LifeMember
OWL NEWSLETTER

March | April 2022 e-Newsletter

Welcome to the Spring Edition of the Owl News!

American Academy of Child & Adolescent Psychiatry
www.aacap.org

Diversity, Equity & Inclusion Quotes

"It is time for parents to instruct young people early on that in diversity, there is beauty, and there is strength."

— Maya Angelou

"Diversity and inclusion, which are the real grounds for creativity, must remain at the center of what we do."

— Marco Bizzarri

"Diversity is about all of us and about us having to figure out how to walk through this world together."

— Jacqueline Woodson

"In the end, as any successful teacher will tell you, you can only teach the things that you are. If we practice racism, then it is racism we teach."

— Max Lerner

"A diverse mix of voices leads to better discussions, decisions, and outcomes for everyone."

— Sundar Pichai

An individual has not started living until he can rise above the narrow confines of his individualistic concerns to the broader concerns of all humanity."

— Martin Luther King, Jr

"Our ability to reach unity in diversity will be the beauty and the test of our civilization."

— Mahatma Gandhi

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We want to hear from you! Let us know what you are up to, how you're doing, and more! Please send materials to w@lsuhsc.edu.
The deadline for the next issue is **July 1, 2022.**

Martin J. Drell, MD

IN THIS ISSUE

What Does the Future of Child Psychiatry Look Like? 04
By Marilyn B. Benoit, MD, SHSA, LFAACAP

It's Time for Moonshot Thinking in Psychiatry 06
By Henry A. Narallah, MD

A Brief History of Frederick Douglass 08
By Martin J. Drell, MD

Waiting for John 24 (My Musing During the COVID Pandemic) 10
By John McCarthy, MD

Facing the Mountain - By Danile James Brown 11
A Book Review By John Dunne, MD

Was Mr. Rogers Too Good to Be True: A Brief Movie Review & Quotes 14
By Martin J. Drell, MD

Poetry Corner 16

Donors to AACAP's Life Member's Fund 17

AACAP Policy Statement on Increased Suicide Among Black Youth in the U.S. 19

Florida's "Don't Say Gay or Trans" Law Stigmatizes LGBTQ+ and Families 20

AACAP Calls On Administration: Declare Children's Mental Health Crisis a Public Health Emergency 21

AACAP Statement Opposing Actions in Texas Threatening the Health, Mental Health and Well Being of Transgender and Gender Diverse Youth and Their Families 22

Member Photos 24

october 17–22
20AACAP
22CACAP
annual meeting | toronto

Visit www.aacap.org/AnnualMeeting-2022 for the latest information!

Save the Dates

Call for Papers Deadline:
Feb 15, 2022

New Research Poster Deadline:
June 7, 2022

Preliminary Program Available:
June 15, 2022

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What Does the Future of Child Psychiatry Look Like?

By Marilyn B. Benoit, MD, SHSA, LFAACAP
Co-Chair, Life Members Committee

It is truly an honor to join Dr. Cynthia Pfeiffer as the Co-Chair of AACAP's Life Members' Committee, founded by our beloved Dr. John Showalter, past president of AACAP. I step in to fill the position previously held by Dr. Richard Gross, a dear friend and mentor over many years in the Washington, DC metropolitan area.

Marilyn B. Benoit, MD, SHSA, LFAACAP

Last year was my first as the Chair of the Life Members' Wisdom Clinical Perspectives for the AACAP annual meeting, which, unfortunately, because of the persistent COVID pandemic, was held virtually. The presentations were extraordinarily rich, broad and in depth, covering historical treatments in psychiatry, the introduction of psychopharmacology and its pre-eminence in child & adolescent treatment, the various psychotherapies, with decreasing emphasis on psychoanalysis and psychodynamic therapies, and a vision of the future with precision therapeutics.

President Biden recently established what he called a moonshot goal for reducing the death rate for cancer by 50% over the next 25 years. In the most recent Current Psychiatry (Feb 2022, 21:8-9; doi:10.12788/cp.0217) Dr. Henry Nasrallah opined that "It's time for moonshot thinking in psychiatry." I am a fan of visionary thinking and agreed with his statement that "successful organizations should have one or more moonshots. Setting lofty goals that require monumental determination and effort to accomplish {what} will have a transformative long-lasting impact." Dr. Nasrallah referenced President John Kennedy with his moonshot goal in 1961, when President John F. Kennedy told Congress: "I believe that this nation should commit itself to achieving the goal, before this decade is out, of landing a man on the moon and returning him safely to the earth." That goal was achieved in July 1969 with the landing of Neil Armstrong. It is amazing that in February 2021 the United States landed the Perseverance Rover on Mars in its continuing efforts to explore outer space.

In April 2012, at the formal opening of the new Menninger Clinic in Houston, Texas, the Honorable Patrick Kennedy addressed the attendees with a statement that his uncle President John F. Kennedy had made history with his bold exploration of outer space. He then went on to say that he was launching an equally bold initiative to explore "inner space." He had come to that decision after his own experiences with addiction and mental health issues, and a realization that neuropsychiatric brain disorders imposed a tremendous burden on a sizable portion of the population.

Our Clinical Perspectives presented in October 2021 at the AACAP annual meeting, described the history of psychiatric interventions over the

decades from mostly external macro interventions to what I refer to as micro interventions, which more specifically target the brain, the organ of interest for the psychiatric profession. We now know that most psychiatric disorders

have their genesis in childhood. As neuroscience has delved into, and uncovered some of the ways in which the developing brain can show early signs of brain infrastructure and functioning going awry, we are discovering new possibilities to intervene early, and either prevent, abort or mitigate the adverse effects of negative influences on the developing brain. The macro intervention of electroconvulsive therapy magically calms mania, reverses catatonia and improves mood in depression! The SSRI anti-depressants show reasonable success in treating both depression and anxiety. The stimulants for the treatment of ADHD are the most widely used psychotropics in child & adolescent psychiatry, and we are thankful for the anti-psychotics to treat childhood psychosis. Lithium remains an important psychotropic in our pharmacological armamentarium for the treatment of bipolar illness and chronic suicidal ideation.

Our long-standing use of various psychotherapies has been a bedrock of our profession, especially for those of us who pre-date the widespread use of psychopharmacology. Whether it is child psychoanalysis, psychodynamic therapy, play therapy, family therapy, group therapy, trauma focused therapy, cognitive behavior therapy, dialectical behavior therapy, parent-child interaction therapy, parent management training and others, the intent is always to reduce emotional, behavioral and cognitive distress in the child and family and improve the adaptive functioning of all involved. So, all treatments focus on the well-being of the children and families that we treat. One of my favorite books is "From Neurons to Neighborhoods" published by the Institute of Medicine in 2000. The intent of the collection of articles was to tie together the brain research with how the macro-environment of the neighborhood/society influenced the micro-environment of families, the crucible within which the brain development of children takes place….yes! Now we are so much more aware of the alarming negative effects of Adverse Childhood Experiences on mental health (i.e. on brain development) as well as on overall morbidity and mortality. While we life members have collectively provided several thousands of treatment hours to children and families using multiple treatment modalities, and are deeply gratified by many successful outcomes of our patients and families, our field falls short of having the kind of precision interventions that our colleagues in cardiovascular and other specialties of medicine have achieved. Alarmingly, we have failed to put a dent in the suicide rate which has actually risen over the past decade across most demographics.

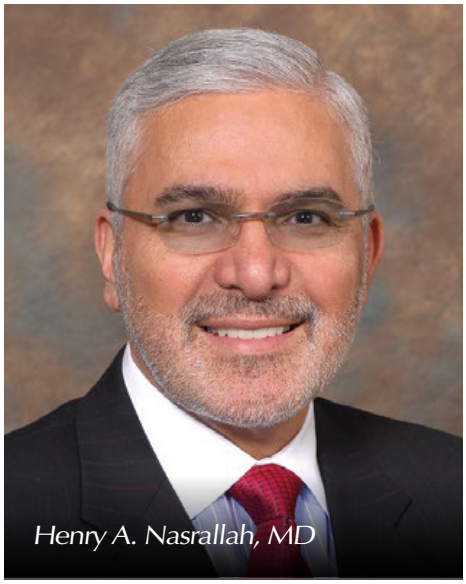
My hope is that with the ongoing neuroscience research that is being done on the living brain, as well on diseased brain cells being grown in petri dishes, will lead us to improved precision targeting of those impaired brain regions responsible for the expression of psychiatric disorders: disorders of the architecture, the infrastructure, electro-physiological processes, synaptic processes, the molecular processes, the communication systems…..all of the complexities of the amazing brain and its intriguing psyche which makes us human.

So, in our wisdom, I hope we can hold on to what works well, discard what has not, and raise the questions about what we do not know so that future generations of child and adolescent psychiatrists will participate in and/or collaborate with neuroscience researchers. I yearn for the day that current neuroscience research will convert to clinical therapeutics which can be delivered via viral vectors to specific brain loci where they are needed and avoid the sometimes-debilitating side effects of our current medications. What a breakthrough it will be when electro-magnetic nanobots (research is ongoing) can be directed vascularly via remote control to lesions in the brain where an aberrant electro-magnetic field needs to be re-calibrated and normalized and return the patient to a euthymic state. Imagine being able to repair the malfunctioning neural networks in the amygdala of maltreated children so that they would not have to live a trauma reactive life! Child psychiatry should take ownership of developmental neuroscience and lead the field in acquiring the knowledge that will result in innovative, effective and targeted interventions to improve the cognitive, behavioral and emotional functioning of our children and families, allowing them to optimize their individual, interpersonal and societal functioning.

Despite such potential advances in precision psychiatric medicine, the need for a meaningful relationship in the consulting room with our patients will not go away. In fact, I believe it will allow psychiatrists to have more time to listen to their patients and their families, and to better understand and treat intra-psychic pain. Hopefully, precision psychiatric medicine can replace what I refer to as dehumanizing "check-list medicine," and allow psychiatrists to focus on the meta-cognitive, psychodynamic, relational and psychosocial aspects of treatment to enhance adaptive functioning. ■

It's Time for Moonshot Thinking in Psychiatry

By Henry A. Nasrallah, MD
Editor-in-Chief, Current Psychiatry



Despite significant progress, there remain many unmet needs in psychiatry. These include a granular understanding of the neurobiology of various psychopathologies, an objective and valid diagnostic schema, and disease-modifying treatments for chronic and disabling psychiatric disorders. Several moonshots are needed to address those festering needs.

A "moonshot" is an extremely ambitious, dramatic, imaginative, and inspiring goal. Landing on the Moon was generally believed to be impossible when President Kennedy boldly set that as a goal for the United States in 1961. Yet, 8 short years later, on July 20, 1969, Neil Armstrong stepped off the lunar module ladder onto the Moon's surface, a feat that captured the imagination of the nation and the world. I distinctly remember watching it on television with amazement as a young boy. It was a surreal experience. That's what achieving a moon-shot feels like.

Successful organizations should always have 1 or more moonshots

We must envision the future of psychiatry as dramatically different from the present

(American Psychiatric Association and National Institute of Mental Health [NIMH], are you listening?). Setting lofty goals that require monumental determination and effort to accomplish will have a transformative, long-lasting impact. The construction of the Panama Canal to connect 2 oceans and the Manhattan Project to develop the first nuclear bomb, which ended World War II, are examples of moon-shots that continue to reverberate.

A more recent moonshot is the driverless car, which in the past was a laughable idea but is now a reality that will change society and the world in many ways. Innovative billionaire moguls now speak loudly about colonizing Mars, which sounds improbable and highly risky, but it's a moonshot that may be achieved within a few years. Establishing world peace is a moonshot that requires collective Kennedy-esque vision and motivation among world leaders, which currently is sadly lacking.

So, for contemporary psychiatry, what is the equivalent of landing on the Moon? Here is the list that pops in my brain's mind (Next page - let us know which of these would be your top 3 moonshots by taking our survey at https://bit.ly/3qkKqTa)

Those moonshots may be regarded as absurd, and totally unachievable, but so was landing on the Moon, until it was accomplished. Psychiatry must stop thinking small and being content with tiny advances (which is like changing the chairs to more comfortable sofas on the deck of the Titanic and calling

Moonshots

- **A cure for schizophrenia (across positive, negative, and cognitive symptom domains)**
- **A cure for mood disorders, uni-polar and bipolar (including suicide)**
- **A cure for anxiety disorders**
- **A cure for obsessive-compulsive disorder**
- **A cure for posttraumatic stress disorder**
- **A cure for alcoholism/addiction**
- **A cure for autism**
- **A cure for Alzheimer's disease and other dementias**
- **A cure for personality disorders, especially antisocial and borderline**
- **A cure for the visceral hatred across political parties that permeates our society (obviously not a psychiatric category, but perhaps it should be added to DSM because it is so destructive).**

it "progress…"). Psychiatry needs to be unified under the flag of "moonshot thinking" by several visionary and transformative leaders to start believing in a miraculously better future for our patients. But to pave the way for moonshots in psychiatry, the leading organizations must collaborate closely to open the door for unprecedented scientific and medical breakthroughs of a moonshot by:

1. Lobbying effectively to secure massive funding for research from federal, state, corporate, and foundation sources (perhaps convincing the Gates Foundation that schizophrenia is as devastating worldwide as malaria may bring a few badly needed billions into psychiatric brain research).

2. Reminding members of Congress that in the United States, costs associated with psychiatric brain disorders total an estimated $700 billion annually,1 and that this must be addressed by boosting the meager NIMH budget by at least an order of magnitude. The NIMH should dis-proportionately invest its resources on severe brain disorders such as schizophrenia because breakthrough advances in its neurobiology will provide unprecedented insights to the pathophysiology of other severe psychiatric brain disorders.

3. Partnering intimately with the pharmaceutical industry in a powerful public-private coalition to exploit the extensive research infrastructure of this industry.

4. Creating the necessary army of researchers (physician-scientists) by providing huge incentives to medical students and psychiatric residents to pursue careers in neuroscience research. Incentives can include paying for an individual's entire medical education and research training, and providing generous salaries that match or exceed the income of a very successful clinical practice.

5. Convincing all psychiatric clinicians to support research by referring patients to research projects. Clinical psychiatrists are badly needed to care for the population, but they must be reminded that every treatment they are using today was a research project in the past, and that the research of today will evolve into the treatments (or cures) of tomorrow.

Pursuing lofty moonshots via innovative research is very likely to enhance serendipity and lead to unexpected discoveries along the way.

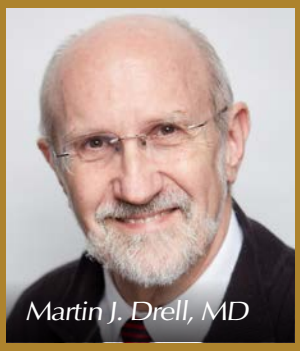
As Louis Pasteur said, "chance only favors the prepared mind."2 Moonshot thinking in psychiatry today is more feasible than ever before because of the many advances in research methods (neuroimaging, pluripotent cells, optogenetics, CRISPR, etc) and complex data management technologies (big data, machine learning, artificial intelligence), each of which qualifies as a preparatory moonshot in its own right.

Given the tragic consequences of psychiatric brain disorders, it is imperative that we "think big." Humanity expects us to do that. We must envision the future of psychiatry as dramatically different from the present. Moonshot thinking is the indispensable vehicle to take us there. ■

REFERENCES:

1. Discovery Mood and Anxiety Program. The rising cost of mental health and substance abuse in the United States. Accessed January 13, 2022. https://discoverymood.com/blog/cost-of-mental-health-increase/

2. Wikiquote. Louis Pasteur. Accessed January 10, 2022. https://en.wikiquote.org/wiki/Louis_Pasteur


Martin J. Drell, MD

EDITORS COLUMN

A Brief History of Frederick Douglass

By Martin J. Drell, MD

Frederick Douglass was a Black social activist, abolitionist, preacher, orator, politician, newspaper editor, writer, and diplomat. He was born into slavery in Maryland in 1818 and remained a slave for twenty years before escaping North. There he became a national leader of the abolitionist movement due to his oratorical prowess and many writings that included no less than three autobiographies. The reality of his story, as well as his many skills and achievements, provided a narrative authenticity that could not be equaled by Northern white abolitionists. His very existence belied the portrayal of Black people at that time as intellectually deficient.

Douglas remained a true believer in equal rights for all and was an early supporter of women's suffrage. He was the only African American at the 1848 Seneca Falls Convention that was the first women's rights convention. Douglas held several political offices and became the first black nominated for Vice President on the Equal Rights Party's ticket during the 1872 Presidential election.

He married Anna Murray, a free Black woman of color in Baltimore, and was married to her for forty-four years. They had five children, two of which assisted their father in his newspaper, the North Star, which was named for the North Star that guided runaway slaves to freedom in the North.

He advocated for the recruitment of Black people into the military before this was popular. When it became policy, two of his son's enlisted and saw action. As an example of his prominence, during the midst of the Civil War in 1863, Douglass made an uninvited trip to the White House and was permitted a meeting with Abraham Lincoln.

At the end of the Civil War, Douglass continued to speak for the rights of Black people and all peoples. He ended his life wealthy. He sought a government position and was appointed Marshall of the District of Columbia. He was later made Minister to Haiti in 1889 by Benjamin Harrison. Shortly after the death of his wife, he remarried a white woman, Helen Pitts, a suffragist, who was twenty years his junior. This relationship was controversial and showed him that there were still significant racial prejudices to be dealt with. He died in 1895 of a stroke at age seventy-eight years. His second wife helped create the Frederick Douglass Memorial and Historical Association that honors and preserves his legacy.

Quotes - Frederick Douglass

- It is easier to build strong children than to repair broken men.

- Power concedes nothing without a demand. It never did and it never will.

- If there is no struggle, there is no progress.

- What to the slave is the 4th of July?

- Those who profess to favor freedom, and yet depreciate agitation, are men who want crops without plowing up the ground.

- We have to do with the past only as we can make it useful to the present and the future.

- One and God make a majority.

- The soul that is within me no man can degrade.

- I prefer to be to myself, even at the hazard of incurring the ridicule of others, rather than to be false, and to incur my own abhorrence.

- The white man's happiness cannot be purchased by the Black man's misery.

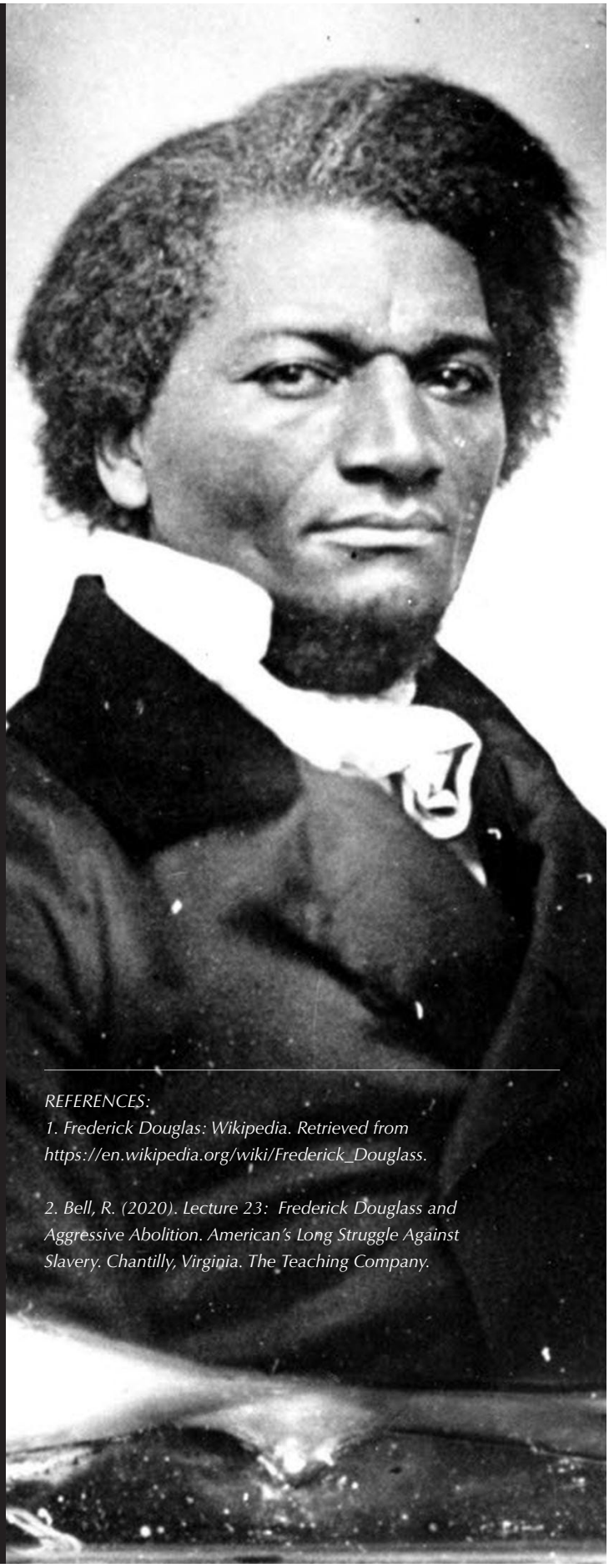
- To suppress free speech is a double wrong. It violates the rights of the hearer as well as those of the speaker.

- No man can put a chain about the ankle of his fellow man without at last finding the other end fastened about his own neck.

- The life of a nation is secure only while the nation is honest, truthful, and virtuous.

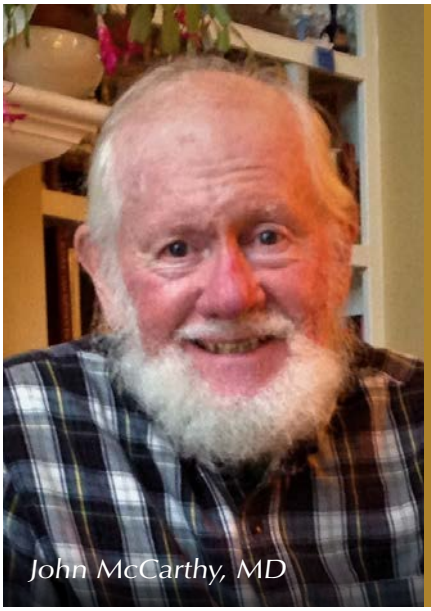
- Some know the value of education by having it. I knew its value by not having it.

- Freedom is a road seldom traveled by the multitude. ■



REFERENCES:
1. Frederick Douglas: Wikipedia. Retrieved from https://en.wikipedia.org/wiki/Frederick_Douglass.

2. Bell, R. (2020). Lecture 23: Frederick Douglass and Aggressive Abolition. American's Long Struggle Against Slavery. Chantilly, Virginia. The Teaching Company.


John McCarthy, MD

Waiting for John 24

(My Musing During the COVID Pandemic)

By John McCarthy, MD, DFAACAP

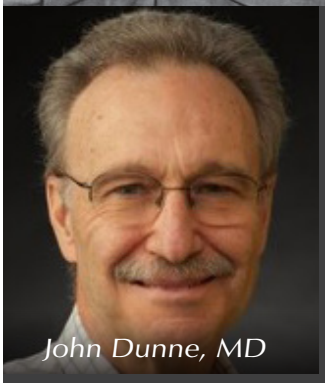
"The tears of the world are a constant quality. For each one who begins to weep, somewhere else another stops. The Same is true of the laugh."

– Samuel Barclay Beckett

I guess I've been waiting for my "Godot" even before the Irish Playwright and Nobel Laureate, Samuel Barclay Beckett, wrote his iconic "Waiting for Godot" circa, 1953, His play features 2 characters Vladimir (Didi) and Estragon (Gogo), who decide to wait for Godot to show up, but it never happens.

Here's my story. I grew up in The Bronx, New York, a devout Catholic and frequent attendee of mass at my parish church. One fine day, Father Moriarty recruited me to be his altar boy because the "real" altar boy came down with chickenpox. He said, "Don't worry you'll be fine". Famous last words. Sweating bullets, I nearly tripped when genuflecting and ringing the bell. Nevertheless, I became enamored of this mysterious ceremony spoken in Latin. Somehow, word spread quickly about my "good deed" that day. One elderly lady neighbor on my block who witnessed my ineptness at mass that day stopped me a few days later. "Hey Johnny, I noticed the great job you did the other day filling in for that sick altar boy." Red-faced, I nodded shyly thinking that would be the end of our little chat. Then another neighbor passing by joined in and asked, "Well Johnny, what do you want to be when you grow up?" What did I know as a 10-year-old kid? I blurted out, "A Pope!" "Oh, that's nice, and what name would you choose?" In that moment, I knew that the current pope Pius had the number 12 to his name. "How about John 24?" I replied. "Oh, that's nice!", they chimed in. The very next day, another neighbor, now a young College student, brought me a miniature altar he used when he was my age to practice being an altar boy. Excited, I placed that altar upon my bedroom dresser. envisioning me as Pope John 24 celebrating mass in the Vatican. My older sister and 2 younger brothers certainly had fun teasing me.

In 1958, when I had turned 15 and was in high school, Pope Pius 12 died. The College of Cardinals selected Italian Cardinal Giuseppe Angelo Roncali to be the next pontiff and he chose to be named John 23! "Yikes!" I thought. I could be next! Thus began my "Waiting for John 24". Although his reign lasted only 5 years, Pope John accomplished much especially his fostering a rapprochement with other world religions including Judaism. Since June 3, 1963, there has been 5 additional popes. In 2013, Pope Francis a humble Cardinal from Argentina became the leader of the Catholic Church. Much has changed over those more than 60 years I've waited to become John 24. In America, the mass is performed in English facing the audience with laymen (Deacons) who by and large are married, playing an increasing larger role. This step came about because fewer men have chosen to become priests. And increasingly child molestation by religious clergy especially priests has become a significant problem largely ignored for too many years. In fact, Pope Benedict 16 basically stepped down in disgrace for his serious neglect of this tragic problem. In 2013, the College of Cardinals selected Francis to really address this issue. Although I chose NOT to become a priest or brother, I wondered if a time would come when one didn't have to become a Cardinal in the Catholic Church to be elected Pope. I realized that my "waiting for John 24" had become more symbolic than actually being John 24 thus now feeling more like Beckett's "Godot". However, if by some miracle I were elected Pope as John 24, I would accept the challenge no matter how old. Stay tuned. ■



John Dunne, MD

Facing the Mountain

By Daniel James Brown

A Book Review by John Dunne, MD

Brown's book is a compelling story of egregious injustices and the heroic valor of the Japanese Americans who lived through WWII. For his background, Brown relied heavily on Tom Ikeda's work with the Densho Project, which recorded the stories of Japanese Americans who had lived through WW II, the diary of Gordon Hirabayashi, one of the story's principals, as well as extensive interviews with surviving members of the segregated Japanese-American 442nd US Regimental Combat Team (RTC), who by then were in their 90's. Immigrant Japanese, Issei, who were barred from obtaining citizenship, were designated "enemy aliens" by military decree. Overnight, Americans of Japanese descent, Nisei, all American citizens by birth, had also been transformed from friends, neighbors and fellow students into "enemy aliens", no matter how many generations their families had lived in the US.

Kats Miho, a freshman at the University of Hawaii and a member of ROTC, was handsome, athletic and charismatic. His parents were Japanese immigrants who operated a modest hotel in a small town on Maui. Kats' older sister was in Japan teaching English at a Tokyo college when Pearl Harbor was attacked and was trapped there for the duration of the war. Hawaiians of Japanese ancestry were not sent to "relocation camps" because they were deemed essential to the sugar cane and pineapple plantations. However, Kats' father was arrested and imprisoned for the entire war. His offense…he was active in a Japanese cultural club and therefore deemed too great a risk. Kats and his older brother, like thousands of other Hawaiian Nisei, immediately volunteered for military service in February 1943, postponing his brother's plans to go to medical school, after Roosevelt decreed that the Nisei could enlist.

Rudy Tokiwa was a scrappy 16 y/o Nisei at the outbreak of the war whose Issei parents worked a small rented farm in Salinas valley. Rudy had spent two years as a young teen living in Japan with relatives at his father's urging and spoke fluent Japanese. When the war broke out, he and anyone of Japanese descent

were subject to FBI searches, public harassment and overt discrimination. Because they lived in the "exclusion zone", a broad strip of land from the Canadian border to the Mexican border along the Pacific coast, they were rounded up with only what belongings they could carry and sent to "assembly centers", way stations enroute to "relocation camps" where they remained imprisoned for the remainder of the war. All Japanese Americans had their bank accounts frozen until Eleanor Roosevelt intervened to allow them to withdraw $100 monthly. Rudy was incensed that as an American citizen his constitutional rights could so easily be ignored. Nonetheless, he volunteered for the military as soon as the Nisei were allowed to serve. However, some of the other young men in the camp were so angry about the way their families were treated, they refused to fight for the country that had betrayed them.

Fred Shiosaki was a 17 y/o high school student in Spokane whose parents ran a laundry next to the railroad yards.

It was hard work but the entire family worked to make it successful, catering to the railyard workers. Because they lived outside of the exclusion zone, they were not subject to forced relocation. However, they were still deemed "enemy aliens" and the railyard workers stopped bringing their dirty work clothes to the laundry. Even long-time family friends and business associates avoided them. Although life was difficult for a while, gradually the customers returned. Fred, who was the school photographer, was nearly arrested for taking a photo of the front of the school for the yearbook. But, as an enemy alien, he had his camera confiscated as well as the family's shortwave radio. He was painfully ashamed that he was not allowed to enlist as had all of his friends after high school graduation. He was excited and relieved in February 1943 when it became possible for Nisei to enlist.

Gordon Hirabayashi was unlike the other three Nisei whose stories are intertwined with the 442nd RTC.

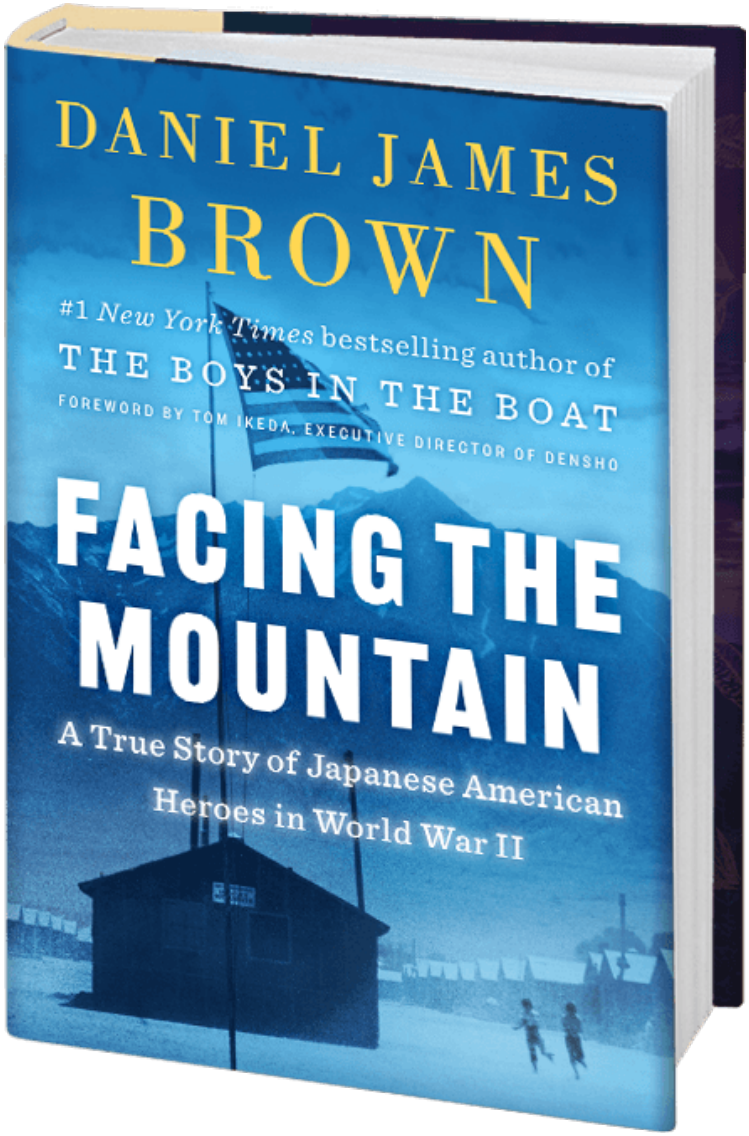
Gordon was an advanced student at the University of Washington. Quiet, thoughtful and intelligent, he had entered college early. He had grown up on his parent's vegetable farm south of Seattle. His parents were followers of a Christian religious sect that espoused following your conscience in all matters. Gordon believed he had to hold fast to fundamental truths, no matter the consequences. After starting college, he had become involved with the American Friends Service (the Quakers) and had registered as a conscientious objector prior to Pearl Harbor. When Japanese students were ordered to obey an 8 PM curfew, Gordon ignored it, seeing this as unfair. Rather than quietly ignoring the curfew, he wrote a statement addressed to the FBI objecting to the denial of constitutional rights without due process. When it came time for him to be relocated, he refused to get on the bus with his parents. Gordon was the only person of Japanese descent along the entire west coast exclusion zone who didn't sign the consent to be relocated. Later, he turned himself in to the FBI who weren't sure what to do with someone who simply wasn't cooperating. Eventually they placed him in a King County (Seattle) jail holding cell.

Gordon was involved in a very different struggle than the other three Nisei, although he didn't view it as a struggle, more as a passive resistance to doing anything that would relinquish any of his rights as a citizen. A small example illustrates his thoughtful approach. After an FBI agent tried to get him to sign a loyalty declaration and Gordon refused, the agent said emphatically "but everyone has to sign it"! To which Gordon replied "Did you sign it?", leaving the agent flummoxed. While he was in the King County "tank" with a bunch of ruffians, criminals and petty thieves, fights were common and often brutal. Gordon quickly developed cordial relationships with each of his fellow prisoners. After he had been there several weeks, he was approached by the other inmates who asked him to be the "mayor" of their holding cell to help settle disputes. Reluctantly, he accepted this offer on a trial basis, although he continued in that role until his inevitable conviction and transfer to federal prison months later.

Although the author does follow Gordon through the war years and beyond, he uses much more space to describe the experiences of the other three and the exploits of the 442nd RTC. I especially liked Brown's description of the innovative solution which overcame the major hurdle that those young soldiers faced. There were clear cultural differences in how

the mainland Nisei were treated compared to the Hawaiian Nisei. Mainland Nisei were subjected to social ostracism and harassment before their families were forced into "relocation" camps, more accurately prisons, complete with a double row of fences, barbed wire and guard towers. They had been forced to sell all their belongings, homes and farm land for a pittance on short notice before their evacuations. There was a general bitterness among the mainland Nisei about the way they had been treated. They and their families had nothing to go back to. Their pre-war lives had been destroyed. The Hawaiian Nisei, who couldn't understand the mainlander's bitterness, bestowed the derogatory nickname, "kotunks", on them. In turn, the mainlanders called the Hawaiians "Buddaheads", an equally derogatory nickname. In contrast to the mainlanders, the Hawaiian Nisei had been integrated into Hawaiian culture and had experienced little discrimination and none of the dislocation or economic devastation. They had homes and friends and family businesses to go back to when the war was over. They looked forward to a warm welcome. Battles between the two groups were frequent and the usual military disciplinary measures ineffective.

Chaplain Hiro Higuchi hit upon the solution. He realized that the Buddaheads had no concept of what the kotunks had experienced. Fortunately, there were two relocation camps in Mississippi, not far from their training center, Camp Shelby, in Alabama. He arranged organized field trips for the Buddaheads so that they could see for themselves what the kotunks had experienced. The Hawaiian Nisei were shocked and outraged by what they saw. The field trips were completely successful in helping them understand how the mainlanders felt. Following these visits, there was a profound shift in the attitude of the Hawaiians toward the mainlanders. They became one unit working together, helping them focus their passion for proving themselves to be worthy Americans.



The author weaves together the experiences of these four seemingly dissimilar young men into an engrossing account of their experiences during the war years. What holds the story together is their passionate desire to demonstrate that they are as worthy and loyal American citizens as anyone else. That passion motivates Gordon Hirabayashi and drives the men of the 442nd RTC to extraordinary acts of courage. Despite huge casualties, the 442nd became the unit selected for the most harrowing and audacious assignments in the Italian theatre and was the unit primarily responsible for dislodging the German army from their entrenched defensive line in the Italian alps. As a result, the 442nd was the most decorated American unit of the war. For anyone interested in history, particularly this unique chapter in American history, this is an engrossing read. ■

Was Mr. Rogers Too Good to Be True: A Brief Movie Review & Quotes

By Martin J. Drell, MD

I put off watching the film A Beautiful Day in the Neighborhood for a long time. I am not quite sure why. Perhaps my cynicism got the better of me. I was sure it would be "sappy" and fluffy during a troubled time that surely would not be solved by such superficialities.

At first, the movie appeared to be just what I feared. The opening credits were animated and cutesy. Fortunately, I persevered and found that the movie was actually about a cynical depressed, and angry writer from Esquire (Tom Junod) who was sent off to do a "fluff piece" on Mr. Rogers for an issue on "Heroes." His life was at such low ebb that he refused to do the piece. His editor forced him to do it. And then he met Mr. Rogers, who is so non-cynical as to make the author very, very uncomfortable. Mr. Rogers turns the interview on him into an interview of the author who yields slowly and inevitably to the power of Mr. Rogers, who was there for him even though he clearly didn't want him to be. Mr. Rogers starts by asking him about his past, and in scenes of extended and wonderful silence, waits for the author to answer. I was immediately sucked into the scene and the movie, which managed to bypass my own cynical defenses to a sadness that lies beneath. Mr. Rogers' genuine focus on the author resonated on my wish for the same. I was horrified that tears began welling up in my eyes. I fought them (those rascally defenses again!) and then allowed myself their discomforting reality. I had found the true reason why I had not wanted to watch the movie.

The movie continues to show the impact of Mr. Rogers on the author as a metaphor for Mr. Rogers' career-long ministry to children and their caregivers. One would hope that all parents and therapists could capture his focus, Mr. Rogers empathy, his understanding, and his presence. I recommend that you see the movie and have added many quotes of Mr. Rogers for reinforcement.

Quotes:

"Anyone who does anything to help a child in his life is a hero."

"As human beings, our job in life is to help people realize how rare and valuable each one of us is, that each of us has something that no one else has- or ever will have- something inside that is unique to all time. It's our job to encourage each other to discover that uniqueness and to provide ways of developing its expression."

"Discovering the truth about ourselves is a lifetime's work, but it's worth the effort."

"Forgiveness is a strange thing. It can sometimes be easier to forgive our enemies than our friends. It can be hardest of all to forgive people we love. Like all of life's important coping skills, the ability to forgive and the capacity to let go of resentments most likely take root very early in our lives."

"I don't think anyone can grow unless he's loved exactly as he is now, appreciated for what he is rather than what he will be."

"I hope you're proud of yourself for the times you've said "yes," when all it meant was extra work for you and was seemingly helpful only to someone else."

"If you could only sense how important you are to the lives of those you meet; how important you can be to the people you may never even dream of. This is something of yourself that you leave at every meeting with another person."

Was Mr. Rogers Too Good to Be True: Quotes

"In times of stress, the best thing we can do for each other is to listen with our ears and our hearts and to be assured that our questions are just as important as our answers."

"It's really easy to fall into the trap of believing that what we do is more important than what we are. Of course, it's the opposite that's true: What we are ultimately determines what we do?"

"Knowing that we can be loved exactly as we are gives us all the best opportunity for growing into the healthiest of people."

"Listening is where love begins: listening to ourselves and then to our neighbors."

"Little by little we human beings are confronted with situations that give us more and more clues that we are not perfect."

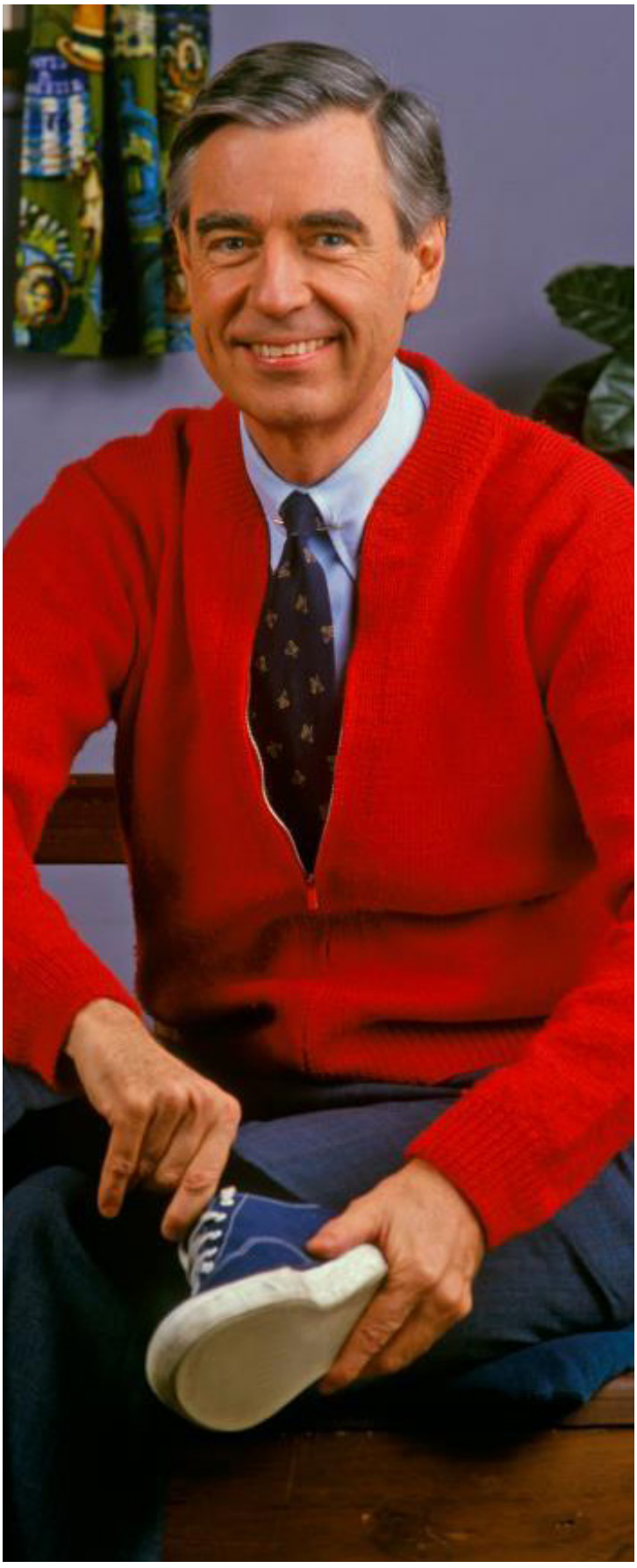
"Love isn't a state of perfect caring. It is an active noun like struggle. To love someone is to strive to accept that person exactly the way he or she is, right here and now."

"Our society is much more interested in information than wonder, in noise rather than silence… And I feel that we need a lot more wonder and a lot more silence in our lives."

"Real strength has to do with helping others."

"There's a world of difference between insisting on someone's doing something and establishing an atmosphere in which that person can grow into wanting to do it."

Was Mr. Rogers Too Good to Be True: Quotes



"There is no normal life that is free of pain. It's the very wrestling with our problems that can be the impetus for our growth."

"There are three ways to ultimate success: the first way is to be kind. The second way is to be kind. The third way is to be kind."

"It's not so much what we have in this life that matters. It's what we do with what we have."
"The thing I remember best about successful people I've met all through the years is their obvious delight in what they're doing and it seems to have very little to do with worldly success. They just love what they're doing, and they love it in front of others."

"The only thing evil can't stand is forgiveness."

"We all have different gifts, so we all have different ways of saying to the world who we are."

"You rarely have time for everything you want in this life, so you need to make choices. And hopefully your choices can come from a deep sense of who you are."
"When I was a boy, and I would see scary things in the news, my mother would say to me 'Look for the helpers. You will always find people who are helpers.'"

"Everyone longs to be loved. And the greatest thing we can do is let people know that they are loved and capable of loving."

"Imagine what our real neighborhoods would be like if each of us offered, as a matter of course, just one kind word to another person."

"Try your best to make goodness attractive. That's one of the toughest assignments you'll ever be given." ■

POETRY CORNER

A TERRIBLE DISEASE

A poem by John Dunne

I saw him lying there serene
A pleasant boyish face
Covered with pockmarks
As though some terrible disease.

Hundreds of holes
Tore his jungle fatigues
Turning bone to rubber
And laughter to tears.

How little breaks the thread
That binds us to the 'morrow,
That stills the steady beat
And fills our hearts with sorrow.

I know not his name
Who lies there serene.
This much I know:
It could have been me.

Donors to AACAP's Life Members Fund

The Owls continue to demonstrate their long-term commitment to AACAP and to supporting the next generation of child and adolescent psychiatrists. Owls make a difference in the lives of other AACAP members as mentors, advisors, and friends. AACAP is thankful to the following Life Members for their generous donations.

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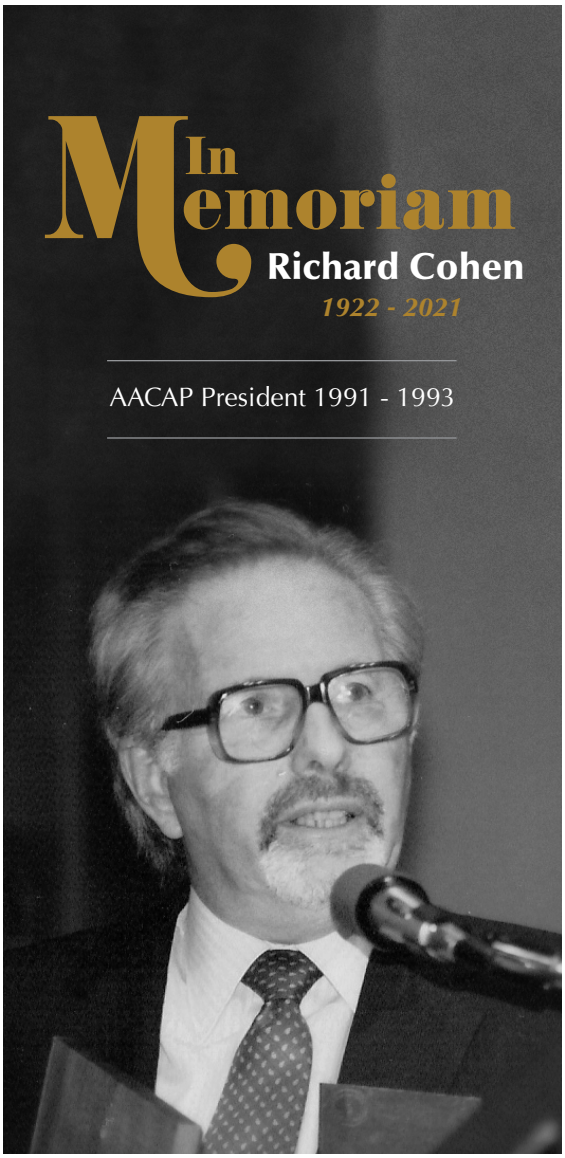

AACAP Policy Statement on Increased Suicide Among Black Youth in the U.S.

Since 2017, suicide has been the second leading cause of death in those 10-19 years old. Rates of suicide among Black youth have risen faster than in any other racial/ethnic group in the past two decades, with suicide rates in Black males 10-19 years-old increasing by 60%. Early adolescent Black youth are twice as likely to die by suicide as compared to their white counterparts. Understanding and changing this trajectory will require transdisciplinary efforts including those of educators, child welfare, legal and juvenile justice systems, health care professionals including child and adolescent psychiatrists, and the community at large.

Data does show us that community violence, socioeconomic stress, perceived discrimination, stigma, and interpersonal and family conflict are greater predictors for suicide in Black children and adolescents than in their white peers. Intersectionality, membership in more than one minoritized population, affecting Black females and LGBTQ identities, experience significantly increased suicide risk. Mental health and substance use problems occurring in Black youth are often under recognized, undertreated, or misdiagnosed due in part to bias, discrimination, and structural racism. Black youth who do come to clinical attention are often diagnosed with behavioral problems, rather than other mental health conditions that identify an increased risk for suicide. They are more likely to receive poor quality care and are less likely to receive follow-up care after discharge from crisis or hospital services. These well-documented inequities in health care foster distrust in health care systems, limiting opportunities for prevention, identification, and timely intervention.

Structural factors reinforce racism and discrimination and elevate exposure to potentially traumatic events. These experiences exacerbate risk for mental health concerns and suicide among Black youth who are also more likely to experience punitive treatment in the educational and juvenile justice systems. They are disproportionately affected by adverse involvement in the child welfare system and the negative impacts of policing and violence. These cumulative factors are associated with the increased risk for suicide among Black youth.

The American Academy of Child and Adolescent Psychiatry recommends that child and adolescent psychiatrists:
Collaborate with other systems of care involved in the lives of Black youth to promote early recognition of suicide risk factors, which is crucial to increase awareness of the impact of structural racism, gender bias, discriminatory practices, and unconscious bias.

Improve identification, access to care, and retention in mental health and substance use treatment for Black youth, with a focus on the impact of social determinants of health, discrimination, structural racism, stigma, gender and sexual minority status, interpersonal and family conflict, and intergenerational trauma.

Support evidence-based resiliency programs in Black youth with a focus on protective factors including sense of belonging, racial and collective socialization, family strengths, and community cohesion; develop evidence-based interventions for suicide prevention.

Promote research for potential risk factors including structural racism, bias, and incorrect diagnoses in order to help decrease under-recognition of the precursors of suicide in these children and adolescents.

Advocate for increased investments in programs that build a more culturally competent and minority-representative pediatric health care workforce, including research and education programs that promote the inclusion of health equity as a core competency in pediatric health care professional training. Advocate for scholarship funding and loan forgiveness programs that target students underrepresented in medicine and child and adolescent mental health. ■

REFERENCES:

American Psychiatric Association, Position Statement on Suicide Among Black Youth in the United States. Retrieved from: https://www.psychiatry.org/newsroom/news-releases/addressing-mental-health-disparities-facing-african-americans-free-online-educational-series-from-the-american-psychiatric-association-and-the-african-american-behavioral-health-center-of-excellence-at-morehouse-school-of-medicine on February 26, 2022

Centers for Disease Control and Prevention, Disparities in Suicide. Retrieved from: https://www.cdc.gov/suicide/facts/disparities-in-suicide.html on February 26, 2022

Watson Coleman, B., Ring the Alarm: The Crisis of Black Youth Suicide in America, A Report to Congress from the Congressional Black Caucus Emergency Taskforce on Black Youth. 2019. Retrieved from: https://watsoncoleman.house.gov/uploadedfiles/full_taskforce_report.pdf on March 11, 2022

Florida's "Don't Say Gay or Trans" Law Stigmatizes LGBTQ+ and Families

Washington, DC, March 18, 2022 – The American Academy of Child and Adolescent Psychiatry (AACAP) is alarmed at the "Parental Rights in Education" act, also known as "Don't Say Gay or Trans" bill recently passed in Florida. This new law blocks teachers and educators from talking about LGBTQ+ issues and undermines existing protections for LGBTQ+ youth and families in schools.

Dr. Warren Ng, AACAP president said, "In the midst of a national crisis on youth mental health, it's unconscionable to target and harm LGBTQ+ youth and families. LGBTQ+ youth during the pandemic have suffered, with 42% of LGBTQ youth, and over half of transgender and nonbinary youth, seriously considering attempting suicide in the past year." Dr. Ng added, "As child and adolescent psychiatrists, we are the physician experts and advocates for children's mental health, and we will continue to support our LGBTQ+ youth and condemn all harmful legislation and actions. Having a safe learning environment that supports healthy development is not a privilege, but a right for all youth."

AACAP opposes policies that stigmatize normal and healthy expressions of sexual and gender identity. Sexual and gender identification begin at an early age and are formed through inquiry, exploration, and validation. Differences in sexual orientations and gender identifications are part of healthy physical, social, and emotional developmental processes. This bill exacerbates the stigma that many LGBTQ+ youth already experience and paves the way for other groups to similarly be targeted.

Youth spend much of their time in school with peers and adult teacher caregivers, where education policies should promote safe and supportive environments for learning and for the development of their identities, including sexuality and gender. This law grossly undermines the basic tenets of education policy by denying students access to and support from some of the most important and influential adults in their lives. This regressive approach to education and development will have devastating consequences for all, especially for LGBTQ+ youth and families.

Harmful legislation like the "Don't Say Gay or Trans" bill not only endangers the LGBTQ+ community, but it also jeopardizes their ability to reach their full potential. This action sends a dangerous message that certain voices don't deserve to be heard. Additionally, this bill is a big step backwards for all marginalized communities, their families, and for the appreciation and understanding of diversity. ■

AACAP Calls On Administration: Declare Children's Mental Health Crisis a Public Health Emergency.

Washington, DC, March 1, 2022 – The American Academy of Child and Adolescent Psychiatry (AACAP) applauds President Biden's commitment to children's mental health and strongly supports the priorities outlined by the president in his 2022 State of the Union Address. AACAP asks the Administration to take the next vital step – to declare the crisis in children's mental health a Public Health Emergency.

Dr. Warren Ng, president of AACAP, said, "The president's plan is a great start. We ask that he also call on the Department of Health and Human Services to declare a Public Health Emergency to provide critical immediate resources to communities across the nation grappling with increasing rates of youth mental illness and waning resources."

"For our 10,000+ physician members who are expertly trained to care for children and adolescents, the crisis is very real and will only get worse without brave and swift action," he said. Ng added, "We are caring for young people with soaring rates of depression, anxiety, trauma, loneliness, and suicidality that will have lasting impacts on them, their families, their communities, and all of our futures. The time for swift and deliberate action is now."

AACAP, the American Academy of Pediatrics, and the Children's Hospital Association jointly declared a national emergency in children's mental health October 2021, setting the stage for our appreciation of the president's plan and call for a national public health emergency declaration.

AACAP has long fought to strengthen the size and diversity of mental and behavioral health professional workforce, improve access to care through investment and innovation, and support healthy mental and physical development for all children and adolescents across all settings of care, especially for underserved populations like the youth of color, LGBTQ, and rural communities.

AACAP is committed to engaging its physician members and the families they serve to find solutions to this national crisis in children's mental health and stands ready to work with the Administration in protecting our nation's youth, families, and communities. ■

AACAP Statement Opposing Actions in Texas Threatening the Health, Mental Health and Well Being of Transgender and diverse youth and their families.

Washington, DC, March 1, 2022 – The American Academy of Child and Adolescent Psychiatry (AACAP) supports the healthy development of all children, adolescents, and their families, including transgender and gender-diverse youth and families.

Recent state attacks on gender-affirming support and care for transgender and gender-diverse youth endanger the welfare of many young people across the country. These attacks undermine the right of parents and caregivers to access evidence-based and developmentally appropriate treatment. The goal of gender-affirming care is to help children and adolescents understand their gender as one facet of their identity while building resilience and increasing family and social supports. Attempts to criminalize gender-affirming care deprive youth and families of treatment and endanger the physician-patient-caregiver relationship, which is the foundation of pediatric healthcare. The allocation of scarce child protective services to these efforts further endangers youth who actually require those important services. Gender-affirming care is not child abuse.

Variations in gender expression are not pathological; rather, they represent normal dimensions of human development. All youth and families benefit from access to professional support and information about gender development. Gender-affirming care is informed by long-standing standards of care and by evidence-based clinical studies supporting improved mental health and health outcomes for youth. For transgender and gender-diverse youth, family and social supports have improved mental health outcomes and functioning, and for some, medical treatment may be necessary. AACAP has strongly advocated for gender-affirming evidence-based care and vehemently opposes efforts to block access to care.

So many youth and families across the United States are experiencing mental health crises during a national children's mental health emergency. Marginalized youth, including transgender and gender-diverse youth, are particularly vulnerable to higher rates of mental health conditions, including suicidality.

Child and adolescent psychiatrists, pediatricians, and child welfare professionals share a common mission: protecting and promoting the health and well-being of all children. Policymakers who share this goal must seek solutions that safeguard the safety and health of America's youth, respect the clinical decision-making of licensed pediatric healthcare professionals, and promote health equity for children across all child-facing systems of care. ■

AACAP's 2022 Legislative Conference will be virtual again this year, with training held on the afternoon of **Thursday, May 5** and Congressional meetings scheduled throughout the day on **Wednesday, May 11.**

We look forward to AACAP members of all career-levels taking part in a key opportunity to meet with Members of Congress and their legislative staff to promote children's mental health and efforts to support the psychiatric workforce.

Register Now

Conference registration is open and FREE! Additional details coming soon!

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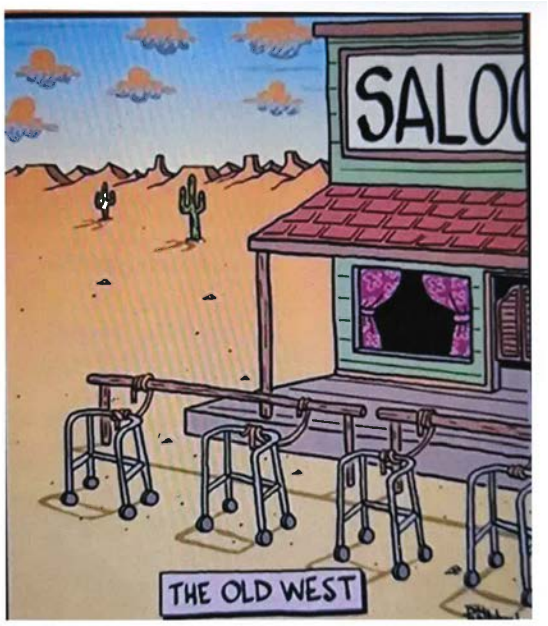

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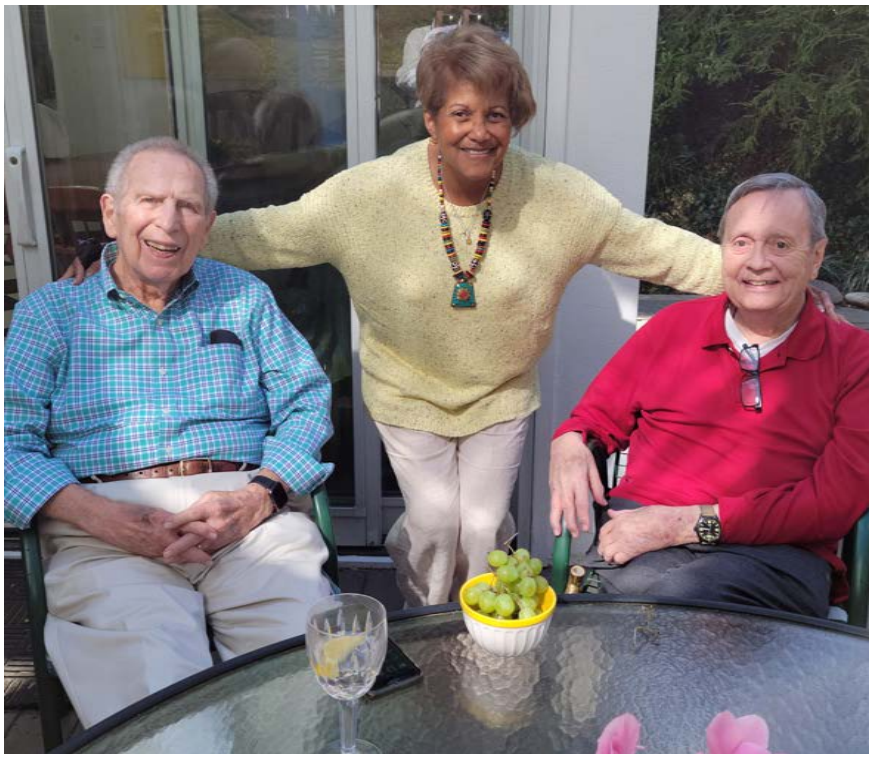

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