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Bulletin

7th District
Medical Society Meeting
Thursday, June 21, 2018

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Thursday, June 21, 2018

6:30 PM - 10:00 PM

Riley Children's Health Sports Legends Experience
The Children's Museum
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7

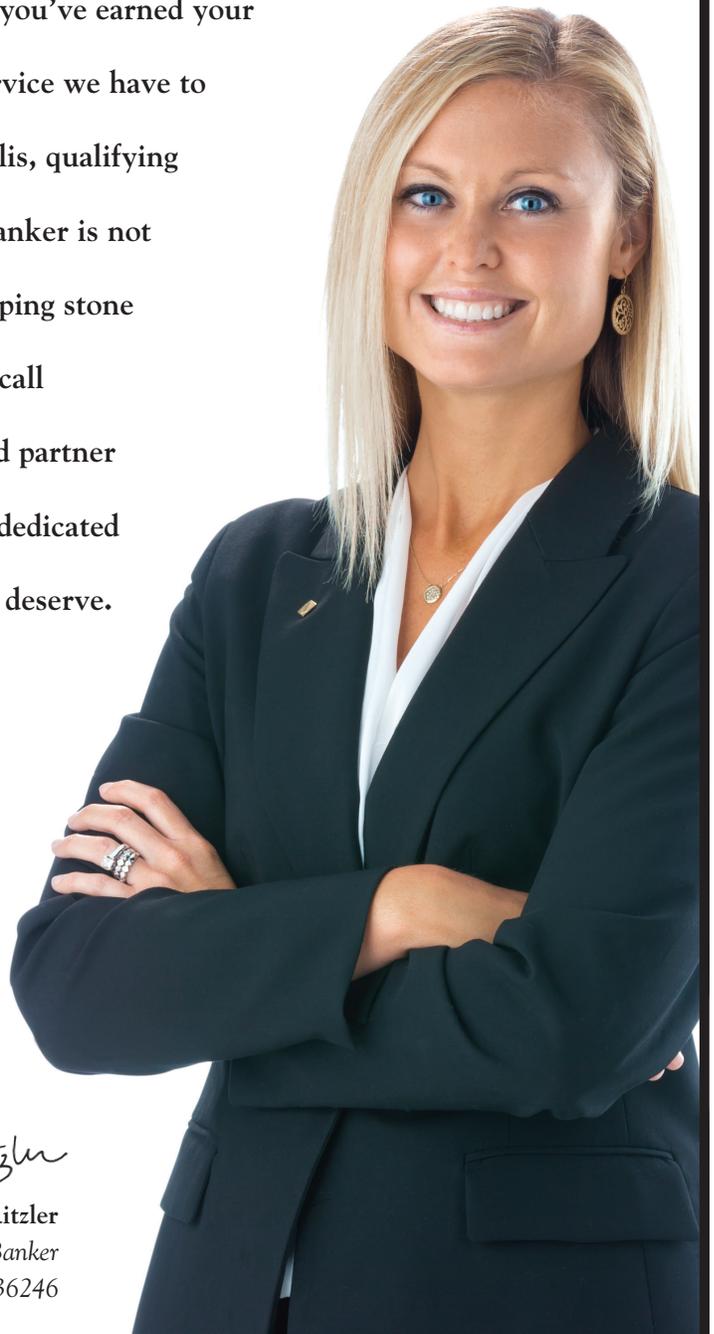
Bring your family and enjoy a night out
at the newly opened
Riley Children's Health
Sports Legends Experience
at The Children's Museum

This meeting will serve as the Annual Meeting for both the Indianapolis Medical Society and the 7th District and will include elections for both entities.

Questions? Phone IMS Headquarters @ 317-639-3406, ims@imsonline.org

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Bulletin

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President
Mary Ian McAteer, MD

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ims@imsonline.org

The Bulletin invites news from and about members of the Indianapolis Medical Society. Copy deadline: First of the month preceding month of publication.

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We like to feature photographs or other artwork shared by IMS members on the cover of *The Bulletin*. Submit photographs, artwork, etc., to ims@imsonline.org.

The Bulletin is your magazine. Share your views by submitting reprints of your published articles; articles written expressly for *The Bulletin*; quips; short stories; brief comments; ideas; cartoons, etc.

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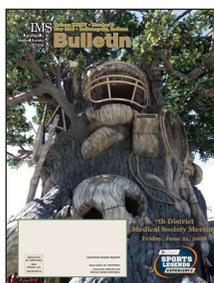
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about our cover



The Riley Children's Health Sports Legends Experience is the new sports and fitness themed playground and exhibit at the Indianapolis Children's Museum.

IMS Suggestion Box
ims@imsonline.org

Dr. McAteer welcomes suggestions from physicians, IMS Members and non-members.

Simply click on the suggestion box icon and

"Let Us Hear from YOU!"

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President's Page *Mary Ian McAteer, MD*

"...We are called to treat the perpetrators as well as the victims..."

Our children are appropriately demanding to live within safe environments and that we provide that safety for them. They are growing up in a world where news is immediate, unfiltered, and constant. They witness mass shootings on their phones, watch news footage of people being shot, and share posts of potential suicide victims. Our children have challenged their parents, physicians, teachers, politicians, and community leaders to act on their behalf - to reduce numbers of weapons, increase the validity of background checks, and study how mental health problems influence gun violence.

These young people have every reason to be concerned. According to the American Academy of Pediatrics, "Firearm-related deaths are the third leading cause of death overall among U.S. children ages 1-17 years, and the second leading cause of injury-related death (behind only car crashes). The study, "Childhood Firearm Injuries in the United States," published in the July 2017 Pediatrics, offers a comprehensive analysis of firearm-related deaths and injuries showing nearly 1,300 children die and 5,790 are treated for gunshot wounds each year."

These numbers are overwhelming, linking every family and every community to someone who has experienced gun related violence. The Indiana Chapter of the American Academy of Pediatrics in the July 2017 newsletter states "According to the Gun Violence Archives, Indiana had the 7th highest per capita rate of shootings involving children between January 2014 and June 2016. There are over 310 billion guns circulating in our country and 39% of Indiana households own a gun."

My dear friend Kevin Rodgers was killed in his home three days before Thanksgiving. As a physician leader in the Emergency Department at Methodist Hospital, in the heart of our city, it was his job to treat, heal, and console patients and families. He had served for 16 years in the US Army, attaining the rank of Lt. Colonel. I do not know if he had a firearm in his home when he heard noises downstairs in the middle of that day. Knowing him, he may have been expecting to find a surprise visit from one of his sons, or a scheduled maintenance project he was not aware of. Certainly, there was no reason to proceed with a loaded gun in hand. If he had, it would not have mattered, each of the intruders had guns. His story highlights the ridiculous arguments of the pro-gun faction that guns within the home increase safety. Nothing could be further from the truth. Guns make it too easy to kill, be killed, and harm forever. We physicians lost one of our most dedicated and talented colleagues. A family lost the heart and soul of their world. Our community lost a generous and engaging contributor.

In providing a safe home environment, we need to ensure the safety of our youth who live in homes with guns. More research can help advise as to the risks involved with different types of weapons and how children are oriented to their presence and use. Proper storage techniques could result in fewer accidental deaths. The staggering statistics of accidental shootings within homes that have guns and the data on attempted suicides by our children compels us to keep firearms stored safely and not accessible to children.

Indiana also has the highest rate of teens who contemplate suicide and the second highest rate of teens who attempt suicide ("2015 Kids Count in Indiana" data book.) The majority of suicides in this age group are impulsive actions, often precipitated by an acute relationship problem or situational factor. Some studies have shown that many who attempt suicide in this age group spend 10 minutes or less contemplating their decision. This calls for even more study and increased attention to youths who have access to guns.

Providing a safe school environment has been the catalyst to this movement. There are many factors to study that involve civic leaders, public health authorities, and the community at large to consider in a coordinated, scientific manner. It can be done, with student and school personnel safety as the main goal.

We physicians play a large role in helping our youth's pursuit for safer environments. Because we are called to treat the perpetrators as well as the victims, we are in a position to contribute to the knowledge base of gun violence that can remain factual and compassionate. I applaud our youth for contributing the necessary energy and primary goal of devising comprehensive solutions to assure safe environments for all of us.



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Special Feature

Evolving the Supplemental Nutrition Assistance Program (SNAP)



Jerome M. Adams, MD, Surgeon General of the United States Public Health Service and John J. Wernert, MD.

In 2017, the Bipartisan Policy Center launched a 13-member task force to explore strategies for promoting healthy nutrition through public programs and policies related to food and health. Dr. John Wernert, an IMS/ISMA member and previous Secretary of the Indiana Family and Social Services Administration was one of the task force members,

representing the perspective of a practicing physician and former State Secretary.

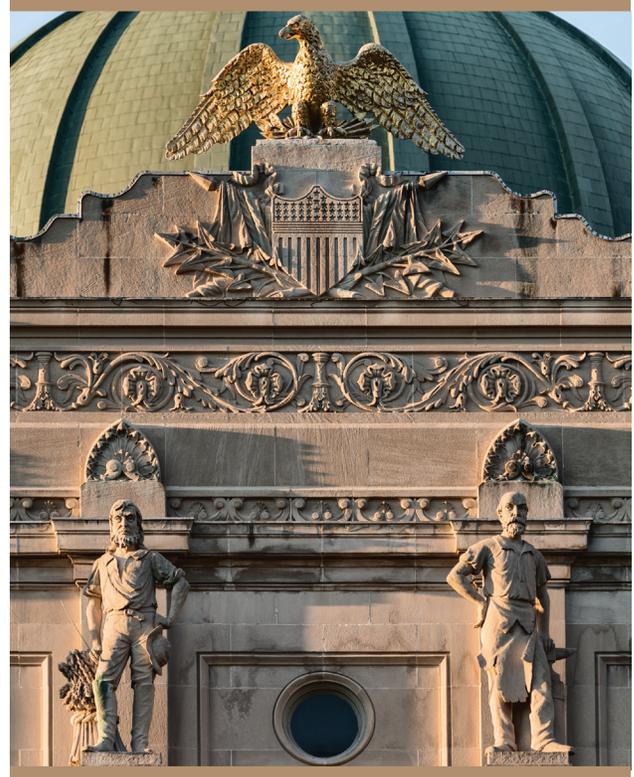
The task force focused on opportunities to strengthen and improve the Supplemental Nutrition Assistance Program (SNAP), which currently provides food assistance to more than 40 million Americans each month at an annual cost of approximately \$70 billion. As the nation's largest food program, SNAP and its predecessor, the Food Stamp Program, have played a vital role in alleviating hunger and poverty in the United States for decades. 700,000 Hoosiers currently receive SNAP benefits.

While food security remains a key policy priority, recent years have also seen increased awareness of the direct link between diet quality and health—and growing concern about high rates of obesity and related chronic diseases in the United States.

These trends have many complex causes, among them a food environment that often promotes less nutritious choices and changing work-life demands that make it more difficult, especially for many low-income families, to access fresh ingredients and prepare healthy meals. Against this backdrop, states and the federal government, which together provide millions of Americans—including many SNAP recipients—with health care coverage through Medicaid and Medicare, are in a unique position to make a difference. Their efforts to increase nutrition awareness, promote a healthier food environment, and support better diet choices, especially among vulnerable populations, could have far-ranging benefits for all Americans with a shared stake in improving health outcomes and reducing health care costs.

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Special Feature

Dangers of Synthetic Cannabinoids

The Indiana State Department of Health (ISDH) is warning Hoosiers about the dangers of synthetic cannabinoids, often called fake weed, K2, spice, OMG, Scooby Snacks, AK-47 or other names, after reports this month that individuals in Illinois and Indiana suffered severe bleeding after using the substances.

“Synthetic cannabinoids contain hundreds of chemicals, and it is difficult to know what’s in them or how people will react to the ingredients,” said State Health Commissioner Kris Box, MD, FACOG. “These substances can cause severe, even life-threatening, bleeding. We have seen cases increase dramatically overnight in Illinois and know at least one person in Indiana has reported severe bleeding after using synthetic cannabinoids.”

Synthetic cannabinoids act on the same brain cell receptors as the main active ingredient in marijuana.

While they are often marketed as safe and legal alternatives to marijuana, the health effects from synthetic cannabinoids can be unpredictable and harmful. Many of these products are packaged in ways that appeal to youth.

Healthcare providers, schools and health departments encountering unusual cases of bleeding in individuals should inquire about potential exposures to synthetic marijuana.

Anyone who has a serious reaction to synthetic cannabinoids should call 911 or go to the emergency department immediately. Individuals who experience bleeding symptoms should not take themselves to the emergency department but should instead call 911 or have someone drive them.

Source: Indiana State Department of Health, March 28, 2018



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Bulletin Board

Goodman Campbell Brain and Spine (GCBS) recently hosted its 16th Annual Jack and Sabina Annual Frew Lectureship. In an address titled, "Towards Precision Medicine in Traumatic Brain Injury: State of Science and the Road Ahead," David Okonkwo, MD, PhD, delivered an outlook on the history of TBI research and what lies ahead for the treatment of the devastating condition.

Dr. Okonkwo, professor and vice chair of Neurosurgery at the University of Pittsburgh School of Medicine, outlined the prevalence of TBI and the lack of adequate treatment for its victims during the March 7 lecture at Goodman Hall Auditorium.

"Traumatic brain injury is the leading cause of death under age 45 in the Western world," he said. "Four million people in the United States seek medical care each year for a traumatic brain injury, and it is one of the key issues in military health for our soldiers. So traumatic brain injury is one of the most important public health and military health issues."

The Jack and Sabina Annual Frew Lectureship was established in 2004 to further education in neurological critical care and trauma. The couple's philanthropy was a part of the late Jack Frew's gratitude for the medical care he received at IU Health Methodist Hospital.

Daniel H. Fulkerson, MD, was among 33 participants from 16 countries to attend the first ever Sub-Saharan Africa Neuro-Oncology Collaborative (S-SANOC) Planning Meeting held in London, UK. S-SANOC consists of members from the International Brain Tumor Alliance and the Society for NeuroOncology. The meeting was an opportunity to bring together key stakeholders to discuss ways to improve outcomes for adult and pediatric brain tumor patients in central, south, east and west Africa.

Jean-Pierre Mobasser, MD, was a Faculty Member and Invited Speaker during Spine Summit 2018: 34th Annual Meeting of the Section on Disorders of the Spine and Peripheral Nerves. Dr. Mobasser lectured two sessions titled "Percutaneous Navigated Lumbar Pedicle Screw Placement" and "Minimally Invasive Navigated TLIF Procedure." The Spine Summit was held in Orlando March 14-17.

Drs. Mitesh V. Shah and Charles G. Kulwin were Faculty Members for the Indiana University Department of Surgery course "Introduction to Minimally Disruptive Subcortical Neurosurgery: Concepts of a Systems Approach." The one-day training was held on April 14 at IU Health for residents and fellows from around the country to learn the innovative technique.

Jeffrey S. Raskin, MD, served as a Faculty Instructor for The Society of Neurological Surgeons' 2018 Junior Resident Fundamental Skills Course (Northeast Region). He taught a course on "Laser ablation in epilepsy." The Resident courses were held at Indiana University on April 11-12.

Dr. Raskin also co-authored a manuscript "Application of lean principles to neurosurgical procedures: the case of lumbar spinal fusion surgery, a literature review and pilot series." The paper was published in *Operative Neurosurgery* online March 14 ahead of print.

Jeffrey A. Greenberg, MD, recently attended the 20th Annual Philadelphia Hand Meeting held March 24-26, 2018 in Philadelphia, PA as one of the honored professors. During the meeting he presented Management of Perilunate Dislocations, Non-implant solutions to Distal Radioulnar Joint Arthritis and Management of Zone 1 Flexor Tendon Injuries. In addition he was a panel member on panels that discussed Complex Carpal Injuries, Upper Extremity Problems without Solutions and Difficult Reconstructive Problems in the Upper Extremity. He was also one of the featured speakers during the lunchtime symposia discussing Reconstruction of Nerve Injuries at the Wrist.

Theresa M. Rohr-Kirchgraber, MD, presented at the 103rd American Medical Women's Association annual meeting on "Everybody knows somebody: Eating disorders BED and orthoexia". A summary of this talk was included in *Doximity* and *ACP* online.

She also presented with IUSM students, Ashleigh Bush and Nimisha Kumar their work on Creating a Sex and Gender Curriculum in Medical Education at the Sex and Gender Educational 2018 Summit in Salt Lake City. She served as the IUSM representative to the summit.

Negotiating the Divide: Gender and salary more than negotiation was held at IUSM Fairbanks in April. Moderated by Theresa Rohr-Kirchgraber and co sponsored by AMWA, The IUNCOE and IMS, the meeting was attended by women physicians and scientists from throughout the IUSM system.

Mary Ian McAteer, MD, is now practicing at Cornerstone Family Physicians, PC. She joined fellow IMS members **Jackie L. Evans, MD** and **Theresa M. Krueger, MD** on May 1. Dr. McAteer is a board certified Pediatrician and is taking new patients. The practice is located at 8902 N. Meridian St., #230, Indianapolis, IN 46260. The phone number is (317) 581-8888 and the fax number is (317) 705-7180.

Tobi J. Reidy, DO, a surgeon with Franciscan Physician Network Indiana Colon & Rectal Specialists, has been honored with the quarterly Franciscan Health Healing Hands Award for the third quarter of 2017.

Dr. Reidy, who practices at the Indianapolis and Mooresville hospitals, accepted the Healing Hands Award at a ceremony in Indianapolis on March 29 and will be honored again in Mooresville on May 1. The Healing Hands award recognizes physicians for excellence in clinical skills, patient relations, research, stewardship and reflection of the hospital's ministry values and mission.

Several of Dr. Reidy's patients nominated her for the award. Among their comments:

"At my office visits and hospital stays, she was always frank and informative with a caring attitude that always put me at ease. I can't imagine getting better care or going to a better doctor under these circumstances. I could go on, but to summarize, my life is better for having met Dr. Reidy and she will always have my gratitude."

"She is a highly skilled surgeon and inspires confidence..."

And another former patient wrote: "Her compassion for my problems started from the moment she walked in the door to my first exam. She listened to what I had to say, sympathized with me on a level I truly believe she could understand, answered all my questions and never seemed rushed to get to the next patient..."

Dr. Reidy is board-certified in surgery and a Fellow in the American Society of Colon and Rectal Surgeons. She earned her medical degree at Nova Southeastern University - College of Osteopathic Medicine in Ft. Lauderdale, Florida, and completed her surgical residency at The Jewish Hospital in Cincinnati. She gained fellowship training in colon and rectal surgery through IU at Indiana Colon & Rectal Specialists.

For more information on the Healing Hands Award or to make a nomination, visit FranciscanHealth.org/HealingHands.

Dr. Reidy was presented with the Healing Hands Award by **Dr. David M. Mandelbaum, MD**, director of medical staff engagement for Franciscan Health.

The future of robotic surgery is ever-advancing and Franciscan Health is leading that movement with expanded uses of the da Vinci® Surgical System.

The system features a magnified 3D high-definition vision field and small wristed instruments that rotate and bend with greater flexibility than the human hand. As a result, surgeons gain enhanced vision, precision and control.

In 2017, surgeons at Franciscan Health Indianapolis performed 455 da Vinci robotic procedures with 29 performed at Franciscan Health Mooresville. In central Indiana, there are three types of da Vinci types of systems in use. The newest generation, the Xi, is in place at the Indianapolis campus and is paired with the TruSystem™ 7000dV OR Table. This table works in conjunction with the da Vinci robot and can reposition the patient during procedures to provide optimum exposure and access to the target surgical site.

Surgeons use the da Vinci system for general, gynecologic, colorectal, thoracic and urologic procedures.

Urologic surgeon **Charles W. Schwab, MD**, is director of the hospital's newly created robotics steering committee. This team was created to help make the robotic systems more efficient and accessible to the growing number of surgeons interested in using them.

"The robot is fantastic for certain types of procedures and new options continue to evolve," said Dr. Schwab.

For many years, surgeons have carried out robotic prostatectomies, nephrectomies and hysterectomies. More recently, certain kinds of hernia repairs and lung surgeries have been done robotically.

Hazem N. Shamseddeen, MD, a member of Franciscan Physician Network Indy Southside Surgical, offers robotic care for simple and complex hernias.

"The precision and dexterity of the robotic instruments allow us to approach large hernias that require component separation and myofascial flaps utilizing the same dissection technique as in our open approach," he said. "Patients have less post-operative pain and narcotic use, reduced length of stay and a reduction in the associated infections caused by larger incisions."

Tina Ayeni, MD, is one of the busiest robotic surgeons on staff at Indianapolis. The majority of gynecologic procedures are now done with minimally invasive surgery, and the da Vinci technology is specifically used to surgically stage and cure cases of endometrial, cervical and early-stage ovarian cancer.

"It is important for patients to understand the benefits of this approach because it increases the likelihood that they will be recovered and ready to initiate initial treatments for cancer on time," said Dr. Ayeni, a member of Franciscan Physician Network Gynecologic Oncology Specialists. "This fact can affect patients' overall recovery and survival."

Dipen C. Maun, MD, a surgeon with Franciscan Physician Network Indiana Colon & Rectal Specialists, uses da Vinci to perform colon resections and removal of rectal cancer.

"As the trend toward minimally invasive surgery grows, I have no doubt that robotics will remain an integral part of this technological push," said Dr. Maun. "With the continued commitment of Franciscan Health, we are primed to be a leader in central Indiana."



Daniel H. Fulkerson, MD



Jean-Pierre, Mobasser, MD



Mitesh V. Shah, MD



Charles G. Kulwin, MD



Jeffrey S. Raskin, MD



Jeffrey A. Greenberg, MD



Theresa M. Rohr-Kirchgraber, MD



Mary Ian McAteer, MD



Tobi J. Reidy, DO



Charles W. Schwab, MD



Hazem N. Shamseddeen, MD



Dipen C. Maun, MD

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CME & Conferences

Community Hospital East

First Wednesday Critical Care Conference
CHE Administrative Conference Room, 12:00 – 1:00 p.m.
Second Tuesday Medical Grand Rounds
CHE Theater, 1:00 – 2:00 p.m.

Community Hospital North

First Friday North Forum
Reilly Board Room, 7:00 – 8:00 a.m.
First & Third Wednesdays Psychiatry Grand Rounds
7250 Clearvista Parkway
Multi-Service Room, 12:30 – 1:30 p.m.

Community Heart & Vascular Hospital

First Wednesday of every month Imaging Conference:
rotates Cath & Echo Case Presentation
CHVH 3rd Floor Boardroom w/telepresence to CHV Anderson,
CHV East Conference Room (Ste. 420)
CHV South Conference Room (Ste. 2400)
CHV Kokomo, 7:00 – 8:00 a.m.

Second Wednesday of every month M&M Conference:
every other month rotates the Echo & Nuclear Q/A,
CHVH 3rd Floor Boardroom w/telepresence to CHV Anderson,
CHV East Conference Room (Ste. 420)
CHV South Conference Room (Ste. 2400)
CHV Kokomo, 7:00 – 8:00 a.m.

Third Wednesday of every month Ken Stanley CV Conference:
rotates Quarterly for CV Quality Data w/Gae Stoops,
CHVH 3rd Floor Boardroom w/telepresence to CHV Anderson,
CHV East Conference Room (Ste. 420)
CHV South Conference Room (Ste. 2400)
CHV Kokomo, 7:00 – 8:00 a.m.

Fourth Wednesday of every month Disease Management Conference:
rotates CHF & EP Case Presentations,
CHVH 3rd Floor boardroom w/ telepresence to CHV Anderson,
CHV East Conference Room (Ste. 420)
CHV South Conference Room (Ste. 2400)
CHV Kokomo, 7:00 – 8:00 a.m.

2018 Cancer Conferences

Community Hospital East

Fourth Tuesday East Multidisciplinary Breast Cancer Conference - CHE
Ste. 420, 7:00 to 8:00 a.m.

Community Hospital North

First & Third Tuesdays North Multidisciplinary Breast Cancer Conference - CHN
8040 Clearvista Parkway, Suite 550
7:00 to 8:00 a.m.

Second & Fourth Wednesdays North Multidisciplinary GI/Colorectal Oncology Conference - CHN
8040 Clearvista parkway, Suite 550,
7:00 – 8:00 a.m.

Second Friday North Multidisciplinary Gynecologic Surgical
Oncology Conference - CHN
8040 Clearvista Parkway, Suite 550,
7:00 – 8:00 a.m.

First Wednesday North Chest Cancer Conference - CHN
8040 Clearvista Parkway, Suite 550,
7:00 – 8:00 a.m.

Third Wednesday Melanoma Cancer Conference - CHN
8040 Clearvista Parkway, Suite 550,
7:30 – 8:30 a.m.

Third Friday North GU Conference - CHN
8040 Clearvista Parkway, Suite 550,
7:00 – 8:00 a.m.

Community Hospital South

Second Wednesdays South Multidisciplinary Breast Cancer Conference - CHS
Community Cancer Center South
1440 E. County Line Rd., Community Room,
8:00 – 9:00 a.m.

Second Tuesdays South General - CHS
Community Cancer Center South
1440 E. County Line Rd., Community Room,
12:00 – 1:00 p.m.

Fourth Wednesdays South Thoracic
Community Cancer Center South,
1440 E. County Line Rd., Community Room,
8:00 – 9:00 a.m.

Third Tuesdays South Molecular
Community Cancer Center South,
1440 E. County Line Rd., Community Room,
5:00 – 6:00 p.m.

First & Third Fridays South Case Presentations
Hospitalist Office, Ste. 1190
1440 E. County Line Rd., Community Room,
12:00 – 1:00 p.m.

Indiana University School of Medicine/ Indiana University Health

IU – Methodist – Riley

Online HPV Documentary:
CME Someone You Love: The HPV Epidemic
Activity <http://cme.medicine.iu.edu/hpvdocumentary>

May 9 2nd Annual Riley Hospital Surgical Research Day
IU Health Neuroscience Center, Indianapolis, IN

May 10 Expanding Hepatitis C Care in Critical Areas of Need
ECHO Clinic INTERNET LIVE COURSE:
<https://iu.cloud-cme.com/HepatitisC51018>

May 15-16 53rd Annual Riley Children's Health Pediatric Conference
NCAA Hall of Champions Conference Center

May 18-20 28th Annual Specialist Education in Extracorporeal
Membrane Oxygenation (SEECMO) Conference
Westin, Indianapolis Downtown

May 24 Expanding Hepatitis C Care in Critical Areas of Need
ECHO Clinic INTERNET LIVE COURSE:
<https://iu.cloud-cme.com/HepatitisC52418>

June 22 2018 Garceau Wray Lectureship
NCAA Conference Center, Indianapolis, IN

July 8-13 103rd Annual Anatomy and Histopathology of the
Head, Neck and Temporal Bone
IU School of Medicine-Medical Center Campus,
Indianapolis, IN

July 21 Review and Interpretation of the 2018 ASCO Meeting
IUPUI Hine Hall, Indianapolis, IN

Aug. 11 IU Health Lung Transplant Symposium
IU Health Neuroscience Center, Indianapolis, IN

Oct. 26 IU Health Obesity Symposium
NCAA Conference Center, Indianapolis, IN

To submit articles, Bulletin Board items, CME & events,
opinions or information, email ims@imsoline.org.
Deadline is the first of the month preceding publication.

Course dates and locations are subject to change. For more information,
please visit <http://cme.medicine.iu.edu> or call 317-274-0104.

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In Memoriam



Robert J. Madden, MD

Dr. Robert Madden resided at Lake Shafer, IN where he passed away March 28, 2018. He was born in Indianapolis, IN October 12, 1925.

Dr. Madden earned his medical degree from IU School of Medicine in 1955 and completed a rotating Internship from 1955-1956 at Lima Memorial Hospital in Lima, OH. Prior to medical school, he was a bombardier in the U.S.

Army Air Corp. from 1943-1945 and was ranked 2nd Lieutenant at the time of his discharge.

Dr. Madden started his medical career in General Medicine seeing patients on the east side of Indianapolis. By 1968, he earned his board certification in Anesthesiology and joined St. Francis Hospital, Beech Grove, where he practiced until the time of his retirement in 1992.

He had been a member of IMS since 1956.

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Special Feature

Shoes for an Unborn Child, a Toddler, a Teenager — for my Patients Lost to Guns



7,000 pairs of shoes, one pair for every child killed by gun violence since the Sandy Hook school shooting, were placed on the Capitol lawn by Avaaz, a U.S.-based civic organization, on March 13, 2018. (AP Photo/Pablo Martinez Monsivais)

When 7,000 pairs of children's shoes were placed on the Capitol lawn in Washington in March, to remember the victims of gun violence since Sandy Hook, I looked down at the seemingly endless pairs and tried to pick out ones that best represented kids I have seen die.

I looked for the smallest pair of shoes I could find. These would be for the child who was shot while in her mother's womb, suffering irreversible brain damage before she had a chance to live.

I looked for the shoes of a toddler. These would be for the two-year-old I had cared for who was caught in a gang cross-fire.

I looked for the sneakers of a teenager. These would be for a teenager I tried to save who shot himself after a struggle with depression.

In the decade that I have been a pediatrician, first in Miami and St. Louis and now in a Chicago-area hospital intensive care unit, I have been witness to countless tragedies: children with cancer, children with overwhelming infections, children with major trauma. I am affected by them all, but there is a special heartache that I feel when taking care of a child who had a preventable death.

Gun violence in the United States has reached the level of a public health epidemic. Every year, 1,300 children are killed by gun violence, which is the third leading cause of death in the pediatric population. About half of these are homicides, and another 40 percent are suicides.

Teenage suicide attempts with a firearm have an almost 90 percent fatality rate. In fact, guns are so effective that I do not see these kids that often, because they do not survive to make it to the ICU. Despite this, parents of teens with mental health illnesses such as depression or bipolar disorder are no more likely to safely store guns than any other parent.

For every other leading cause of morbidity and mortality, there is an abundance of research into how to prevent and break the cycle of the disease process. There are proven successes in taking a public health approach, such as the successful campaigns to decrease auto accidents, to virtually eradicate infectious diseases like polio, and to decrease the incidence of sudden infant death syndrome.

By tracking cases, evaluating root causes, filling gaps in research, working with legislators on policy solutions, and developing public education campaigns, we also should be able to substantially decrease childhood deaths and disabilities due to gun violence.

A comprehensive, well-funded public health approach to gun violence will save children's lives, and I applaud recent bipartisan efforts to allow this to happen. I am less heartened, though, by failures on the state and federal level to pass sensible laws for gun safety and gun violence prevention.

Illinois has the best rating in the Midwest from the Giffords Law Center to Prevent Gun Violence, yet our state hasn't passed any significant gun safety laws in two years. I was greatly disappointed last year by Gov. Bruce Rauner's veto of the Gun Dealer Licensing Act, and by the failure of the Illinois House to override the governor's veto, resulting in the bill's death.

However, as a member of the Illinois Chapter of the American Academy of Pediatrics, I will continue to advocate for comprehensive gun safety laws that would require stronger background checks, ban assault weapons and bump stocks, and encourage safe firearm storage.

I am one of the few people in the world who would be thrilled if the need for my services were eliminated. It is possible, with funding for research and sensible gun violence prevention laws, that this could happen when it comes to guns and children.

I stand with the other 66,000 members of the American Academy of Pediatrics in advocating for all issues that affect children's health. Children deserve to feel safe where they live, learn and play.

Dr. Deanna Behrens is a fellow of the American Academy of Pediatrics, as well as a member of the Illinois Chapter of the academy.



Indianapolis Medical Society

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