NEWS

VOL 72, NO 1 March 2007

los angeles pediatric society

FROM THE PRESIDENT



Will This Be Just Another New Year?

Ron Nagel, MD

Traditionally, January is a month of reflection and looking-forward. We indulge in all sorts of exercises that look back on the past and commit ourselves to new beginnings, including refining one's financial future, going on a diet, or getting back into an exercise routine.

As the New Year 2007 begins, I find myself reflecting on the past 20 years of being in pediatric practice. I fondly remember the decision made over 25 years ago, when I graduated from the Albert Einstein College of Medicine, and decided on a career in pediatrics. At the time, I was concerned that I would be bored in that field.

But nothing could be further from the truth. There is no doubt that pediatrics is a constantly engaging and challenging field of medicine. Between intriguing medical cases and the daily realities of running a practice, I find that I am continuously stimulated and energized. Surely, the hours are long and the reimbursement not always the greatest. But I simply could not imagine doing anything else. Which is why I am especially troubled when I hear colleagues discouraging their children from pursuing medicine, the greatest profession in the world, the ultimate combination of intellect with giving kindness. It is a noble calling, and still manages to provide a decent living.

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There is no doubt that pediatrics is a constantly engaging and challenging field of medicine.

At our Parmalee Meeting this past May, you voted me in as president of the Los Angeles Pediatric Society. Physicians today do not find themselves with an abundance of time. So why, you might ask, would I be interested in such a position?

Over the past three years, while serving on the Executive Committee of LAPS, I have been fortunate to work with some of the most dedicated physicians in our city. The focus which LAPS places on CME could not happen without the help and dedication of Dr. Marshall Goldberg. His commitment goes well beyond the call of duty. I cannot wait to see the lineup of presenters for the next Brennenmann Lecture Series this coming September 7-9 in Anaheim.

Similarly, our flagship program, the Gene Black Medical Career Program, run for many years by Dr. Jim Seidel, of blessed memory, and Dr. Vincent Haynes, and presently by Dr. Robert Hamilton, gives over 50 high school students an introduction to the real world of medicinal science, and possibly the best summer of their adolescent lives.

Continued on page 4

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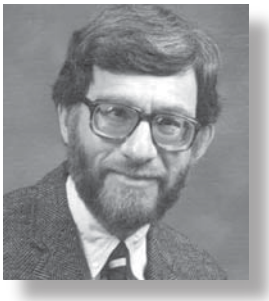
FUTURE MEETINGS

May 9, 2007
Parmelee Memorial Lectures
Spring Meeting
Taix French Restaurant
1911 Sunset Blvd.
Los Angeles, CA 90026
bcarr@lapedsoc.org or
meosborne@lapedsoc.org
(See page 3 for flyer)

September 6-9 2007
64th Brennemann Lectures
Disneyland Paradise Pier® hotel
Anaheim, California
bcarr@lapedsoc.org or
meosborne@lapedsoc.org
(See page 5 for flyer)

November 15-18, 2007
Pediatric Update, 29th Annual
Las Vegas Seminars
American Academy of Pediatrics,
California Chapters, 1, 2, 3 & 4
Venetian Hotel, Las Vegas Nevada
(310) 540-6240 or
email meetings@aap-ca.org
Register online: www.aap-ca.org

PARMALEE AND BRENNEMANN LECTURES SOLIDIFIED



LAPS is pleased to announce that Dr. Richard MacKenzie, director of adolescent medicine at Childrens Hospital Los Angeles has put together a crackerjack team of experts for the Annual Parmelee Memorial Lectures and Spring Meeting: Drs. Richard MacKenzie, Diane Tanaka, and Claudia Borzutzky who will discuss Eating Disorders, Menstrual Problems and Contraception respectively. A unique panel format will be used followed by a Q & A session.

The faculty for the Brennemann Lectures has also been selected and this year we are going to welcome primarily our distinguished local academics so prepare yourselves for some excellent home-cooking.

Drs. Mitchell Geffner and Wibert Mason, both from Childrens Hospital will address areas of interest in endocrinology and infectious disease respectively and Ramon Sankar from UCLA Mattel Children's Hospital will enlighten us on the subject of pediatric neurology. The always useful area of pediatric dermatology will by addressed by Dr. Harry Saperstein from the Cedars-Sinai UCLA Medical Center. We're glad to welcome back to the Brennemann Lectures, Robert Wells, Ph.D. who gave very well received lectures a few years back in the area of behavioral issues. Bob has been on the faculty of the UCSF Children's Hospital of the Central Valley in Fresno.



All of our speakers are personally known to the program committee and we can vouch as to their breadth of knowledge, teaching abilities and wit. When you add the Disneyland location, I think we have a great conference in store for everyone. Save September 6 to 9, 2007.

I should also encourage you to ask colleagues interested in young adults (and that includes parents) teachers, school nurses and counselors, and mental health professionals to consider attending the Parmelee Lecture on May 9th, 2007. I'm certain they would find the subject material useful.

See you at the meetings!

the los angeles pediatric society
Annual Spring Meeting and Parmelee Lecture

the los angeles pediatric society presents the

ANNUAL SPRING MEETING AND PARMELEE LECTURE

Current Issues in Adolescent Medicine

Speakers:
Richard G. MacKenzie, M.D., FAAP
Diane Tanaka, M.D., FAAP
Claudia Borzutzky, M.D.

Wednesday, May 9, 2007
6:00 pm-9:30 pm

Taix French Restaurant
1911 Sunset Blvd.
Los Angeles, CA 90026

NEW SITE!

This is an approved program of continuing medical education for two CME hours

Information: (310) 540-6240
email: bcarr@lapedsoc.org
www.lapedsoc.org

Current Issues in Adolescent Medicine

This year, the Parmalee Lecture will take on a new format to address some of the practice needs of our members and their guests. The 90 minute session will focus on Current Issues in Adolescent Medicine in a short presentation/round table format. Opportunity will be provided to address questions from the audience. Topics have been chosen based on frequently asked questions from pediatric practitioners in the greater Los Angeles area.

Speakers

RICHARD G. MACKENZIE, M.D., FAAP, Director, Division of Adolescent Medicine, Childrens Hospital Los Angeles; Associate Professor Pediatrics and Medicine, USC Keck School of Medicine

DIANE TANAKA, M.D., FAAP, Attending Physician, Division of Adolescent Medicine, Childrens Hospital Los Angeles; Assistant Professor Clinical Pediatrics, USC Keck School of Medicine

CLAUDIA BORZUTZKY, M.D., Attending Physician, Division of Adolescent Medicine/USC Student Health, Childrens Hospital Los Angeles; Assistant Professor Clinical Pediatrics, USC Keck School of Medicine

ADVANCE REGISTRATION

The Los Angeles Pediatric Society ANNUAL SPRING MEETING AND PARMELEE LECTURE
Wednesday, May 9, 2007 Taix French Restaurant, Los Angeles, CA

Name _____ Date _____

Address _____

City _____ State _____ Zip _____

Phone ( ) _____ Fax ( ) _____

Email _____

If Pediatric Resident, Hospital Name: _____

Advanced registration is required. Late Fee after April 15, 2007: Add $20 to each category

	BANQUET AND LECTURE Tuition Fee before April 15, 2007:		LECTURE ONLY Tuition Fee before April 15, 2007:	
Physician, Member of LAPS	$50	$ _____	$20	$ _____
Physician, Non-Member	$75	$ _____	$25	$ _____
Allied Health or Lay Person /Parent/Teacher	$50	$ _____	$25	$ _____
Pediatric Residents	$30	$ _____	$10	$ _____
Non-Member Pediatrician new to area in 2005/2006	$30	$ _____	$10	$ _____

Dinner: ❑ Vegetarian ❑ Fish ❑ Beef ❑ Chicken (Chicken will be served if no other choice is made.)

Please make check payable to: LAPS and return to: PO Box 4198, Torrance CA 90510-4198

At the completion of these presentations the attendee will:

1. Understand what is new and what works in treating teens with restricting eating disorders;
2. Be aware of the role of the pediatrician and generalist physician in the practical management of eating disorders;
3. Have a practical approach to the management of common causes of menstrual disorders in teens;
4. Be able to integrate advances and new options for contraception in young women into daily practice.

ACCREDITATION: the Los Angeles Pedicatric Society is accredited by the Institute for Medical Quality/California Medical Association (IMQ/CMA) to provide continuing medical education for physicians. The Los Angeles Pediatric Society takes responsibility for the content, quality and scientific integrity of this CME activity.

LAPS designates this educational activity for a maximum of 2 AMA PRA Category 1 Credit(s)™. Physicians should only claim credit commensurate with the extent of their participation in the activity. This credit may also be applied to the CMA Certification in Continuing Medical Education.

New LAPS Members

Maria S. Gokey, MD, Pasadena, CA

Sharon E. Lee, MD, Pasadena, CA

Brett D. Leggett, MD, Los Angeles CA

Robert D. Loitz, MD, Pasadena, CA

Ernie Maldonado, MD, Glendora, CA

Ananta Malla, MD, Manhattan Beach, CA

Claudia N. Mikail, MD, Woodland Hills, CA

Elsa Otero-Salazar, MD, Lomita, CA

Glenn S. Schlundt, MD, Pasadena, CA

Laurel J. Schramm, MD, Beverly Hills, CA

Lidia A. Shadrick, MD, Sherman Oaks, CA

Kristine M. Thomas, MD, Burbank, CA

Holly Wang, MD, Pasadena, CA

Antonio Zamora, MD, Los Angeles, CA

New Life Member

Alice A. Kuo, MD, Los Angeles, CA

From the President
Continued from page 1

After many years in practice, I have come to realize that being a physician does not provide me with a feeling of fulfillment just because I work 60 hours a week. Being a pediatrician means you are dedicated to the broader community, to public health, and to the public good. To this extent it is critical that we take leadership positions to show that physicians play an important role within the community structure. The fact is that private practice does not truly impact the lives of our patients if it is practiced in isolation. Early diagnosis of meningitis or septic shock does nothing positive if the child is returned home to be neglected or abused by irresponsible or inadequate parents.

Which is why I ultimately decided to be involved in LAPS. Because medicine is not as much about individuals as it is about community. Our dedication to community means we commit ourselves and earmark capacities to improving human life in the most instrumental way possible. It bothers me to no end that many of our brightest young men and women in this country are being attracted to fields of law, business, and finance instead of medicine for superficial reasons. Come and join me and my Board in promoting the collective welfare, and let us hope that through our efforts we can make the largest difference possible.

WHY CALL "911"?



Paula Whiteman

Have you listened to your office message recording lately? Odds are it instructs callers that if they feel they are having an emergency to hang up and call "911." But what should you do if a very sick child or infant has already come to your office? Should you instruct the parents to drive the child to the Emergency Department (ED)? Are there reasons to call "911" and wait for their arrival?

Generally, most children you see do not have to go the ED; however, occasionally you may refer a child. I have had patients travel great distances by car. Others come by wheelchair with a staffer from private medical offices or clinics located close to the ED. Many times, this is appropriate; however, sometimes it is not. Just last month, I took care of an ex-premie with retractions whose parents were told to drive to my ED, which was over an hour away. This child was in respiratory distress with hypoxia. The rationale for that doctor to bypass various other local hospitals was that the child had had their PDA closure at our hospital months before.

On the ambulance, they have supplemental oxygen, monitoring equipment and if need be, intravenous fluid and resuscitation medications.

Although you may prefer another facility, the one closest to you can always stabilize and then transfer the patient to a tertiary center, if need be. Recently, I encountered an infant with multiple apnea episodes who came from a local clinic, again by private conveyance. Fortunately, this child did not develop apnea en route, but this is still risky.

Many times patients are told that they require immediate attention and come with notes discussing their diagnosis, what tests need to be done and possibly, who their admitting physician will be. Amazingly, many of these patients will go home for a day or two "to take care of business." Another thing calling "911" does is by-pass this potential delay. I have seen children who need an emergent procedure correctly diagnosed by their pediatricians, whose parents stop at a MacDonald's for a "snack" to eat on the way. This can result in a delay of surgery or an inability to perform moderate sedation.

A while back I took care of the child of an ENT, whose wife was an anesthesiologist. Their toddler swallowed a foreign body and while he was able to remove it, there was a complication. During the process, he called "911." When the paramedics arrived, they asked him why if he and his wife were so well trained that they would call "911"? After all, they did have some equipment and were able to remove the obstruction. What was this ENT's response? "Oxygen." He did not have supplemental oxygen at his house.

When you call "911," there is no guarantee that they will transport to the hospital of your choice. So why call? On the ambulance, they have supplemental oxygen, monitoring equipment and if need be, intravenous fluid and resuscitation medications. They will take your patient to a higher level of care expeditiously. This does not prevent a bad outcome, but it will reduce your medical-legal risk and may help provide the best timely result for your patient.

Disneyland RESORT

Disney's Paradise Pier Hotel

Los Angeles Pediatric Society
64TH Brennemann Lectures
September 6-9 2007

Faculty

MITCHELL GEFFNER, MD
Professor of Pediatrics, Division of Endocrinology, Director of Fellowship Training, Childrens Hospital Los Angeles, Keck School of Medicine, USC

WILBERT MASON, MD
Professor of Clinical Pediatrics, Keck School of Medicine, University of Southern California; Director, Division of Infectious Diseases, Childrens Hospital, Los Angeles

RAMAN SANKAR, MD, PHD
Professor and Chief, Pediatric Neurology, Rubin Brown Distinguished Chair, David Geffen School of Medicine at UCLA

HARRY W. SAPERSTEIN, MD
Clinical Associate Professor of Medicine and Pediatrics, Division of Dermatology, UCLA School of Medicine; Director, of Pediatric Dermatology at Cedars Sinai Medical Center.

ROBERT WELLS, PHD
Pediatric Psychologist, Associate Clinical Professor of Pediatrics and Psychiatry, UCSF, Retired, Fresno, California.

Accreditation

This activity is offered by a CMA-accredited provider, the Los Angeles Pediatric Society. Physicians attending this course may report up to 15 hours of Category 1 credits toward the California Medical Association's Certificate in Continuing Medical Education and the American Medical Association's Physician's Recognition Award. The California Board of Registered Nursing approved 15 hours of continuing medical education. Provider number CEP11121.

MEETING INFORMATION
(310) 540-6240 bcarr@lapedsoc.org;
meosborne@lapedsoc.org
fax: (310) 543-2375

Disney Paradise Pier ® Hotel
1717 S. Disneyland Dr.
Anaheim, CA 92802
(714) 956-6425

64th Brennemann Lectures Meeting Advance Registration

Name ..... Date .....

Address .....

City ..... State ..... Zip .....

Phone ( ) ..... Fax ( ) .....

Email .....

Tuition Fee	Before 8/5	After 8/5	
Physicians: Members of LAPS	$500	$550	$_____
Physician Non-members	$550	$600	$_____
Pediatric Residents Hospital:_____	$100	$125	$_____
Allied Health Personnel *Category:*_____	$250	$300	$_____
Emeritus with LAPS	$125	$175	$_____

Please make checks payable to: Los Angeles Pediatric Society and return to:
P.O. Box 4198 Torrance, CA 90510-4198. ***We regret credit cards cannot be accommodated.***

64th Brennemann Lectures Hotel Advance Registration

Name .....

Address .....

City ..... State ..... Zip .....

Phone (Please include area code) .....

Number in Party .....

Hotel Accommodations Requested: ____ *Double* ____*Single*

Arrival: Time ..... Date .....

Departure: Time ..... Date .....

Your check or credit card is acceptable in payment.
MasterCard VISA American Express (circle one)

..... Exp. Date .....

Signature .....

60 rooms are available to registrants at the special rate of $149 (plus tax) per day single or double occupancy, plus resort fee of $10. These rates apply from September 3-12, 2007.
Note: Special rates will be available only until August 10, 2007 or until all 60 blocked rooms are taken. Once these rooms are taken, regular hotel rates will apply.
WE RECOMMEND YOU MAKE RESERVATIONS FAR IN ADVANCE OF THE MEETING.
The Los Angeles Pediatric Society disclaims any responsibility for hotel arrangements. Please make check payable and send to Disney Paridise Pier® *Hotel 1717 S. Disneyland Dr., Anaheim, CA 92802. Phone Number: (714) 956-MICKEY (6425).*

2007 GENE BLACK SUMMER MEDICAL CAREER PROGRAM

Dear LAPS Members:

Happy New Year to everyone! The Executive Board of the Los Angeles Pediatric Society would like to extend their thanks and appreciation to all of you who have contributed to the Gene Black Summer Medical Career Program. It is because of your continued generous support that this wonderful program is now in its 38th year. We also want to thank all the hospital counselors, mentors, and office staff, for their taking time from their busy schedules to set up and run the program.

Over these many years thousands of students have had the privilege of participating in our program. Many have gone on to become health care professionals. This exciting program is best described as a shadow program, giving students a hands-on experience wherever possible. The program runs for four weeks in July every year. Students receive a stipend of $75 per week to cover essentials such as travel, food, etc., and so all can afford to participate regardless of means.



In the past few years we have had a decline in participating hospitals and hospital counselors, due to retirement and hospitals being sold or even closed. We currently have fifteen hospitals. Last year, to keep one program together, we were able to combine three hospitals to make one program, and it was very successful. Most programs are hospital-based, but one pediatrician runs a very successful program through his private practice.

We would like to ask the membership if any of you would like to volunteer to mentor students for the four weeks of July in your private practice or hospital. Or even take one or two students for a portion of that time. For further information you can call Mary Ellen Osborne at 310 328 2036 or Barbara Carr at 310 540 6240. Or email questions to bcarr@lapedsoc.org. This year's application can be found in this newsletter and on our website www.lapedsoc.org Suggested guidelines for a program are included in this newsletter.

Sincerely,

Los Angeles Pediatric Society 2006/7 Executive Board

Suggested Guidelines for Student Activities

The goal of the program is to stimulate high school students to seek careers in medicine and allied health fields. This may be accomplished by giving them first-hand glimpses of health care professionals at work in in-patient and out-patient settings. All students should have a general orientation to the hospital. It is suggested that students not be assigned to one area of the hospital for the entire program period, but have a mixture of experiences that may include (but not exclusively) the following:

- Observation in General Pediatric Practice
- Observation in Pediatric Subspecialty Clinics
- Observation on Pediatric In-patient Services, including the nursery, ward and PICU
- Observation of a delivery of a newborn
- A visit to surgery—observation of a procedure and/or orientation to the operating room
- Visit to the NICU
- Visit to radiology-explanation of scans (CAT, MRI), nuclear medicine, general radiology
- Orientation to hospital administration
- Orientation to the Clinical Laboratory
- Visit to a research laboratory
- Visit to the morgue
- Observation in the Emergency Department (adult and or pediatric)

Students must be at least 16 by the start of the program and currently in high school. Graduating seniors are eligible.

Please remember that all students must be fully immunized. Sponsoring hospitals may require a medical release from a student's doctor before being accepted into the program. Students with medical conditions that put them at risk in a hospital setting will not be accepted in the program.

They must also have a completed permission form from a parent or guardian, which is kept on file by the LAPS Office.

We suggest that the preceptor touch base with the students weekly and make themselves available to answer questions or discuss the experience in the hospital. They should be reminded that they should not discuss particular patients with anyone, including their families. Some students will need some debriefing sessions when exposed to severe illness and injury. Social encounters are also encouraged including having lunch with the students.

This program has had a profound influence on many of the participants. We often hear back from previous students about their current education in the medical field.

LOS ANGELES PEDIATRIC SOCIETY APPLICATION
38th ANNUAL — GENE BLACK SUMMER MEDICAL CAREER PROGRAM
July 2 - 27, 2007 (4 weeks)

Applicants must be at least 16 years old and a high school student.

This program is best described as a medical shadow program. Students work under the supervision of a health care professional, the hospital counselor, and get a realistic view of what it is really like to be a doctor, nurse, etc. Students are selected by the sponsoring hospital and its counselor and will receive a stipend of $75.00 at the end of each week in the program. This is for bus, gas, food and any other expenses incurred during participation. The program runs for the 4 weeks in the month of July ONLY (July 4 is a holiday), Monday through Friday, about 8 hours a day but *no nights or weekends.* The exact hours are determined by each specific hospital and its counselor.

PLEASE PRINT OR TYPE CLEARLY

Name _____ *Birth Date* _____
(First) (Last)

Address _____ *City* _____ *Zip* _____

Phone _____ *Cell* _____ *Fax* _____

E-mail _____ *School Grade at Present (circle one): (10) (11) (12)*

Ethnic Group (optional, for grant tracking purposes only) _____

High School _____ *Phone* _____

School Address _____ *City/Zip* _____

Extracurricular Activities and Interests _____

_____

_____

Honors or Honor Society Membership _____

_____

Academic and Career Future Plans _____

TO COMPLETE THIS APPLICATION: These items MUST be included when submitting your completed application.

1. Write an essay of no more than one page about why you are interested in this program.
2. Attach one or more letters of recommendation from someone who is familiar with your abilities and interests.
3. If you need more space for "Extracurricular Activities and Interests" or "Honors or Honor Society Membership," please include this information on a separate sheet of paper.
4. Have a school official sign the application below.
5. Your parent or guardian MUST sign the consent form on the back of this application.
6. The hospitals listed below are the *only* hospitals participating in our program this year. Please indicate your 1st and 2nd choice. The second choice will only be used if the first choice hospital unexpectedly drops the program. Select carefully as you are responsible for your own transportation. **Note: Hospitals with * require students be 18 years old by start of the program.**

____ ***Cedars Sinai Medical Center, LA**	____ **Kaiser Woodland Hills**	____ **St Johns Hospital/Santa Monica Hospital**
____ **Childrens Hospital**	____ **Los Robles Medical Center, Thousand Oaks (COMBINED PROGRAM)**	____ *** St Mary Medical Center, Long Beach**
____ **Harbor UCLC Medical Center, Torrance**	____ **King Drew Medical Center, LA**	____ **Tarzana Medical Center, Tarzana**
____ **Huntington Memorial Hospital, Pasadena**	____ **LAC/USC Medical Center, LA**	____ **UCLA Medical Center, LA**
____ **Kaiser Hospital, Harbor City**	____ **Olive View Medical Center, Sylmar**	____ **White Memorial Hospital, LA**

Student Signature _____ *Date* _____

School Official Signature _____ *Date* _____

APPLICATION DEADLINE MARCH 9, 2007

Applicants will be notified by April 23 if accepted or not. You may mail, Fax or email your applications.

Mail: Gene Black Summer Medical Career Program
Los Angeles Pediatric Society
PO Box 4198 Torrance, CA 90510-4198

FAX: 310-543-2375
Email: meosborne@lapedsoc.org

If you would like additional applications, you may duplicate this one or you may find one on our website www.lapedsoc.org.
If you have any questions you may contact Program Coordinator Mary Ellen Osborne 8:30am-5:00pm, **Monday through Friday only.**
Mary Ellen Osborne (310) 328-2036, fax (310) 543-2375, meosborne@lapedsoc.org or bcarr@lapedsoc.org

YOUR ESSAY, THE *SIGNED* PARENT/GUARDIAN CONSENT FORM ON REVERSE SIDE AND LETTER(S) OF RECOMMENDATION MUST BE RETURNED WITH YOUR COMPLETED APPLICATION. LETTER(S) OF RECOMMENDATION RECEIVED SEPARATELY ARE *NOT* ACCEPTED. IF YOU EMAIL YOUR APPLICATION, PLEASE SCAN YOUR LETTER(S) OF RECOMMENDATION AND ATTACH TO YOUR SUBMISSION.

los angeles pediatric society

38th ANNUAL GENE BLACK SUMMER MEDICAL CAREER PROGRAM

JULY 2 – 27, 2007 (4 WEEKS)

Consent and Agreement for Student Participation in the Gene Black Summer Medical Career Program

As the parent or legal guardian of (Student Name) _____

I agree as follows:

1. I give my unqualified, unconditional, and express consent for Student to participate in the Gene Black Summer Medical Career Program sponsored by the Los Angeles Pediatric Society ("LAPS").

2. On behalf of Student and myself, I waive and release all claims of every type against LAPS, its members, and any persons associated with it regardless of whether any claim is based on intentional conduct, negligence, or any other type of act or failure to act by any person or entity, known or unknown.

3. On behalf of Student and myself, I agree to indemnify LAPS and all persons or entities associated with LAPS and to hold them harmless from any liability of Student, including but not limited to all costs, expenses, and attorneys' fees.

4. In the event of an emergency and I cannot be reached, I consent to any medical care, treatment, or surgery necessary to the Student if there is an accident, injury, or sickness of any kind. This consent does not mean that LAPS or any person or entity associated with LAPS is under any obligation to provide medical care, treatment, or surgery.

5. If any part of this consent and agreement is held by a court to be invalid or otherwise unenforceable, the remaining portions of this consent and agreement shall remain in full force.

6. I have read and understood this consent and agreement in its entirety and have had the opportunity to discuss it with a representative of LAPS. By signing this consent and agreement, I intend to be bound by it in its entirety. I acknowledge that neither LAPS nor any person or entity associated with LAPS is obligated to allow Student to participate in the Gene Back Summer Medical Career Program and that my signing of this consent and agreement is a condition of any such participation.

7. Prior to the start of the Program, LAPS will require proof of immunizations plus tuberculosis test and a disclosure of medical/health problems and a list of any medication(s) currently being used. Sponsoring hospitals may require a medical release from the student's doctor before being accepted into the program. Students with medical conditions that will put them at risk in a hospital setting will not be accepted into the program.

Parent/Guardian Signature _____ *Date* _____

Parent/Guardian Printed Name _____

Address _____

City _____ *State*_____ *Zip* _____

Home Phone _____ *Cell* _____ *Work* _____

Email _____

Emergency Contact (other than parent/guardian) _____ *Relation* _____

Home Phone _____ *Cell* _____ *Work* _____

GENE BLACK SUMMER MEDICAL CAREER PROGRAM

Would you like to participate in the Gene Black Summer Medical Career Program? Do so by giving your monetary support to:

MEDICAL CAREERS UNLIMITED 2005/2006 MEMBER

❍ Individual $50.00 ❍ Donor $100.00 ❍ Medical Group $100.00

If Medical Group Donation, list name and address of medical group and names to be listed:

. . . . . .

. . . . . .

. . . . . .

In Honor of . . . . . In Memory of . . . . . .

❍ Donor $100.00 ❍ Circle of Friends $500.00 ❍ Silver Circle of Friends $1000.00
❍ Golden Circle of Friends $2000.00 ❍ Platinum Circle of Friends $5000.00

Name . . . . . .

Street . . . . . .

City . . . . . State. . . . . Zip. . . . . .

Tax ID #95-2673275

Donors will be recognized publicly in the newsletter. Donations of $1000.00 or more will be recognized for five years from date of donation. (Make checks payable to the Los Angeles Pediatric Society and mail to P.O. Box 4198 Torrance, CA 90510-4198.)

DR. JIM SEIDEL MEMORIAL FUND



The Los Angeles Pediatric Society has established the Dr. Jim Seidel Memorial Fund in support of the Gene Black Summer Medical Career Program. Once the goal of $25,000.00 is reached, we will issue a Dr. Jim Seidel Memorial Scholarship to one student in this program each summer. Selection of the student will be based on Hospital Counselor recommendations and the student's essay about their experience in the program.

Please make donations payable to the Los Angeles Pediatric Society, with "Dr. Jim Seidel Memorial Fund" in the memo section of your check and mail to P.O. Box 4198 Torrance, CA 90510-4198. Tax ID #95-2673275.

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Deprivation of Medical Care in a Sea of Affluence
The Sinking of Health Care in California

Johanna Olson MD

(Editor's note: In the US, employment-based health insurance and the free market access to health care are intertwined in ways that now work to the detriment of an individual's well-being. I have asked Johanna Olson MD, Member at large of LAPS and vocal advocate for change, to share her views of the issues. RGM)

As the richest country in the world, the United States has the ability to provide healthcare to everyone, yet we choose not to. The World Health Organization acknowledges that: "Healthcare can be catastrophically costly and much of the need for care is unpredictable, so it is vital for people to be protected from having to choose between financial ruin and loss of health." They add: "Mechanisms for **sharing risk** and **providing financial protection** are more important even than in other cases where people buy insurance," and "medical care as well, can threaten people's dignity and their ability to control what happens to them more than most other events to which they are exposed." Currently in the United States, 46 million people have no health insurance. Last year, **two million Americans**—75% of who had health insurance—were forced to declare personal bankruptcy because of their medical bills. Lack of insurance is the seventh leading cause of death in the United States.

California is the fifth largest economy in the world, yet nearly seven million Californians lack health insurance during all or part of the year. Most insured Californians are "under-insured," which means that they have health insurance but procedures or benefits are not covered or are only partially covered. About 70% of uninsured Californians are employed but do not receive employer-based insurance. As joblessness and homelessness increase, so does the number of uninsured, posing an increasing public health crisis throughout the state. The World Health Organization, in its assessment of "Overall Health System Performance" found the United States to be 37th in rank, and 54th in fairness of healthcare dollars spent. In terms of dollars spent per capita, we are number one, spending on average $6000 per person each year on healthcare.

Why then, do so many Americans remain unable to access healthcare? Currently, California (like the majority of states in the US) has both private and a public healthcare sector. The public sector consists of Medicaid and Medicare. Medicaid (called MediCal in California) is a joint federal-state program that provides health insurance coverage to low-income children, seniors and people with disabilities. Medicare is a federal insurance program for people age 65 and older and certain disabled people. The Centers for Medicare & Medicaid Services (CMS) is the part of the United States Department of Health and Human Services that operates Medicare. Both public healthcare programs will contract with either private physicians or HMOs to provide medical care for patients eligible under these programs.

The private sector that delivers medical services is primarily designed as a "middle manager" structure, whereby the patient and/or their employer pays a third party entity which in turn contracts with groups of practitioners to provide medical services. There are over 135 "HMO" entities just in California. In the public sector, the administrative costs are between 3% and 5% of every dollar. In the private sector, the administrative costs are 25% of every dollar. Most Californians get their insurance through their employers, and usually are responsible for paying all or a portion of the premium, in addition to subsidizing the cost by paying co-pays, and other out of pocket expenses. Many Californians who are students, or self-employed are unable to afford the premiums, and are forced to go without health insurance. Large portions of the population without access to healthcare pose a serious public health hazard. Individuals who are denied preventive care services for chronic illnesses such as asthma and diabetes are left to seek tertiary care intervention at the Emergency Room, further stretching a system that already cannot bear the stress.

Addressing the Crisis

President Bill Clinton was the first president in fifty years who made a serious effort at alleviating the healthcare crisis by allotting 50 billion dollars for access to healthcare for children. Since then, there have been suggestions to increase coverage for Americans in a benchmark fashion, expanding Medicare to include more people each year. None of these ideas has shown political or economic viability, outlined a comprehensive approach to the healthcare crises, or addressed the issue of sustainability.

Recently, Arnold Schwarzenegger introduced a health care plan for California that shifts the burden of purchasing health care back on to the individual. His plan would require everyone living in California to purchase health insurance. The plan would expand state programs and require contributions from employers, individuals, insurers, medical providers and the government. Once again, the plan continues to assert that health and well-being are perfectly suited to the marketplace. Under this scheme, it is totally acceptable that someone's stock should go up if you or I get a brain tumor, need an MRI, or require hospitalization. With everyone required to purchase insurance plans, it's no surprise who benefits—the insurance companies get an influx of 7 million new consumers. Insurance companies would be required to provide insurance to anyone, but there are no requirements as to what that mandated package would have to include. Employers with more than 10 employees would be required to provide insurance for their employees, or contribute 4% of payroll to a general fund that would then subsidize those who could not afford the premiums. With no requirements for minimum services and continued lack of cost containment, employers have an incentive to buy the cheapest insurance packages possible, resulting in an even greater number of underinsured Californians.

While it historically continues to get demonized as "socialized medicine," the idea of a single payer healthcare system has persisted for years, but was spotlighted last year with the introduction and passage of SB 840. SB 840 calls for a single payer system in California that funnels funding through a single source, while keeping the structure of the healthcare system essentially intact. An independent study by the Lewin Group of a

single payer system in California similar to the one proposed in SB 840 determined that not only would such a system be feasible, but would save California at least 5 billion dollars in the first year alone. Savings would be realized in two ways:

The Act would replace the current system of multiple public and private insurers with a single, reliable insurance plan. This saves about $20 billion in administrative costs.

California would buy prescription drugs and durable medical equipment (e.g., wheelchairs) in bulk.

In addition, state and local governments would save about $900 million, in the first year, in spending for health benefits provided to state and local government workers and retirees. Aggregate savings to state and local governments from 2006 to 2015 are estimated at about $43.8 billion. Employers who currently offer health benefits would realize average savings of 16% compared to the current system. Average family spending for health care is estimated to decline to about $2,448 per family, which is an average savings of about $340 per family. By 2015, health spending in California under the Act would be about $68.9 billion less than currently projected. Total savings over the 2006 through 2015 period would be $343.6 billion. Savings to state and local governments over this ten-year period would be about $43.8 billion. Families with under $150,000 in annual income would, on average, see savings ranging between $600 and $3,000 per family under the program in the first year.

The Lewin Report assumes an insurance plan that covers medical, dental and vision care; prescription drug; emergency room services, surgical and recuperative care; orthodontia; mental health care and drug rehabilitation; immunizations; emergency and other necessary transportation; laboratory and other diagnostic services; adult day care; all necessary translation and interpretation; chiropractic care, acupuncture, case management and skilled nursing care. The Lewin Report model assumes the consumer's freedom to choose his or her own care providers. This means that each Californian will be free to change jobs, start a family, start a business, continue education and or change residences, secure in the knowledge that his or her relationships with trusted caregivers will be secure. The private system of HMOs would be eradicated, along with the most important goal of health and wellness being the "bottom line." Healthcare would be removed from the voracity of the free market, and negligent profiteering of stockholders and CEOs.

After passage by the California Assembly and Senate, SB 840 was vetoed by Governor Schwarzenegger.

Healthcare costs will only continue to escalate as the current generation ages, and the medical technology becomes ever more complex. The plan to rescue the healthcare system in California and in the country by expanding coverage of individuals in the same system that is clearly ineffective might quite possibly be the definition of insanity.

For more information about single payer healthcare, please visit www.healthcareforall.org.

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