



The Forum

NEWSLETTER OF THE MASSACHUSETTS CHAPTER AMERICAN ACADEMY OF PEDIATRICS

PRESIDENT'S MESSAGE

RESOLUTIONS FOR 2005

This is the first issue of *The Forum* for 2005. Since we are starting a new year, I thought I'd list my New Year's resolutions for the MCAAP. Most of these resolutions are seemingly unobtainable. I want you to know that the Chapter is working on all of them, and then some. I have limited space for this message, so let me list my top ten (not in order of importance):

- ★ **Create adequate access to pediatric mental health care.** This issue is a constant problem for us and one that we are working on through a variety of venues.
- ★ **Achieve normal BMI's for every child.** Now that's pie in the sky! We continue to work with a variety of agencies through our obesity subcommittee to reach this goal.
- ★ **Use tobacco settlement money for what is intended.** The money should be allocated to tobacco cessation programs and the treatment of health-related problems.
- ★ **Limit "screen time" to 2 hours per day.** This includes all screens — TV, video game, computer — in the never-ending quest to get kids moving.
- ★ **Tort reform.** Join our colleagues in striving toward developing a reasonable plan to prevent poor medical outcomes.
- ★ **Create electronic medical records that are affordable and talk to each other.** Wouldn't that be wonderful to be able to access

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Meningococcal Legislation

Kafi Sanders, M.P.H.

Recently, two pieces of legislation were enacted related to meningococcal disease and vaccination.

PROMOTING AWARENESS ABOUT MENINGOCOCCAL DISEASE AND VACCINE

This statute promotes awareness of meningococcal disease and immunization. It requires the dissemination of information about the risks of meningococcal disease and the availability, effectiveness, and risks of meningitis vaccine in a variety of settings, including day care centers, schools, and camps.

REQUIRING MENINGOCOCCAL VACCINATION OF CERTAIN STUDENTS

This statute requires meningococcal vaccination for students at secondary and post-secondary schools that provide housing or license housing. Beginning in August 2005, all entering students, including full- and part-time graduate and undergraduate students, will need to receive meningococcal vaccine prior to the start of classes. This is regardless of whether the student resides in campus-related housing or not.

One significant difference between this new statute and previous immunization-

related statutes is that it provides an exemption for students who sign a waiver that reviews the dangers of meningococcal disease and indicates that the vaccination has been declined. To qualify for this exemption, students, or if the student is under 18 years of age, a parent or legal guardian, must review and sign the Massachusetts Department of Public Health-developed waiver stating that they have read and understand the information related to the risks of meningococcal disease and are foregoing vaccination. Students with a medical or religious exemption would not be required to receive meningococcal vaccine or complete a waiver.

The Department is currently developing appropriate educational materials, meeting with stakeholders, and drafting regulations to further define these two new statutes.

MENINGOCOCCAL VACCINE

The currently available vaccine provides protection against four serogroups of the bacteria (A, C, Y, and W-135). These four serogroups account for approximately two-thirds of the cases that occur in the

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Protecting Yourself From E-mail Viruses

The MCAAP Technology Committee

David Chung, M.D., FAAP
Bill Adams, M.D., FAAP
David Norton, M.D., FAAP

In the latter part of 2004, the mcaap.org server began passing along hundreds — or maybe even thousands — of viral e-mail messages because one or more people on our e-mail list was infected with a computer virus such as W32.Sober.I@mm. These e-mail viruses are tricky, because when they arrive in your mailbox, they may be messages with attachments from someone you know. For this reason, you shouldn't open attachments — even if you know the sender of the e-mail —

unless you're expecting a specific message from that person.

If you take nothing else from this article, please remember the following:

- ★ Do not open e-mail attachments unless you are expecting them.
- ★ Purchase online antivirus software that is automatically updated. McAfee, Symantec, and Zone Labs all have reasonably priced products (about \$25–50 per year) that will protect you and your electronic contacts.
- ★ Just because you're not getting virus-infected e-mails in your inbox doesn't mean you're not infected.

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MCAAP Members and Staff Receive Awards and Appointments

AWARDS

Carole Allen, M.D., FAAP

AAP Special Achievement Award
"For her superb work to eliminate smoking throughout Massachusetts and other activities on behalf of children"

Bonney Erskine

AAP Certificate of Appreciation
"In deeply grateful recognition of decades of dedicated and heartfelt service to the Massachusetts Chapter of the American Academy of Pediatrics and the generations of children who have grown up healthier and happier thanks to her loving commitment."

Corinne Ertel, M.D., FAAP

Newton Wellesley Hospital — The Locke Award for Excellence in Teaching Medical Students and House Officers in Pediatrics

Walter Harrison, M.D., FAAP

AAP Special Achievement Award
"For ground-breaking efforts to improve mental health services for children and his efforts on behalf of pediatricians in the state"

Jeffrey Lasker, M.D., FAAP

AAP Quality of Care Award

Hadassa Kubat, D.Sc, MPH

AAP Certificate of Appreciation
"In deep appreciation for the extraordinary, innovative, and tireless work, advocacy, and leadership she has given the Immunization Initiative of the Massachusetts Chapter of

the American Academy of Pediatrics, the Chapter's pediatricians, the public health community at large, and all the children of Massachusetts"

Alan Meyers, M.D., FAAP

AAP Special Achievement Award
"For his dedicated efforts to achieve universal health care and for his enduring advocacy on behalf of children"

Patricia Moffatt, M.D., FAAP

AAP Special Achievement Award
"For her tireless efforts to involve residents and students in chapter activities on behalf of children"

Patricia Moffatt, M.D., FAAP

Newton Wellesley Hospital — The Locke Award for Excellence in Teaching Medical Students and House Officers in Pediatrics

Lynda Young, M.D., FAAP

Ambulatory Pediatrics Association (APA) — National Community Pediatric Teaching Award

APPOINTMENTS

Carole Allen, M.D., FAAP

Member, AAP Committee on State Government Affairs

Patricia O'Malley, M.D., FAAP

Member, AAP Committee on Pediatric Emergency Medicine

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MCAAP COMMITTEES & ADMINISTRATIVE APPOINTMENTS

AAP Breastfeeding Coordinators Susan Browne Jean Sheeley	Environmental Hazards Open Fetus & Newborn Elizabeth Brown	Legislation Eric Fleegler Carole Allen	Nutrition Open
Bylaws Committee Carole Allen	Finance Committee Paul Schreiber	Massachusetts Healthy Families Howard King	Obesity Committee Alan Meyers Julie Meyers
CATCH Co-Coordinator Robert Kossack Emily Roth	Forum Editor David Chung	Membership Patricia Moffatt	Pediatric Council Walter Harrison
Child Abuse & Family Violence Robert Nelken	Foster Care Linda Sagor	Mental Health Task Force Walter Harrison Eugenia Marcus	Pediatric Practice Open
Committee on Adolescence Harris Faigel	Immunization Initiative Sean Palfrey Hadassa Kubat	PROS Network Coordinators Hank Bernstein Ben Scheindlin	School Health Linda Grant
Continuing Medical Education Mary Beth Miotto	Infectious Disease Sean Palfrey	MMS Delegate/ House of Delegates Carole Allen	Substance Abuse John Knight
Developmental Disabilities Richard Antonelli	Injury Prevention & Poison Control Paul Schreiber	MMS Interspeciality Committee Representatives Open	Technology David Norton William Adams
Emergency Pediatric Services Patricia O'Malley	International Child Health Open	Nominating Committee Eugenia Marcus	

Advocate for Tobacco Control

Carole Allen, M.D., FAAP

Thirteen years ago Question One was passed by Massachusetts voters, establishing a 25-cent cigarette tax to fund the Massachusetts Tobacco Control Program. This tax, together with other tobacco taxes and the Tobacco Settlement Fund generated by the Master Settlement Agreement between the states and the tobacco makers, brings in \$700 million dollars to Massachusetts each year. The FY 2005 budget passed by the Legislature appropriated only \$3.7 million for tobacco control, a dramatic reduction from the approximately \$50 million dedicated to tobacco control 10 years ago. This reduction is directly hurting children; a study commissioned by Tobacco Free Mass showed, that since 2002, communities that lost tobacco control programs saw illegal sales to minors nearly double.

The Tobacco Free Mass Coalition is hoping to convince the Legislature that funding for tobacco control programs is a necessary and wise investment. We have filed legislation entitled, "Restoring the Trust," a bill aimed at reinstating both the Health Protection Fund established by Question One and the Tobacco Settlement Fund. We hope this bill will reopen discussion about the importance of effective programs to prevent youth smoking. As state budget planning begins, we are requesting \$11 million for tobacco control for FY 2006. This is one-third of the CDC recommended level of funding for a tobacco prevention program in Massachusetts, a modest but realistic request, given current fiscal realities. Please contact your legislator and request support of tobacco control funding and the Restore the Trust Bill.

My term as chair of Tobacco Free Mass is coming to an end. Our great success this year was passage of a statewide smoke-free workplace bill that went into effect on July 5th. This legislation prohibits smoking in all Massachusetts workplaces, including restaurants and bars. The coming year promises to be exciting as discussion ensues over the Restore the Trust legislation. While I will continue to work with the Coalition, there are wonderful opportunities for other members of the Mass Chapter to become involved in supporting this important cause. To learn more about the Coalition, visit www.tobaccofreemass.org. If you would like to participate in any way with the Coalition, please contact me at callen@mcaap.org, or contact Cathleen Haggerty at chaggerty@mcaap.org.

Awards and Appointments

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Benjamin S. Siegel, M.D., FAAP

Member, AAP Committee on Psychosocial Aspects of Child and Family Health

ELECTED

Eileen Ouellette, M.D., FAAP

President-Elect of the AAP

AAP RESIDENT CATCH GRANTS

Elizabeth Miller, M.D.

"Adolescent Health Initiative After-School Program"

Jessica Madden, M.D.

"Healthy Kids, Smart Choices"

MCAAP INTERNATIONAL AND DEVELOPING NATIONALS HEALTH STUDIES SCHOLARSHIP

Vandana Madhavan, M.D.

Universidade Federal do Ceara Fortaleza, Brazil

Anne Nugent, M.D., FAAP

Community Health Center Hospital, Zumbahua, Ecuador

The Forum regularly features Chapter members who have received awards or honors. If you have recently received an award or honor, please submit your name to Cathleen Haggerty at chaggerty@mcaap.org.

Advances in Spinal Cord Injury Awareness

Eric Ruby, M.D., FAAP

In 2000, Dr. Eric Ruby's son, Ethan Ruby, was struck by a sports utility vehicle while crossing a New York City street and suffered spinal cord injuries that left him paralyzed from the chest down. Ethan, then 25 years old, was a day trader with his own Wall Street company. Since that time, all the Ruby family members have become powerful advocates for spinal cord injury (SCI) awareness. As a direct result of the efforts of MCAAP member Dr. Eric Ruby, Governor Mitt Romney issued a proclamation designating September as Spinal Cord Injury Awareness Month. The proclamation was issued in September 2004 at the State House. At the event, SCI sufferers and advocates, state representatives, community members, and other local organizations had an excellent opportunity to network and learn about each other's roles in helping those with SCI.

Recently, legislation was enacted that could raise as much as \$1.6 million dollars annually for SCI research. The bill, entitled, "An Act Establishing a Spinal Cord Injury Trust Fund," was passed with the support and sponsorship of Representative James Fagan (D-Taunton), Representative Shirley Gomes (R-Harwich), and State Senator Marc R. Pacheco (D-Taunton).

The new law assesses a \$50 surcharge for people seeking license reinstatement after their third speeding conviction within a one-year period, or fifth moving violation or other surcharge-applicable offense within a three-year period. Half of the proceeds will go to spinal cord injury research and the other half will go to the state's general fund.

Dr. Ruby states "I have a very strong interest in having other pediatricians make a difference, not just patient by patient, but on a larger scale. As John Kennedy said, 'Children are the world's greatest resource and its best hope for the future.' We need to encourage and educate children to use their minds and bodies for the betterment of all of us." Dr. Ruby is active in an organization called Massachusetts Walks Again whose mission is to increase awareness of SCI and to increase funding for SCI research. If you are interested in learning more about Massachusetts Walks Again or other ways to advocate for SCI awareness and/or research, please contact Dr. Ruby at docruby22@yahoo.com.

Note: Dr. Ruby's family appeared on the local television program Chronicle on October 29, 2004.

LOOKING FOR POSITION:

Name: Withheld by request

Contact: Jennifer Feldman
 Back Bay Healthcare Resources
 (617) 515-9651
 JFeldman@backbayhealth.com

Residency: North Shore University Hospital,
 Manhasset, New York

Residency Completion:
 June 2001

Availability: April 2005

Description: Board certified pediatrician,
 FAAP, licensed in Massachusetts,
 seeking private-practice setting.
 Areas of interest include sports
 medicine and asthma preven-
 tion and education. Thirty-mile
 radius of Boston is preferred.

LOOKING TO HIRE OR BE HIRED?

Job listings are a free service provided by *The Forum* to MCAAP members and residents completing their training. Nonmembers may submit ads for a fee.

If you are looking to fill a position

MCAAP members: Free

Nonmembers: \$250

Please submit the following information:

- Practice Name
- Position Title and Description (25-word limit)
- Availability (e.g., starting July 2005)
- Contact Name
- Address, Telephone Number, E-mail Address

If you are looking for a job

*MCAAP members and residents: Free
 Nonmembers: \$50*

Please submit the following information:

- Your Name
- Contact Information
- Residency Program
- Availability (e.g., available now)
- Comment (25-word limit)

Please send text information via e-mail to **dchung@mcaap.org**. Checks may be mailed to the MCAAP office, c/o Cathleen Haggerty, Executive Director, P.O. Box 9132, Waltham, MA 02454-9132. All submissions must be received by March 15, 2005, to be included in the next issue of *The Forum*. All submissions are subject to review for appropriateness.

**For information, please contact the editor at
 dchung@mcaap.org.**



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International and Developing Nations Health Studies Grant

Vandana Madhavan, M.D.

In March 2002, I returned to Charlottesville eager for Match Day, but simultaneously reluctant to leave Fortaleza, Brazil, where I had spent two incredible months. I was the latest in a long line of medical students, residents, fellows, and attendings who had taken advantage of the long-standing collaboration between the University of Virginia (UVA) and the Universidade Federal do Ceara. Richard Guerrant, M.D., and Aldo Lima, M.D., have spearheaded many research projects and outreach efforts in several *favelas* (slums) of Fortaleza, a city of two million and much socioeconomic disparity on the Northeastern coast of Brazil. During my time there I concentrated on two projects: analyzing the cognitive effects of early childhood diarrhea by administering TONI and WISC-III subtests to children who had been part of a longitudinal diarrhea study in infancy, and collecting pedigree information from families in these studies to determine potential genetic predispositions to disease burdens.

During the next two years in the Massachusetts General Hospital pediatric residency program, I continued to correspond with my colleagues at UVA. As part of a call-free elective, I chose to return to Fortaleza. The day before I left, I was thrilled to receive news of my MCAAP International and Developing Nations Health Studies Grant, as it covered more than half of my airfare. For my month in Brazil, I had three main goals: one, to advance the research projects I had previously participated in; two, to incorporate more clinical medicine into my experience; and three, to continue to improve my Portuguese, which I had used throughout residency with the large Brazilian population in Boston.

Revisiting my research on diarrhea in Fortaleza, I continued fieldwork with *agents da saude* (*favelas* residents trained in data collection for the various projects) and added fifty-plus children and 400 relatives to the existing pedigrees by interviewing families and sifting through demographic data and government documents. Similar work in Nepal has shown definite familial associations with levels of parasitic burden, and the high power of the study in Fortaleza promises to reveal similar results. It was exciting for me to

continue this project and to remain in the loop as it progressed.

I also finalized a Global Positioning System (GPS) project started by a medical student during the summer of 2004. Satellite maps of the *favelas* were obtained, and the team marked locations of the houses in which diarrhea-study participants lived at the time of data collection. I spent several afternoons in the communities, adding locations, where possible, and confirming that others were unknowable (e.g. houses that had been built on the site of a present-day lake). Water sources were also mapped, and we

“I was able to see both pediatric and adult patients with tetanus, cutaneous and visceral leishmaniasis, paracoccidiomycosis, and cerebral abscesses of unknown etiology ... I feel I had a brief but intense introduction to issues in tropical medicine in Fortaleza.”

looked for geographic clustering or patterns of disease, such as has been shown in African GPS studies tracking malaria and schistosomiasis.

My goal to obtain more clinical experience was successful and my trip was more rewarding the second time, because my Portuguese was better and I had over two years of residency under my belt. I spent many mornings on the pediatric ward of Hospital Sao Jose, the city's infectious disease hospital. I attended rounds and resident conferences, often acting as an informal consultant on American practices; for example, on our first-line use of vancomycin for meningitis secondary to increased streptococcal resistance, an entity much rarer in Brazil. While some diseases were familiar, the details were markedly different; immunocompetent children with severe complications of varicella were always present on the service and bacterial meningitis (in all the

classic textbook manifestations) was also much more common. I was able to see both pediatric and adult patients with tetanus, cutaneous and visceral leishmaniasis, paracoccidiomycosis, and cerebral abscesses of unknown etiology. In addition, I always saw HIV/AIDS and tuberculosis patients. There is no yellow fever or malaria in coastal Brazil, and dengue appears during the wet season. Overall, I feel I had a brief but intense introduction to issues in tropical medicine in Fortaleza.

Due to the holidays during my visit, I had the opportunity to travel within Ceara and Brazil. I was able to improve my command of idiomatic Portuguese, not only through interactions with my host family and work in the *favelas*, but also through activities such as taking a *capoeira* (an unusual martial arts/dance form) class and attending a *candomble* (an Afro-Brazilian religious tradition) ceremony in Salvador, and following mayoral elections in Fortaleza. While I will never be fluent in Portuguese, as I only commenced my study of the language in my mid-twenties, I certainly feel more confident in my skills and have already used them back in residency. I also treasure the friends I made in Fortaleza.

I strongly encourage fellow pediatric residents — and medical students — to consider electives in the developing world to broaden their clinical and life experiences. The MCAAP is committed to supporting such endeavors through grants. If you have any questions, please feel free to e-mail me at vmadhavan@partners.org.

Meningococcal Legislation

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U.S. each year. Most of the remaining one-third of the cases is caused by serogroup B, which is not contained in the vaccine. Protection from immunization with the meningococcal polysaccharide vaccine is not lifelong; it lasts about 3 to 5 years in healthy adults (some people may be protected longer).

If you have questions about these new laws, please contact the Immunization Program at (617) 983-6800.

Chapter Leadership Working to Develop a 501(c)3 Foundation

Cathleen Haggerty

For the past few years, members of Chapter's Executive Board have considered establishing a 501(c)3 Foundation. Currently, the Chapter has a 501(c)6 tax status, primarily so the Chapter can lobby on behalf of children. Also establishing a 501(c)3 Foundation would allow the Chapter to fundraise and accept tax-deductible donations.

Chapter leadership feels that the development of a 501(c)3 Foundation must include a clear vision as to how it will operate, obtain funding, and how it should be sustained. Chapter Executive Board members met with Jodi Wolin, chief development officer at the Children's Trust Fund, who provided insight as to how a foundation for children operates and how it secures funding. As a result of this meeting, the Chapter decided that a feasibility study should be performed to answer questions about whether or not a 501(c)3 Foundation would be beneficial to the Chapter, and ultimately, to the state's children. It was determined that a feasibility study would cost about \$40,000. Chapter leadership considered this amount prohibitive.

In the summer 2004, the Executive Board decided to employ New Sector Alliance, a nonprofit consulting enterprise sponsored by Accenture.* New Sector Alliance matches Harvard and MIT business-school students with nonprofit

agencies to provide consulting services. For \$6,000, the Chapter employed a student team to perform a feasibility study throughout the 2004 fall semester. Each team is comprised of an Accenture executive advisor, one or two experienced managers who serve as team coaches, two to six business-school and college students, and a faculty sponsor. After completing a New Sector Alliance training program, led by Accenture and nonprofit sector experts, the teams work alongside the nonprofit clients, sharing their knowledge and skills, and learning from mentoring and project work.

Throughout the semester, the team has been in weekly contact with Lynda Young, M.D., and Sean Palfrey, M.D., in an effort to gain a clear understanding of the Chapter and to encourage ongoing project assessment and suggestions. The team interviewed other AAP Chapters, potential grantors, and children's foundations to help determine how other foundations operate and which grantors are funding which type of grants and organizations for children.

The final results of the feasibility study will be published in the next edition of *The Forum* and will be shared with the AAP and other state Chapters.

**Accenture is a global-management consulting, technology services, and outsourcing company.*

Health Insurance Assistance for Low-Income Families and Small Businesses

Insurance Partnership

The Insurance Partnership, a program created by the Commonwealth of Massachusetts, makes health insurance more affordable for qualified small business owners (including the self-employed) with lower income employees. It is not a health plan itself.

To qualify, a business must meet the following criteria:

- ★ Employ 50 or fewer full-time employees (or be self-employed)
- ★ Offer or plan to offer comprehensive health insurance to its employees
- ★ Contribute or be willing to contribute at least 50% of the cost of the insurance purchased by the employee

To qualify, an employee must meet the following criteria:

- ★ Be a resident of Massachusetts between the ages of 19 and 64 (inclusive)
- ★ Receive or plan to receive comprehensive health insurance through his or her qualified employer
- ★ Have a family income below twice the Federal Poverty Level

More information can be found on our website at www.4ip.org or by calling us at (800) 399-8285.

Seeking Legislative Key Contacts

Cathleen Haggerty

The Chapter's Legislative Committee is in the process of recruiting Chapter members for the role of legislative "key contacts." Ideally, key contacts already have working relationships with their legislators. However, anyone interested in becoming an advocate for children is encouraged to learn more about how to become a key contact. In this role, you may be asked to represent the Chapter regarding legislation that affects children. This may entail contacting senators/representatives in your district or

lending input to the Chapter's Legislative Committee. For more information, please contact Carole Allen, M.D., or Eric Fleegler, M.D., at callen@mcaap.org or efleegler@mcaap.org.

Also, if you would like to receive periodic updates about legislation specific to Massachusetts children, please contact Cathleen Haggerty at chaggerty@mcaap.org, and she will add you to the Chapter's legislative listserv.



NIH Internet Encopresis Study

Encopresis is estimated to affect more than two million children. Researchers at the University of Virginia have developed an intervention incorporating behavioral treatment and education with medical management. It has been found to be effective in clinical settings, and was recently transformed into an internet intervention. The program underwent successful pilot testing, and a national trial of this program is underway. Physicians who treat pediatric encopresis are needed to participate in this NIH treatment outcome study. Physicians will continue to treat their patients, but half will be randomized to also receive access to our web program. Both patients and physician offices will be financially compensated. To qualify, physicians must see at least four primary encopretic children between the ages of 6 and 12 each year. If you are interested in learning more, please call (434) 924-8020 or toll-free at (800) 251-3627, ext. 48020, or e-mail study@ucanpooptoo.com. HIC #11116.

Pediatric Overweight Treatment Resources

David Chung, M.D., FAAP

The Massachusetts Overweight Prevention and Control Initiative of the Department of Public Health has put together a guide of treatment programs for obesity and overweight. The guide is intended as a resource for parents and providers looking for help in treating this increasingly common problem. The resource guide provides information on programs statewide, including ages serviced, treatment goals, treatment format

(individual versus group therapy), frequency of sessions, health care staff participation (endocrinologists, physical therapists, nutritionists, etc.), languages spoken, and cost information. Some of the programs are funded by grants and are available at no cost, others may have coverage through health insurance, and some are cash-only with prices ranging from \$150 to \$200. This 73-page resource is available on our website at www.mcaap.org in the downloads section.

The MCAAP Research Council

Cathleen Haggerty

The MCAAP Research Council was formed to provide assistance to Chapter members in finding research grant opportunities, applying for grants, and research planning. Since its inception in February 2004, the Council has been successful in helping members in the approach to

research and research funding. The Council will identify Chapter members to mentor potential member researchers. If you would like assistance from the Research Council, please contact Cathleen Haggerty at (781) 895-9852 or via e-mail at chaggerty@mcaap.org.



Jack Maypole

Call for Nominations

Cathleen Haggerty

This spring, positions for the MCAAP Executive Committee District Representatives will become available for Districts 3, 4, 5, 6, 7, 9, and 10. All nominees must be members in good standing in the MCAAP. Please send nominations to Cathleen Haggerty via e-mail at chaggerty@mcaap.org, fax at (781) 895-9855, or mail to P.O. Box 9132, Waltham, MA 02454-9132. Nominations must be received by February 28, 2005, and ballots will be mailed the first week of March. Communities in each district are listed below.

DISTRICT NO. 3

BRISTOL COUNTY

Attleboro
Fall River
*Wds. 1, 2, 3;
Wd. 4, Pcts. A, B;
Wd. 5, Pcts. A, B;
Wd. 6, Pcts. B, C;
Wd. 8, Pct. D*

North Attleborough
Rehoboth
Seekonk
Somerset
Swansea

MIDDLESEX COUNTY

Ashland
Holliston
Hopkinton
Marlborough

NORFOLK COUNTY

Franklin
Medway
Plainville
Wrentham

WORCESTER COUNTY

Auburn
Boylston
Clinton
Holden
Northborough
Paxton
Princeton
Rutland
Shrewsbury
Southborough
West Boylston
Westborough
Worcester

DISTRICT NO. 4

BRISTOL COUNTY

Acushnet
Berkley
Dartmouth
Dighton
Fairhaven

FALL RIVER

*Wd. 4, Pct. C;
Wd. 5, Pct. C;
Wd. 6, Pct. A;
Wd. 7;
Wd. 8, Pcts. A, B, C;
Wd. 9*

Freetown
Mansfield
New Bedford
Norton
Raynham
Taunton
Westport

MIDDLESEX COUNTY

Newton
Sherborn

NORFOLK COUNTY

Brookline
Dover
Foxborough
Millis
Norfolk
Sharon
Wellesley

PLYMOUTH COUNTY

Halifax
Lakeville
Marion
Mattapoisett
Middleborough
Rochester
Wareham

DISTRICT NO. 5

ESSEX COUNTY

Andover
Haverhill
Lawrence
Methuen

MIDDLESEX COUNTY

Acton
Ayer
Billerica
Boxborough
Carlisle
Chelmsford
Concord
Dracut
Dunstable
Groton

HUDSON

Littleton
Lowell
Maynard
Shirley
Stow
Sudbury
Tewksbury
Tyngsborough
Wayland
Pcts. 1, 3, 4

WESTFORD

WORCESTER COUNTY

Berlin
Bolton
Harvard
Lancaster

DISTRICT NO. 6

ESSEX COUNTY

Amesbury
Beverly
Boxford
Danvers
Essex
Georgetown



Gloucester
 Groveland
 Hamilton
 Ipswich
 Lynn
 Lynnfield
 Manchester-by-the-Sea
 Marblehead
 Merrimac
 Middleton
 Nahant
 Newbury
 Newburyport
 North Andover
 Peabody
 Rockport
 Rowley
 Salem
 Salisbury
 Saugus
 Swampscott
 Topsfield
 Wenham
 West Newbury

MIDDLESEX COUNTY

Bedford
 Burlington
 North Reading
 Reading
 Wakefield
 Wilmington

**DISTRICT NO. 7
 MIDDLESEX COUNTY**

Arlington
 Belmont
 Everett
 Framingham
 Lexington
 Lincoln
 Malden
 Medford
 Melrose
 Natick
 Stoneham
 Waltham
 Watertown
 Wayland
Pct. 2
 Weston
 Winchester
 Woburn

SUFFOLK COUNTY

Revere
 Winthrop

DISTRICT NO. 9

BRISTOL COUNTY

Easton

NORFOLK COUNTY

Avon
 Braintree
 Canton
 Dedham

Holbrook
 Medfield
 Milton
 Needham
 Norwood
 Randolph
 Stoughton
 Walpole
 Westwood

PLYMOUTH COUNTY

Bridgewater
 Brockton
 East Bridgewater
 Hanson
Pcts. 1, 3
 West Bridgewater
 Whitman

SUFFOLK COUNTY

Boston
*Wd. 3, Pcts. 5, 6;
 Wd. 5, Pcts. 3-5, 11;
 Wd. 6;
 Wd. 7, Pcts. 1-9;
 Wd. 13, Pcts. 3, 7-10;
 Wd. 15, Pct. 6;
 Wd. 16, Pcts. 2, 4-12;
 Wd. 17, Pcts. 4,
 13, 14;
 Wd. 18, Pcts. 9-12,
 16-20, 22, 23;
 Wd. 19, Pcts. 2, 7,
 10-13;
 Wd. 20*

**DISTRICT NO. 10
 BARNSTABLE COUNTY**

Barnstable
 Bourne
 Brewster
 Chatham
 Dennis
 Eastham
 Falmouth
 Harwich
 Mashpee
 Orleans
 Provincetown
 Sandwich
 Truro
 Wellfleet
 Yarmouth

DUKES COUNTY

Aquinnah
 Chilmark
 Edgartown
 Gosnold
 Oak Bluffs
 Tisbury
 West Tisbury

NANTUCKET COUNTY

Nantucket

NORFOLK COUNTY

Cohasset
 Quincy
 Weymouth

PLYMOUTH COUNTY

Abington
 Carver
 Duxbury
 Hanover
 Hanson
Pct. 2
 Hingham
 Hull
 Kingston
 Marshfield
 Norwell
 Pembroke
 Plymouth
 Plympton
 Rockland
 Scituate



E-mail Viruses

continued from page 1

WHAT DOES THE SOBER E-MAIL VIRUS DO?

The Sober e-mail virus, like many e-mail viruses, takes e-mail addresses from various places on your computer and sends e-mail to them. The virus changes the "From" and "To" fields to make a message's origin impossible to determine. In other words, if you get an e-mail from JohnDoe@hotmail.com, more than likely, John Doe's computer is not infected. Rather, someone who has your e-mail address and John Doe's e-mail address is infected and doesn't know it. If you open a Sober virus attachment, the only thing you'll see is a fake error message that says "WinZip_Data_Module is missing ~Error: {2A0DCCF6}." You can see the error message and more details about the virus at http://us.mcafee.com/virusInfo/default.asp?id=description&virus_k=130130.

President's Message

continued from page 1

each other's and our patients' information in a secure and efficient manner, no matter which system we use?

- ★ **Develop an effective alternative to the CHINS petition.** This is an area in which MCAAP is working with DSS and a variety of other agencies.
- ★ **Achieve effective gun control.** Through legislation, education – whatever it takes – decrease the mortality and morbidity associated with guns.
- ★ **Decrease drunk driving.** Again, through legislation and education this can be achieved.
- ★ **Remove soda from the school system.** This goes along with the BMI wish for children.

The list could go on and on, but this is a start and food for thought.

May you all have a happy and healthy new year and continue to work with us to make these goals come true.

–Lynda Young, M.D., FAAP

HOW CAN YOU TELL IF YOUR COMPUTER IS INFECTED WITH THE SOBER E-MAIL VIRUS?

First of all, if you see the error message above, your computer is undoubtedly infected. If you can't be sure, many antivirus company websites have some useful scanning tools. If you don't have good antivirus protection, you should use one of these scanning tools to examine your computer. McAfee's Stinger detection tool is a reliable choice. To obtain it, go to <http://vil.nai.com/vil/stinger/> and download and install the Stinger application. Scan your entire C: drive. It will take about two hours, so you can set it up and go do something else, or scan your computer overnight. If you find viruses on your computer, you should purchase and install an antivirus program.

WHAT IF I ALREADY HAVE ANTIVIRUS PROTECTION? IS IT POSSIBLE MY COMPUTER COULD STILL BE INFECTED?

The answer is a very strong yes if your antivirus program does not perform automatic updates. Newer antivirus programs typically search for updates every time you start up your computer. Older programs had only manual updates. If you have an older version of an antivirus program, such as the one that came with your computer five years ago when you bought it, your virus definitions are probably woefully outdated. Even if you have a newer antivirus program, if you keep your computer on at all times, it will not automatically look for updates because your computer is never restarted. As a general rule, it is a good idea to shut down your computer at the end of the day for a variety of reasons, not the least of which includes decreasing wear on your computer's expensive fan system. Finally, even if you have up-to-date virus definitions, virus architects are always trying to write new virus code. If you happen to open up a virus before your antivirus company comes out with new definitions, your computer will get infected.

WHAT ELSE CAN I DO TO KEEP MY COMPUTER SECURE FROM ONLINE THREATS?

Okay, you have the latest antivirus software, and you are careful about opening attachments in e-mail. There are still two more important aspects of computer

security. The first thing you should do is update your computer with the latest security updates for operating systems. Windows XP recently came out with its Service Pack 2, which contains many security upgrades. Hackers have been able to gain access to Microsoft's Windows XP programming code and have found many ways to take advantage of it. The bottom line is that if someone is able to tap into your computer via the internet, they will have the ability to browse your files as easily as you do, and they may be able to find all kinds of stored personal and financial information. The updates in Service Pack 2 have been designed to help reduce this risk.

The second aspect of computer security is knowing when people are trying to access your computer and when programs on your computer are trying to access the internet, with or without your knowledge. A firewall program helps keep your computer from talking to other computers without your permission. It is important to note that the Windows Firewall that comes with Service Pack 2 is not sufficient enough, because it only blocks incoming traffic to your computer. If a program is downloaded to your computer and is silently tracking all of your keystrokes, it can send out information at any time without your knowledge. These programs, called keyloggers, can be transferred to your computer unbeknownst to you. If you go to a website and simply view a webpage, this type of program can be loaded onto your computer without you clicking any additional buttons. Zone Alarm is a free firewall from Zone Labs that will block incoming and outgoing traffic. The company will try to sell you optional upgrades and additional security services, but the free firewall works very well in itself.

It's an online jungle out there, and just as you need to monitor and maintain your physical health, you need to maintain your computer's health. In order to help stem the tide of e-mails gumming up the electronic highway, it is important for everyone to investigate if his or her computer is infected. In addition, in order to reduce the risk of becoming an identity-theft victim, you should install a firewall program and perform the operating system updates recommended by Microsoft.



PARTNERS IN PREVENTION



Announcing a fun, interactive, easy to navigate, free web-based training course that offers continuing education credits!

If you are a healthcare provider, laboratorian, or state or local public health professional, check out the Massachusetts Department of Public Health's new on-line training course, *Partners in Prevention: Infectious Disease Surveillance, Reporting and Control in Massachusetts*.

- This is an introductory course for persons who are mandated by Massachusetts laws and regulations to participate in infectious disease surveillance and reporting, but may be new to or unfamiliar with their roles and responsibilities.
- Each section takes about 15 minutes to complete and has study questions to help you prepare for the final test.
- Topics include infectious disease surveillance, reporting and control; legal and confidentiality requirements; isolation and quarantine; and infection control measures.
- Continuing education credits are available for Physicians, Nurses, Certified Health Officers, Registered Sanitarians, and EMTs.

To register for the course, go to ma.train.org, register as a new user and search for the course *Partners in Prevention* among the listings. There is no fee.

If you have any questions about registration using TRAIN-Massachusetts, please contact Steve Fleming at 617-983-6800 or stephen.fleming@state.ma.us.

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The Forum

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Parent Resource Network (PRN) Line

Kara Keenan

The Parent/Professional Advocacy League (PAL) has created a statewide, confidential, toll-free Parent Resource Network (PRN) Line. The PRN Line provides information, referrals, and support to parents of children with mental health needs. The line receives calls on topics ranging from school behavior problems to IEPs, eating disorders, depression, ADD/ADHD, and others. The toll-free PRN Line phone number is (866) 815-8122. You can find further information about the PRN Line and PAL on their website at www.ppal.net.

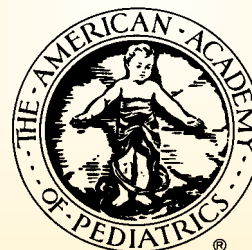
PAL Parent/Professional Advocacy League
Massachusetts State Organization, Federation of Families for Children's Mental Health

SAVE THE DATE • SAVE THE DATE

MCAAP Annual Meeting

Wednesday, May 11, 2005
10 a.m. – 4 p.m.

*Massachusetts Medical Society Headquarters
at Waltham Woods
Waltham, MA*



SAVE THE DATE • SAVE THE DATE