



# PULSE

THE QUARTERLY PUBLICATION OF THE AMERICAN COLLEGE OF OSTEOPATHIC PEDIATRICIANS

SUMMER • 2009

## Happenings from the AOA House of Delegates Meeting in Chicago

By Robert W. Hostoffer, Jr., DO, FACOP  
ACOP Delegate

### Luncheon with Representatives of the American Academy of Pediatrics (AAP)

Drs. Stanley Grogg (ACIP Representative) and Robert Hostoffer (AAP Liaison) met with AAP President-Elect Dr. Judith Palfrey, Membership Director Dr. Ken Slaw and Associate Executive Director Dr. Roger Suchytaon on July 18, 2009 in Chicago. The topic of discussion was the continued growth in relationship between the two organizations. After general introductions, the conversation rapidly progressed to a discussion of common ground. It was suggested by the AAP that the new ACOP Vaccine Committee contact the AAP Committee on Infection and Vaccines to look into areas of collaboration. The AAP also was concerned about their DO members who wish to receive AOA 1-A CME credits at their meetings. It was reiterated to the AAP leadership that AOA 1-A CME credits may not be awarded directly by the AAP, but that the ACOP is willing to provide these CME credits under our auspices for combined ACOP/AAP meetings. Further discussion on this topic will be held between the two organizations. It is hoped that the two organizations will be able to meet again in January to discuss more global initiatives of interest to both groups.

### AOA Caucus of Specialty Societies and Colleges

The AOA has approved the formation of a committee that would incorporate a delegate from each specialty society and college. The first meeting was held in Chicago

during the AOA House of Delegates. An ACOP representative attended this meeting. The agenda was composed of reviewing the resolutions and airing concerns about the resolutions and their effect on societies and colleges. It is the hope of the committee to meet annually and bring concerns to the AOA that are impacting individual groups.

### AOA Meeting on Health Care Legislation

The AOA held a late-night conference to discuss legislation on healthcare reform. The ACOP was represented at this meeting and shared thoughts with the group. The legislation was reviewed by the AOA leadership. There was concern by the attendees on payment reform, training development, liability reform, and universal healthcare, among other items.

The AOA, while supporting the legislation, recommended changes in certain aspects of the bills that directly affect physicians. The final draft of legislation has yet to be completed, but rest assured there will be more debate on these issues.

### Representation

The ACOP was well represented at the AOA House of Delegates:

The ACOP Delegate, Dr. Robert Hostoffer, was instrumental in getting the three resolutions that have been championed by the ACOP approved by the AOA House of Delegates. The three resolutions are Vaccines, Teenage Alcohol Abuse and Inhalation of Volatile Substances. [CLICK HERE](#) to view the resolutions.

Dr. Stanley Grogg chaired the AOA Committee on Educational Affairs. He

presented several resolutions to the AOA House of Delegates Uniformed Services, the Texas College of Osteopathic Medicine and Clinical Rotations for International Medical Students, just to name a few.

Dr. Scott Cyrus chaired the AOA Credentialing Committee. This important position ensures that those voting on all issues before the AOA House of Delegates were the actual Delegates nominated by the boards of the various colleges and associations.

In addition, the ACOP Representatives unanimously supported the OPAC and voiced this support during the House of Delegates General Session.

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2009-2010

American College of  
Osteopathic Pediatricians

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## President's Message

Margaret A. Orcutt Tuddenham, DO, FACEP, FACOP  
ACOP President

I am going to start off with a note of warning. I am not often one to speak of doom and gloom, but I believe we may be facing a "war" in the coming months as we deal with novel H1N1 in the current economic environment. As many of you know, I am a pediatric emergency medicine physician; I practice in the Emergency Medicine Department at Cincinnati Children's Hospital Medical Center. Like all of you, we are dealing with radical changes in reimbursement while families seek more care and, I believe, reassurance, without realizing the economic consequence.

Our challenge in the coming months will be to stay healthy ourselves, act as voices of reason when fear tops intellect, and provide support for one another as we work through the pandemic. My fondest hope is that, like Y2K, it is all hype and no go. Should that not be the case, we need to closely follow the CDC guidelines, protect ourselves scrupulously with vaccination and protective equipment, and volunteer to help schools vaccinate and isolate or close if necessary. As pediatricians, we need to be the community sanity source! ACOP will watch as policy is formulated and provide links from our website to CDC guidelines as they appear. Our vaccine committee will keep everyone aware of the current vaccination situation for both seasonal and H1N1 vaccine. Members, feel free to contact ANY

member of the Board of Trustees with suggestions or recommendations for ways we can help you if H1N1 realizes the threatened potential. And one more time, wear personal protective equipment!

On a happier note, the CME committee has embraced the Risky Business theme and has a fabulous program lined up for New Orleans. Air fares are down, we will all need a break, plan to attend! Be sure when registering through the AOA to check the "Pediatricians" box on your registration form.

ACOP successfully championed three resolutions at the AOA Board Meetings this summer; they are published on page 10 in this issue of PULSE.

Finally, Dr Hostoffer, our liaison with the AAP board of Directors met in Chicago with the current AAP president and reopened discussions regarding cooperation on several levels. This will be an ongoing initiative and ACOP member input and ideas are encouraged. Find one of the ACOP Board of Trustees members in New Orleans and let us know what you think! I hope to see you there!



## UPCOMING DEADLINES!

### 2010 Annual Spring Conference

April 22-25, 2010

Colonial Williamsburg Lodge  
Williamsburg, VA

### Abstract Submission Deadline

**Deadline: January 5, 2010**

Visit [www.ACOPeds.org](http://www.ACOPeds.org)  
for Details!

### Pediatric Resident Research Grant Program

**Submission Deadline:  
January 5, 2010**

### Student Chapter of the Year Award

**Nomination Deadline:  
January 5, 2010**



# MELNICK at large

By Arnold Melnick, DO, FACOP

## Martin Finkel, DO, FACOP

You probably know him or his name. Maybe you know it because you went to our UMDNJ school. Maybe you know it because of his extensive activity in ACOP. Maybe you know it because you watched his rise through the chairs into the ACOP presidency. Maybe you know it because you remember his late father, Harold Finkel, DO, and enjoyed watching him follow in his father's footsteps. His name is Martin Finkel, DO, FACOP.

Martin is the author of that great book *Medical Evaluation of Child Sexual Abuse: A Practical Guide* – just out in its third edition.

If you don't know the book, now is the time to get it and use it. It is practical, understandable, usable and innovative; you can learn more details about it from the [book review](#) in this issue by Ron Marino.

The work has an interesting history. First published in 1992, its second edition was published by Sage Publications ten years later. Now, the third edition has come off the press – a DO author published by the prestigious American Academy of Pediatrics.

Not only is this an extremely valuable reference book by a DO, it is probably the only DO-authored book ever to reach that honorable third-edition stage, or to have a DO-authored work published by a great allopathic organization. What accomplishments!

But this is not Martin's only achievement. Years ago at UMDNJ, he established a small unit dedicated to child sexual abuse; it has grown into a major center for patient referral and education called CARES (Child Abuse Research Education and Service). The center attracts many foreign, as well as local, doctors to study and train.

Martin has been a major consultant to the state government of New Jersey, (appointed by six governors), and was instrumental in developing a child abuse

victims statewide (NJ) network for diagnosis and therapy. A universally known authority on child sexual abuse, he lectures frequently at local and international

meetings. He is noted in at least two published papers as "firsts" in the field and is known as an early pioneer in the use of videocolposcopy in abused children. And he has served as an officer in several of the nationally recognized societies dedicated to the field of child abuse. At the University, he is also Professor of Pediatrics. What accomplishments!

In addition to welcoming a third edition of a most practical and erudite treatise on child sexual abuse – a seminal work in the field – we should all feel proud that he is our brother, an outstanding member of ACOP.

Congratulations, Martin!

## APPELLATION ? ? ? ? ? ? *Answers ... Whose name is it?*

### Treacher Collins Syndrome

*Congenital mandibulofacial dysostosis*

### Edward Treacher Collins

Edward Treacher Collins, MD, was born in 1862, in England. His father's last name was Collins and his mother's maiden name was Treacher and hence the naming construct which was in use at the time resulted in the name by which he is known today.

The syndrome which carries his name is described with the physical features of conductive hearing loss with malformed or absent ears as well as downward slanting eyes, and micrognathia with poorly developed zygoma, it occurs with an incidence of 1 in 10,000 births.

His older brother, who was also a physician, specialized in ophthalmology and reportedly influenced his younger brother to follow in his footsteps.

Treacher Collins studied medicine at the University Hospital in London as well as Middlesex Hospital and earned his M.D. degree in 1883. He traveled in Persia and was reported to have treated the son of the Shah while vacationing there. His bibliography not only includes *In the kingdom of the Shah* in 1899, but his most famous work, *Researches into the Anatomy and Pathology of the Eye* in 1896. It is for this work that he became most sought after as a teacher and lecturer.

He was one of the founders of the British Ophthalmological Society. He died in 1932 in London as a distinguished ophthalmologist and lecturer and author.

- John W. Graneto, DO, FACOP

Visit [www.acopedes.org](http://www.acopedes.org)

for the latest ACOP Information!

## IN MEMORIAM



**Anita Melnick**

We regret to note the death of Anita Melnick, wife of Past President Arnold Melnick, DO, FACOP. From 1946 to the 70s, she was an almost constant companion of Dr. Melnick at all ACOP meetings, and she has attended many times since.

Anita was one of the founding members of the ACOP Auxiliary. The Auxiliary had an inauspicious beginning and a short life, existing from 1957 to 1964.

According to the *Golden Anniversary History of ACOP*, "For many years, wives who accompanied their husbands to the annual meetings had enjoyed socializing with women they had grown to know through the American College of Osteopathic Pediatricians. If the college was a close congenial group in which hardly more than 20 members attended the annual meeting, the women...became even closer." Anita Melnick aptly called it "a little sorority" and she enjoyed being part of this group.

In 1962, there were 32 members and the annual dues were \$2.

The only known survivors of the Auxiliary are Nelda Richardson, wife of Past President Martyn E. "Mike" Richardson, Ruth Finkel, wife of Past President Harold H. Finkel, who passed away last year, and Mrs. Betty Heiman, widow of Past President Otto M. Kurschner.

# MEMBERS ...in the News!

## Advisory Panels List ACOP Members

Several ACOP members have been selected for positions on official government panels, it was announced recently. They are:

### Federal

#### **Stanley E. Grogg, DO, FACOP**

*Advisory Committee on  
Immunization Practices*

### State

#### **Robert Locke, DO, FACOP**

*Healthy Mother Infant Consortium  
(Delaware) and Task Force on Infant  
Mortality (Delaware)*

#### **John Graneto, DO, FACOP**

*Medical Advisory Board Poison Cen-  
ter (Illinois)*

#### **Gregory Garvin, DO, FACOP**

*Board of Public Health (Iowa)*

#### **Stanley E. Grogg, DO, FACOP**

*Medical Advisory Committee  
(Oklahoma)*

#### **Neil S. Levy, DO, FACOP**

*Immunization Services Working Group  
(Texas)*

#### **Laura S. Stiles, DO, FACOP**

*Public Assistance Health Benefits  
Review and Design Committee*

## Grogg Appointed OSU-COM Head

Stanley E. Grogg, DO, FACOP, a Past ACOP President, has been appointed Interim Dean and Interim President of the Oklahoma State University Center for Health Sciences. The prestigious promotion was announced recently. He has been serving as Professor of Pediatrics and Medical Director of Clinical Research. In addition, he was Director of the OSU-COM Pediatrics Residency Program for many years.

Recently, in another action, he was chosen to receive the Regents Distinguished Research Award of OU-COM. The award recognizes research excellence as demonstrated by a distinguished record of past and continuing excellence, and recognition both nationally and internationally.

Among his myriad of activities and accomplishments, he serves on several committees of the CDC and on several international medical advisory boards. Stan has been honored innumerable times by his home state and by other health groups.



## ATTENTION!! Students, Residents and Fellows in Training!

You now have access to an online forum to discuss issues that are important to you and your career.

Visit <http://forum.acopedes.org> to connect!

## AMERICAN COLLEGE OF OSTEOPATHIC PEDIATRICIANS

# Welcome to our New Members!

### Fellow

Lee Vander Lugt, DO .... Oklahoma City, OK

### Intern

Jayne T. Berube, DO ..... East Lansing, MI

### Pediatric Student Club

Camille Alvarado..... Plantation, FL

Christina Bergeron..... Plantation, FL

Marina Bishai ..... Boca Raton, FL

Bonnie Burnham..... Danville, VA

Angela Fickel..... Plantation, FL

Adriana S. Fox..... Falmouth, ME

Fred Fridman ..... Davie, FL

Andrew Harris ..... Davie, FL

Patrick T. Hickey ..... Blacksburg, VA

Nadim Jaber..... Fort Lauderdale, FL

Constance Katsafanas..... Plantation, FL

### Pediatric Student Club

Karoline Korah.....Davie, FL

Laith Mahdi .....Davie, FL

Gracie R. Neuman.....Erie, PA

Jayde Pickel.....Davie, FL

Katherine Puckett.....Davie, FL

Rebecca M. Royce.....Blacksburg, VA

Lacey Stark ..... Pembroke Pines, FL

Michelle Stone..... Suffern, NY

Thanh Tran..... Plantation, FL

Zachary Wichner .....Davie, FL



## First Pediatric Osteopathic In-Service Examination

The first pediatric osteopathic in-service examination for residents was given this month. Over 65 tests were sent out to residency directors, who administered these examinations. Each resident completed two examinations. Each examination contained 100 questions, with one examination being aimed at a system approach to pediatrics, and the other examination at pediatric OMT.

The purpose of these examinations is not to present the residents with another test, but to allow the resident director to ascertain the status of his or her program. The end result is to improve the residents' overall experience.

These examinations were developed by the AOBP. More information may be obtained from the AOBP website [www.aobp.org](http://www.aobp.org).

We want to thank these participating residents in helping us to improve all osteopathic pediatric residency programs!

## Annual Pinning Ceremony for New Interns



The annual welcome to new pediatric osteopathic interns (OGME1) was recently held at the Rainbow Babies and Children's Hospital in Cleveland and Nationwide Children's Hospital in Columbus, Ohio.

In Cleveland, the institution residents (OGME2) welcomed the new interns. The event was held at the House of Blues Restaurant. Dinner was followed with the pinning of the ACOP Membership Pin onto the lapel of each new intern as a welcome to the institution. In Columbus, the event was held at the Doctors Hospital. A lecture on POMT and the ACOP preceded the formal pinning of the ACOP Membership Pins upon the intern's lapels.

These annual events allow our interns and residents to interact, talk about rotations, tests and in-services. Past President Robert Hostoffer, Jr., DO, FACOP, who attended both ceremonies, commented, "We recommend that all programs consider establishing a similar ceremony for residency programs." The ACOP Membership pins may be obtained through the ACOP administrative office.



# MEMBERSPEAK

## The ProvenCare Program

By Michael E. Ryan, DO, FACOP

*Editors' note: Hearing of the success of the ProvenCare program at Geisinger Health Systems, we asked ACOP Past President Michael Ryan to comment on it, particularly on the pediatric aspects.*

Recently, the Geisinger Health System has received national attention with front page articles on the *New York Times*, *Wall Street Journal*, *Washington Post* and others. Most of this publicity surrounds our ProvenCare program. Dr. Glenn Steele, the President and CEO of the Geisinger Health System began talking about perfect healthcare many years ago: it evolved into ProvenCare. ProvenCare encompasses a consensus of best practices, patient engagement and value-based pricing. ProvenCare is promising that the right things are done, at the right time, for the right reasons, on the right patient 100 percent of the time.

We know from published studies that both pediatric and adult patients receive only 50 to 60 percent of the care they should receive. We also know that the airline industry has the best safety record, usually attributed to safety procedures and checklists that are strictly followed with each flight. Physicians have often rejected the checklist or cookbook idea for a variety of reasons. But medicine is now a complicated business requiring attention to great detail. ProvenCare follows an agreed upon protocol with evidence supporting each benchmark. Getting physicians to agree on doing the same thing may be the biggest hurdle. But, we are now able to demonstrate and quantify our success.

These results speak for themselves. In an industry that is often criticized for doing more tests and more surgeries and prescribing more drugs, Geisinger has been able to succeed by doing less, but doing it better. The cost savings are from decreased complications, shorter lengths of stay and, in general, fewer mistakes. Physicians share in this success.

Our initial program in ProvenCare fo-

cused on heart surgery. But other programs are now in place dealing with cataracts, hip replacements, bariatric surgery, lower back pain and perinatal medicine.

Pediatricians can appreciate the ProvenCare in perinatology. The focus is on delivering healthy babies. This includes not doing elective repeat cesarean deliveries too early. A recently published study suggested that more than one third of elective, repeat cesarean deliveries at term were performed before 39 weeks of gestation. This resulted in a significantly increased risk of adverse outcomes, including an increased risk of respiratory complications and admission to the NICU. I am sure this is an experience to which all pediatricians can relate.

Other things are happening at Geisinger that make it an exciting place to work, even after being here for 29 years. Our electronic medical record is an industry leader and allows me to practice better medicine everyday. The medical home concept, a pediatric initiative that began many years ago, has now been implemented in many parts of our system and has provided better care and reduced hospital readmissions.

Perhaps our biggest success is getting our physicians to work together and to execute initiatives in order to provide consistent quality healthcare. It is no longer a case of six physicians having six different ways to do the same thing. We have been able to work through our differences and provide each patient with consistent, proven care. Wouldn't it be great if the whole country could do that?

Patients and families expect perfect health care. It is up to us to provide it.



## KID Database Available

*Kids' Inpatient Database*, an analysis of pediatric health use trends for 2006, is now available for patients under the age of 21. It is released every three years and provides national trends, charges and outcomes. It can be accessed at <http://hcupnet.ahrq.gov> free of charge.

## State Policies Influence Child Safety in Hospitals

Medicaid patients experienced two fewer adverse events than privately insured patients for every 10,000 comparable cases. State policies also influenced the safety statistics.

More about this in *Health Services Research* 42(5), pp. 1981-1998. Reprints are available from AHRQ (Publication No. 08-R018).

## Zero Alcohol Tolerance Works in Children

Zero tolerance laws that exact strict penalties for any alcohol use for drivers under 21, enforced since 1998, have reduced drinking and driving among college students.

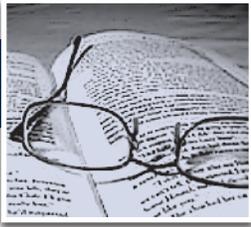
For example, binge drinking was reduced by 3-4 percent, and reduced drinking among those who drank and dropped by 14-17 percent.

Further information is available in *Health Economics*, available at [www.interscience.wiley.com](http://www.interscience.wiley.com) or reprints from AHRQ (N. 08-R053).

## Visit the Safety Web Site

The AHRQ Patient Safety Network is a gateway to resources for improving patient safety, a comprehensive effort to help healthcare providers and others.

Readers can customize the site around their unique interests and needs with the "My PSNet" feature. Visit <http://psnet.ahrq.gov>.

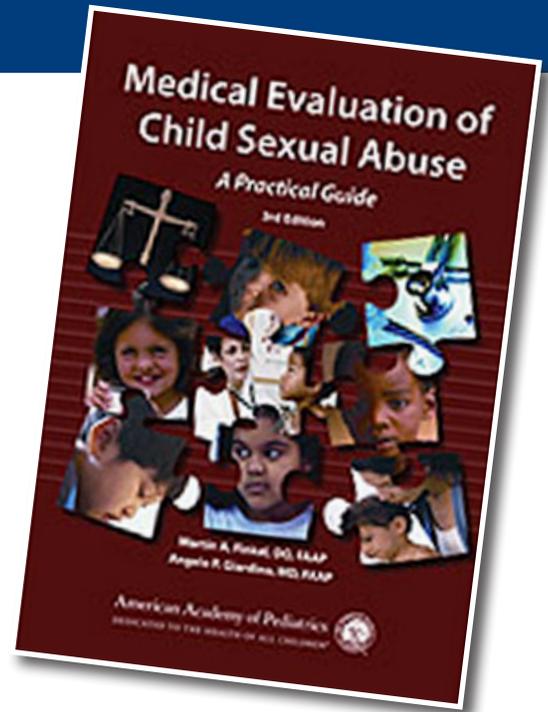


# BOOK REVIEW

by Stanley E. Grogg, DO

## Medical Evaluation of Child Sexual Abuse

Authors: Martin A. Finkel, DO, FACOP, FAAP, and Angelo P. Giardino, MD, PhD, MPH, FAAP



*Medical Evaluation of Child Sexual Abuse: A Practical Guide* is in its third edition since arriving on the medical scene in 1993. Written by ACOP Past President Martin Finkel and co-author Angelo P. Giardino, this revised and expanded edition reflects the collaborative expertise of leading healthcare providers and child advocates in the area of child sexual abuse. Of special interest are extensive photographs of normal and abnormal anatomy and examples of conversation wording of evaluation questions, both of which provide valuable resources when evaluating these children. Appropriate wording examples of the documentation of findings in this highly specific area are especially helpful for those of us in primary care.

Drs. Finkel and Giardino have once again added to the body of best practices in the area of medical evaluation of child sexual abuse. This book is directed toward multidiscipline professionals on the front lines and includes practical and easily applied knowledge to assist with the identification, evaluation, reporting and treatment of child abuse. The straightforward, well-organized and comprehensive detailed information that is easily put to use by healthcare providers is a tribute to the cumulative efforts and dedication of its contributors.

*Medical Evaluation of Child Sexual Abuse: A Practical Guide, Third Edition, 2009, published by the American Academy of Pediatrics, Elk Grove Village, IL, hardcover, 384 pages, price \$99.95. [CLICK HERE](#) to purchase your copy.*



# eJOURNAL

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**WELCOME TO THE INAUGURAL ISSUE OF eJACOP!**

The mission of the eJACOP is to serve as a mentor. The journal will strive to act as a teaching portal for those students, fellows and attending physicians who strive for and have a thirst for a scholarly existence.

- We strive to provide a peer-reviewed venue for the working pediatrician and family physician, as well as the academic attending physician. We look to them to fill our journal with knowledgeable reviews.
- We strive to encourage residents to submit abstracts to ACOP for subsequent publication in eJACOP. We want to provide them with mentorship to create their abstracts and subsequent manuscript submission, while instilling a hunger for scholarly ventures.
- We strive to encourage students in learning the process of hypothesis development while encouraging them to develop into our future scholars and academics.

This is our journal, a harbor for the future scholar, and a beacon for the searching academic. Encourage your colleagues to contribute.

-Print Page-

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[CLICK HERE](#) for the latest issue of eJACOP

# BY THE NUMBERS

## Human Milk

By Steven M. Snyder, DO, FACOP

1	First immunization received by infant after birth when breastfeeding
98.5	Infant feeding preference documented in the hospital medical record
25.6	Percent of breast fed infants receiving formula before 2 days of age
43.4	Percent breastfeeding at 6 months of age
13.6	Percent of infants exclusively breast feeding at 6 months of age
2.8	Percent of infants born at facilities designated as Baby Friendly (BFHI)
95	Percent of infant and child deaths in emergencies resulting from diarrhea due to contaminated water and unsanitary environment
74	Percent of breastfed infants whose mothers received "discharge bags" containing formula samples
31	Percent of healthy term infants born by vaginal delivery who receive something other than human milk for their first feeding



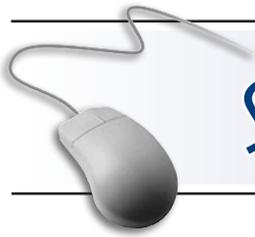
## ACOP Would Like to Thank Our 2009 SUPPORTERS & SPONSORS

### PLATINUM



### GOLD





# SITES FOR SORE EYES

## N1H1 Virus Information

By Gregory Garvin, DO, FACOP  
Associate Editor

Now that PULSE has gone electronic, I plan to find websites so that the readers can simply click on the "blue" link and go directly to the website. This will eliminate some steps for the reader.

This issue's links all pertain to the H1N1 virus. You can use the link option or you can copy and paste into your browser. Check them out!

<http://www.cdc.gov/h1n1flu/>

<http://www.cdc.gov/H1N1flu/qa.htm>

[http://www.cdc.gov/flu/swineflu/key\\_facts.htm](http://www.cdc.gov/flu/swineflu/key_facts.htm)

[http://www.medicinenet.com/swine\\_flu/article.htm](http://www.medicinenet.com/swine_flu/article.htm)

[http://pediatrics.about.com/od/swineflu/a/409\\_symptoms.htm](http://pediatrics.about.com/od/swineflu/a/409_symptoms.htm)

<http://content.nejm.org/cgi/content/short/360/21/2156>

<http://www.who.int/csr/disease/swineflu/en/>

<http://english.aljazeera.net/news/europe/2009/07/200972413383436812.html>

<http://www.mayoclinic.com/health/swine-flu/DS01144/DSECTION=treatments-and-drugs>

Happy surfing,  
Greg Garvin, DO, FACOP  
garving@genesishealth.com

## REGISTER TODAY!

**AOA 114th Annual Convention  
& Scientific Seminar**



## AOA/ACOP Pediatric Track

**November 1-5, 2009**

**Ernest N. Morial Convention Center  
New Orleans, LA**

**TO REGISTER, PLEASE  
VISIT THE AOA WEBSITE  
[www.do-online.org](http://www.do-online.org)**



Please remember to check **Pediatricians** on your AOA registration form in order to receive your syllabus.

**ABSTRACT SUBMISSION DEADLINE  
AUGUST 21, 2009**

Hotel Reservations can be made by contacting the AOA Travel Desk between 8:00 am - 5:00 pm CST by calling (800) 723-3895 or at [www.do-online.org](http://www.do-online.org)

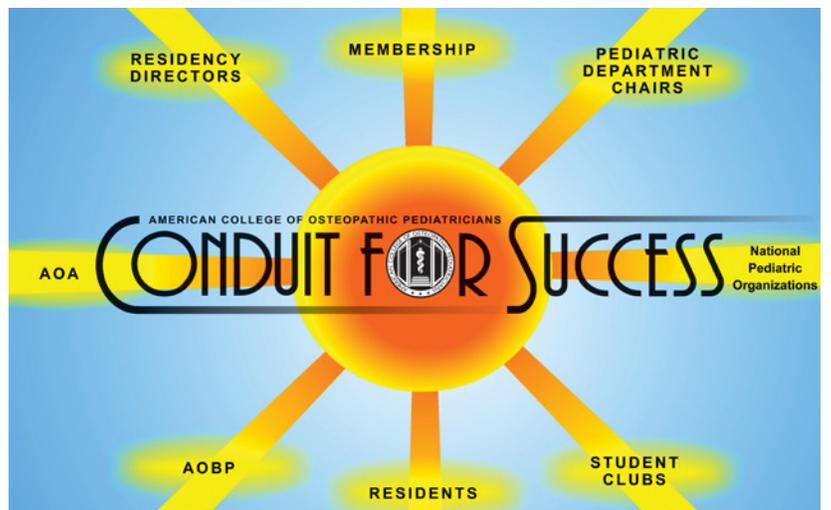
**Hotel Reservation Cut-Off  
September 18, 2009**

## Attention Residency Directors, Department Chairs, Residents and Student Clubs!

### GET THE WORD OUT!

What have you been up to? It is time to update the information on your current program or club activities for the online **Conduit for Success**. Please submit your new Powerpoint slides, photos and current information to share with fellow members.

Provide your information to  
bob@acopeds.org or on CD to:  
ACOP, 2209 Dickens Rd., Richmond, VA 23230



# AOA APPROVED RESOLUTION

RES. NO. 1 – M/2009 – Page 1

SUBJECT: VACCINES

SUBMITTED BY American College of Osteopathic Pediatricians (ACOP)

REFERRED TO: Reference Committee 3

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1 WHEREAS, ~~a proliferation of~~ THERE HAS BEEN PUBLIC opposition to standard and  
2 medically accepted vaccination practices ~~has evolved in the public domain and has been~~  
3 supported by the national lay press and celebrities; AND.

4 WHEREAS, ~~the root of the~~ THESE objections have been based on ~~myths that have evolved~~  
5 ~~from antidotal cases~~ ANECDOTAL INFORMATION; AND

6 WHEREAS, the American College of Osteopathic Pediatricians (ACOP) ~~have~~ HAS joined an  
7 alliance of pediatric groups that have come together to oppose ~~this mythical evolution~~  
8 THE REFUSAL OF VACCINATION THAT IS BASED ON ANECDOTAL  
9 INFORMATION; NOW, THEREFORE BE IT

10 WHEREAS, the ACOP proposed the “Myth Stopper” initiative to the alliance for propagation  
11 to the public.

12 RESOLVED, that the American Osteopathic Association (AOA) support this initiative by  
13 providing the ACOP “Myth Stopper” stickers, pamphlets, and posters to its primary  
14 care physicians.

15 RESOLVED, that the AOA CONTINUES TO promote evidence based information on  
16 vaccination compliance AND SAFETY.

Explanatory Statement: Vaccines have been the stable therapeutic option for preventative care throughout the world. There are myths circulating throughout the adult population that brings doubt to minds of parent’s when considering vaccinations for their children. We as ~~Pediatricians~~ PHYSICIANS have the obligation to dispel these myths with facts and ensure our children’s parents understand the critical need for vaccinations for our pediatric patients. ACOP HAS PROVIDED THE AOA WITH LINKS TO ACOPEDS.ORG TO ACCESS DOWNLOADABLE STICKERS, PAMPHLETS AND POSTERS FOR THEIR “MYTH STOPPER” PROGRAM.

ACTION TAKEN APPROVED AS AMENDED

DATE 3/1/09

# AOA APPROVED RESOLUTION

RES. NO. 2 – M/2009 – Page 1

SUBJECT: TEENAGE ALCOHOL ABUSE

SUBMITTED BY: American College of Osteopathic Pediatricians (ACOP)

REFERRED TO: Reference Committee 2

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- 1 WHEREAS, over 11,000 US teenagers and youth daily try alcohol for the first time.
- 2 WHEREAS, children who are drinking alcohol by 7<sup>th</sup> grade are more likely to report academic  
3 problems, substance abuse, and delinquent behavior in both middle and high school.
- 4 WHEREAS, young people who begin drinking before age 15 are four times more likely to  
5 develop alcoholism than those who begin drinking at age 21.
- 6 WHEREAS, alcohol is a leading cause of death among youth, particularly teenagers.
- 7 WHEREAS, alcohol contributes substantially to adolescent motor vehicle accidents, other  
8 traumatic injuries, suicide, date rape, and family and school problems.
- 9 RESOLVED, that the American Osteopathic Association ~~develop~~ ENDORSE continuing  
10 medical education for ~~members~~ HEALTH CARE PROFESSIONALS to aid them in  
11 educating lower and middle school students of the dangers of alcohol; AND BE IT  
12 FURTHER
- 13 RESOLVED, that the American Osteopathic Association ~~create~~ ENDORSE outreach  
14 programs to elementary “lower” and middle schools to create awareness of the dangers  
15 of alcohol.

Explanatory Statement: The American College of Osteopathic Pediatricians (ACOP) has taken on the theme of "Risky Behavior in the Pediatric Patients" for 2009-2010. With this resolution we ask to partner with the AOA in the propagation of information to physicians and patients about these dangerous behaviors.

ACTION TAKEN APPROVED AS AMENDED

DATE 3/1/09

# AOA APPROVED RESOLUTION

RES. NO. 3 – M/2009 – Page 1

SUBJECT: INHALATION OF VOLATILE SUBSTANCES

SUBMITTED BY: American College of Osteopathic Pediatricians (ACOP)

REFERRED TO: Reference Committee 2

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1 WHEREAS, the inhalation of volatile substances (huffing) is becoming increasingly used by  
2 children 12 to 14 years of age.

3 WHEREAS, 20% of the nations 8<sup>th</sup> graders have tried huffing.

4 WHEREAS, the most common cause of death from huffing is cardiac arrest.

5 WHEREAS, 22% of the deaths associated with huffing occur from first time use.

6 RESOLVED, that the American Osteopathic Association ENDORSE CONTINUING  
7 MEDICAL EDUCATION AND MEDICAL LITERATURE TO enhance physician  
8 awareness of INHALATION OF VOLATILE SUBSTANCES (HUFFING) ~~huffing~~  
9 ~~through continuing medical education and medical literature~~; AND, BE IT FURTHER

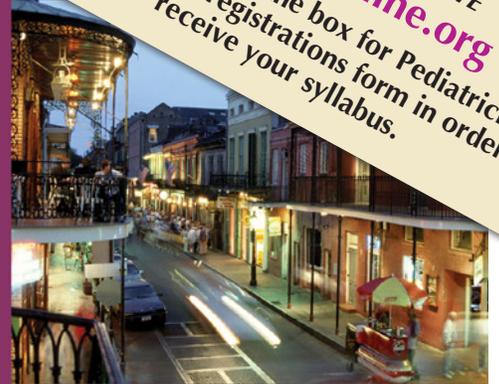
10 RESOLVED, that the American Osteopathic Association ENDORSE ~~develop a public~~  
11 ~~awareness~~ campaigns to enhance public awareness of this crisis.

Explanatory Statement: The American College of Osteopathic Pediatricians (ACOP) has taken on the theme of "Risky Behavior in the Pediatric Patients" for 2009-2010. With this resolution we ask to partner with the AOA in the propagation of information to physicians and patients about these dangerous behaviors.

ACTION TAKEN APPROVED AS AMENDED

DATE 3/1/09

TO REGISTER, PLEASE  
VISIT THE AOA WEBSITE  
[www.do-online.org](http://www.do-online.org)  
Be sure to check the box for Pediatricians  
on your AOA registrations form in order to  
receive your syllabus.



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