WESTCHESTER PHYSICIAN

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PRESIDENT'S MESSAGE
A COLLECTIVE STAND AGAINST ANTI-SCIENCE: PRESERVING REASON, SAFEGUARDING HEALTH, AND FOSTERING PROGRESS

Kham Ali, MD, MBA, MPH, FACEP, President

Robert F. Kennedy Jr.'s recent confirmation as Secretary of Health and Human Services represents a watershed moment in America's intensifying clash over science. For many, the notion that one of the country's most visible critics of vaccine mandates and conventional public health interventions is now at the helm of HHS sparks a profound reckoning. Scientists and physicians alike—myself among them—must come to terms with a new reality: critical decisions about healthcare, research funding, and disease prevention will be filtered through an individual whose beliefs often run counter to a substantial body of scientific consensus. In this fraught atmosphere, the fight against anti-science sentiment takes on fresh urgency, touching not only on vaccines but the entire spectrum of evidence-based medicine and public policy.

An Historically Unexpected Confirmation

Kennedy's appointment signals how quickly ideas that once stayed on the fringe can move into positions of official power. Two or three decades ago, skepticism over childhood immunizations or the safety of new treatments rarely found a national audience. Lobbyists for the tobacco or fossil fuel industries did wage targeted campaigns to discredit inconvenient research, but rarely did these messages become standard talking points among mainstream officials. Now, in part due to social media's magnification of contrarian claims, and in part owing to broader political realignments, the dynamic has changed. Anti-science attitudes that used to be confined to late-night radio programs or niche websites have merged with populist energy, making it easier for such views to penetrate government ranks.

For healthcare professionals, this is not merely a rhetorical shift. The Secretary of Health and Human Services holds substantial sway in shaping policies about everything from Medicare and Medicaid budgets to national vaccine schedules and responses to future pandemics. He (or she) can prioritize research on certain diseases, downplay or obstruct science-based regulations, and alter the tone of official communication about critical health concerns. RFK Jr.'s track record

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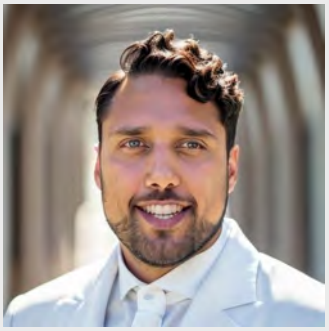

KHAM ALI, MD, MBA, MPH, FACEP
President, WCMS

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Upcoming Events:
WCMS/WAM
Annual Meeting
Thursday, June 19, 2025
Westchester Country Club
Rye, NY
Details to follow...

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FROM THE EDITOR…

CERUMENATIONS
PETER ACKER, MD

I'm Back!

I want to thank Dr. Bruce Molinelli for filling in at the last minute and writing the editor's column. I didn't realize he would be writing about me! My blushes! Dr. Molinelli I've discovered is a very fine writer and I may take more time off just so all of you can enjoy his wonderful prose. Below is a piece I wrote many years ago for writer's workshop.

Cerumenations

On most days I am happily ensconced in my pediatric office listening, dispensing advice, diagnosing, examining, keeping an ear out for the unusual, but trying not to give short shrift to the common. I try to keep up with the onslaught of journals that the postman brings in by the truck load and hope to be flexible enough to incorporate new ideas without diminishing the teachings of experience and intuition. The rhythm of clinical medicine suits me with its rough and tumble onslaught of new problems and unexpected queries. I enjoy scurrying back to my office to look up a fact prompted by a mother's question. I try to keep complacency at bay. I recognize that medicine is a delicate melding of art and science and that clinical clues are as likely to be found in a mother's furrowed brow as in say a textbook's entry on intussusception. In short I am practicing medicine to the best of my ability.

It is not, however, a complete bed of roses. I dare say if you pull any pediatrician aside and ask for a sort of top ten list of the worst things about his or her job, phone calls would top the list followed closely by the shifting landscape of medical "knowledge" and earwax (earwax?! More on that later). Of course, you might have to prod a bit. Pediatricians tend to be hopelessly upbeat, situated squarely at the bottom of hierarchical macho scale of medical professionals (orthopedic surgeons being at the top) and are generally loathe to complain. Phone calls come at all hours and it surely doesn't seem coincidence that they often come at the most inopportune times: sitting down to dinner, just dropping off to sleep, in the shower. It is hard not to get paranoid at times wondering if some omniscient force is watching and picking just the worst time for that phone to ring.

I'm sure that those of you in the medical profession who are in other fields of medicine are thinking that pediatricians are not the only ones – we all get calls for goodness sake, from the ER, from the delivery room, etc.; the only excepted specialty I suppose is pathology – however the difference really lies in the quantity. Granted, when a neurosurgeon gets a phone call at 2 AM, it's likely to be something serious, that will probably result in said neurosurgeon bolting to the hospital to take care of, say, an epidural hematoma. For a pediatrician, a ringing phone at 2 AM represents an emergency, but usually an emergency writ small. It is often just a matter of soothing a panicky mother or reciting the dose of

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The Medical Society of the County of Westchester
and
The Westchester Academy of Medicine
Cordially Invites you to Attend our

Annual Meeting and Program

Thursday, June 19, 2025

Westchester Country Club
99 Biltmore Avenue
Rye, NY 10580

6:00 - 7:00 p.m. Networking Reception
7:00 p.m. Buffet Dinner
Installation of 2025-2026 Medical Society & Academy Officers

Remarks of Kham Ali, MD, MBA, MPH, FACEP
Outgoing WCMS President

Remarks of Anaïs Carniciu, MD
Incoming WCMS President

Elizabeth Amato, President & CEO
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"Friend of the Society" Awardee

Emil Nigro, MD
"Friend of Medicine" Awardee

No Cost for WCMS Members & Spouse or Guest;
Additional Guests of Members $150; Non-members & Guests $300/per person
Guest non-member Tables of 10 - $2000

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PRESIDENT'S MESSAGE
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Kham Ali, MD, MBA, MPH, FACEP, President

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of casting doubt on well-tested vaccines and championing the notion of "health freedom" above public health guidelines raises legitimate fears about how these powers might be used. There is a pressing question: will his office facilitate widespread acceptance of medical breakthroughs, or threaten the very infrastructure that allows those breakthroughs to become reality?

The Broader Context of Anti-Science

It would be too simplistic to attribute the current surge in anti-science sentiment solely to one politician's career. The forces of distrust have been gathering force for decades, shaped by:

1. Industrial Distrust and Elitism

Repeatedly, both large corporations and major research institutions have made avoidable missteps that sowed suspicion. When pharmaceutical giants have downplayed the side effects of certain drugs or when research facilities have hidden conflicts of interest, they inadvertently feed conspiracy theories. People ask: If there's money to be made, why would a company care about my well-being? That cycle of distrust intensifies whenever a scientist appears elitist or dismisses lay concerns, widening an "us vs. them" chasm.

2. Political Polarization

Rarely have policy discussions been so dominated by ideology rather than data. Environmental protections, pandemic responses, and the teaching of evolution in schools have all become pitched cultural battles. Underlying these conflicts is a deeper sense that every topic is a proxy for broader worldviews. For instance, supporting strong public health measures is sometimes coded "big government meddling," whereas skepticism gets framed as "freedom of choice." Scientific nuance is lost in the tug-of-war, often leaving real experts on the sidelines.

3. Instant, Unchecked Misinformation

On social media, a catchy half-truth can eclipse a peer-reviewed study simply because the half-truth sparks emotion and garners clicks. That environment has turbocharged fringe ideas. Discredited or fraudulent studies can linger in the public consciousness long after they've been debunked. Repeated exposure fosters familiarity, which many people mistakenly interpret as credibility. In an era where content can be artificially generated or manipulated, distinguishing robust findings from skillful propaganda is an ever-harder task.

4. Philosophical Resistance to Complexity

A hidden but powerful contributor to anti-science feelings is how complicated modern discoveries can be. From mRNA technology to climate models, cutting-edge science can be daunting, easily misunderstood, or downright counterintuitive. Faced with complexities they find uncomfortable, some individuals gravitate toward simpler narratives. If an authority figure or viral post says, "The experts are lying to you; the real truth is straightforward," a sense of relief can follow. The complexity is replaced by a coherent (though flawed) explanation of events.

Consequences of an Anti-Science HHS Secretary

When top leadership signals a willingness to dispute cornerstone scientific findings, entire agencies can lose morale and direction. Career scientists, whose mission is to protect public health, may face gag rules that limit what they can say or publish. Funding might be reallocated away from crucial vaccine research toward less proven remedies with political appeal. Meanwhile, outside the government, the public—already uncertain—could interpret the new leadership's hesitance toward proven interventions as confirmation that the standard medical wisdom has indeed been "covering up" the truth.

In practice, a shift in HHS leadership toward anti-science stances might trigger several outcomes:

1. Vaccine Program Retrenchment: We could see a scale-back in the promotion of key immunizations for both children and adults. Initiatives that previously worked with community organizations to ensure robust coverage might be pared down or replaced with messaging about personal choice. The result? Regional upticks in diseases like measles, whooping cough, or the potential return of polio in isolated pockets. Clinicians would have to spend more time battling not just pathogens, but also the swirling rumors around them.

2. Reduced Pandemic Preparedness: Memories of COVID-19's devastation are still fresh, yet the new posture might be one of minimizing federal

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leadership or defunding programs intended for early detection and rapid response. If another fast-spreading virus emerges, dithering or contradictory public statements could exacerbate confusion, delay evidence-based interventions, and ultimately cost more lives.

3. Shifts in Research Funding: The Secretary's influence over agencies like the NIH can steer grants and focus areas. If climate change, reproductive health, or certain vaccine research is deemed "overblown" or politically troublesome, these fields might face cuts or extra bureaucratic hurdles, leaving us underprepared for the challenges science has long warned about.

4. Normalization of Conspiratorial Views: By virtue of holding the HHS Secretary post, ideas previously considered fringe may gain the veneer of governmental legitimacy. In an echo chamber environment, these stances could spread more readily among political or ideological allies, culminating in a cycle that further marginalizes data-focused perspectives.

The Role of Physicians and Scientists

In my capacity as president of the Westchester County Medical Society—and as a physician, public health advocate, healthcare management expert, and informatics expert—I have encountered many people alarmed by the confirmation of a Secretary of HHS who has shown disregard for immunization science. Yet my message to colleagues and concerned citizens is this: our duty to protect the public health is ongoing, and it endures through political ebbs and flows. We don't have the luxury of retreat.

Here's how we can continue upholding factual clarity and compassion:

1. Engage Local Communities
Nationwide policies matter, but local trust is built face-to-face. If your patients see you not just as a clinician in a white coat but as a community participant—someone who shares genuine stories, invests in local health fairs, partners with faith or cultural organizations—they're more likely to heed your recommendations. Use simple and empathetic language about how vaccines work, why they're safe, and what diseases they have all but eliminated. Clear the air around "medical freedom" by framing it as freedom from preventable illness.

2. Empower the Next Generation
The climate of hostility can sap the optimism out of younger doctors and scientists. We should do everything possible to support them. That includes calling on medical schools to add robust training in public communication and misinformation detection, so that newly minted practitioners feel ready to combat false narratives. We also have to make it unequivocally clear that we stand by them when they face online threats or harassment.

3. Push for Transparency and Accountability
When well-funded advocacy groups or lobbies push anti-science claims, we can follow the paper trail. It's imperative to highlight shady financial ties and conflicts of interest. Even more important is urging local and national leaders to demand clear, evidence-based rationales for HHS decisions. If a policy is proposed that weakens existing vaccine guidelines, for instance, we should ask for the underlying data, the peer-reviewed sources, and the cost-benefit analysis. This is not about politics; it's about holding officials to standards of rigor and open disclosure.

4. Participate in Policy-Making
One of the lessons from the current crisis is that ceding the public sphere to demagogues is dangerously short-sighted. Whether you're a rural pediatrician or a research scientist in a university, find ways to interact with local health boards, respond to calls for public comment, or offer expert testimony at legislative hearings. By weaving our best scientific understanding into the fabric of political debate, we ensure that even if certain officials dismiss the data, public records reveal that the science is there, on record—available for future, more open-minded policymakers.

5. Forge Unusual Alliances
Countering anti-science sentiment demands forging connections with groups that might not naturally align with the typical "expert class." Faith leaders, for example, wield substantial influence in their

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STOP THE TRAIN
Elliot Barsh, MD
(Links to articles mentioned are found in the body of this piece)

"Pain is inevitable. Suffering is optional."

Hi everyone.

I hope our newsletter finds you looking up, and forward to Spring.

Does the way we care for our patients give them *peace of mind* or *comfort*?

Is the care *"person-directed"*, affording them *autonomy*, and respecting their *values*, *priorities*, and *goals*?

Or is the care we give more about *us* and what we *know*?

Taking care of our patients is personal.

We become invested in what we know and how we use our expertise.

We work long and hard to treat them.

We *understand* their pain and expect that to stop when we treat their medical problem.

We expect our expertise to be *enough*.

What happens when our patients tell us that they need more?

That their *pain* is still there, their *suffering* continues, and they are looking for something we don't think we can give them.

In the case of a dying patient in hospice, our treatment may manage their pain, but not eliminate their suffering and bring them peace.

A patient with a chronic problem that has no clear answer may not be able to return to work or get back to the way of life they lost.

Are they telling us we failed,...?

Some of us make take it personally, like a *threat*, and try to defend what we have done.

We may discount what they are saying, and be adamant that there is nothing more that we can do for them.

We may be strict and unforgiving, and hold them responsible, or blame them, for not responding to our care.

Or are they inviting us in...?

Maybe this is the time to stop rationalizing, and realize that there is more that we need as well.

Understanding our patients' pain is not the same as feeling it.

This is the time to act.

The time to take one more step forward, one step closer to the heart of everything that may truly *matter*.

Our chance to embrace the pain we think we understand and *feel* it.

And maybe, just maybe, when we help our patients let go of their pain, they are also helping us let go of our own.

When you think about it, if they can *trust* us to help them, then we can trust them too.

Easier said than done.

Maybe one day we can all suffer less.

Helping our patients pushes us to feel more, be more, and love more.

Thanks for reading.

See you next month.

Be safe.

E

"*Curiosity drives you to explore that dark cave despite your fears of going down there."*
A Surprising Route to the Best Life Possible
Why people do things that are unpleasantly hard.

"Nothing is quick and easy when we are a patient who is distracted, frightened, and in pain."
The Definition of Failure

"Do we treat ourselves with care and love or are we strict and unforgiving?"
The Lady Will Have the Laxatives
If I acted on a date like a girl who has a healthy relationship with food, could I become her?

"Is it possible to ever do enough?"
What I Wish I Had Done for a Grieving Father

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MSSNY
MEDICAL SOCIETY OF THE STATE OF NEW YORK

MSSNY Upcoming CME Webinars

March 15th, 18th & 19th

Women Physicians Leadership Academy: *The Importance of Networking*

Saturday March 15th
7:45-11:15am

Medical Matters: *Let's Talk About Vaccines: Ensuring Confidence, Embracing Science & Consistent Messaging*

Tuesday March 18th
7:30-8:30am

This program is supported in whole by a DHHS grant entitled New York State Hospital Preparedness Program

Veterans Matters: *Military Culture: Everything Physicians need to Know About Veterans as Patients*

Wednesday March 19th
7:30-8:30am

This program is supported in whole by a grant from the New York State Office of Mental Health

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FROM THE EDITOR…
CERUMENATIONS
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Tylenol. The problem lies in the aftermath. It is not uncommon for a 2 AM phone call to be followed by a 2:30 AM phone call, usually just after Stage 3 sleep has been reestablished. And then that phone call begets another at 3 AM. "Wait a minute," the discerning readers may be saying to themselves, "beget? Are you implying that these phone calls are procreating or related to each other in some causal way?" Well, yes, I am at times convinced that Mrs. Jones calls Mrs. Smith right after hanging up with me and suggests maybe another phone call is in order in say half an hour or so. There is, I'm convinced a pattern that suggests an unseen force is controlling the sheer volume of calls. As Sherlock Holmes said to Watson, "For years I have been continually conscious of some power, some deep organizing force which forever stands in the way of the law. Professor Moriarty is the Napoleon of crime, Watson. He is the organizer of half that is evil and of nearly all that is undetected in this great city."

As I said, the difference lies in the quantity. Far be it from me to compare the apples and oranges of human suffering, but let us at least acknowledge that being woken up at regular intervals all night long is an exquisite form of torture that stacks up quite well with anything devised by Huns or the Marquis de Sade. It is sort of a Chinese water torture.

OK, I admit, the above conclusions are probably the result of sleep deprived induced paranoia. I had a call the other night that resulted in me not feeling quite so singled out by fate. It was a typical call, a worried father, a crying child in the back ground, the regular breathing of my wife next to me who learned years ago to sleep through all of this. After several minutes of conversation, father was reassured and I was back asleep. Next day, I saw the child with both parents. "Doc" the father began, "Thanks so much for calming us down last night." I smiled at him in gratitude and he continued. "You know, I know what you go through. I'm a solo electrician, and I often get calls late at night, people worry you know about their electrical systems. They see a problem, and they immediately worry about a fire. Usually I can tell over the phone if it's serious or not, but if I can't convince them, I'll go over to their house just to make sure." Wow, common ground and once again one of the rewards of my profession managed to sneak up on me unexpectedly.

The New York Times is a fixture on my breakfast table, often to the dismay of my wife, daughters and even at times to my dogs who collectively resent this inanimate rival for my attention. "This is really part of my job, keeping up medically," I carefully explain. "You never know, something I learn this morning may help me save a life later today." Groans all around. OK, maybe I'm using that saving lives line a bit too often to get out of various domestic duties. Brings to mind a very old New Yorker cartoon by George Price in which a middle aged man wearing shorts and an undershirt sits in a kitchen amid a domestic squalor of unwashed dishes, innumerable kids underfoot, wife with curlers and a long suffering haggard expression. The man is looking up from a copy of the Racing Form and says "But Honey, I'm just trying to make a little extra for you and the kids."

But quite seriously, as a primary care physician in Westchester County, it is de rigueur that I peruse the New York Times before heading into the office. There is nothing worse than fielding the first calls of the day and realizing that patients are asking about a late breaking article on subjects as diverse as vaccines, the West Nile virus or children's sleep behavior and that I, by catching an extra 15 minutes of morning repose, have neglected to read the relevant newspaper article. Indeed, in today's internet world, it sometimes seems like a race between patient and doctor as to who will get to new information first. It is probably only a matter of time before small laptops replace cell phones as the accouterment of choice, enabling the medical consumer to check on the accuracy of my pronouncements as I speak. The incredible array of information sources available, coupled with the continuous evolution and revision of medical and scientific information, requires me to be increasingly nimble in my approach i.e., to express conviction yet leave the door open for change). I recall some years ago driving to the hospital at about 3:00 A.M. feeling mighty sorry for myself. The radio was tuned to a 24-hour news channel and the announcer stated that the American Academy of Pediatrics had just come out with a recommendation that babies

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FROM THE EDITOR…

CERUMENATIONS

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should be put to sleep on their backs in order to prevent Sudden Infant Death Syndrome. Of course, this had been in the works for years as studies began to emerge that increasingly showed that the prone position was a risk factor for SIDS. To the lay person, however, it could sound confusing that a complete about face (literally!) could occur from one day to the next. As I listened, the somewhat comical notion occurred to me of racing to the nearest phone to call all my patients: "Mrs. Smith, it's my turn to wake you. Go immediately in your baby's room and turn him over."

There is, of course, a problem generic to following medical advancements or anything else for that matter, via the newspaper and that is the problem of perspective. By necessity newspapers follow events as they happen and it is hard the gauge the relative significance of any particular development. It is not uncommon for example to read that a certain food or vitamin has an incredibly salutary effect on the coronary arteries, only to learn months later in the same paper that it actually does the opposite. Therefore when I read an article about medicine, I try to remember Kipling's words, "There are no greater imposters than triumph and defeat." and keep a healthy skepticism at the ready.

Here's a perfect example from the New York Times: An article chronicled a study that looked at the advice given to marathon runners to drink copious amounts of water. It was found that, in particular, the "casual" marathoner (an oxymoron if I've ever heard one), i.e. one taking five or six hours to complete the race, was at risk of water intoxication by following that advice. The new medical "truth"? Drink when you are thirsty. Pretty revolutionary. Also commented in the article was the advice that is given to us non-marathoners to drink six to eight glasses of water a day: apparently there is no evidence that this has any particular beneficial effects (for holders of bottled water stocks, time to short). I have to admit, I had often questioned the "water drinking advice, but it didn't stop me from making frequent circuits from kitchen to bathroom as I attempted to "maintain optimum hydration." When this changed from nostrum to medical fact would make an interesting investigation. Anyway, just one of many, "the emperor has no clothes" moments of which the history of medicine is riddled.

Speaking of medical history, and of water for that matter, brings to mind an article in the New Yorker a few years back by Atul Gawande entitled "Desperate Measures." Dr. Gawande, then a surgical resident, chronicled the career of Francis Moore, chief of surgery at Harvard in the 50's and 60's. One notable discovery to his credit: he worked out how much water is in the human body. Apparently, while bathing he hit upon the idea of measuring the volume of water in the tub by using heavy water of deuterium. Holy Archimedes! He applied this first to rabbits and then to humans. He determined that the average male is 55 % water and the average female is 50%. The question of how much water we should drink, he apparently left for others to work out.

And now to the most sticky subject and once again I return to my favorite medical journal. I'm probably one of the few people in Westchester to notice the article entitled "Japanese Scientists Identify Ear Wax Gene", though I daresay I'm not the only pediatrician. You see, pediatricians, on a daily basis are awash in earwax. Ear wax to a pediatrician is like snow to an Eskimo. Ear wax is often positioned squarely and obstructively in the way of making a proper diagnosis of otitis media or middle ear infection. This recalcitrant substance sometimes defies all attempts at dislodgement which results in all sorts of defensive dissemblance: to wit: "I think I got a glimpse of the tympanic membrane (ear drum)" or even more extreme was the belief of one my attendings at Bellevue who claimed that an otitis media of any consequence would generate sufficient heat to melt the wax and thus allowing an unimpeded view.

Are you beginning to understand my obsession, I mean, interest in ear wax? This latest research will change the way I run my office. But to tell you how, I afraid I must dig into the nitty gritty of this latest research in order to explain how. The gist of the article is that researchers identified a gene: ATP-binding cassette C 11 gene, (I'm sure I'm not telling you anything you don't already know) which lies in an area of DNA which has very little variation which is a signal to geneticists that it is a gene very necessary for survival. But wait: how can earwax be

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communities. Some of them have been cautious or critical of certain scientific conclusions, but others believe deeply in healing, caring for neighbors, and using the best tools available to save lives. Identifying shared values—like compassion or stewardship—lets us find common ground. Similarly, businesses have a vested interest in a healthy workforce and consumer base. Enlightened CEOs recognize that widely trusted, evidence-based medicine drives stability. Cooperation with these entities can unify resources and amplify messages that stand on fact.

Fighting Disinformation with Unity and Conviction

In the swirl of rhetorical chaos that accompanies any major policy shift, a calm center can help society retain its grip on objectivity. That calm center must be informed, resilient, and able to adapt. While the confirmation of an HHS Secretary who promotes anti-vaccine ideas is a serious blow to efforts championed by the scientific establishment for decades, it also galvanizes us to a new level of clarity in our messaging. We no longer have the luxury of assuming that objective data will speak for itself. We have to provide context, show empathy, and point to the real-world outcomes that a robust scientific approach has delivered—longer life expectancy, the near-eradication of polio, better maternal health, drastically reduced child mortality, and more.

One story resonates strongly with me: a Westchester family I met whose child was immunocompromised. They had followed every recommended preventive measure, but encountered neighbors aggressively questioning their choices, fueled by viral misinformation. In personal conversations, I learned how unsettled they felt—on one hand, trusting medical advice to keep their child safe; on the other, harangued by local acquaintances parroting conspiratorial theories. Such families exist in every corner of the country. Often, what they need most is the reassurance that dedicated professionals stand by them, backed by research that has saved countless lives.

If leadership at the highest level of HHS is ambivalent toward modern immunology, people in vulnerable medical situations need that reassurance more than ever. Doctors, nurses, epidemiologists, mental health professionals, and policymakers must fill in the gaps. We can do so by being a united front, prioritizing fact-based interventions, and remembering that the real measure of our work is human well-being, not political score-keeping.

Charting a Way Forward

With RFK Jr. now in a position to steer national health policy, it might feel like the science-based approach to healthcare stands on shaky ground. Yet history shows that such challenges can serve as turning points. The polio vaccine overcame early critics; the HIV/AIDS crisis spurred activism that ultimately pushed forward cutting-edge research and saved millions of lives; climate scientists, despite political pushback, have continued refining models that guide global initiatives. In each case, the presence of resistance or ignorance did not halt progress—but the community's steadfastness, moral clarity, and factual transparency proved essential.

That is our task now. We have to press forward by:

Educating the public with a fresh sense of responsibility.

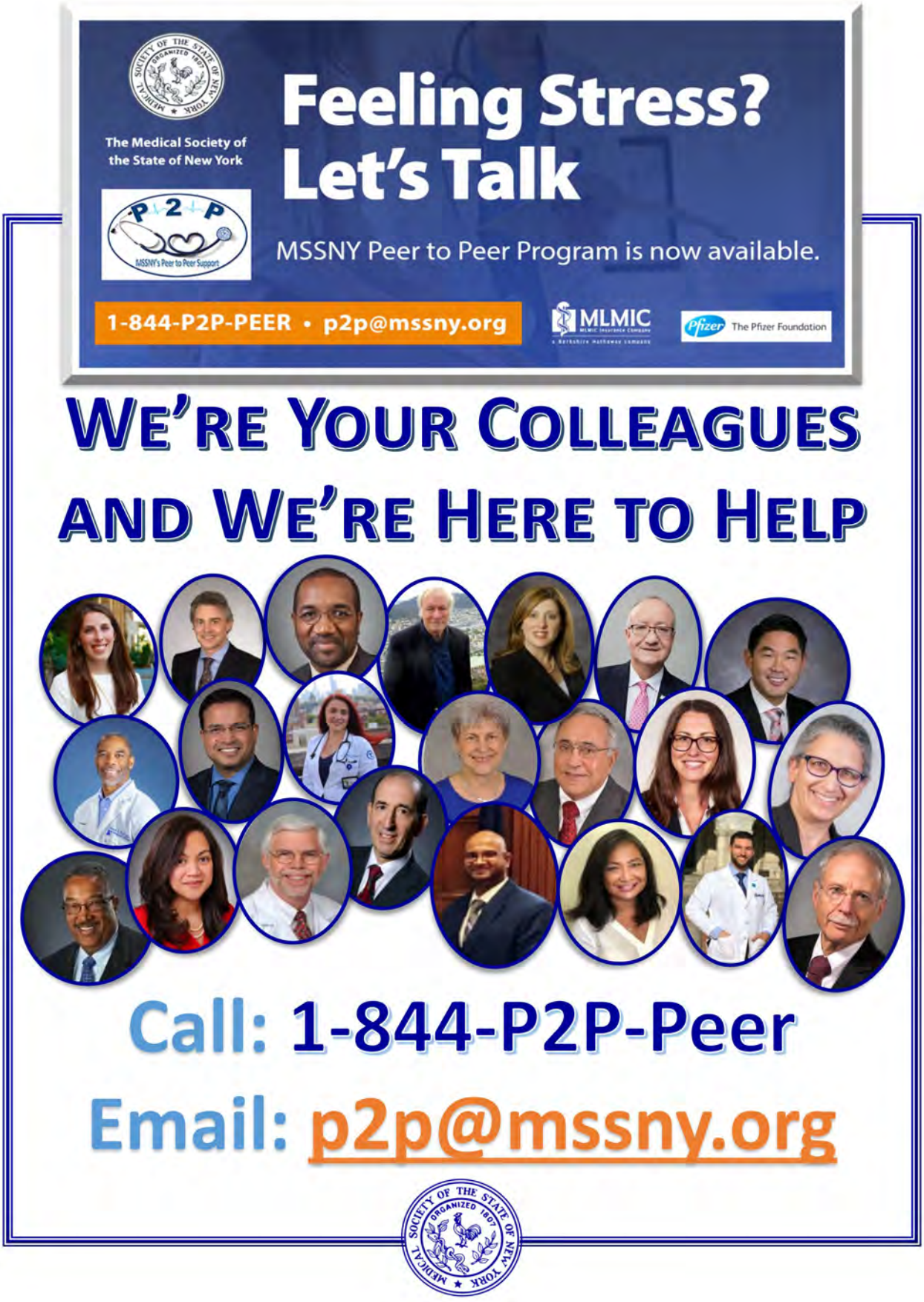
Defending professional integrity when it's dismissed as "elitist."

Offering practical solutions that show science is not only about theoretical models but everyday benefits.

Seeking dialogues that may convert the skeptical rather than writing them off.

The nation is at an inflection point. A skeptical HHS Secretary might conceivably hamper significant public health measures, hamper medical research, and embolden other officials who share anti-science leanings. But it's also true that every grand

(Continued on page 14)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PRESIDENT'S MESSAGE
A COLLECTIVE STAND AGAINST ANTI-SCIENCE: PRESERVING REASON, SAFEGUARDING HEALTH, AND FOSTERING PROGRESS
Kham Ali, MD, MBA, MPH, FACEP, President
(Continued from page 11)

claim to "expose the real truth" often stumbles over its own inability to produce concrete, replicable evidence. Ultimately, rigorous science sustains its credibility through results: fewer infections, safer treatments, healthier communities, and transparent processes that shine a light on both successes and limitations.

In championing the health of our communities, we must harness an unwavering dedication to critical thinking, empathy, and the courage to speak out. We can't control every turn in national politics, but we can remain true to our calling as healers and stewards of reliable knowledge. With enough unity and persistence, the medical and scientific communities—as well as the public they serve—can transcend the politics of the moment, preserving both the scientific method and our shared belief that evidence and compassion belong at the core of every health decision.

FROM THE EDITOR…

CERUMENATIONS

PETER ACKER, MD

(Continued from page 10)

necessary for survival? Sure, it can be mighty handy when out in the woods to keep annoying insects out, but vital for survival? Could this be the missing data point to prove that ear wax is just one small aspect of "intelligent design"? Dr. Yoshiuru, however, of Japan, the lead author of the study which appeared in the journal Nature Genetics, notes that there are two types of ear wax: dry and wet. Ear wax type is correlated with armpit odor and sweat. People with dry ear wax, such as those from East Asia sweat less and are therefore more adapted to colder climates whereas those with the wet type do better in warmer areas and their sticky wet ear wax is an effective barrier to tropical bugs. As it turns out, the populations of East Asia and Native Americans originated in the colder climes of Northern Asia and subsequently migrated to the south as well as across the Bering strait respectively, bringing their dry ear wax with them. Further credence to the speculated connection with sweating is that the further south you go, the higher the incidence of wet ear wax in East Asian populations.

The wet sticky wax, even when copious, can often be removed by one deft move of a plastic curette designed for that purpose. It is the dry flaky variety that breaks apart that requires a patient, meticulous piece meal approach, eating up valuable time, setting schedules on their ears. Wouldn't it be nice to know in advance what type one is dealing with? So therefore shouldn't this be added to the list of routine queries about insurance, etc. at the front desk: wet or dry?

By my perhaps optimist calculations I'm about two thirds of my way in my career as a clinician and despite the frustrations, sleep disturbance, information overload and cerumen, I look forward to the rest of my pediatric days. Change and new information is also exciting and one of the pleasures of medicine is the process of keeping up. Yet, I also think it is exciting to think of ways in which medicine has not changed: the taking of a careful history, the thrill of coming up with an unusual diagnosis, the fact that we learn something new about a disease each time we encounter it, the human connection we feel when we are helping someone unravel a medical or even a personal problem. This daily feeling of connection to my patients and to the community at large is a constant restorative for me. I feel privileged to be a foot soldier in what is for me still medicine's grand adventure: seeking answers to what is behind the next door.

♦

STOP THE TRAIN

Elliot Barsh, MD

(Links to articles mentioned are found in the body of this piece)

(Continued from page 7)

"Pain is a lonely road,

no one can know the measure of our particular agonies,

but through a deeply felt hurt we have the possibility,

just the possibility,

of coming to know others as we have,

with so much difficulty,

and so much suffering,

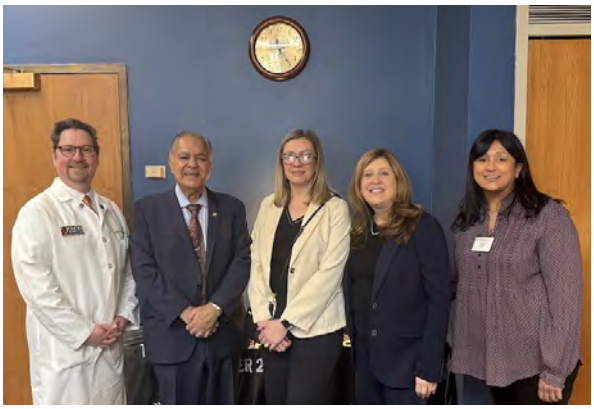
and so much pain,

come to know ourselves."

-Excerpt of Pain from 'Consolations' *by David Whyte*

♦

MSSNY Physician Lobby Day 2025



On Tuesday, March 11, 2025 MSSNY held its annual Legislative Day event. The Westchester County Medical Society represented the physician membership with a group from Westchester. MSSNY held an informational session for the morning program that included a legislative update by Morris, Auster, Esq., Senior Vice President and Chief Legislative Counsel MSSNY. Other speakers included Jerome Cohen, MD, President MSSNY; David Jakubowicz, MD, President-Elect; Mark Adams, MD, MBA, FACR, Vice-President; Carlos Zapata, MD, Speaker - MSSNY House of Delegates; Thomas T. Lee, MD, MBA – MSSNY Executive Vice-President.

The group was joined by Doug fish, MD, deputy Commissioner, NYS Dept of health, office of health care delivery; Deputy Senate Majority Leader Michael Gianaris; Senate Minority Leader Robert Ortt; Assembly Minority Leader Will Barclay; and Senate Majority Leader Andrea Stewart-Cousins. There were two panels that also took place: Specialty Society Leaders Panel and the Health and Insurance Panel.

The Westchester physicians along with Janine Miller, Executive Director were able to meet with many of our local legislators and their staff people including Senators Shelly Mayer; Pete Harckham; Bill Weber and Senate Majority Leader Andrea Stewart-Cousins; along with members of the Assembly that included Steve Otis; Mary Jane Shimsky; Matt Slater; Nader Sayegh and Chair of the Assembly Health Committee Amy Paulin. Our group spoke about the importance of some of the items in the Governor's budget along with some of the items on MSSNY's Legislative Agenda including

- Reducing prior authorization and claim payment hassles
- Protecting patient safety by rejecting inappropriate scope expansions
- Protecting IDR appeal mechanisms to ensure fair payments
- Promoting comprehensive medical liability reform and preserving Excess Insurance coverage
- Addressing public health threats
- Preserving opportunities for NY's medical students and residents

We appreciate all of those physicians who took time away from their patients to join us in Albany. The work that they do on behalf of all the members of WCMS and New York State physicians is invaluable.

Photo—LtR: Daneil Gold, MD, MSSY 9th District Councilor; Assemblymember Nader Sayegh, Janine Miller, Executive Director; Bonnie Litvack, MSSNY Past President; Nandini Anandu, MD, NYACP

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