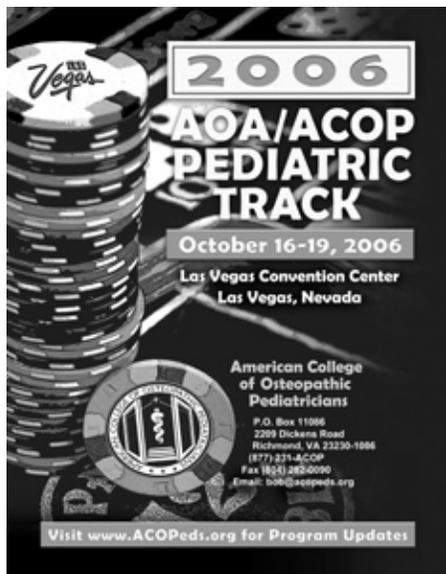


- Melnick at Large
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- Packer is Award Winner
- Pediatrics...and then some!
- Public Health Week



Plan Now for the 2006 ACOP Fall Meeting

Here are just a few of the topics to be included in this year's meeting:

- Drug Abuse: Teens and their Designer Drugs
- Pediatric Coding and Pitfalls: Maximizing Reimbursement Without Fear
- Medical Articles that Affect the Way You Practice Medicine
- Triglycerides and Cholesterol: Monitoring Childhood Lipids Disorders
- From Chubby Infant to Obese Child: Managing Metabolic Syndrome and Type II Diabetes
- Hop, Skip and Shuffle, Approach to the Limping Child
- Short Stature: What to Do? Growth Hormone or Genetics

Be sure to check PEDIATRICIANS on your AOA Registration Form!

CATCHING UP WITH...

...Robert W. Hostoffer, Jr., DO, FACOP

Recently, *Pulse* caught up with Vice President Bob Hostoffer. It didn't take long to be impressed with his love of our profession and his deep concern for our students. As he said, "The ACOP's strength is in the youngest of our players and we need to bring them in and assist them in every way."

When you know Bob's history in the profession, that statement is clear. He boasts that he had marvelous mentoring from a large number of physicians, some of whom he enumerated for us. After graduating from PCOM, he took a pediatrics residency at Doctor's Hospital in Columbus and has highest praise for the personal guidance he received from James E. Foy, DO, Stephen R. Bauer, DO and Carl R. Backes, DO. In his three-year fellowship in Allergy and Immunology at University of Alabama, he had great mentoring from Max Cooper, MD, discoverer of the B-cells.

As for osteopathic medicine, his family doctor in Western Pennsylvania was a DO, and Bob's mother worked for him. Most important, he took time frequently to sit and explain medicine to Bob, even as a young boy. He was Bob's first medical mentor.

But why did he enter Pediatrics in the first place? Some time after his pediatrics rotation at Doctor's Hospital, it was his wife, Karen, who pointed out to him that "he was happiest of all on the pediatric rotations he took in medical school." Now, together they have five children (four boys

and one girl) and three of them seem to be headed toward the medical field.

Actually, Bob's first interest in immunology was aroused in medical school when the first discussions took place about a new virus: HIV. When he finished his residency and fellowship, Bob spent eight years in allergy research at Rainbow Children's Hospital and is now a partner in a private practice in allergy and immunology in South Euclid, Ohio.

To him, the most valuable aspect of our group is the widespread camaraderie that pervades ACOP and the growth of the group. Bob is particularly proud of ACOP's outreach in recent years to related organizations — and he promises to continue and enhance that.

His goal for his term as President, starting next year, is to link osteopathic students to our pediatric residencies. His recurrent theme is: *the student, as part of ACOP*. He is inspired by the splendid mentoring he had and by his observation that osteopathic students do not know about our residencies nor the mechanics of evaluating and applying to them. He says, "We must be sure to keep our students. To do that, we must share their interests and show them the way."

Bob does his part by his involvement in a joint DO residency between Rainbow Children's Hospital and Richmond Heights Hospital. He goes further by rotating three

Continued on page 3

2006-2007

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MELNICK at large

By Arnold Melnick, DO, FACOP

Violence, by the Numbers

I still remember my Pediatrics I course — and that was in 1943. It was taught by the late Jim Purse (that's F. Munro Purse) — who was the eighth president of ACOP (1949-1950). He was an outstanding lecturer and had a system that was intriguing, interesting and valuable. He took all the numbers and measurements that we were required to know about children and their growth and development, and systematized them. He modified them into understandable sequences, modifying them slightly in some instances to make them easier to remember, without distorting the facts. For me, it was a fabulous teaching tool; I think all my classmates felt the same way.

A quick sampling:

- Average newborn weighs 7-7 ½ pounds
- Doubles that at 6 months
- Triples that at one year
- Average length of newborn is 20 inches
- Grows 10 inches the first year, etc. etc.

Sometimes, his modifications did not jibe exactly with the literature, but they were close enough — and, most important, it was easy for us to remember. (If any of my readers have a set of his notes, I'd beg, borrow or steal...)

Remembering the impact of numbers and their ability to stick in the memory, I am bringing you this month some fascinating numbers, startling numbers, impressive numbers about Violence in Children.

Now, I don't expect you to memorize those numbers (I didn't) but I hope to impress you enough with them that you will feel the emotional impact — and realize their importance to all us pediatricians.



VIOLENCE IN CHILDREN

3,000	children, at least, commit suicide yearly
50	children are killed each year on school grounds
5,000	teachers are attacked or assaulted on school grounds each <u>month</u>
1,000	of these teachers are seriously injured
160,000	children miss school every day because they are afraid
135,000	juveniles carry guns to school daily
15	suicide gestures by children for each successful one
14.5	million children are living in poverty in the United States (one out of every 5 children)
25	percent of children in the United States go to bed hungry each night
3	children die daily in the United States of child abuse
75	percent of adult violent offenders suffered child abuse as children
31	percent of child abuse cases are missed on first visit to physician or emergency room
50	percent of reported cases of child abuse are due to neglect
5	factor of underreporting of child abuse cases
33,000	cases of incest <u>reported</u> yearly
34	percent of runaways report sexual or physical abuse
5,351	children died of gunshot injuries (1991)
300	children drown yearly in residential pools



SITES FOR SORE EYES

Help for Poison Ivy?

By Gregory Garvin, DO, FACOP

Once again I continue to surf the Internet and I continue to find interesting bits of information. Several months ago, I read a supplement to *Contemporary Pediatrics* about poison ivy dermatitis (July '05). What I like to do is actually look at the web sites the author lists as helpful. I would recommend the supplement. I must admit, however, the web sites don't have much to help you about finding information or treatment about poison ivy...

Here are the sites:

www.aad.org: the American Academy of Dermatology (AAD). On this site, I used the search engine to find something about poison ivy and it had 48 articles that dealt with plant dermatitis. Some of them were good. I might add, however, that it is the home page of the AAD and has a members only area as well as a very nice Public Resource Area that you access "A-Z" to see various topics in dermatology.

www.contactderm.org: I couldn't find much out about poison ivy, but it did have a link to other sites of interest that were interesting. Try the Botanical Dermatological Database, for one. It is the home page for the peer-reviewed journal *Dermatitis*. It includes a members only section and notes from the President.

http://bodd.cf.ac.uk: As mentioned in the link above. I thought at first this might not be worth much, but it is a "reincarnation" of *Botanical Dermatology*, originally published in 1997. It has a google search link for all kinds of plant families, so I think it has some value in finding out information on all kinds of plants you may come across. It appears to be a "read only" database stating that you are not allowed to download information.

http://householdproducts.nlm.gov: This is a web site from the NIH (National Library of Medicine). I couldn't find much about poison ivy here either, but found good links to all kinds of household products. First you choose a product category and then it goes to a list of products. For example, I chose Landscape/Yard (hoping

I would find plant dermatitis) and it listed things about cement blocks, fertilizer and things you would find in the yard ...but I still couldn't find anything about poison ivy.

www.cdc.gov/niosh/homepage.html: the home page for the National Institute for Occupational Safety and Health (NIOSH). A neat site, but again, I couldn't find anything about poison ivy??? There is a NIOSH site index search A-Z and lists all kinds of links that deal with Occupational Health. Also, on this page under "Key Resources" is a link for the *Pocket Guide to Chemical Hazards*. It has some nice information about the toxicities of various chemical exposures. I recommend it highly.

www.osha.gov: the homepage of OSHA (Occupational Safety & Health Administration). I always wanted to know what those letters stood for! This site didn't have anything to do with plant dermatitis, but does have an index site index search A-Z concerning issues regarding OSHA standards.

Well, that about wraps it up for another issue. I must admit I enjoy looking at web sites that authors quote in journal articles to see if they have any relevance to the article they are associated with. This review revealed a lot of good sites to surf, but not much information about poison ivy...

Happy surfing!

Catching Up With...

Continued from page 1

to four residents or interns through his office all the time.

Already embarked on his campaign to implement his philosophy, he is calling it *Conduit for Success*. He is driven to push that theme throughout his term of office.

Bob Hostoffer — allergist, pediatrician, researcher, teacher, mentor — driven to help those who come after him: students, interns and residents. And you can tell by his sincerity and enthusiasm, and by his plans for the next few years, he will succeed.



Welcome New Members

Physician Members

- Stanley R. Horner, DO Jefferson City, MO
- Shana R. Kaznoski, DO Lake Havasu City, AZ
- Christina M. Ecker, DO Royal Palm Beach, FL
- Kevin R. Joseph, DO Washington, DC
- Harish S. Rudra, DO Clifton, VA

Student Members

- Katie M. Acquino Glen Cove, NY
- Todd J. Antenucci Flushing, NY
- Stephen J. Bacak Athens, OH
- Rae A. Bailey Lewisburg, WV
- Maggie C. Belton Christiansburg, VA
- Christopher J. Benavente Athens, OH
- Shannon M. Bennett Biddeford, ME
- Kellie M. Smith Blackwell Blacksburg, VA
- Melissa R. Blum Glen Cove, NY
- Jacqueline D. Bohs Lawrenceville, GA
- Eric S. Bowman Athens, OH
- Ilona Brener Powell, OH
- Charles A. Brown Athens, OH
- Tiffany T. Brown Athens, OH
- Kirk Campbell Lewisburg, WV
- Nicholas R. Carr Athens, OH
- Daniel J. Cavallo, III Glen Cove, NY
- Andrew Cha Glendale, AZ
- Allison T. Chase Blacksburg, VA
- Ryan Marie Chiarella Glen Cove, NY
- Melanie E. Cooper Kansas City, KS
- Jennifer L. Coppolino Glendale, AZ
- Robert J. Cusanelli Lawrenceville, GA
- Austin M. Dalrymple Kansas City, MO
- Chan-Tran P. Dang Henderson, NV
- Suzanne M. Detrick Athens, OH
- Lisa M. Dolney Athens, OH
- Lauren R. Doyle West Nyack, NY
- Akira L. Dunn Athens, OH
- Donald C. Dworek New Albany, OH
- Kristin L. Etzkorn Lawrenceville, GA
- Valerie C. Fouts-Fowler The Plains, OH
- Andrea M. Funk Nelsonville, OH
- Maria T. Gavin East Meadow, NY
- Amy K. Gessford Lawrenceville, GA

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Member Writes Newspaper Column

By Robert Locke, DO

Seth Torregiani, DO, a fourth-year medicine-pediatrics resident at Christiana Care Health System in Newark, DE, and ACOP resident member, is the author of an alternative medicine column that appears in the Health Section of the *Delaware News-Journal* every six weeks. His column appears as one of a series of health-related columns written by local Delaware physicians addressing common health topics for the community.

PULSE: What interested you in writing a column about alternative and complementary medicine?

DR. TORREGIANI: I've always been interested in the topic, since beginning medical school. I was attracted specifically to osteopathic training because I felt osteopathic physicians addressed areas of patient care that weren't adequately addressed in allopathic training, such as the body's capacity for self-healing, the relationship between structure and function in the body, as well as osteopathic manipulative medicine, which has been a consistent interest of mine.

From this foundation, I became interested in other interventions that could support healing yet were generally safe for patients to use, everything from acupuncture to probiotics to meditation.

Since complementary medicine is such a hot topic right now, I wrote a letter to the editor of the *Delaware News-Journal* inquiring whether the paper would be interested in including a column on alternative or complementary medicine. They agreed, and the first column was published in November last year.

PULSE: Do you have a writing background?

DR. TORREGIANI: I was an English major in college, and before entering medicine, I worked in various jobs related to news, publishing and public relations. I also did a fair amount of free-lance writing as well, and worked for a while teaching literature and writing in a community college. I've always enjoyed writing and expressing ideas. This column lets me keep my writing skills sharp while discussing ideas I feel passionate about.

PULSE: What topics have you covered? What topics will you be discussing in the future?

DR. TORREGIANI: The first column was a discussion of how alternative medicine is becoming integrated into mainstream medicine – to the point where major academic medical centers as well as the National Institutes of Health have centers dedicated to researching alternative/complementary medicine and offering it to their patients. I've also discussed natural remedies for the cold and flu and recent studies that have looked at complementary treatments for arthritis, such as glucosamine, SAM-e and acupuncture.

PULSE: What are your guiding principles for the column? What topics do you plan to cover in the future?

DR. TORREGIANI: As far as possible, I try to be evidence-based, and if there is not evidence to support a particular intervention (say, zinc for colds, or chelation therapy for coronary artery disease), I say so. I think there is great potential for many complementary therapies to improve quality of life and help fight disease, but it is important to look at the evidence. Having said that, I also think it is good for the medical community to maintain an open mind about complementary therapies and not dismiss them out of hand. Many, many patients are interested in these therapies, and we may be missing opportunities with our patients if we're dismissive of all alternative or complementary therapies. I'm planning a column on meditation for the next issue. In terms of pediatric topics, I'd like to write about probiotics, alternative approaches to ADHD and some of the interesting research that has come out about the use of osteopathic manipulative medicine in otitis media.

Pulse welcomes stories about the activities and achievements of ACOP members. You are invited to send such information about yourself or someone else to the Pulse Editor, amelnick@nova.edu.

Past President Comments

By Mark P. Jacobson, DO, FAAP, FACOP

ACOP was conceived at a time in our profession when DO Pediatricians had little opportunity to participate in the institutions of the allopathic community. It served its members by providing advocacy, education, and a conduit to the AOA. It helped to develop political and academic executive leaders, who often used their experiences to advance themselves and other DO Pediatricians in their communities. One only has to consider the number of Osteopathic Colleges that chose their leaders from the ACOP ranks. Individuals such as Ben Cohen, Duane Harper, Pat Cottrell, David Leopold, Bernard Kaye, and Tom Santucci Jr. were all important in developing our schools into the reputable centers of education that they are today.

Unfortunately, the ACOP has recently folded itself into the comparatively massive AOA. It is my opinion that this has diminished its significance and reduced it to nothing more than a CME coordinator and a newsletter printer. The dues that are charged seem to be nothing more than a charitable contribution.

If the ACOP is to be of value to its members it needs to make clear the justification for its existence. Its leaders need to find a way to recreate the sense of community that existed in the past. They need to do what they can to fight the new demons such as insurance companies and government agencies that impose real dangers to physicians now and in the foreseeable future. The battle for recognition of our DO pediatric colleagues was fought, in my opinion, successfully by the ACOP leaders of the past. Now it is time to find new causes and dedicate the time and effort necessary to make a difference.

The AOA has never been energetic about taking up the causes of its pediatric members. In fact, this family medicine dominated organization has often treated the ACOP as its competitor. We need to have the ACOP reconstituted as an organization which will not be a hair on the dog's back. We would be better served to align ourselves with those individuals and

organizations who understand our needs and the threats to our future.

Society today is either unaware or expects to be unaffected by what is going on in the healthcare professions. Pediatricians across the U.S. are contending with a crisis. They are unaccustomed to battles against corporate America (both healthcare insurers and malpractice insurers). Their training prepared them to fight disease, not lawyers and insurance company executives. They find themselves criticized for wanting what everyone expects, a fair return for their efforts. They are expected to respond to every medical challenge but are asked to be quiet when their livelihoods are threatened by others. Has anyone noticed the decrease in infant mortality? Has anyone noticed how unusual it is to hear of a child dying of sudden infant death syndrome or being permanently disabled by meningitis? Those who are now practicing will survive, albeit under the constant threat of rising costs, diminishing reimbursements, and demanding patients. The real problem will come when all of these pressures will cause many to retire early. Additionally young people will seek alternative careers. They will choose to avoid the rigors and expense of medical school and instead find opportunities available in law, finance and business careers which do not carry the responsibility of protecting another person's health and well-being. The state and federal governments are doing nothing to stem the tide of decreasing numbers of doctors. The government looks the other way as the insurance companies who reimburse doctors add red tape for both physicians and patients. Those same insurance companies seem always to have the money to pay for advertising, golf tournaments, and ridiculous executive salaries which seem to go higher as the cost of insurance becomes less affordable. How can health insurers add to immense corporate cash reserves and executive salaries at the same time that co-pays go up, premiums go up, and physician reimbursements go down?

ACOP needs to find a way to provide advocacy regarding these issues for its members. Alert, Alert, Alert!! The system is broken. Pay attention, ACOP.

Members are encouraged to submit articles of interest in Pulse. If you would like to express your opinion or offer suggestions, send your comments to Pulse Editor, amelnick@nova.edu.

Wecome New Members

Continued from page 3

Sophia Ghebremicael, OMSII.....
..... Signal Hill, CA
Tiffany Glasel..... Lewisburg, WV
Marianne W. Gobrial..... Davie, FL
Christina M. Gonzalez..... Athens, OH
Brandon M. Green..... Blacksburg, VA
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Shawn L. Horwitz..... Athens, OH
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Meagan L. Jones..... Glendale, AZ
Kathleen M. Joy..... Des Moines, IA
Hazem Kanaan..... Lewisburg, WV
Katherine M. Kline..... Athens, OH
Abby C. Lader..... Athens, OH
Suyin Lee..... Powder Springs, GA
Scott L. Leifson, OMSII..... Glendale, AZ
Maryjane Liebling..... Lewisburg, WV
Christina C. Lopez..... Glen Cove, NY
Susan Marchiano..... Voorhees, NJ
Erin S. Matheny..... Irvine, CA
Lauren Morea, MSI..... Blacksburg, VA
Jonathan W. Moresco..... Forest Hills, NY
Elizabeth Mossing..... Ronceverte, WV
Kimberly Neuhalfen..... Kansas City, MO
Melissa Lynn Nevin..... Kansas City, MO
Tracy Ng..... Bayside, NY
Linda Nguyen..... Lewisburg, WV
Daniel H. Nguyen..... Athens, OH
Sara Northrop..... Lewisburg, WV
Jennifer M. Oh..... Blacksburg, VA
Isaac J. Paff..... Ronceverte, WV
Kimberly A. Palmer..... Christiansburg, VA
Kristen L. Payne..... Blacksburg, VA
Erin L. Perkey..... Kettering, OH
Dwan Perry..... Bluefield, WV
Katie E. Pestak..... Athens, OH
Mikel Pride..... Willingboro, NJ
Maanasi Puranik..... Lewisburg, WV
Esperanza Ramirez..... Henderson, NV

Clarissa Renken..... Lewisburg, WV
Libby Rhee..... Pembroke Pines, FL
Jason Riley..... Lewisburg, WV
Doni Marie Rivas..... Boynton Beach, FL
Lee B. Rosterman..... Kansas City, MO
Dawn Ruminski..... Fairlea, WV
Lauren E. Salmon..... Blacksburg, VA
Tiffany N. Sanders..... Lawrenceville, GA
Susana Santos..... Glendale, CA
Candi S. Schaufler..... Forked River, NJ
Lindsay K. Schirack..... Athens, OH
Douglas W. Schwartz..... Lawrenceville, GA
William J. Slade..... Lewisburg, WV
Anie V. Somaiya..... Blacksburg, VA
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Mark D. Wilhelm..... Lewisburg, WV
Amy C. Wynn..... Plantation, FL
Jamie C. Yedowitz..... Yonkers, NY
Elizabeth C. Zotos..... Kansas City, MO



IN MEMORIAM

Jay Adams, DO, FACOP, of Ankeny, Iowa, died on May 6, 2005, at 85 years of age. He was born May 19, 1920, and graduated from the Philadelphia College of Osteopathic Medicine in 1950. After his internship, he took a Pediatrics residency at the Hospital of PCOM, and then moved to Iowa. There he was associated as pediatrician at the Wilden Clinic.

He was an active member of ACOP during his entire career and became an Emeritus Member when he retired from practice several years ago.

The ACOP extends sincere condolences to his widow, Joan.



Mary O'Meara Pepper Third ACOP President



Past President Martyn Richardson recently discovered some old correspondence with Mary O'Meara Pepper, DO, MD, ACOP's third President, about whom little is known. Her commentary on the early days was poignant and interesting and is reproduced here, almost in full, with minimal editing, for its historical import. These remarks were written in 1989, when she was 85 years old. A few (Editor's Notes) have been added.

At the time of my internship, infants and children were hospitalized only in extreme cases, usually on a women's ward, if not for a contagious condition. Whenever possible, I had them as patients, exchanging with other interns, who were not especially interested. I joined the hospital staff as a Junior Attendant, serving in the clinics and whenever pediatric cases happened to be on a ward.

About 1936-37, James Watson, DO, spent a year studying Pediatrics in Germany; returning, he shared his experiences with several of us who were primarily interested in Pediatrics. He also arranged for a ward at the Los Angeles County Unit (there was a separate osteopathic unit at the LA County Hospital) to be assigned for Pediatrics only. Several of us were on the Attending Staff, taking mostly pediatric cases in the outpatient clinics, and this was a very important step in our continuing care of patients.

Other graduates of COP&S (College of Osteopathic Physicians and Surgeons, the osteopathic college in California) expressed interest and in 1940 the ACOP was formed to share information and experience. As I remember, the original members were Drs. James Watson, Evangeline Percival, Blanche Root, Fred Stone and myself, soon joined by others in the LA area and elsewhere in the United States. As a member of the LA County Hospital staff, a varied and valuable experience was available, and many of the local ACOP members offered their services. The Pediatrics staff also covered the Contagious Disease Ward.

A Pediatrics Department was established at COP&S with lectures and clinics staffed by members of the ACOP. From 1942-46, I established a Consultation Practice for Pediatrics and Allergy only. Both were rather new specialties. My skill was greatly enhanced by my LACH experience. This was perhaps the most interesting, challenging, rewarding period in my practice life, albeit the most demanding. During this war-time, only the most extreme emergency pediatric cases were admitted to hospitals, so even seriously ill young patients were handled at home. This required frequent house calls, and in some cases, periods of constant attendance by the physician. Blood transfusions were involved and infrequent, and I devised a type of transfusion through the bone marrow that I could perform in the home.

I credit the excellent educational program at COP&S, the experience at the College clinics and the four weeks on LA County Maternity Service, combined with my internship at LA County Hospital as my basis for judgment in practicing as a physician. This was augmented by the years on the staff of LACH where one encounters such a great variety of cases, most of them serious. With scant support from the laboratory and x-ray available in the early 30s and 40s (compared with the present time), diagnoses were made mainly by careful history-taking, examination and the development of a certain intuitive sense. In 1928, there were 20 major drugs to become familiar with. Now one gets information about that many new ones (**now, in 1989**) almost every month – good in providing many choices, bad in resulting in adverse drug reactions and in incompatibilities. Antibiotics: Sulfas, then penicillin and the mycins were just being discovered and in the experimental stage. Immunizations consisted of Smallpox and Diphtheria-Tetanus. Venereal diseases and their complications were without successful treatment—not infrequently fatal, often

Mary O'Meara Pepper BIOGRAPHY

Born: 1904

Medical School:

College of Osteopathic Physicians and Surgeons, Los Angeles, 1928

Internship:

Los Angeles County General Hospital Osteopathic Unit, 1929-30

Positions:

LAGH Pediatrics Staff

Teaching:

Pediatric Department, COP&S

Practice:

Various locations over the years: Monterey, Pasadena and Redlands, CA Also, Sandpoint, ID

Other practice:

Staff
Porterville State Hospital, CA

Retired: 1973

Subsequent practice:

Volunteer Medical Consultant on Indian reservations for Save the Children Foundation and USPHS Indian Health Service

congenital. Infant feeding became a major part of Pediatrics, even detrimental as a replacement for breast-feeding which was considered inappropriate and undesirable for various reasons, mainly social. Osteopathic manipulation, which proved useful in many conditions, seems rarely used now in Pediatrics. "All progress is not necessarily improvement."

All associations and relationships with other doctors – DO or MD – were without conflict. They have given me cooperation and respect for my ability and I have had their full support when it was requested.

**MEMBERSHIP
QUESTIONS?**

Contact Joye Stewart at 877-231-2267
or by email at joye@ACOPeds.org

Edward E. Packer Is Award Recipient

Edward E. Packer, DO, FACOP, was honored recently by the Pediatrics Club of Nova Southeastern University. Stacey Helps, a second-year student, and president of the club, presented him with the "Dr. Arnold Melnick Child Advocacy Award."

Dr. Packer, chairman of pediatrics at the college, was cited by Stacey Helps as "child advocate, role model, physician, professor and mentor." Last month, Dr. Packer was named by the second year class at NSU-COM as "Professor of the Year." In



Stacey Helps (left) presents Dr. Edward Packer the "Dr. Arnold Melnick Child Advocacy Award." Dr. Melnick (right) looks on.

2005, he was listed as one of "America's Top Pediatricians" by the Consumers Research Council and also named a "Top Physician" by the South Florida Hospital News.

The Pediatrics Club was chosen as "NSU-COM 2006 Club of the Year." Their successful year included activities such as outstanding monthly speakers, a toy drive, multiple health fairs and a fundraiser for the March of Dimes.

The club established the annual "Dr. Arnold Melnick Child Advocacy Award" two years ago to honor the founding dean of the College of Osteopathic Medicine for his life-long dedication to child advocacy. Last year's winner was Cyril Blavo, DO, FACOP, now Director of the Public Health Program at NSU-COM.

PEDIATRICS... and then some!

Some pediatricians have moved their attention to areas tangential to or complementing the practice of Pediatrics. This is one of a series.

Cyril Blavo, DO, MPH

With a long-standing interest in Public Health, Cyril Blavo has created a niche that satisfies his love for this field and Pediatrics.

After receiving his DO degree from TCOM, he earned a Masters in Public Health and Tropical Medicine from Tulane University.

At Nova Southeastern University College of Osteopathic Medicine, he served as Associate Dean for Academic Affairs, as well as Chairman and Professor of Pediatrics. Teaching public health along with those duties led him to organize and become Director of the Public Health program, full time — creating an outstanding faculty and student body.

He still manages to see patients, whose unusual loyalty to him is a testament to his pediatric skills.

Part of his motivation includes a deep concern for his native country of Ghana — and he has not forgotten it. He initiated and continues to supervise, part time, the building of a community clinic in an underserved area of Ghana, with a view to staffing it some day with American volunteers.

Though successfully engaged in other healthcare activities, he truly still has Pediatrics in his heart.

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Public Health Week Focuses on Children

By Arnold Melnick, DO, FACOP

The recent American Public Health Association's National Public Health Week focused strongly on children with its *Designing Healthy Communities, Raising Healthy Kids* campaign. The April 3-9 observation emphasized children's health and the built environment.

Many pediatricians took part. For all pediatricians, it was meaningful and many items of pediatric interest were covered.

Mitigation of the symptoms of asthma and the prevention of the affliction were two major areas discussed. Also emphasized were the avoidance of the dangers in the built environment by avoiding cigarette smoke and knowing how to keep living space free of asthma triggers. In the US, cases of asthma increased by 75% from 1980 to 1994; more than 7% of all children have the disease, accounting for 12.7 million physician visits, 1.9 million ER visits, nearly 500,000 hospitalizations and more than 4,000 deaths — costing millions of dollars.

Among the suggestions for improving air quality, were a higher level of community density and “smart growth” in cities. Even though there have been improvements in automobile fuel, there has been an increase in “vehicle miles traveled”, creating more air pollution. More traffic puts more asthmatic children at risk.

It was pointed out that indoor triggers are equally as important, such things as molds and pests. Some of the blame for the higher incidence of asthma in black children must be placed on poor housing, which brings more molds and pests, particularly affecting children who spend a great deal of time indoors.

In addition to these two factors, industrialization must also take some blame. One study, which paired children from two communities in Ohio found that exposure to the industrial neurotoxin manganese caused significant differences in visual acuity, balance and learning disabilities. This was one

example of dangers from industrial toxins. In all cases, problems arise from the proximity of refineries and plants to residential neighborhoods.

Changes are slow in coming, but public health personnel can push it by emphasizing the relationship among community design, air quality and children's health, according to Nse Obot Witherspoon, immediate past chairman of APHA's Environment Section. She commented, “Without a doubt, if we don't have an impact or some proactive way to stop this, we're going to see huge respiratory issues in our children. So, we have to ask ourselves as a nation: Is that okay?”

Readers can find more information on these topics at www.cdc.gov/healthyplaces or by visiting www.ccap.org.

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