2 is in the planning phases of developing a "Walk to School Wednesdays" awareness program as part of their efforts to develop programs related to obesity prevention. Chapter 2 and LAPS Board member **Tracy Zaslow, MD** and Corinn Cross, MD are leading the charge in this effort, which will engage LA area pediatricians to encourage patients and local schools to participate in the international Walk to School Wednesday on October 6, 2010. For more information about their local effort contact: [www.aapca2.org](http://www.aapca2.org) or visit [www.cawalktoschool.com](http://www.cawalktoschool.com) for general



**CLASSIFIED ADS AND ANNOUNCEMENTS**

**LOCUM TENENS:**

Availability starting mid-summer 2010. Pediatrician with over 40 years' experience in private practice. CV available on request. Call 818-414-6777.

**ATTENTION ALL SPECIALISTS:**

We are actively seeking pediatric specialists who would like to contribute their expertise by writing an article on a particular topic that would assist pediatricians in the care of their patients. However, we need your help in identifying pediatric specialists; if you are such an individual or you know someone that is, please contact us! Preference will be given to LAPS Member submissions.

**NOW! ONLINE CLASSIFIED ADS - FREE TO MEMBERS!**



We are up and running with our classified ads. You may now post your classified ads online and in the newsletter.

Visit our website: [www.lapedsoc.org](http://www.lapedsoc.org) to see current listings.

- Ads may include position postings, locum tenens, sale of practices or medical equipment.
- Ads are limited to 50 words or less.
- All ads are subject to approval prior to posting
- Postings for **NON-MEMBERS** are for a minimum of three months at a low introductory cost of \$30.

**Laps with LAPS - Tips for Active Patients**

By Tracy Zaslow, MD, Pediatric Sports Medicine Specialist

It's that time of year--Sports Physicals! With two-a-day practices about to begin, reviewing heat illness/dehydration prevention is a must!

**Fluid intake recommendations during activity:**

- 150mL (5oz) for a child (~40kg, 88 lbs)
- 250mL (9oz) for an adolescent (~60kg, 132 lbs)

**What to Drink:**

- For activities <1 hour: Water is adequate.



**WELCOME NEW LAPS MEMBERS**

Rochelle Feldman, MD, FAAP, Canyon Country (returning member)

Marianne Gausche-Hill, MD, FAAP, FACEP Torrance



**LIFE MEMBERS**

Ilona Kleiner, MD, Sherman Oaks  
Amy Shapiro, MD, Los Angeles

**IN MEMORIAM**

Arthur L. Rosenbaum, MD - Los Angeles, June 22.

**NEW FEATURE FOR ONLINE DIRECTORY  
Laps Gets Your Name On The Street, Part 2**

We are adding a Pediatrician/Pediatric Specialist Locator feature to our online directory. With this feature, you may search for a Member by:

- Selecting the Specialty you need
- Selecting the distance you are willing to travel
- Entering the ZIP code for the address you are traveling from

You will then see displayed a tagged map of members who meet your search criteria along with the details of each doctor.

The locator can serve as a resource for pediatricians to:

- Find pediatric specialists to assist in the care of their patients
- Find pediatricians to refer their patients to if patient relocates

The locator can also serve as a resource for the public to find pediatricians in their area

All members will be notified when this feature is available.

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## Join us for the 67th Annual Brennemann Lectures!

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### 67TH ANNUAL BRENNEMANN LECTURES

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### DON'T MISS THESE EXCITING FEATURES

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— **NEW FEATURE** —  
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