The presidential election in Georgia was decided by less than 13,000 votes. The two Senate races here were both close enough to force runoff elections. “Political Ground Zero” is how a recent New York Times headline described our state. Somewhat unexpectedly, the state of Georgia has become thrust into the center of national politics. Many observers now believe that this will be a battleground state for years to come.

But my letter today is not about politics. Instead, it is about the demographic and population shifts in Georgia that have not only impacted our state’s politics but is also influencing our everyday work as pediatricians. In 2000, the population of Georgia was 7.9 million. Today, it has surged to 10.6 million people. According to a 2019 Census estimate, 48% of Georgia’s residents are non-white (includes African Americans, Hispanic-Latinos, and Asians). The children in our state are increasingly diverse with respect not only to race and ethnicity, but also to religion, economic status, national origin, disability, and sexual orientation. It is crucial that pediatricians in all regions of our state think about how best to provide care to those groups of children that may be different from themselves.

As we know, concerning disparities in our health care system are well documented. For example, a 2015 study showed that African American children were less likely to receive adequate pain management for appendicitis than Caucasian children. A 2020 study in Pediatrics found that apparently healthy children undergoing surgery were more likely to have post-operative complications or die if they were African American. And the current pandemic has highlighted an additional example; Covid-19 infection has caused a disproportionate burden of disease in African Americans and those of Hispanic descent.

The Georgia Chapter of the AAP and the national AAP are engaged on these issues. The Chapter’s new Diversity, Equity, and Inclusion Committee was created by our Executive Committee in September 2020 specifically for this purpose. Co-chairs Dr. Iris Basilio from Columbus and Dr. Salathiel Kendrick-Allwood from Atlanta are leading the Chapter’s efforts in this arena. On the national level, important work that has been happening for years has led to recent significant actions by the AAP. In August 2019, a policy statement was released, “The Impact of Racism on Child and Adolescent Health”, which emphasizes how racism, both implicit and explicit, has a profound impact on health. In September 2020, the AAP took the overdue step of formally apologizing for past racism towards its first black members. Then the following month, AAP members overwhelmingly approved a referendum affirming a policy of non-discrimination and adding this language to its bylaws.

I never received any training on diversity issues during my residency, so I have had to learn what I could on my own. A book about unconscious bias that I found helpful is the quick read Blind Spot by Mahzarin Banaji and Anthony Greenwald. In addition, I was able to learn a little about my own biases by taking the Implicit Association Test (you can take a test
by searching for Project Implicit in your web browser. Most AAP meetings now feature CMLE offerings on diversity and equity topics. In clinical practice, we all need to put in the work to make sure we are welcoming of all children. Have your patients been affected by discrimination in their own lives? We need to have those sensitive conversations. For our patients that identify as LGBT, we should communicate that the pediatric office is a safe space and that we are ready to help and support their needs. Adequate translation services for those that speak different languages or are hearing impaired are very important. Ultimately, pediatricians will need to engage with their local communities to serve as leaders and mentors on these important issues.

From my home in Monroe, Georgia, if you travel northeast on Highway 78 for about 10 miles, you will reach a state historical marker on your right. The marker designates the site of the Moore’s Ford Lynching, the 1946 murder of four African Americans by a mob of white males. No one was ever prosecuted. I love Georgia but the Highway 78 for about 10 miles, you will reach a state historical marker on your right. The marker designates the site of the Moore’s Ford Lynching, the 1946 murder of four African Americans by a mob of white males. No one was ever prosecuted. I love Georgia but the

Pediatricians are trusted, consistent providers that interact with children and their families during vital developmental stages. Thus, pediatricians can play a key role in early detection and identification. Moreover, the Bright Futures Periodicity schedule for screenings, discussing developmental milestones with parents and encouraging them to share concerns about their child’s development, they can identify potential delays early and ensure appropriate referrals are made. Additionally, pediatricians may also leverage the comprehensive programs and services available through the Georgia Department of Public Health (DPH) Maternal and Child Health Section (MCH) as another integral part of early identification and timely provision of services.

Pediatricians with concerns about a child’s development can initiate access to MCH services for patients with a single referral form – the Children 1st Referral form. Once referred to Children 1st, a local public health staff member conducts an initial visit with the family, either in-person or over the phone, to determine whether the child is eligible for services. If the referral is accepted, the family is assigned a public health staff member who will coordinate the child’s care and provide ongoing support to help them access the full range of services available.

Although societal change is difficult, I firmly believe that if we are to make our world a better place, it can start with pediatricians engaging with families.
Several important nutrition articles have been published recently which may be of interest to Georgia pediatricians.


   This study assessed dietary patterns with surveys of 100 children with celiac disease and indicates that early counseling is crucial. Key findings:
   - 77% of children consumed gluten-free (GF) foods multiple times per day.
   - 20% are exclusively processed GF foods.
   - The main reasons for processed GF foods were convenience and taste.
   - In dietary counseling diminished with time. In 20% ate exclusively processed GF foods.

2. “While much has been written in books and online sources about the purported benefits of avoiding gluten, such as weight loss, cognitive well-being, and overall wellness, these claims are not supported by evidence…” Though some patients with irritable bowel syndrome, or I.B.S., may see symptoms improve after cutting out gluten-containing foods, research suggests it’s likely to be a result of something other than gluten.

3. “Dietary patterns resembling the Western diet, characterized by higher intake of red meat, high-fat dairy, and refined grains, have been proposed to trigger the onset of intestinal inflammation by inducing changes in gut microbiome; altering host homeostasis, and regulating T-cell immune response.”

   • In contrast, diets rich in fruit, vegetables, legumes, whole grains, fish, and poultry, resembling a more prudent and Mediterranean dietary pattern with high fiber and marine omega-3 content, may have anti-inflammatory effects.

A related article in the NY Times: Is There a Downside to Going Gluten-Free if You’re Healthy? (Sophie Egan Jan 12, 2018) This short commentary explains a lot of reasons why going gluten-free is not a great idea for healthy individuals.

- Often, a gluten-free diet incorporates more fat, more sugar, more salt and less fiber—all bad for your health. A gluten-free diet, without appropriate counseling, can increase the risk of weight gain, type 2 diabetes, and cardiovascular disease.
- A gluten-free diet may make definitive testing for celiac disease inaccurate after more than a few weeks.
- “While much has been written in books and online sources about the purported benefits of avoiding gluten, such as weight loss, cognitive well-being and overall wellness, these claims are not supported by evidence…” Though some patients with irritable bowel syndrome, or I.B.S., may see symptoms improve after cutting out gluten-containing foods, research suggests it’s likely to be a result of something other than gluten.

- “My take: There’s no reason for someone who feels well to start a gluten-free diet to promote wellness,” said Dr. Benjamin Lebwohl, director of clinical research at the Celiac Disease Center at Columbia University. “It is not an intrinsically wellness-promoting diet.”


   The authors used Empirical Dietary Inflammatory Pattern (EDIP) scores which were calculated based on the weighted sums of 18 food groups obtained via food frequency questionnaires. n=166,903 women and 41,931 men. Key findings:
   - “In an analysis of 3 large prospective cohorts, we found dietary patterns with high inflammatory potential to be associated with increased risk of CD but not UC.”
   - Compared with participants in the lowest quartile of cumulative average EDIP score, those in the highest quartile (highest dietary inflammatory potential) had a 51% higher risk of CD (HR 1.51, 95% CI 1.10–2.07, Pvalue < .01).


   - G Lassailly et al. Gastroenterol 2020; 159: 1290–1301. Bariatric Surgery Provides Long-term Resolution of Nonalcoholic Steatohepatitis and Regression of Fibrosis. This prospective study of 180 severely obese patients with biopsy-proven NASH showed that patients with NASH who underwent bariatric surgery had resolution in liver samples from 84% of patients 5 years later. The reduction of fibrosis occurred in 70.2% and was progressive, beginning during the first year and continuing through 5 years.

   Jay Hochman, MD

   Nutrition Update Winter 2021

   - “Dietary patterns resembling the Western diet, characterized by higher intake of red meat, high-fat dairy, and refined grains, have been proposed to trigger the onset of intestinal inflammation by inducing changes in gut microbiome; altering host homeostasis, and regulating T-cell immune response.”
   - “In contrast, diets rich in fruit, vegetables, legumes, whole grains, fish, and poultry, resembling a more prudent and Mediterranean dietary pattern with high fiber and marine omega-3 content, may have anti-inflammatory effects.”

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   Shaunia McClain
   EPIC Immunization Program Coordinator
   smclain@gaaap.org

   Christie Jean
   EPIC Breastfeeding Program Coordinator
   cjean@gaaap.org
Breastfeeding Education

Continued from previous page.

independently. By focusing our marketing efforts on target counties, we hope to build a fresh foundation of clinical support in the most critical areas of the state to mitigate common barriers such as early formula supplementation, poor prenatal assessment and education, and concerns about medication use that are cited by new parents especially Black, Indigenous and People of Color (BIPOC) parents) as reasons for weaning. We use advertising in organizational newsletters, exhibiting at professional conferences, and using direct mail, email, referral, and in-person recruitment practices to market our program.

Our participants receive a physical and/or electronic resource kit including reference documents and books, as well as samples of patient education materials that are curated to be culturally sensitive and diverse, up-to-date and free of commercial influence: Posters and office signage serves as a regular reminder for both patients and office staff that all patients should be supported in their breastfeeding goals and given information that leads to informed decision-making, regardless of race, age, or education level. Our alumni as well as our advisory committee and trainers are all encouraged to work collaboratively with others in their community, including breastfeeding promotion projects such as breastfeeding coalitions, referral networks, federal grantees, and public health programs such as the Supplemental Nutrition Program for Women, Infants and Children (WIC). Having physicians integrated into these networks and projects increases synergy and reach for all.

References:
- The CDC Guide to Strategies to Support Breastfeeding Mothers and Babies 2013

Georgia has consistently ranked poorly in all breastfeeding measures, and there exists a significant gap between racial/ethnic groups. Georgia Department of Public Health and the Georgia Chapter of the American Academy of Pediatrics have partnered to focus EPIC® interventions in designated target counties that have both low breastfeeding rates and high infant mortality rates. In just the last five years, we have provided free, in-office, peer-to-peer breastfeeding education to almost 800 physicians in Georgia on the fundamentals of breastfeeding, as well as the clinical management of common breastfeeding problems.

In our post-promotion evaluations, conducted at least two months after the intervention, 80% agree that they are better able to advocate for breastfeeding, almost half (44%) have modified their office environments to better support breastfeeding, 65% say they have increased or improved educational offerings for their breastfeeding patients, and more than 65% say they feel more comfortable providing breastfeeding support.
Nearly a century ago, Robert Frost wrote Worrying by Woods on a Snowy Evening. I read this poem for the first time in high school and it has stayed with me. Having grown up in Northeastern Ohio, I remember the quiet and serenity of snowfall on a cold winter night. The poem’s narrator describes the woods as “lovely, dark and deep.” I think those adjectives aptly capture the essence of Pediatrics.

Lovely

Working with children, we have multiple chances every day to share in their joy and wonder. A kollop or sticker at the end of the visit can easily turn an apprehensive toddler from crying to smiling and laughing. I love the initial newborn visit where the parents are amazed at how roughly I handle their baby, reassuring them that she won’t break. The look on a new Mom’s face when the baby latches and starts nursing well is priceless, as is the pride and relief on new parents’ faces when I assure them the baby is gaining weight well and thriving. Reducing Nursemaid’s Elbow is the best magic trick. I know, turning an apprehensive, crying child into his normal rambunctious self in minutes. Even surly teenagers can be won over by a lollipop or sticker at the end of the visit. The look on a new parent’s face when they are relieved that their child won’t “change” and grows up to be their second generation patients. How profound it is to remember the parents when they were children and see them now creating the next generation.

E-cigarette Update: Current Trends and New Legislation

After unprecedented increases in e-cigarette use in adolescents from 2017 – 2019, the 2020 National Youth Tobacco Survey, released in September 2020, showed a decline in youth e-cigarette use with 1.8 million fewer users since the previous year. 19.6% of high school students (3.02 million) and 4.7% of middle school students (556,000) reported current e-cigarette use, compared to higher rates in both high school (27.5%) and middle school students (10.5%) in the 2019 survey. Among high school current e-cig users, there are, however, “disturbingly high rates of frequent and daily e-cigarette use,” suggesting a “strong dependence on nicotine.” 38.9% of high school users use e-cigs frequently, defined as 20 or more days of use in the past 30 days, and 22.5% use e-cigarettes daily.

Use of disposable e-cigarettes, such as Puff Bars, surged in the 2020 survey. In February 2020, the FDA had removed fruit and candy flavored pod-style e-cigarettes, such as JUUL, from the market. These e-cigs became popular among youth due to savvy advertising, which depicted these products as cool, easy to conceal, harmless, and flavorful. Fruity and sweet flavors disguise the harsh taste of tobacco and permetrial users of JUUL, allowing the delivery of higher concentrations of nicotine with less throat irritation, which allow teens to become addicted to nicotine more quickly.

The FDA left only menthol and tobacco flavored pods on the market but allowed e-cigarette juice for refillable tank-style e-cigarettes to stay on the shelves of vape shops in innumerable flavors. A loophole in the FDA regulation allowed disposable, one-time-only use e-cigarettes in multiple flavors, such as Puff Bars, to remain on the market; allowed e-cigarette juice for refillable tank-style e-cigarettes to stay on the shelves of vape shops in innumerable flavors. A loophole in the FDA regulation allowed disposable, one-time-only use e-cigarettes in multiple flavors, such as Puff Bars, to remain on the market; allowed e-cigarette juice for refillable tank-style e-cigarettes to stay on the shelves of vape shops in innumerable flavors.

References:


Alice Little Caldwell, MD, MPH, IBCLC, FAAP
Associate Professor of Pediatrics, State University of New York at Stony Brook
Member, Executive Committee, AAP Section on Tobacco Control
AAP Georgia Chapter E-Cigarette Champion

Alice Little Caldwell, MD, MPH, IBCLC, FAAP


As the Georgia Chapter E-Cigarette Champion, I am working on a way to reach youth through the schools. If you are interested in helping with this effort, please contact me at acadwelc@augusta.edu.

Keep up the good work of advocating for your patient’s present and future good health!

A new Medical College of Georgia Pediatric Podcast on E-cigarettes will be available on March 15, 2021 at augusta.edu/mcpg/педиатрия/residency/podcast.php and podcasts.apple.com/us/podcast/the-mcg-pediatric-podcast/id/150629551
I’m on a mission. Pulse? My heart is pounding. Headgear? Face shield and mask are securely in place. Protective suit? My disposable gown is tied tightly around my waist. I’m headed to battle, but what is my target?

COVID-19, in tandem with the current socio-political and economic climate in America, has fundamentally changed the way we think and communicate about medicine and disparity. I practice and live in the bustling City of Macon, nestled in the heart of Georgia. My community is no stranger to health disparity. It is driven by a population subjected to long-standing and deep rooted social, economic and health care disadvantages. Many have received an education that falls below the national literacy standard, are under-insured, and are often unable to afford the necessary basics like well-rounded nutrition and preventive maintenance. As a result, the vast majority of people living here - certainly just about every family for whom I have the privilege of caring - would be considered high risk for both COVID-19 and influenza infections. From my daily interactions, it is not the ‘flu’ itself that my patients are talking about. In fact, most would rather ignore it, like the proverbial storm?” Will the impact be negligible? To me, it makes people sick” (it is physiologically impossible), “shots don’t work” (yes - they aren’t 100% effective, but they are our best defense), and “isn’t it better to let their bodies work through the flu on its own” (that may work with the common cold but influenza has the potential to cause real harm). In the 2019-2020 flu season alone there were over 400,000 hospitalizations and 22,000 deaths).

At this point, I am expecting to end the visit as I’ve done so many times before. Mom will politely decline and I will respond with my well-rehearsed lines: “I appreciate your willingness to listen to me. If you change your mind, we are always happy to see your family again for the flu shot another time.” Instead, mom looks at me and says, “Sure - let’s do it!” Instead of being rejected, I have successfully changed this mother’s opinion, by demonstrating that I am her ally in her quest to protect her children.

My experience has taught me a very valuable lesson, which I feel may help you, my colleagues, change the patient narrative around vaccinations this flu season. Instead of viewing my patients and their parents as opponents in the “fight to vaccinate,” I have begun using language and behaviors that demonstrate how I am their partner, equally invested in protecting their loved ones. This approach requires taking an extra moment to discuss the reasons behind influenza vaccination hesitancy and to address them directly using language and tone that are comforting and familiar, instead of clinical and aloof. I believe that this communication approach can go a long way to normalizing discussion of vaccinations, much as we’ve done with Hepatitis B and MMR-V vaccinations.

Famous Georgia-born singer Gladys Knight once said, “Sometimes the best things are right in front of you; it just takes some time to see them.” This flu season, ally with your patients by helping them see the benefits of getting a flu vaccine. It is the best defense against real flu, and it is right in front of them.
Telemedicine Observations

Conducting telemedicine visits as a Developmental Pediatrician has allowed me some new insights into my patients and their families. I have met their pets, their siblings, and their friends. I have seen patients in cars outside of school, in their bedrooms and computer areas. I have been in their golf carts and barns and next to their fire pits. In doing these visits, I have learned many new things about the patients I treat.

Surprisingly, those who are faring the best during this pandemic isolation are my autistic patients. They are relishing the solitude that drives typical patients mad. They enjoy the technology (most do, some do not), and they do not miss the teasing and bullying that has been their own plague. Routine, routine, routine—is what autistic patients seem to thrive on, and the daily same old routine during this sequestration has been tolerated better than we expected.

Adolescents who are often reticent and unwilling to talk in my office, have confided to me in their bedrooms during our visits. They mention their anxiety and depression and frustrations so much better in the safety of their own rooms. I have found that a number of patients have been more forthcoming about their feelings than before. Similarly, I have begun to appreciate the reasons why some parents are so harried: chaos reigning in a home with screaming children running in the background, a mother with hair in disarray, a patient hiding from the parent during the visit—just a few of the observations that cannot be made in an office setting.

Telemedicine visits have spared my long-distance patients from a trek to my office, a day out of school, and for parents, a day out of work. My rural patients and their families have especially relished these visits. Being able to see a patient on the internet is still a miracle for me. I would never have dreamed that it would be possible. I have learned so much while we are isolated in our rooms calling our patients on the internet. We shall all be glad when successful vaccines are available and the virus starts to fade. I do believe that telemedicine has added a new dimension to our ability to render care, especially mental health care, to our patients. No, I cannot take a blood pressure or put my hands on the patient yet—who knows when that will happen, but in this time of isolation, much good has been discovered in the use of our technology to provide care for the emotional and behavioral difficulties of our patients.

Doris M. Greenberg MD
Developmental & Behavioral Pediatrician
Associate Clinical Professor, Mercer University School of Medicine
Developmental Pediatrics Director, Wolfson Children’s Hospital
Savannah, GA

Adolescents who are often reticent and unwilling to talk in my office, have confided to me in their bedrooms during our visits. They mention their anxiety and depression and frustrations so much better in the safety of their own rooms.
This virtual CME meeting will include both live and pre-recorded presentations on anxiety & depression, suicide prevention, physician wellness, immunizations, racism & diversity, school health and more.

**SYMPOSIUM AGENDA (LIVE/VIRTUAL)**

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
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<tbody>
<tr>
<td>9:00 – 9:15 am</td>
<td>Welcome</td>
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<tr>
<td>Terri McFadden, MD, Program Chair</td>
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<tr>
<td>9:15 – 10:00 am</td>
<td>Anxiety &amp; Depression: The Pandemic Effect</td>
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<td>Joel Axler, MD</td>
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<tr>
<td>10:00 – 10:45 am</td>
<td>Depression Screening &amp; Suicide Prevention in Pediatrics</td>
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<td>Maryland Pao, MD</td>
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<td>10:45 – 11:00 am</td>
<td>Break</td>
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<tr>
<td>11:00 – 11:45 am</td>
<td>Medication Management for Mental Health</td>
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<td>Michael Ellis, MD</td>
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<td>11:45 am – 12:30 pm</td>
<td>Physician Wellness:</td>
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<td>A Survival Guide</td>
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<td>Susan Smiley, MD</td>
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<td>12:30 – 1:00 pm</td>
<td>Lunch Break</td>
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<td>1:00 – 1:15 pm</td>
<td>COVID-19 Vaccines Update</td>
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<td>Steve Thacker, MD</td>
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<td>1:15 – 2:30 pm</td>
<td>At the Intersection of Equity, Science and Social Justice: An Inflection Point for Organized Medicine</td>
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<td>Joseph Wright, MD</td>
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<tr>
<td>2:30 – 2:35 pm</td>
<td>Wrap Up/Closing Remarks</td>
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**ON DEMAND SESSIONS**

Available beginning March 8, 2021.
Recorded presentations will be available through April 16, 2021.

- Supporting Children During the Covid-19 Pandemic
  David Schoenfeld, MD (45 mins)

- The Pediatrician’s Role in Helping Patients Return to School
  Veda Johnson, MD & Yuri Okuizumi-Wu, MD (1 hour)

- Nutrition & Weight Gain during the Pandemic
  Stephanie Walsh, MD & Evelyn Johnson, MD (1 hour)

- Enhanced Recovery After Surgery for General Pediatricians
  Kurt Weiss, MD (45 mins)

**In Memorium**

Joseph “Joe” Albert Snitzer, III, MD, 89, passed away on January 18, 2021. Dr. Snitzer attended Midwestern University and earned his undergraduate degree from the University of Michigan. After graduating, he served as a First Lieutenant, Transoceanic Navigator, in the United States Air Force until 1957 during the Korean War. Upon discharge from the Air Force, he attended the University of Michigan Medical School and completed his residency in pediatrics at Children’s Hospital in Philadelphia, Pennsylvania. Dr. Snitzer was the recipient of the Chapter’s Service Award in 2003 and was a member of the Division of Neonatology at Emory University School of Medicine as well as a member of the Division of Neonatology at Emory and Children’s Healthcare of Atlanta since 1998. Dr. Adams-Chapman also served as Medical Director of the Developmental Care Program at Emory for many years. She also served as the Executive Director of the Georgia Perinatal Center’s neonatal intensive care units at Emory University School of Medicine as well as the Divisions of Neonatology and Developmental Care.

David Marshall, MD, FAAP passed away suddenly on Friday, Jan. 15, 2021. Dr. Marshall was the Director of Primary Care Sports Medicine with Children’s Physician Group Orthopedics and Sports Medicine at Children’s Healthcare of Atlanta. He trained in primary care pediatrics at the Naval Medical Center after medical school at Northeastern Ohio Universities College of Medicine. He served on multiple committees and was a founding member of the American College of Physician Assistants. He was a dedicated teacher and mentor, regularly teaching residents and fellows.

Alva Louise Mayes, Jr. MD passed away on Wednesday, February 3, 2021. Dr. Mayes graduated as valedictorian of Athens High School in 1948. He began his medical career as a First Lieutenant, Transoceanic Navigator, in the United States Air Force until 1957 during the Korean War. Upon discharge from the Air Force, he attended the Medical College of Georgia, completed his internship at the Macon Hospital, and began his residency in pediatrics at the Medical College of Georgia, completing his residency in pediatrics at Emory University School of Medicine. He served as the Chapter’s Chair of Sports Medicine Committee for many years. He also served as the Executive Director of the Georgia Perinatal Center’s neonatal intensive care units at highest medical risk for long-term disabilities.

Dr. William Wood Orr, age 97, died on January 2, 2021. He graduated from Emory University School of Medicine and completed his residency in pediatrics at the Medical College of Georgia, completing his internship at the Macon Hospital and residency in pediatrics at the Medical College of Georgia. He then went on to graduate magna cum laude from the University of Georgia in 1952. After completing medical school at the Medical College of Georgia, he returned to the Macon Hospital in 1956. Dr. Orr entered military service with the U.S. Navy in 1957. He completed his residency at Children’s Hospital in Philadelphia, Pennsylvania. Dr. Orr took call with his good friend, Dr. Oscar Ivey in the early 1960s and worked alongside him for many years until he retired in 1990. He retired from the Georgia Army National Guard in 1965. He was a member of the Division of Neonatology at Emory University School of Medicine and completed his residency in pediatrics at Emory University School of Medicine. He was a member of the Division of Neonatology at Emory and Children’s Healthcare of Atlanta since 1998. Dr. Adams-Chapman also served as Medical Director of the Developmental Care Program at Emory for many years. She also served as the Executive Director of the Georgia Perinatal Center’s neonatal intensive care units at highest medical risk for long-term disabilities.

Ira S. Adams-Chapman, MD, MPH, FAAP, of Atlanta, passed away on January 22, 2020. Dr. Adams-Chapman was a member of the AAP Committee on Fetus and Newborn. She was an Associate Professor of Pediatrics and the Jennings Warkany Scholar in Neurosciences at Emory University School of Medicine as well as a member of the Division of Neonatology at Emory and Children’s Healthcare of Atlanta since 1998. Dr. Adams-Chapman also served as Medical Director of the Developmental Care Program at Emory for many years. She was the recipient of the Chapter’s Leila D. Denmark Lifetime Achievement Award in 2010. Dr. Snitzer is survived by his wife of 60 years, Elizabeth “Liz” Snitzer, 5 children, 5 grandchildren and 5 great-grandchildren, and many nieces and nephews.

**American Academy of Pediatrics**

**Georgia Chapter**

For information visit our website at www.GAaap.org

**For information visit our website at**

www.GAaap.org
Looking Ahead:

Join us for our upcoming virtual events!

- Legislative Webinar Series: Legislative Update from the General Assembly: A Senate Perspective
  February 25, 2021, 1:00 – 2:00 pm

- Georgia Chapter AAP 2021 Spring Symposium Virtual CME Meeting
  March 13, 2021

The Georgia Pediatrician is the newsletter of the Georgia Chapter/American Academy of Pediatrics
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Visit the Chapter Website for details on Chapter events. www.GAaap.org
Call (404) 881-5020 for more information.