

- Members in the News
- Pediatric Student Clubs
- Melnick at Large
- 2005 Spring Conference Reviews & Photos
- 2005 Fall Conference Program
- New Members

THE QUARTERLY PUBLICATION OF THE AMERICAN COLLEGE OF OSTEOPATHIC PEDIATRICIANS



Plan Now for the 2005 Fall Convention!

The October meeting of the ACOP in Orlando will be a very unique event. This conference will be part of the AOA's *First Unified Osteopathic Convention* where all of the various colleges within the AOA will meet at the same time. Due to the impact of this special conference, the ACOP will sponsor one of the largest and most comprehensive CME conferences in its history. This conference will offer a maximum of 40.5 CME credits over four days. In addition to formal presentations covering subjects as diverse as neonatology, cardiology, critical care pediatrics and infectious disease, the conference will offer afternoon hands-on workshops in spirometry, dermatology, radiology and pediatric osteopathic manipulative techniques. We look forward to a very stimulating and practical meeting for all of our colleagues this October.

CATCHING UP WITH...

...LEE J. HERSKOWITZ, DO, FACOP



Recently, *Pulse* caught up with Lee Herskowitz shortly after he began his new job. His enthusiasm made it obvious that he was “a man on a mission”.

He had just moved from an interesting but “Wall Street type” of operation to a non-profit health plan that was tied to caring for patients, in the style Lee believes in. He has become Medical Director – one of two — for Providence Health Plan in Oregon. It appealed to him because it is a vertically integrated plan that supports a hospital system as well as an employed medical group.

“I have responsibilities in Washington, Oregon, Alaska and parts of California,” Lee said, “but they are encouraging me to follow through on some of my favorite projects. My biggest project is studying pay-for-performance medical care. This is important to me because I can establish projects measuring things that can be meaningfully measured and improved in physicians’ care.”

Meet Lee J. Herskowitz, DO, FACOP, current president of our College. Married to Yvonne, with two daughters, age 24 and 30, he has spent a professional lifetime in various aspects of Pediatrics: clinical practice, providing pediatric service to underserved populations, dealing in the business aspects of practice and serving as a Medical Director.

Born in Philadelphia, he spent most of his youth in South Jersey. His moves through the educational ladder took inter-

esting twists. Tired of the cutthroat attitude of premedical students, he opted to drop premedical concentration and look to training in marine biology. This led to a series of jobs ending at Scripps Institution of Oceanography in San Diego, where a sudden cut-off of state funding deprived him of a chance to develop into a diver and researcher.

“Then, working in nuclear medicine in Philadelphia, I saw some of the non-human approaches used by some physicians. I knew then that I wanted to be part of the holistic approach — Osteopathic Medicine. I was a late bloomer and I started at PCOM three years after graduating Muhlenberg College. I graduated in 1977, interned at Kennedy-Stratford Hospital in South Jersey, and took a pediatric residency at Jefferson Medical College.”

Kennedy still has a special place in his heart — there he met his wife-to-be; she was an emergency room nurse.

What made him go into Pediatrics? “I took a PCOM rotation in Pediatrics at Children’s Hospital of Philadelphia. It was a magnificent experience, and I was especially influenced and impressed by a half-dozen brilliant residents who mentored me. One of those was Gary Fleisher, MD, now Chairman of Pediatrics at Harvard Medical School and Physician-in-Chief at Boston Children’s Hospital. They inspired me. I was also inspired by the Chief of Pediatrics at Wilmington Medical Center, the late Herman Rosenblum, MD.”

Continued on page 8

2004-2005

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MEMBERS IN THE NEWS

Garvin Wins Service Award

Gregory I. Garvin, DO, past president of ACOP, was recently honored with the Life Service Award of the Iowa Osteopathic Medical Association. The honor recognizes DOs who have spent the greater part of their lives delivering health care to Iowa's citizens, utilizing osteopathic practice and principles. Winners must be active members of the IOMA and have modeled the highest ideas of the profession to their community.

In nominating Dr. Garvin, who is a 1975 graduate of KCOM, a colleague wrote, "Dr. Garvin has been the head of both local societies, on the board of trustees and president of the IOMA, as well as numerous other boards and organizations. He is one of the brightest and hardest working pediatricians I have ever met."

The ACOP salutes one of its finest: Greg Garvin.

Melnick and Blavo Honored

Arnold Melnick, DO, and Cyril Blavo, DO, were both honored recently by the Student Pediatric Club of Nova Southeastern University College of Osteopathic Medicine.

Theresa Hess, student president, announced that the club's annual award for child advocacy was being named the Arnold Melnick, DO, Child Advocacy Award, in honor of Dr. Melnick's long service in the field of osteopathic pediatrics. Besides his activity in ACOP, including serving as president, he was the founding dean of the College of Osteopathic Medicine and he retired recently as Executive Vice Chancellor and Provost of the Health Professions Division of Nova Southeastern University.

This year's award, and the first under its new name, was given to Cyril Blavo, DO, Professor of Pediatrics and Director of the Public Health Program of the College. His service to students, to the community, to the state and to his home country of Ghana were recognized as outstanding work on behalf of children.

Milestone Reached

Co-Editor of PULSE Arnold Melnick also writes a monthly column on Effective Medical Communication for *The DO Magazine*. His column in February marked a milestone — his 100th published professional article. He also does a column for the American Medical Writers Association and the ACOP.

The ACOP Would Like to Acknowledge This Year's Active Pediatric Student Clubs:

Edward Via Virginia College of Osteopathic Medicine

Heidi Leftwich

Email: hepeters@vcom.vt.edu

Kansas City University of Medicine & Biosciences

Whitney Boulden, *National Representative*

Email: wboulden@kcumb.edu

Lake Erie College of Osteopathic Medicine

Zeina R. Ghayad

Email: zghayad@lecom.edu

Nova Southeastern University College of Osteopathic Medicine

Theresa Hess, *President*

Email: htheresa@nova.edu

Philadelphia College of Medicine

Erin McAnallen, *President*

Email: erinmca@pcom.edu

Pikeville College School of Osteopathic Medicine

Marie Scott-Finley, *President*

Email: finley2@pc.edu

University of New England College of Osteopathic Medicine

Noelle Sherrets-Ratigan, *President*

Email: nsherretsratigan@pipeline.une.edu

West Virginia School of Medicine

Ava Beaudoin, *President*

Email: abeaudoin@wvsom.edu

Western University of Health Sciences College of Osteopathic Medicine-Pacific

Melanie Leadley, *President*

Email: mleadley@westernu.edu



MELNICK at large

By Arnold Melnick, DO, FACOP

Questions to Ponder in Lead Poisoning

Two questions:

1. What happens to a mother who neglects her child's symptoms of lead poisoning and does not seek medical care? Answer: *She is subject to legal prosecution for child neglect, a form of child abuse.*
2. What happens to a society that neglects lead poisoning in its many children? Answer: *Nothing.*

Let's look at the facts — let's see what makes me get on my soapbox. Fortunately, through the diligent work of some public health departments and some dedicated physicians and some excellent abatement programs, the incidence of lead poisoning in the most vulnerable group (ages one-five years) has been reduced from 10% about 30 years ago, and 8.9% in 1988-91, to 4.4% today. Contributing to the abatement was the removal of lead from gasoline a few years ago; it had been widely known that the incidence of lead poisoning was high in children residing near major highways.

On the face of it, it appears to be a pretty good record. Saved a lot of lives. Saved a lot of complications and illness. However, that 4.4% remainder amounts to 890,000 children with elevated blood lead today.

But let us examine the other side of it. We have known almost everything about lead poisoning since long before 30 years ago — causes, symptoms, diagnosis, treatment, prevention. Why then, haven't we done more about it? That's my question.

We knew then that a major cause was lead paint in old housing; *it still is*. We knew then that one of the major sequelae of lead poisoning was brain damage; *it still is*. We knew then that diagnosis was made with a blood lead level determination; *it still is*. We knew then that if we caught children early enough (even as young as one year) we could

treat it and prevent much brain damage; *that's still true*.

Needleman, a long-time researcher in lead poisoning, and his associates¹ studied 194 convicted juvenile delinquents. He found that they had four times the incidence of lead accumulation as

the control group. Is this part of the brain damage of lead poisoning? What if we were able to treat the 890,000 children (and remember that another batch of children joins the susceptible ranks, over 175,000 a year) and had saved for each of them only ten IQ points? If it reached only 50% of them in time, imagine what additional contribution to society they would have made — and additional contribution to our tax collection — while eliminating the costs of prosecution and incarceration. Need I speculate that it would more than pay for treatment and ablation of the homes?

In the 1950s, an outbreak of measles — maybe 50,000 cases — awakened Congress immediately to appropriate \$50 million to fight the epidemic — and it alerted the whole country. Was it successful? For those who were not around: it practically wiped out measles as a disease.

So if the major cause is homes with lead paint, why not get rid of the paint? Almost all of those homes are in ghettos in poverty pockets, built before 1950 and owned by private parties. The tenants cannot afford to scrape and paint their entire houses, and the landlords certainly have shown no interest in doing so. If a house, for other reasons, was deemed to be a health menace or danger to a neighborhood, it would immediately be condemned, probably by EPA or some other agency. How come it hasn't been done for lead poisoning?

Let's examine our own house. How many physicians routinely test for blood lead in children one to five? Or even every child in the risk group? Yes, the EPSDT program requires it; so do some state programs. But we are not hitting hard enough.

After the first few years of the AIDS outbreak, with minimal attention being paid to it, I hypothesized that if the affected group were "Wall Street bankers," action — *decisive action* — would have been taken immediately.

I spent considerable time thirty-five years ago studying the problem for the State of Pennsylvania, but I still have no answers. And lead poisoning is still around. And those old houses, the dilapidated ones in

the ghettos, are still there, with their walls of leaded paint. Where is pediatrics? Where is public health? Where are the social reformers? Why don't we want to save our future generations?

Lots of questions. Few answers.

Reference:

1. Needleman, HL, et al: Bone lead levels in adjudicated delinquents. A case control study. *Neurotoxicol.Teratol.* 246:6, Nov-Dec, 2002, pp. 711 ff

Health Fair Held During AOA Convention in Orlando

The ACOP, in conjunction with the National Osteopathic Medical Association, will be offering a community health fair during the upcoming AOA national convention in Orlando. It will be held at the Orlando Rescue Mission on Saturday, October 22, from 10 am to 2 pm, with support from local organizations. Health education and health screening will be provided and all underserved members of the community will be welcome.

Since October has been designated "Child Health Month," it is most appropriate for the ACOP to participate. Over half of the 45 million people without health insurance are children with poor access to health care, no medical home, poor nutrition and overall poor health, according to Bruce Peters, DO, FACOP, FAAP, Chair of Pediatrics at the Kansas City University of Medicine and Biosciences, who is coordinating the two organizations

Dr. Peters is a member of the executive committee of both ACOP and NOMA. He commented, "We are hoping to provide lots of health education, blood pressure and other health screenings and immunizations. Some of our goals include creating opportunities for medical homes for those who need them, raising health awareness and teaching people how to advocate for their own health."



2005 Spring Conference Report

By Stewart A. Hinckley, CMP

On April 15-17, 2005 the ACOP held another successful Spring Conference at the Swissôtel in Chicago, IL. There was a total of 133 registrants, including 44 medical students.

All meeting evaluations classified it as good to excellent. On Friday, registrants enjoyed an informative lecture by Polina Voronov, MD, attending anesthesiologist at Children's Memorial Hospital, Chicago on *What Every Pediatrician Should Know About Pediatric Anesthesia*. Cynthia Jane Mears, DO, adolescent medicine specialist at Children's Memorial Hospital, delivered two outstanding lectures: *New Contraceptive Technology and Emergency Contraception* and *Teaching Practitioners How to Get Teens to Quit/Not Start and Avoid Addictions*.

On Saturday, Robert P. Schwartz, MD, Professor and Chief of Pediatric Endocrinology at Wake Forest University School of Medicine, gave three outstanding lectures. His first presentation was *Precocious Puberty* and enabled the participants to be able to identify normal from abnormal development of sexual characteristics, to be able to evaluate appropriately medically precocious puberty and to be able to identify those children needing a special referral. In addition, Dr. Schwartz delivered two obesity lectures, *Obesity in Children* and *Obesity, Management in the Office and Behavioral Modification for a Lifetime*.

On Friday night, the College hosted a reception on the top floor of the hotel overlooking Lake Michigan. Afterward, participants enjoyed a night out at some of the finest restaurants in the world.

Organizational Matters

CME certificates will be mailed in the coming weeks to all participants who turned in a Verification of Participation form. Members are also able to print their own CME certificates at www.ACOPeds.org.

The ACOP Board of Trustees met on April 15 and decided to invite Residency Program Directors as well as Department Chairs to future spring meetings to provide information to medical students and residents. The Board also discussed the new ACCME requirements for resolving faculty conflicts of interest. It is no longer acceptable for persons involved with CME simply to disclose that they have a relationship with industry. Now CME providers are required to establish a policy for "resolving the conflicts".

While in Chicago, the CME Committee met to finalize the scientific programs for the 2005 Fall Unity Conference with the AOA in Orlando, October 23-27, and the 2006 Spring Meeting, tentatively scheduled for April 21-23 in Phoenix. The Board asked the CME Committee to establish a new timetable for determining topics for future meetings. The committee will meet at both the spring and fall meetings to hammer out topics for the following year. The spring meeting brochure will be available at the fall meeting and vice versa.

STUDENTS, INTERNS & RESIDENTS' REPORT

By Thomas Q. Reynolds, Student Trustee

Greetings once again from Portland, ME! I hope the Spring weather is treating all of you around the country as nicely as it has been treating me. Speaking of Spring, here is an update on the Spring ACOP meeting from the student perspective, including some plans for the future.

A strong medical student presence was felt at this year's Spring Conference in Chicago with a total of 44 registered from various pediatric student clubs from around the country. We scheduled a meeting for medical student attendees on Saturday afternoon to discuss the role of the student member in ACOP as well as the future of this quickly growing branch of membership.

After a brief discussion on current student issues and accomplishments, I shared my vision for future student participation in the ACOP, including having third and fourth year students become more active, as well as developing a new committee on research, to include the development of a virtual library of pediatric research being completed by osteopathic physicians. Several Board of Trustee members addressed the students including ACOP President, Dr. Lee Herskowitz. All stressed the importance of student participation in the College and assured students of their value to this organization. ACOP Past President Dr. Steven Snyder offered valuable suggestions on fund raising ideas. Ms. Joye Stewart, ACOP Membership Coordinator, reported that student membership has increased 238% in the last year.

Many of the students voiced suggestions and comments such as the need for a "student board" to represent all ACOP pediatric

student clubs and to assist the student representative to the Board of Trustees. This is an exciting new area that I will be working on between now and October with several of our student members from various COM's around the country. Our idea, in its simplest form, is to develop a board of student members who can serve as national leaders of the student chapters of the ACOP. We need as much input from all of the student chapters as possible. If you would like to help us form the bylaws and put together the process by which we will elect our student leaders, please contact me as soon as possible (treynolds@pipeline.une.edu).

Finally, we had multiple posters (KCUMB, NOVA, and VCOM) and presentations from some of our chapters, including a great presentation on severe emotional disturbances in the pediatric community in Florida by Nova Southeastern University-COM and a dynamic and informative presentation on OMT techniques in children by the Edward Via Virginia-COM. Both were incredibly successful presentations and speak to how great the ACOP student membership is.

As for the future, I am greatly looking forward already to the Fall meeting in Orlando. I would love to see even more students involved for that trip. We're hoping to have the organization of our student board fully accomplished by that meeting in order to have the student membership vote on this idea. Once again, I welcome your questions or comments on this new idea as well as any others. Please feel free to contact me at any time – treynolds@pipeline.une.edu.

2005 Spring Conference Highlights



The American College of Osteopathic Pediatricians would like to thank the following for their support of the 2005 Spring Conference:

Mead Johnson Nutritionals

Alcon Labs

Stiefel Laboratories

American Osteopathic Association

McNeil Specialty Pharmaceuticals

Metropolitan Hospital

ACOP 2005 Fall CME Conference

Scientific Program

Sunday, October 23, 2005

7:00 am – 6:00 pm	Registration
8:00 am – 4:30 pm	Joint Neonatology/ OB-GYN
8:00 – 8:30 am	C/S on Demand Robert Debbs, DO, FACOOG
8:30 – 9:00 am	First Trimester Screening Ronald J. Librizzi, DO
9:00 – 9:30 am	Prenatal Prediction of Neurologically Impaired Neonate Robert Debbs, DO, FACOOG
9:30 – 10:00 am	Preterm Labor/Fetal Fibrinectin Ronald J. Librizzi, DO
10:00 – 10:30 am	<i>Break with Exhibits</i>
10:30 – 11:15 am	Shoulder Dystocia Stephanie Martin, DO
11:15 am – 12:00 n	Limits of Viability Michelle Bez, DO, FACOP
12:00 n – 12:30 pm	Panel Discussion Michelle Bez, DO, FACOP; Robert Debbs, DO, FACOOG; Ronald J. Librizzi, DO; Stephanie Martin, DO
12:45 – 1:45 pm	Luncheon Session: Alternatives to Transfusion Stephanie Martin, DO
1:45 – 2:15 pm	<i>Break with Exhibits</i>
2:15 – 3:10 pm	Neonatal Sepsis Reese H. Clark, MD
3:10 – 4:05 pm	Respiratory Failure in the Near-term Infant Reese H. Clark, MD
4:05 – 5:00 pm	Newborn Controversies (Vitamin K, Hepatitis B) Alan R. Spitzer, MD
5:00 – 8:00 pm	ACOP Board of Trustees Dinner Meeting

**Visit www.acoped.org
for Program Updates**

**Registration for the
2005 Conference Sessions and Hotel Reservation
must be made through the AOA
at www.do-online.org**

Faculty

SUNDAY

Michelle Bez, DO, FACOP
Phoenix Children's Hospital
Phoenix, AZ

Reese H. Clark, MD
Pediatrix Medical Group, Inc.
Sunrise, FL

Robert Debbs, DO, FACOOG
Pennsylvania Hospital
Maternal Fetal Medicine Network
Philadelphia, PA

Ronald J. Librizzi, DO
Maternal Fetal Medicine
Virtua Health
Mount Holly, NJ

Stephanie Martin, DO
Maternal/Fetal Medicine
Banner Good Samaritan Medical Center
Phoenix, AZ

Alan R. Spitzer, MD
Pediatrix Medical Group
Sunrise, FL

MONDAY

David Berman, DO
Pediatric Infectious Disease
St. Petersburg, FL

Mark M. Blatter, MD
Pediatric Researcher
Primary Physicians Research
Pittsburgh, PA

Cyril Blavo, DO, MPH, FACOP
General Pediatrician
Fort Lauderdale, FL

Janice Lima-Maribona, DO
Pediatric Dermatologist
Coral Gables, FL

Michael E. Ryan, DO, FACOP
Pediatric Infectious Disease
Danville, PA

Edward Yob, DO
Dermatologist
Tulsa, OK

Monday, October 24, 2005

7:00–8:00 am	Meningitis Update Michael E. Ryan, DO, FACOP
8:00–9:30 am	Opening Session of the 1st Unified Osteopathic Convention
9:30–10:30 am	Vaccine Update Mark M. Blatter, MD
10:30–11:30 am	Pediatric Influenza New Concepts David Berman, DO
11:30 am–12 n	<i>Break with Exhibits</i>
12 n–1:00 pm	Pediatric Tropical Diseases Cyril Blavo, DO, MPH, FACOP
1:15–2:30 pm	<i>Alumni Luncheons</i>
2:30–3:30 pm	Cutaneous Syndromes Janice Lima-Maribona, DO
3:30–5:30 pm	Dermatology Workshop Edward Yob, DO
6:00 pm	<i>ACOP Reception</i>

Tuesday, October 25, 2005

6:30–7:45 am	<i>AOA Breakfast Seminar</i>
7:00–8:00 am	Patellar Instability in Children Stephen M. Swirsky, DO
8:00–10:00 am	Coding Update Pediatric Emphasis Don Self
10:00–10:30 am	<i>Break with Exhibits</i>
10:30–11:30 am	Pediatric Cataracts and Use of Intraocular Lens Implantation Garima Lal, MD
11:30 am–12:30 pm	Hearing Loss Evaluation and Treatment in Children Louis Chanin, DO
12:30–1:30 pm	<i>Luncheon</i>
1:30–2:30 pm	Post Head Trauma Evaluation and Treatment Manny Gonzalez-Brito, DO
2:30–3:30 pm	Pediatric Cardiac Rhythm Disorders Maria Estrada, DO
3:30–5:30 pm	Radiology Workshop William E. Shiels, II, DO
7:00–10:00 pm	<i>AOA President's Reception</i>

Wednesday, October 26, 2005

6:30–7:45 am	<i>AOA Breakfast Seminar</i>
7:00–8:00 am	Resident Presentation
8:00–9:00 am	“Fear Not...Do the Right Thing: Delivering Excellence in Primary Care” Ronald V. Marino, DO, MPH, FACOP
9:00–10:00 am	Autism, New Concepts in Treatment Barbara Baldwin, DO, FACOP
10:00–11:00 am	Spasticity in Children: Early Recognition and Treatment Kevan Z. Craig, DO
11:00 am–12:00 n	Counterstrain Techniques in Children Hilda DeGaetano, DO, FACOP
12:00 n–1:30 pm	Luncheon Presentation Joseph Chiaro, MD
1:30–3:00 pm	Spirometry Workshop Rich Rosenthal
3:00–5:00 pm	OMM Workshop Ann Mary Fernandez-Soto, DO

TUESDAY

Louis Chanin, DO

Pediatric Otolaryngology
Southaven, MS

Maria Estrada, DO

Pediatric Cardiologist
Columbus Children's Hospital
Department of Critical Care
Columbus, OH

Manny Gonzalez-Brito, DO

Pediatric Critical Care Specialist
The Miami Project to Cure Paralysis
University of Miami School of Medicine
Lois Pope LIFE Center
Miami, FL

Garima Lal, MD

Pediatric Ophthalmology
Aventura, FL

Don Self

Don Self and Associates
Whitehouse, TX

William E. Shiels, II, DO

Radiologist
Dublin, OH

WEDNESDAY

Barbara Baldwin, DO, FACOP

General Pediatrics
Orlando, FL

Joseph Chiaro, MD

Deputy Secretary for Florida State
Department of Health
Chief Medical Officer for
Children's Medical Services
Tallahassee, FL

Kevan Z. Craig, DO

Pediatric Physical & Rehabilitation
Medicine
Madera, CA

Hilda DeGaetano, DO, FACOP

General Pediatrics
Fort Lauderdale, FL

Ann Mary Fernandez-Soto, DO

General Pediatrician
Miami Children's Hospital
Miami, FL

Ronald V. Marino, DO, MPH, FACOP

Pediatric Developmentalist
Winthrop Pediatric Associates
Mineola, NY

Rich Rosenthal

Ferraris Respiratory Products
Louisville, CO

Stephen M. Swirsky, DO

Pediatric Orthopedic Surgeon
Miami Children's Hospital
Miami, FL



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Catching Up With....

Continued from page 1

Lee feels that he continues toward accomplishing three goals in ACOP. The leading one is the geometric growth of the organization by breaking down barriers with other organizations. He believes we should have one voice for the patients we serve. He is also proud of helping ACOP become fiscally sound, especially in investing its funds and its accounting procedures, and establishing strong management that will sustain the growth of the ACOP.

One of his fond memories was inviting the director of his pediatric training program at Jefferson, Arturo Hervada, MD, to speak at an ACOP meeting. He relished watching the audience's rapt attention and interest when a man he respects and cherishes spoke.

"Why am I doing what I am doing? Because, as someone said, American Medicine is the best in the world; but we are rarely at our best. My job gives me the opportunity to influence that situation. I found that I needed an MBA degree to help me do that and I went back to school to get it."

Logical, principled, dedicated. Lee obviously knows where he wants to go. He knows how he wants to get there. And he is doing exactly that—in his career and in ACOP.



New Members

Katherine Baker, DO	Josh Linebaugh, DO
Kate Berz, DO	Carrie Litke, DO
Edward J. Bongiorno, DO	Ben McDonald, DO
Whitney Boulden, DO	Tara Monday, DO
Russell Brunet, DO	Christina Napper, DO
Katherine Burrows, DO	Marie Palazzo, DO
Christina N. Dalton, DO	Pinaki Patel, DO
Jimmy Dang, DO	Anjay Patil, DO
Margaret D. Duvic, DO	Amy Rogers, DO
Lori M. Falcone-Gritter, DO	Ann Shaw, DO
Tanna J. Ferrara, DO	Jennifer Stirgwolt, DO
Michele L. Finkle, DO	Amber Lynn Sturzenegger, DO
Hilary F. Foster, DO	Audrey Tan, DO
H. Kate Gadberry, DO	Vishal Thakral, DO
Kevin A. Graves, DO	Colleen Elaine Tobe, DO
Jason Harper, DO	Sarah Turnipseed, DO
Allison B. Hickman, DO	Rochelle V. Vale, DO
Aaron Howell, DO	Jennifer Davis Williams, DO
Jennifer Ann Kierson, DO	Heath G. Wilt, DO
Howard W. Lafferty, DO	Lori Woolison-Rutter, DO

ACOP 2006 Spring Meeting
Abstract Deadline — January 9, 2006