



### PRESIDENT'S MESSAGE

## Vaccine Mandates

I have never been one who likes being told what to do. I like to think of myself as an independent thinker, but some may call me stubborn. When I was in high school, this resulted in some — let's say — “challenging” interactions with my mother, especially when she attempted to wake me in the morning after I had slept through all my alarms. This has pervaded my views in how I think about the role of government in our lives related to vaccine mandates.

I typically do not support government interventions in people's day-to-day lives and interference with individual freedoms and liberties. Consistent with this overarching philosophy, I am often wary of any government mandate that interferes with individual ability to make decisions or limits autonomy. I feel that there are very few situations where the government should be allowed to limit personal freedoms and, even then, should be used only after other options have been adequately attempted. Those who know me well have been somewhat surprised at my consistent and unyielding support for government mandates for vaccines for children to attend school, especially over the past couple of years as the MCAAP as an organization and I as an individual have been advocating for the elimination of the religious exemption to the school requirements in Massachusetts.

How do I reconcile my deeply held personal beliefs on the importance of individual freedom to determine one's destiny with any support of the government limiting one's choices? It is not a decision I take lightly and one that I've thought about at length over many years. The purpose of government is to provide freedom for all

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### BUILDING BLOCKS OF EARLY CHILDHOOD

## Sunscreen Is for the Sun, Not Just for Summer!

You see a four-year-old and her father for her annual health supervision visit in January. When you inquire about sunscreen use, her father states that they use it in the summer but not in the winter. Of the following, the best anticipatory guidance to give is:

- A.** They do not need to use sunscreen in the winter.
- B.** They should use sunscreen any time they go outside.
- C.** They should use sunscreen in the winter, but only if it's sunny.
- D.** They should use sunscreen in the winter, but only if playing in the snow.

The preferred answer is **B**.

Ultraviolet radiation (UVR) from the sun is a known cause of skin cancer, and the sun emits UVR no matter the season. Children can get sunburned even on cloudy days because up to 80 percent of the sun's ultraviolet radiation can still penetrate clouds.

This radiation can also be reflected off snow, sand, concrete, and water, increasing exposure, thus making it even more important to use sun protection.

Cumulative exposure to UVR, particularly in childhood, is one of the essential factors for increasing the risk for developing cutaneous squamous cell carcinoma. In contrast, intermittent, intense exposure to UVR, especially in childhood, is a critical factor in developing basal cell carcinoma and melanoma.

Even individuals with darker skin tones need sun protection. These individuals may be at lower risk for developing skin cancer, but if they do, they are more likely to be diagnosed at more advanced stages, increasing morbidity and mortality.

Tanning and burns from UVR exposure should be avoided, as it indicates skin damage has already occurred. Pediatric health care providers can offer the following

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## EDITOR'S NOTE

## Vaccinations and Contagious Smiles

As I write today, the Omicron variant of COVID-19 has arrived in Massachusetts and 10 other states. Sixty percent of the US population is fully vaccinated. Cases are up 40 percent in Massachusetts, and New England is a hot spot as are many other places in the United States. Six percent of people in low resource countries have been fully vaccinated. President Biden's approval rating is 43 percent. The Supreme Court has heard oral arguments in *Dobbs v. Jackson Women's Health*. We are moving into what appears to be our third year of this global pandemic. To paraphrase Lady Whistledown from *Bridgerton*: "What, dear reader, am I to do to turn this into a message of hope for the new year?"

I'm fortunate to live and work in a highly vaccinated, small city. In Cambridge, 71 percent of residents are vaccinated. Even so, every day, I speak to families about COVID vaccinations, in what turn out to be very heartfelt conversations. Some have decided to wait to be vaccinated, but many have concluded that the whole family will not be vaccinated. Here are a few vignettes of families with whom I've had these conversations. (All identifying features have been changed to protect the privacy of these families.)

The Jones family has a single parent, an elderly grandparent with health issues, and four children ranging in age from middle school to young adulthood. Only the parent is vaccinated — "she had to be because of her job."

The Smith family is a multigenerational household of nine folks, with an elderly

grandparent, two adult children and spouses, three teens, and two elementary school children. No one is vaccinated. There are no plans for this to change.

The Dawson family is comprised of two parents, both heavy smokers, and six children ranging from elementary to high school age. Only the teenage athlete has been vaccinated, in order to comply with the school department mandate that athletes and participants in extracurricular activities must be fully vaccinated.

As pediatricians know, kids exude hope. The teen athlete has become a vaccine ambassador and is encouraging the rest of her family to be vaccinated: "You have to do this!" I've recently been part of two vaccination clinics targeted toward children ages 5–11 and their adult caregivers, where we vaccinated over 1,500 individuals. While a few kids came in with the usual needle phobia and fears, most came in excited and happy to get their vaccinations. Their smiles and enthusiasm were contagious.

Hopefully, the kids will continue to help to convince and encourage the adults in their lives to be vaccinated against COVID-19. At the very least, they will question the adults in their lives, to the point they will be open to those heartfelt discussions about COVID-19 vaccinations that we are all very willing to have.

Wishing you, your families, and your staff good health, happiness, easy access to vaccines and boosters, and most of all, hope in 2022. — *Lisa Dobberteen, MD, FAAP*

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## Searching for a Literacy Champion!

Looking for someone to become author of the Book Corner column. Are you a person with experience implementing ROR (Reach Out and Read) at your office? Do you love children's literature? Would you like an excuse to keep up to date with peer-reviewed literature concerning pediatric literacy interventions? This is a very fun opportunity to write a short column

(400–800 words, four times/year) on the literacy-related topics of your choosing for your fellow MCAAP members. If you are nodding your head, please be in touch with Lisa Dobberteen, MD, *The Forum* editor, at [ldobberteen@mcaap.org](mailto:ldobberteen@mcaap.org). Happy to mentor budding authors, help out with column ideas, etc.



## Vaccine Mandates

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its citizens and residents, up to the point where those freedoms interfere with another's right to life, liberty, and the pursuit of happiness. As a result, I was a strong advocate during my time in medical school and residency to ban smoking in restaurants and other public locations under the justification that it interfered with the health and well-being of those who worked in such establishments.

As the government has an obligation, which I strongly support, to provide a public education to all children, it also must ensure that those children are not exposed to unnecessary health risks while attending school. We know that the overwhelming majority of those claiming a religious exemption does not have a deeply held religious belief that is in opposition to receiving those vaccinations. For those very few who in fact hold such beliefs they do have the option to homeschool, and I believe this is a situation where the benefit of the many do outweigh the concerns of the very few, especially in this situation with vaccines where the evidence is overwhelming that vaccines are safe and effective.

Now we have a different decision to make that goes far beyond a requirement

for attending school. For the first time that I can remember, we are positioned to consider the legal and moral justification for vaccine mandates that go into all domains of our society. For many years hospitals and other health care organizations have been mandating influenza and proof of immunity from other vaccine-preventable illnesses for all employees who have direct patient contact. As health care workers, we have an obligation to keep our patients as safe as possible. The right to practice medicine and provide health care comes the responsibility to take individual actions that meet that obligation.

With the COVID-19 pandemic and vaccine we are talking about different mandates that have never been implemented in this country. The federal government is attempting to enact a requirement that all employers with over 100 employees institute a mandate, other companies are encouraged to do the same, and many state and local governments have enacted or are considering mandates to shop in certain stores, dine in restaurants, and attend entertainment events.

The justification for these mandates is not the same as a school or health care worker mandate. Neither children attending school nor patients admitted to a hospital have a choice as to whether to go to

those establishments. So how do we then rationalize mandates in this situation? How can somebody like me, who feels government mandates should only be imposed as a last resort, support such mandates?

Initially, I felt the mandate on large employers was overstepping and was concerned that this set a dangerous precedent. I have never supported, and doubt that I ever will support, mandatory vaccination for all people as a condition of existing, but I do think it is reasonable and appropriate to limit the activities the unvaccinated are able to do and the locations that they can frequent. By significantly limiting employment opportunities the government is getting close to crossing the line into mandating vaccination as a condition of existing. Still, I struggle with the potential negative consequences of such mandates in terms of the increase in unemployment. The labor shortage that could result, the potential increase in poverty from such action, and the real risk of driving those who are unsure about vaccination toward a more anti-vaccine view simply due to their opposition to mandates. There is a real possibility that this will have a disproportionate impact on already underserved and disadvantaged populations such as racial minorities and

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## Sunscreen Is for the Sun, Not Just for Summer!

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recommendations from the AAP and the American Academy of Dermatology (AAD) for their young patients:

- Avoid direct sunlight, especially for infants under six months of age.
- If possible, wear long sleeves and long pants made of tightly woven cloth and a hat with a brim of at least 3 inches. Some clothes are explicitly labeled for UVR protection.
- Limit sun exposure between 10 a.m. and 4 p.m., when UVR is the strongest.
- Wear sunglasses that offer at least 99 percent UVR protection.
- Use broad-spectrum sunscreen of at least sun protection factor 15–30.
  - For infants under six months, when avoiding direct sunlight and wearing protective clothing is not possible,



apply sunscreen on small areas like the face or ears.

- Apply 15–30 minutes before exposure.
- Re-apply every 2 hours after swimming or after sweating.
- Don't forget those hard-to-reach spots like the back of the ears and neck!

— *Katherine Wu, MD, FAAP*

For more information to offer families about sun protection, refer to the CDC Skin Cancer website ([www.cdc.gov/cancer/skin/](http://www.cdc.gov/cancer/skin/)), the AAD sunscreen FAQs ([www.aad.org/public/everyday-care/sun-protection/sunscreen-patients/sunscreen-faqs#](http://www.aad.org/public/everyday-care/sun-protection/sunscreen-patients/sunscreen-faqs#)), and the [healthychildren.org](http://healthychildren.org) articles “Baby Sunburn Prevention” and “Sun Safety: Information for Parents about Sunburn and Sunscreen.”

## Kids' Brains Make a Huge Difference: New Pediatrician Researcher in Boston Area

Daniel Dickstein, MD, FAAP, has moved his Pediatric Mood, Imaging, and NeuroDevelopment Program ([www.PEDIMIND.org](http://www.PEDIMIND.org)) to McLean Hospital and Harvard Medical School.

Board-certified in pediatrics, adult psychiatry, and child psychiatry, Dr. Dickstein works to focus on more significant understanding of the brain and behavior mechanisms underlying some of the critical and impairing child and adolescent mental health concerns, including suicide, non-suicidal self-injury (NSSI such as self-cutting), and irritability.

“We’re trying to follow the successful model of childhood leukemia,” says Dickstein, “whereby because all kids with cancer have participated in research, we have advanced what is known about the biological mechanisms of cancer. In turn, these mechanisms matter — as they have transformed how biology augments clinical care — with CBCs and scans confirming parent and pediatricians’ suspicions of

cancer. And now, the five-year mortality from *all* is over 95 percent.”

Dickstein notes the same is not true for child and adolescent mental health, with the result being that suicide is the second leading cause of death in the United States, starting at 10 years of age and going up to age 34. Further, irritability is the number one reason kids are brought for outpatient and emergency department mental health evaluation, is associated with more than ten different psychiatric diagnoses, and for many, is associated with substantial impairment in adulthood. Yet, we do not have biological or behavioral markers — scans or tests — that aid clinical diagnosis for children struggling with these and other mental health conditions.

Dr. Dickstein’s PediMIND Program currently has research opportunities for children ages 8–16 — including both healthy controls and those struggling with any amount of irritability (none to tons),

nonsuicidal self-injury, and those who have made a suicide attempt.

“While we are not currently running treatment trials, all the kids and families in our studies, and their referring pediatricians, know they are making a huge difference for overall child health. Plus, they get cool brain pictures and the summary of a research grade evaluation that may guide care.”

Beyond research, Dr. Dickstein is also involved as a provider in the Massachusetts Child and Adolescent Psychiatry Access Program (MCPAP). “MCPAP is another great way to partner with pediatricians to help children and adolescents struggling with mental health problems and to get to know my new Boston-area primary care colleagues.” — *Daniel Dickstein, MD, FAAP*

To learn more about Dr. Dickstein or his PediMIND program, visit [www.PEDIMIND.org](http://www.PEDIMIND.org).

## Vaccine Mandates

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those who already struggle to make ends meet. This situation is where we need to look more broadly at all the risks and benefits of this type of mandate and carefully weigh and balance them. However, it could be justified as a method to move closer to more control over the spread of COVID.

As the pandemic continues and we move toward acceptance that this virus will be with us for the foreseeable future, we need to consider certain measures that may have been thought to be off the table in the past. There will be continued spread, there will be continued illness, there will be new variants, and there will be some unexpected developments along the way. Vaccines will not eliminate any of that, but hopefully will change this disease into something where the severity of illness including hospitalizations and death are more in line with other circulating respiratory pathogens. With other endemic coronaviruses, some people can get very sick and some unfortunately die, but those numbers are quite small in comparison to what we have seen so far from SARS-CoV-2. With universal vaccination we will hopefully get to a similar state with this novel coronavirus.

I look at the mandate requiring COVID vaccination to work in specific locations and attend certain venues as limiting the personal freedom of the few who are resistant to vaccination in exchange for the benefit to society in general and the protection of the many. This is our way to return to normalcy and therefore a justifiable limitation on individual choice. We need to return our children, who have been impacted far more by the indirect effects of the virus than the disease itself, to a more “normal” world and a more typical childhood. Any person can still choose to remain unvaccinated, albeit with significant inconveniences and challenges, but I feel that is an appropriate concession at this time.

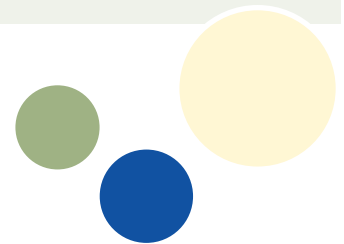
I remain guarded about granting any government this increased power and will continue to be somewhat suspicious of any attempts to erode personal freedom and individual liberty. We must continue to hold our elected officials accountable for not abusing this power that we are granting them in the name of public health and safety. Our country was built on a foundation of self-determination of the individual and the limitation of government power. I believe that vaccine mandates allow us to “promote the general welfare” that our Constitution demands while maintaining those pillars of our great nation.

— *Lloyd Fisher, MD, FAAP*

## 2022 MCAAP Call for Nominations

The MCAAP 2022 election will fill vacancies on the executive board for vice president, secretary, treasurer, and congressional district representatives in Districts 1, 2, 3, 5, and 8. Individuals are eligible if they are voting members of the Chapter and live or work in one of the vacant districts. Please send names of nominees to Cathleen Haggerty via email at [chaggerty@mcaap.org](mailto:chaggerty@mcaap.org). You can mail nominations to 860 Winter Street, Waltham, MA 02451.

Nominations must be received by February 15, 2022. Electronic ballots will be emailed and mailed in mid-March. Individual communities within each district can be found at [house.gov/representatives/find](http://house.gov/representatives/find). For new Massachusetts congressional district maps, go to [www.govtrack.us/congress/members/map](http://www.govtrack.us/congress/members/map).



## AAP/MCAAP Appointments, Chairs, and Expert Representatives

### AAP/MCAAP Appointments

#### AAP DISASTER PREPAREDNESS CONTACTS

Sarita Chung, MD

Gina O'Brien, MD

#### AAP EARLY CHILDHOOD CHAMPION

Katherine Wu, MD

#### CATCH CO-COORDINATOR

OPEN

#### MMS DELEGATE/HOUSE OF DELEGATES

Michelle Dalal, MD

#### PROS NETWORK COORDINATORS

David Norton, MD

Ben Scheindlin, MD

### MCAAP Committees, Initiatives, and Task Forces

#### CHILDREN WITH SPECIAL HEALTH CARE NEEDS COMMITTEE

Jack Maypole, MD

#### CHILDREN'S MENTAL HEALTH TASK FORCE

Michael Tang, MD

Michael Yogman, MD

#### FOSTER CARE COMMITTEE

Linda Sagor, MD

#### IMMIGRANT HEALTH COMMITTEE

Julia Koehler, MD

#### IMMUNIZATION INITIATIVE

Everett Lamm, MD

David Norton, MD

Sean Palfrey, MD

#### LEGISLATIVE COMMITTEE

Karen McAlmon, MD

Eli Freiman, MD

#### MEDICAID ACO TASK FORCE

James Perrin, MD

Greg Hagan, MD

#### MEDICAL STUDENT COMMITTEE

Priya Shah

#### PEDIATRIC COUNCIL

Peter Rappo, MD

#### COMMITTEE ON CHILD ABUSE AND NEGLECT

Sasha Svendsen, MD

### MCAAP Appointments and Expert Representatives

#### FETUS AND NEWBORN

Munish Gupta, MD

#### FORUM EDITOR

Lisa Dobbertein, MD

#### INJURY PREVENTION

Greg Parkinson, MD

#### ORAL HEALTH

Michelle Dalal, MD

#### SCHOOL HEALTH

Genevieve Daftary, MD

# ShotClock

## 2021–2022 Influenza Season Activity Resources

The 2021–2022 influenza season is well underway. With the ongoing COVID-19 pandemic, flu viruses and the virus that causes COVID-19 are both circulating at this time.

The following reports can assist you to stay current on state and national influenza-like illness activity and influenza vaccination uptake:

**Massachusetts Weekly Flu Report** ([www.mass.gov/report/2021-2022-season-weekly-flu-reports](http://www.mass.gov/report/2021-2022-season-weekly-flu-reports)): Throughout the flu season (October–May), the Massachusetts Department of Public Health (MDPH) publishes a Weekly Flu Report. The Weekly Flu Report details the impact of flu-like illness in Massachusetts.

**FluView** ([www.cdc.gov/flu/weekly/index.htm](http://www.cdc.gov/flu/weekly/index.htm)): The CDC's weekly US influenza surveillance report.

**FluView Interactive** ([www.cdc.gov/flu/weekly/fluviewinteractive.htm](http://www.cdc.gov/flu/weekly/fluviewinteractive.htm)): This CDC application showcases two of CDC's influenza surveillance systems, the WHO/NREVSS Collaborating Labs and the US Outpatient Influenza-like Illness Surveillance Network (ILINet). Users can view both influenza laboratory data and medically attended visits for influenza-like illness (ILI) side-by-side for the influenza season and geography (national, regional, or select states) of interest.

**FluVaxView Interactive** ([www.cdc.gov/flu/fluVaxView/interactive.htm](http://www.cdc.gov/flu/fluVaxView/interactive.htm)): This CDC application details national, regional, and state-level influenza vaccination coverage estimates using interactive maps, trend lines, bar charts and data tables.

It is not too late to vaccinate! As a health care provider, your strong recommendation is a critical factor that affects whether your patients get an influenza vaccine. Flu vaccination should continue as long as flu strains are circulating. In Massachusetts, flu strains can continue to circulate well into the spring. —*MCAAP Immunization Initiative*

## 26th Annual MIAP Conference Recap

More than 300 participants attended the 26th Annual Massachusetts Immunization Action Partnership (MIAP) Pediatric Immunization Skills Building Conference, held virtually on October 28, 2021.

The MIAP Conference Organizing Committee would like to thank the following people and organizations for participating in this year's MIAP Conference:

### Plenary Speakers Presenters

Kathy Hsu, Andrew Kroger, Paul Offit, Pejman Talebian, and A. Patricia Wodi

### Breakout Session Presenters

Rattana Bip, Tricia Charles, Joyce Cohen, Laurie Courtney, Alexandra DeJesus, and Ronald Samuels

### Plenary and Breakout Session Moderators

Joseph Conte, Sharon Leary, Cynthia McReynolds, Veasna Ngoun, and Amy Sgueglia

### Plenary and Breakout Session Technical Managers

Alexandra Burke, Ted Clark, Cynthia McReynolds, Becca Millock, and Pamela Worthington

### Conference Exhibitors

American Cancer Society, AstraZeneca, GlaxoSmithKline, The Massachusetts Adult Immunization Coalition, MCAAP Immunization Initiative, Massachusetts Parent Teacher Association, Moderna, Sanofi Pasteur, Seqirus, and Team Maureen

### Unrestricted Educational Grant

Sanofi Pasteur

The Committee also would like to thank **Ron Samuels, MD, MPH, FAAP**, for serving as MIAP president for the past 20 years. Dr. Samuels' expertise and leadership have been instrumental to the success of the MIAP Conference!

The conference presentations are available on the conference website (<https://cvent.me/gRB22G>). Click on "Speakers." Scroll down and click on "View Profile." Presentations can be found under "Speaker Documents."

— *MCAAP Immunization Initiative*

## 2021 MIAP Conference Award

### David Caron Jr., PharmD, Chief Pharmacy Officer, Chief Compliance Officer, Martha's Vineyard Hospital

David Caron Jr., PharmD, chief pharmacy officer and chief compliance officer at Martha's Vineyard Hospital, was recognized as the **2021 Massachusetts Immunization Action Partnership (MIAP) Conference Awardee** at the 26th Annual MIAP Pediatric Immunization Skills Building Conference.

This annual award recognizes individuals or groups that have made an outstanding contribution to pediatric immunization in Massachusetts. The recipient of this award is an individual or an organization that has demonstrated leadership, initiative, innovation, collaboration, or advocacy.

Martha's Vineyard has an immunization exemption rate for kindergarteners of 8.5 percent — far higher than the state average of 1.1 percent. Over 4 percent of kindergarteners on Martha's Vineyard had an exemption and no vaccines in 2020 — again, higher than the state average of 0.5 percent. Most of the exemptions to vaccines for school entry are nonmedical. There are areas of the Island where vaccine hesitancy and refusal put the Island at risk of vaccine-preventable disease outbreaks.

David Caron recognized a need to address vaccine hesitancy and refusal and started the community-based Martha's Vineyard Vaccine Task Force. As the director of pharmacy at Martha's Vineyard Hospital and an Island resident, he reached out to key stakeholders to join the task force. Task force members include Island health care providers, school administrators, nurses, school nurses, librarians, hospital staff, teachers, and community advocates interested in improving vaccine confidence to improve immunization rates on Martha's Vineyard. The task force meets regularly to discuss how it can enhance vaccine confidence throughout the Island. Members discuss immunization barriers and challenges and brainstorm solutions. They have developed educational materials and activities that engage parents and Island residents to improve vaccine awareness and confidence.

Before COVID, David engaged with Martha's Vineyard Public Schools to present at an all-Island staff meeting about the task force. The task force partners and Martha's Vineyard Hospital worked to create educational flyers about the importance of vaccination and the low vaccination rates on the Vineyard. They distributed them in community locations as a means of education.

Human papillomavirus (HPV) vaccination is of particular interest to Dr. Caron. He partnered with Team Maureen, a Cape nonprofit, to offer an HPV-related education event for providers. This inter-professional virtual event brought together Island medical and dental providers to learn about HPV prevention. Another virtual event provided in partnership with Team Maureen and the MCAAP highlighted the importance of all pediatric vaccines as a means of preventing disease. This event combined personal stories of vaccine-preventable illness with a medical presentation on how vaccines work and why they are essential. Included were opportunities for questions and discussion. The event also was presented in Portuguese and English.

As a graduate of the Massachusetts College of Pharmacy and the University of Kentucky, David has practiced small and rural hospital

pharmacy for most of his 30-year career. He has had the pleasure of precepting hundreds of pharmacy students from six pharmacy colleges during his tenure. In addition to the Martha's Vineyard Vaccine Task Force, he is involved in his community through various collaborations such as the Council on Aging. His wife, brother, sister-in-law (and soon-to-be son) are pharmacists, so he deeply appreciates and connections to the profession. Martha's Vineyard Hospital is located on an island off the coast of Massachusetts and has the mission of being the health care provider to all people.

MIAP represents the combined effort of the Bureau of Infectious Disease and Laboratory Sciences, Massachusetts Department of Public Health (MDPH), the Immunization Initiative of the Massachusetts Chapter of the American Academy of Pediatrics (MCAAP), and individuals who share the mission to protect all citizens from vaccine-preventable diseases. The annual pediatric conference provides up-to-date information on the field of pediatric immunization, with an emphasis on current immunization recommendations and general immunization updates.

— *MCAAP Immunization Initiative*

## Upcoming Events and Meetings

### Massachusetts Adult Immunization Coalition Meeting

January 25, 2022, 6:30 p.m.

This meeting will be held virtually. For more information, visit <https://maic.jsi.com/events>.

### Advisory Committee on Immunization Practices Meeting

February 23–24, 2022

For more information, visit [www.cdc.gov/vaccines/acip/meetings/index.html](http://www.cdc.gov/vaccines/acip/meetings/index.html).

### Massachusetts Vaccine Purchasing Advisory Council Meeting

March 10, 2022, 4:30 p.m.

This meeting will be held virtually. For more information, visit [www.mass.gov/service-details/massachusetts-vaccine-purchasing-advisory-council-mvpac](http://www.mass.gov/service-details/massachusetts-vaccine-purchasing-advisory-council-mvpac).

## Advertise in *The Forum*

We would like to invite you and your organization to advertise your services in upcoming editions of *The Forum*. *The Forum* is mailed to 1,700 pediatricians and is available online at no charge. If you would like more information about rates and submissions, please contact Cathleen Haggerty at [chaggerty@mcaap.org](mailto:chaggerty@mcaap.org).

#### PRICING

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1/3 page = \$300.00      1/2 page = \$400.00  
3/4 page = \$600.00      1 full page = \$800.00

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All submissions should be Acrobat PDF files, version 5.0 or higher, and should be sent at the exact size specified herein. Ads not submitted at the proper size will be returned.

Native files or other file formats will not be accepted. Fonts must be embedded and TrueType fonts should be avoided.

Please remember to double check that your ad is the correct size and contains the most up-to-date information.





## JOB CORNER

### BC/BE Pediatrician

Amherst Pediatrics seeks a full-time BC/BE Pediatrician to join our well-established practice in Western Massachusetts. This is a private group practice with a solo office setting in a college town located in the beautiful Connecticut River Valley. We are a member of the Pediatric Physicians Organization of Boston Children's Hospital (PPOC) and deliver high quality, advanced Pediatric Primary Care.

Please visit our website at [www.amherstpeds.com](http://www.amherstpeds.com) for more information about our practice. Interested candidates should send their cover letter and CV to [mail@amherstpeds.net](mailto:mail@amherstpeds.net).

### Pediatrician

Seeking BC/BE pediatrician to join our thriving private practice in Cohasset. Affiliated with MGH/B. Part-time with potential to expand. Supportive, team-oriented group with both primary care and developmental-behavioral pediatrics. The practice consists of three physicians and two NPs, a licensed therapist and full administrative support staff as well as RNs and medical assistants. This position is outpatient only with a share of night/weekend coverage. Compensation is competitive and includes a generous benefit package. We value continuous quality improvement and a balance of work and family time. Caring, sensitive physicians who share these values are invited to apply with CV and note of interest to Robert F Belknap, MD, MPH, by email [rbelknap@drbelknap.com](mailto:rbelknap@drbelknap.com).

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\*Contact Cathleen Haggerty at [chaggerty@mcaap.org](mailto:chaggerty@mcaap.org) for rate and payment information.

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