



# News Update

California Chapter 1 AAP

<http://www.aapca1.org>

Vol. 2009, 3

## Special points of interest:

- Chapter President’s comments on health care debate
- VP comments on diversity of Chapter
- Town hall meeting personal perspective
- Legislative agenda from our pediatric colleagues

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## Annual Leadership Forum 2009

**By June P. Brady MD, MPH**

My journey to Schaumburg to the Annual Leadership Forum (ALF) began in March 2008 when I read four articles describing the aggressive marketing techniques of formula companies in the Philippines, Laos, Bangladesh, Pakistan and Puerto Rico. These were all clearly in violation of the World Health Organization's 1981 International Code of Marketing Breastmilk Substitutes which prohibits advertising or free samples to mothers or health workers. In the Philippines, where only 16% of mothers breastfeed their babies for 5 months, efforts by the Ministry of Health to improve this dismal rate was met by an outcry from the pharmaceutical industry and a threat by the US ambassador that this would endanger our investments<sup>1</sup>. However, attempts by poor, illiterate mothers to use formula are associated with a 7-fold increase in death from diarrhea and a 5-fold increase from pneumonia. Furthermore, exclusive breast feeding for the first

six months of life could save the lives of 1.3-1.45 million children every year.

So I, with the International Health Committee, submitted a resolution to the ALF requesting the Academy to support every effort to reach Millennium Development Goal 4 to reduce child mortality by 2015<sup>2</sup>, and that the Academy continue to promote exclusive breastfeeding, endorse the Code and ensure that pediatricians are aware of the Code. After many efforts to extract facts from fiction, many revisions, and with the help and extreme patience of **Mika Hiramatsu**, our resolution reached the ALF.

I was honored and delighted to be Chapter 1’s guest for 2009 and arrived at the elegant Renaissance Hotel in Schaumburg on Thursday Mar 11, together with 550 Chapter officers, Committee, Council, Section chairpersons, staff and guests. We were wined and dined and treated to several after- dinner speeches, the most notable being National Department of Government Liaison Director Jackie Noyes’

hilarious presentation on the first 30 days of the new administration and its remarkable successes in improving the health and lives of children.

On Friday the 75 resolutions were discussed in three groups: Advocacy, Practice and AAP Operations. Each author had 2 minutes to present his or her resolution and everyone else could then criticize, amend or support it. Later all resolutions were discussed by Reference committees which recommended adoption or defeat. Perhaps the most interesting part was the voting on Saturday in the Schaumburg ballroom where **Dr. John Langley** skillfully presented all 75 resolutions plus recommendations. Every voting member (196) could discuss and vote for adoption or defeat. Sixty-seven were adopted. Voting was electronic with the results displayed immediately. As a guest one can only wonder who were the 17% who voted against “protecting children in time of war” or the small percentage who did not believe in “discouraging under-age drinking.”

## News Update

### Public Option and Healthcare

Finally, voting members were asked to rank the Top Ten and these go straight to the Executive Committee for response and possible action. The other 57 are sent to the appropriate AAP Sections or Committees for comment and referral. Ours was number 20. Chapter 1 submitted five resolutions: all were adopted. Past AAP Chapter President Dr. Jim Crawford's was ranked 2<sup>nd</sup>. It requested the Academy "explicitly make the prevention of child abuse and neglect and domestic violence part of the AAP's strategic plan"<sup>3</sup>. Currently child abuse alone costs an astounding \$100 billion a year. A very interesting and inspiring 3 days.

1. Raya RR: The Philippine breastfeeding struggle continues. *Lancet* 2008; 371:794

2. Millennium Development Goals <http://www.ndp.org/mdg/basics.shtml>

3. [www.aap.org/moc/](http://www.aap.org/moc/); Chapters, Committees, Councils and Sections; 2009 Resolutions

#### President's Column By Steve Harris, MD

As I write, President Obama is preparing the speech he will give to a joint session of Congress, seeking to revitalize the prospects that a health care reform bill will pass this fall. Put aside some of the silliness we've seen this summer at the

town hall meetings. It's way too easy to poke fun at those who've come to meetings just to prove their right to keep and bear arms or those who shout down the local congressman, sputtering "just keep the government out of my Medicare!"

We've finally arrived at the crux of the debate: the "public option." This is closely related to the question of whether health care is a right or a privilege.

No matter who we are in this country, the postal service delivers our mail, the fire engines roll when we dial 911, and our children can go to public school. We are even entitled to an attorney provided by the State, if we cannot afford one to defend ourselves against a criminal charge.

We have rights like these, plus others guaranteed by the Constitution.

Health care, except for one group (*older* folks) and another with emergency and pregnancy-related conditions, is not a right in this country. It is an enormous and overwhelmingly complex business enterprise that the government regulates to some degree.

Those who are serious about health care reform but opposed to the public option say that the competitive marketplace is the best way to control costs and continue to encourage innovation.

They will often assent to an increased regulatory presence, but are unlikely to use the language of *rights* when referring to healthcare.

Those who strongly support the public option say that the marketplace is the current system that has resulted in terrible inequities, vast numbers uninsured, and mediocre health outcomes for our population as a whole: all of this despite a level of per capita spending that far outstrips other western economies and is now obviously unsustainable for the future. They are very likely to speak of health care as a right and suggest direct government control (the public option) as a necessary solution to our system's ills.

Insurance companies and some physicians fear the public option as a frontal assault on their financial self-interest. Government is unanswerable to shareholders and is the ultimate deep pocket. Unlike a private insurance company, it can operate at a loss indefinitely and stay in business. It probably doesn't help calm the fear by pointing out that the public option could be designed like the US Postal Service, there for everyone, but leaving Fedex, UPS, and others to duke it out in the private market for mail delivery.

Physicians, including our membership, cannot be expected to speak with one



President

## Amazing Chapter

voice on this issue. We are comprised of private pediatricians and those who work for the government, those in solo or small practice and those in a huge HMO. "It's all about the kids," a slogan we often find true and useful, doesn't really help us resolve our differences around this issue.

I do believe that how we spend our tax money reflects our priorities. When I hear an argument about what we can and cannot afford, I often go to <http://www.nationalpriorities.org>. This polemical website provides some illustrative information. Since 2001, our nation has spent nearly one trillion dollars on the wars in Afghanistan (\$225b) and Iraq (\$680). This equals nearly a year's worth of healthcare for the entire U.S. population, or more than five year's worth of healthcare for all children under age 18 in the United States.

As I reflect on the pros and cons of the public option and health care reform in general, I think about what kind of civil society I want to live in and leave for my children and grandchildren. I am embarrassed that we spend more and get less than other nations that are not nearly as rich or blessed as we are. This must change.

### Vice President's Column By Charles Wibbelsman, MD

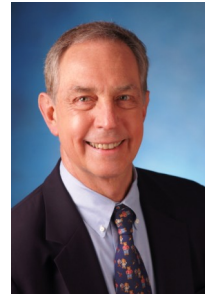
As a newly elected member of the Board of Directors of our Chapter, I have had the opportunity in the past few months to glean some insight into the inner mechanisms of Chapter 1, specifically our demographics and educational pursuits.

It is quite amazing to envision that our chapter, Chapter 1 with over 2,000 members, one of 4 chapters of District IX (which is all of California), geographically includes all of Northern and Central California from the Oregon border down to San Bernardino, Kern and San Luis Obispo counties. Chapter 1 includes all 48 Northern California counties (the dividing line being the southern borders of Monterey, Kings, Tulare and Inyo counties). Chapter 2 includes seven of the ten Southern California counties: Kern, Los Angeles, Riverside; San Bernardino, San Luis Obispo, Santa Barbara and Ventura. Chapter 3 includes Imperial and San Diego counties; Chapter 4 is Orange County. Indeed, we as a chapter have a very large geographic area to reach out to and represent. Perhaps best stated, the practice of pediatrics may vary widely from the pediatrician's office in

Kaiser Permanente in San Francisco to the pediatrician's office in *fee for service* practice in Ukiah.

I realize that in order for our chapter to be strong and represent all of the pediatricians who are our constituents, we must reach out to all of our chapter members to be inclusive, including active participation by our Members at Large as well as representing the needs and concerns of all our colleagues. Recently, in a survey which our chapter conducted, questions regarding locations of educational opportunities were asked. Many of the responses requested an educational meeting in another location other than our traditional venues of the Bay Area or Monterey. I now see this as a great opportunity to consider having our traditional winter symposium perhaps in 2010 in Sacramento or another location in the Central Valley to better serve the needs of our many members who practice outside the San Francisco Bay Area. If we have the majority in geographic area, our chapter should be able to serve all of our members better to meet their educational needs as well as professional needs in the practice of Pediatrics.

I also now have become more involved with our Medical Education Committee and am



**Vice President**

# News Update

## Health Care Reform

### News Update

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publishes News Update  
quarterly.

**News Update** does not assume responsibility for authors' statements or opinions; opinions expressed are not necessarily those of News Update or the American Academy of Pediatrics.

Articles or opinions submitted for publication are subject to modification by the editorial staff.

Deadlines for submission of articles, announcements or chapter information are March 15, June 15, Sept. 15 and Dec. 15. Articles received after these dates may be included in a later issue.

#### Chapter Web Site:

[www.aapca1.org](http://www.aapca1.org)

delighted how the finalization of our December meeting has fallen so well in place.

We will be hosting a Practice Management Seminar on Saturday December 5<sup>th</sup> at the South San Francisco Conference Center. The title of the program will be: ***Breaking the Code to a Successful Practice*** and we will be having outstanding speakers to address such concerns of every day practice as synchronizing for efficiency and satisfaction, economics and practice finance of immunizations. There will be a panel discussion of experts as well as a topic on the top 20 ways to improve your practice. For many of us changing from a paper world of charting to a complete electronic practice has indeed been a challenge that we all will be facing in the next 3 years. The HIT (Health Information Technology) federal stimulus funds that will be coming to California in December will be available to all pediatricians. Our December symposium should position the attendees well to meet the challenges of the electronic mode of practice.

### Health Care Reform for Children and Youth at School By George Monteverdi, MD

*Health Care Reform* is

not locked into the forums and halls of Congress. It is happening now under current local and state advocacy and it's coming to California schools. It may be under the aegis of providing California urban students the best health services to insure that every student is fit, healthy and ready to learn. Certainly the dropout rate in city schools as it approaches and exceeds 50% prompts a united effort to provide resources, especially those available through an onsite school health center. Mental health services which constitute a recognized need in middle and high schools are most frequently accessed in that way. Students who lack access to health services have long utilized school based health centers to obtain medical care.

Now the need and the resources are becoming aligned. **Serena Clayton**, a spokesperson for the CA School Health Centers Association, pointed out (at the July 7<sup>th</sup> meeting of the CA School Health Work Group Steering Committee Meeting) that the next big opportunity to impact federal decisions regarding health and education is the reauthorization of *No Child Left Behind*. Word is that this administration's version of the Elementary and Secondary Education Act (ESEA) funding will look much different than the past administration. One of the

areas that was significantly lacking in the 2000-2008 *No Child Left Behind* was health, and we can expect to find a greater interest in health in the new NCLB guidance.

Your Academy recognizes the need for improved access and quality health services at schools. The pediatrician who serves children and youth in California schools recognizes the need to provide safe and effective medication administration for school children and youth. The current crisis in delegating and monitoring adequately trained school health staff for the administration of parenteral insulin for treating children with diabetes mellitus type I is an example of a pervasive dysfunction in many California public schools. Other examples exist.

Your Academy continues to advocate for the development and fiscal support of pediatric medical homes. What is your current ability to extend collaborative health services to students in CA public schools? Does a **School Health Council** exist which supports that outreach and can assist in the creation of a coordinated school health program in your community? How will your practice be effected by and affect the operation of an onsite school health center in your community?

When will there be a

## Join PROS?

better time to start conversations to increase awareness and begin to position ourselves (AAP) to provide guidance? Where will you look for the resource to that advocacy?

### WHY JOIN PROS?

By Karen Belding, MD

During your very busy practice day, have you wondered whether your anticipatory guidance talks are having an effect? Do the parents remember, and more importantly, do they act on your advice?

Have you wondered what you can offer a family when the child is having behavioral or mood problems and they can't get access to a mental health professional?

Are there office or practice routines you think might be improved? And how do you get it done?

These are all topics that PROS (Pediatric Research in the Office Setting) practitioners and researchers have wondered about and are the subject of prior, current, or pending PROS research projects.

During these very busy times and pressured practice environments, it may seem daunting to participate in any research project. The personal and professional rewards are truly maximal.

The PROS practitioner does have an incredible central staff at the AAP main office. The study protocols are usually simple

and easily integrated into a busy office practice. This is because the PROS coordinators, who are almost all full time busy clinicians, hammer, cut, paste, knead, modify, and usually pilot test every PROS study prior to rolling it out to the general PROS practitioners.

The personal and professional rewards are what drive the thousands of PROS practitioners from throughout the United States and Canada and Puerto Rico to continue in this research network. In 2003, PROS agreed to the following revised mission statement:

The mission of PROS is to improve the health of children and enhance primary care practice by conducting national collaborative practice-based research.

Of the five Guiding Principles, the first two are:

1) PROS believes that the pediatric practice, in reflecting the full diversity of clinical problems, patients, and practitioners, is the appropriate laboratory for studying pediatric primary care issues. The pediatric practitioner, as a source and judge of relevant research questions and appropriate methods, is therefore an active participant in all phases of PROS projects.

2) PROS weds the wisdom of the practitioner to scientifically sound research methods.

If this mission and guiding principles resonate with you, then I encourage you to join PROS. There are several very exciting studies you can join now, and others coming up soon. Participation will reward you with a sense of contribution to the field of pediatrics that will compliment your satisfaction in helping your individual patients and families.

Check out the PROS website at [www.aap.org/pros](http://www.aap.org/pros). Click on JOIN PROS for the registration form, and read about current and upcoming studies. There is no fee and no commitment to specific studies upon joining. And all PROS and interested members are welcome and encouraged to come to the annual PROS meeting at the NCE. The Coordinator meeting is listed in the NCE schedule and is on the Friday and Saturday at the start of the NCE. It is free and no prior registration is needed. I hope to see you there.

### Town Hall Meeting on Health Care Reform By John I. Takayama, M.D., M.P.H.

#### Alternate Member at Large, San Francisco

On a balmy September evening, I participated in the town hall meeting on health care reform featuring Congresswoman **Anna Eshoo** of the 14<sup>th</sup> District

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# News Update

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## Town Hall Meeting

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**Tonya Chaffee:** Resident Scholarships

**Greg Enns,** Genetics

**Lawrence Hammer:** Practice and Ambulatory Medicine

**Melvin Heyman:** Nutrition

**Janice Kim:** Environmental Health

**Tom Long:** Child Health Care Financing

**Mary Ann Shafer:** Pediatric Education

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**J. Lane Tanner:** Psychosocial Aspects of Child & Family Health

**Charles Wibbelsman:** Adolescence

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**William Hoffman:** Plastic Surgery

**Laura Hufford:** Residents

**Jane Morton:** Breastfeeding

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**James Ruben:** Ophthalmology

(Santa Cruz to Belmont). The crowd that filled the Gunn High School theatre included decidedly boisterous opponents of reform who repeatedly peppered the discussion with shouts, boos, and laughter. Eshoo began by introducing key aspects of HR 3200: universal health insurance coverage that would be fully paid for and include patient protection measures. Insurance companies could not exclude from coverage pre-existing conditions nor set lifetime limits to benefits.

Congresswoman Eshoo then proceeded to respond to individual questions submitted by members of the audience. Many questions were similar and appeared negative, focusing on the high cost of reform and reflecting fears of government intrusion. Eshoo used patience, humor and persistence in repeatedly explaining the public option, that it would be financed by premiums only and not with government subsidies, that people could exercise choice to enroll or not, and that it could lead to less expensive and better care by enhancing competition. Other solutions to trim costs seemed less clear; prevention of waste, fraud and abuse was too theoretical and the transfer of Medicare overpayment too difficult to understand. Yet, Eshoo reassured the audience that essential

benefits of all insurance programs would include prescription drugs without exorbitant co-pay, mental health care services, and primary prevention.

One intriguing question raised the potential of an insufficient supply of health care providers once health insurance is extended to the currently uninsured 47 million. Eshoo, while recognizing the importance of limiting health care access barriers, advanced solutions that seemed too generic: financial support to train more primary care providers and loan reimbursement to encourage practice in underserved areas. Eshoo, to her credit, challenged the audience to recommend innovative solutions. She also agreed with several questioners that tort reform needed to be added to the current bill.

Regarding the possibility of a single payer program, Eshoo conceded that its passage would be difficult given the lack of votes in congress. When asked whether members of congress would consider the public option, Eshoo explained that many of the required benefits were based on the Federal Employees Benefits Program. Eshoo also reasoned that expanding the pools of insured would ensure a stronger negotiation stance with insurance companies. She pledged that the Secretary of Health and

Human Services could negotiate with health insurance companies for the price of benefits such as medications.

At the end of the nearly two hours, I had a better understanding of HR 3200. While my specific question, insurance coverage of interventions for developmental disabilities in children, was not answered, I was impressed with the skills with which Congresswoman Eshoo negotiated the barrage of negative questions and disruptive catcalls. After hearing her passionate commitment to health care reform, I felt confident that some form of health care legislation would be passed. Over a dozen white-coated students and physicians from Stanford University, decidedly in favor of reform, were a reminder of the importance of audience participation. Now is the time for more pediatricians to raise the pitch of dialogue with representatives in government, for children's sake.

### State Government Affairs Update

**By Shannon Udovic-Constant, MD, FAAP, State Government Affairs representative and Kris Calvin, AAP-CA CEO**

This legislative session was mostly about the budget (budget and more budget). Please see the last Chapter 1

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## Power of Blogging

newsletter for a summary of the budget and how children's health fared.

At the time of this writing we are nearing the end of the first year in a two year legislative cycle. Some bills have been moved forward while others have been held back to bring forward at the next session. There were a few bills that AAP-CA was involved with.

AB 1422 will raise money for the Healthy Families Program to cover state budget cuts by establishing a temporary gross premiums tax for Medi-Cal Managed Care plans. This tax on the plans will provide California the state matching funds needed to draw down increased federal funds. AAP-CA sent a letter to the Governor urging him to sign AB 1422, and he has indicated that he would do so. However, then the Governor threatened to veto 72 bills on his desk because he said lawmakers have ignored priority issues. The Governor began to make good on that promise by vetoing a modest, no-cost bill by a Republican author to honor Vietnam Veterans. Schwarzenegger's veto message for the Vietnam Veterans bill states, "Our state is facing significant challenges, including the need for comprehensive changes in our policies on water, energy, and corrections and the need to take meaningful

steps to stimulate the economy and rein in the rising levels of unemployment... This bill does nothing to address any of these issues. I look forward to considering this measure when these other major issues are addressed."

AB 719 (Lowenthal) would require the California Department of Social Services to seek a federal waiver to provide funds for a Transitional Food Stamps for Foster Youth demonstration project, effective July 1, 2010. The project would provide independent foster care adolescents with eligibility for food stamps without regard to income or resources.

I would like to take this opportunity to welcome **Ricky Choi** (rychoimd@gmail.com) to the Chapter 1 State Government Affairs team. Ricky will join **Tonya Chaffee tonerun@sbcglobal.net** as the Chapter 1 State Government Affairs representative. I have moved into the co-chair position with **Marc Lerner** for our AAP-CA SGA committee.

As always please send any questions or concerns regarding State Government Affairs to any of the three of us. (*Editor's note: We are expecting regular updates to be posted to the Advocacy Blog from the District office from Kris Calvin called*

**Three for Thought** (see some posts at <http://www.aapca1.org/chapter-blogs/category/advocacy>).

### Web site Echoes Member's Activities By Mark M Simonian MD

Our Chapter 1 members now have a greater opportunity to champion their committee activities through our chapter Blogs. Many of our committees have posted commentaries of initiatives and interests recently completed or planned events. Currently 8 different Blogs have been created with plenty of room to add more as we receive new announcements and stories. We now support an interactive ability that allows our members to contribute and comment on statements and posted stories. If you would like to be heard, Click on the comment text link at the end of any story and add your perspective. You can link other stories related to the topic through the tools included; you can identify yourself and include an email address or stay anonymous. We only ask that you are civil and professional. If anyone notices inappropriate language, links, or questionable commentary you may contact Beverly Busher at [aapbev@sbcglobal.net](mailto:aapbev@sbcglobal.net) or Mark Simonian at [msimonian@aap.net](mailto:msimonian@aap.net).

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## Coming Events

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**December 5, 2009**

### Chapter 1, AAP Practice Management Conference “Breaking the Code to a Successful Practice”

South San Francisco Conference Center

Visit: [www.aapca1.org](http://www.aapca1.org) for details and on-line registration.

**November 19-22, 2009**

### ANNUAL LAS VEGAS SEMINAR, Chapters 1,2,3 and 4

Caesars Palace Hotel

For details visit:  
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