

OPEN LETTER and PETITION to Dr. Swift and AAPS

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Dear Dr. Swift and the Ann Arbor Public Schools Board of Education:

We write as engaged local physicians and psychologists to express our concerns about the ongoing prolonged school closure of the Ann Arbor Public Schools.

On January 8, 2021, Gov. Gretchen Whitmer announced:

*“Today, my administration is announcing a goal that all school districts offer an option for in-person learning **no later than March 1st and earlier if possible**. The value of in-person learning for our kids is immeasurable, and we must do everything we can to help our kids get the great education they need and to do so safely. Over the last nine months, medical experts and epidemiologists have closely been following the data and know now that schools can establish a low risk of transmission by ensuring that everyone wears a mask and adapting careful infection prevention protocols.” (Gretchen Whitmer)*

AAPS has only offered a remote learning option since March 2020. Ten months later, the district is only beginning to finalize plans to start hybrid in-person teaching. AAPS stands alone in our county in its acknowledgement that it will not meet the March 1st goal, stating a projected start date of "sometime in early March" for the youngest students. However, they have recently indicated a lack of commitment to that goal. **Every other district in Washtenaw county has set a date for reopening prior to March 1st, with most districts having already offered in-person teaching this year.**

In the recent Superintendent communication, we learned that AAPS return to school is contingent on progress with vaccinations, despite previous communications to the contrary. While we strongly support aggressively vaccinating all teachers as quickly as possible, we agree with Governor Whitmer that school reopening should not wait on vaccination progress. Governor Whitmer: ***“We have learned we can pursue in-person instruction safely, that we’ve got a lot of schools that have been doing this, and they’ve been successful even before vaccines were imminently on the horizon.”***

We are also concerned that children with IEPs have not all been receiving the therapies they need. Special education teachers are being prioritized for vaccination, yet, an in-person start date remains to be set for these children. Families raising children with special needs will need to plan ahead to coordinate their therapies, and the children will need a full-time option to help get their skills back.

National and international organizations as well as influential public health officials have also spoken out in favor of returning children to in-person school due to the continued social, emotional, developmental, and educational harms of virtual learning. These organizations, including the American Academy of Pediatrics, CDC, WHO, UNICEF, UNESCO and Dr. Anthony Fauci, have taken the position that the goal should be to safely return children to school as soon as possible.

List of statements and links:

American Academy of Pediatrics:

<https://www.aappublications.org/news/2021/01/05/covid-school-safety-010521>

<https://www.aappublications.org/news/2020/06/26/schoolreopening062620>

- “The AAP strongly advocates that all policy considerations for the coming school year should start with a goal of having students physically present in school,”
- “The school guidance details the important role schools play in children’s educational, social, physical and emotional development as well as being a source of special services and nutrition. Without access to the support systems schools provide, disparities among students who are Black, Hispanic, American Indian/Alaska Native and living in poverty will continue to widen, according to the AAP.”
- “The guidance presents new research findings that schools have not been a significant driver of SARS-CoV-2 transmission in their communities when they take safety precautions. Transmission has been especially low among younger children.”
- “Schools are critical to addressing racial and social inequity. School closure and virtual educational modalities have had a differential impact at both the individual and population level for diverse racial, ethnic, and vulnerable groups, according to the guidance.”
- “Children and adolescents also have been placed at higher risk of morbidity and mortality from physical or sexual abuse, substance use, anxiety, depression, and suicidal ideation.”
- “Evidence from spring 2020 school closures points to negative impacts on learning.”

CDC:

<https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/index.html>

<https://www.npr.org/2021/01/26/960885936/cdc-makes-case-for-school-reopening>

- “As many schools have reopened for in-person instruction in some parts of the US as well as internationally, school-related cases of COVID-19 have been reported, but there has been little evidence that schools have contributed meaningfully to increased community transmission.”

- A case-control study of exposures among children aged 0 through 18 years with (n = 154) and without (n = 243) SARS-CoV-2 infection in Mississippi found that having attended gatherings and social functions outside the home as well as having had visitors in the home was associated with increased risk of infection; however, in-person school attendance during the 14 days prior to diagnosis was not.
- In the fall of 2020, 11 school districts in North Carolina with more than 90,000 students and staff were open for in-person education for 9 weeks. During this time, within-school transmissions were very rare (32 infections acquired in schools; 773 community-acquired infections) and there were no cases of student-to-staff transmission.
- “The type of rapid spread that was frequently observed in congregate living facilities or high-density worksites has not been reported in education settings in schools.”
- In a report released by CDC on January 26, 2021, with data from 17 K-12 schools in rural Wisconsin with high mask adherence (4876 students and 654 staff), COVID-19 incidence was lower in schools than in the community. During 13 weeks in the fall of 2020, there were 191 COVID-19 cases in staff and students, with only 7 of these cases determined to result from in-school transmission.

WHO:

<https://www.who.int/news/item/11-12-2020-new-checklist-supports-schools-to-reopen-and-prepare-for-covid-19-resurgences>

- “Prolonged school closures in response to the COVID-19 pandemic are presenting an unprecedented challenge to children’s education, health and well-being worldwide. The longer a student stays out of school, the higher their risk of dropping out.”
- “Schools can reopen safely,” says Dr Ruediger Krech, WHO Director of Health Promotion

UNICEF:

<https://www.unicef.org/reports/averting-lost-generation-covid19-world-childrens-day-2020-brief>

- “Disruptions to essential services such as education, health care, nutrition and child protection interventions are harming children.”
- “Despite being less affected than any other age group, emerging data suggest that children and young people’s health may be more directly impacted by COVID-19 than originally anticipated when the crisis began in late 2019.”

UNESCO:

<https://www.unicef.org/documents/framework-reopening-schools>

- “Global school closures in response to the COVID-19 pandemic present an unprecedented risk to children’s education, protection and well-being.”
- “Schools do much more than teach children how to read, write and count. They also provide nutrition, health and hygiene services; mental health and psychosocial support; and dramatically reduce the risk of violence, early pregnancy and more. And it’s the most vulnerable children who are the hardest hit by school closures, and we know from previous crises that the longer they are out of school, the less likely they are to return.”

Dr. Anthony Fauci:

<https://abcnews.go.com/Politics/week-transcript-11-29-20-dr-anthony-fauci/story?id=74446435>

- “The default position should be to try as best as possible within reason to keep the children in school or to get them back to school. ... If you look at the data, the spread among children and from children is not really very big at all, not like one would have suspected. So let’s try to get the kids back, but let’s try to mitigate the things that maintain and just push the kind of community spread that we’re trying to avoid.”

We understand that in the fall, there were many unknowns, and school districts were left to make an educated guess as to the safety of reopening schools. That is no longer the case. We are disappointed that the district continues to delay reopening, despite considerable data and government guidance indicating that it is safe to reopen. The district has also not surveyed AAPS staff and families or gathered data on their willingness to return to face-to-face instruction at this time. AAPS students deserve better.

We, the undersigned, are physicians and psychologists. We are deeply troubled by the harmful impact of delayed school reopening on our community. We strongly urge you to modify the AAPS return-to-school plans to align with Gov. Whitmer’s recommendations and have all students who **choose** in-person options allowed back in the buildings by March 1st. We are more than happy to provide any assistance in meeting this goal.

For further inquiries, please contact: Dr. Kimberly Monroe (Inpatient Pediatrics) (monroek@med.umich.edu) or Dr. Joanna Spencer-Segal (Internal Medicine) (joannalspencer@gmail.com).

The views and opinions expressed here are our own and do not represent an official statement from Michigan Medicine, IHA, Saint Joseph Mercy Health System or other employers. Any titles listed below are provided for identification purposes only.

Sincerely,

1. Kimberly Monroe, MD, MS, Assistant Professor, Pediatric Hospital Medicine, Michigan Medicine
2. Joanna Spencer-Segal, MD, PhD, Assistant Professor of Internal Medicine, Michigan Medicine
3. Lindsay Caverly, MD, Pediatric Pulmonary, Michigan Medicine
4. Lilia M. Cortina, PhD, Professor of Psychology and Women's & Gender Studies, University of Michigan
5. James Burke MD, Associate Professor, Neurology
6. Adina Turcu, MD, MS, Assistant Professor of Internal Medicine, Michigan Medicine
7. Jenny Radesky, MD, Developmental Behavioral Pediatrician, Michigan Medicine
8. Stephan F. Taylor, MD, Professor of Psychiatry
9. Timothy R. B. Johnson, MD, AM, FACOG
10. Allison Ryan, PhD, Chair and Professor Combined Program in Education and Psychology, Michigan Medicine
11. Toni C. Antonucci, PhD, Psychology & ISR
12. Susan Ernst, MD
13. Kai Schnabel Cortina, PhD, Professor of Psychology, University of Michigan
14. Tiffany Munzer, MD
15. Eric Fretz, PhD
16. Ben Dantzer, PhD, Associate Professor of Psychology, University of Michigan
17. Carolyn Swenson, MD, Assistant Professor, Obstetrics & Gynecology, Michigan Medicine
18. Daniel Schneider, MD, PhD, Assistant Professor of Internal Medicine, Michigan Medicine
19. Helen Kang Morgan, MD, Associate Professor of Obstetrics and Gynecology
20. Megan H. Pesch, MD, MS, Assistant Professor of Developmental and Behavioral Pediatrics
21. Eileen Carpenter, MD, PhD
22. Kate D. Fitzgerald, MD, Associate Professor, Child and Adolescent Psychiatry
23. Richard J. Auchus, MD, PhD, Professor of Internal Medicine, Michigan Medicine
24. Stephanie Goodson, MD, FAAP, Assistant Professor of Pediatrics, Michigan Medicine

25. Laura Zahodne, PhD, Licensed Clinical Psychologist, Assistant Professor of Psychology
26. Ellen Selkie, MD, MPH, Assistant Professor of Adolescent Medicine
27. Y. Katharine Chang, MD, Assistant Professor, Department of Pediatrics
28. Kris Kullgren, PhD, Licensed Psychologist, Associate Professor of Pediatrics, Michigan Medicine
29. Jennifer Larson, PhD, ABPP-CN, Pediatric Neuropsychologist, Assistant Professor, Dept. PM&R
30. Sarah Jonovich, PhD, Licensed Psychologist
31. Alison Tribble, MD, MSCE, Assistant Professor, Pediatric Infectious Diseases, Michigan Medicine
32. Melissa Andersen, PhD, Pediatric Psychologist
33. George Mychaliska, MD, Professor of Pediatric Surgery
34. Luke W. Hyde, PhD, Associate Professor of Psychology, Licensed Clinical Psychologist
35. Anna Kratz, PhD, Associate Professor of Physical Medicine and Rehabilitation
36. Sarah Auerbach, DO, Michigan Medicine
37. Kengo Inagaki, MD, Associate Professor, Pediatric Infectious Diseases, University of Michigan
38. Marla Mikelaït, MD
39. Sharon Kileny, MD, General Pediatrics
40. Maria Shakour Skoczylas, MD, Clinical Assistant Professor, Pediatric Hospital Medicine
41. Meg Wolff, MD, MHPE, Associate Professor of Pediatrics and Emergency Medicine
42. Seth Warschausky, PhD, Professor
43. Elizabeth Hill, MD, Assistant Professor, General Pediatrics, Michigan Medicine
44. Thomas G. Saba, MD
45. Yvonne J. Huang, MD, Associate Professor of Internal Medicine, Division of Pulmonary/Critical Care Medicine
46. Matthew A. Diemer, PhD, Professor, Combined Program in Education & Psychology, University of Michigan
47. Hallie Prescott, MD, MSc, Associate Professor, Internal Medicine, Michigan Medicine

48. Donna Martin, MD, PhD
49. Daniel R. Wahl, MD, PhD, Assistant Professor of Radiation Oncology
50. Richard H. Simon, MD, Professor, Department of Internal Medicine, Division of Pulmonary/Critical Care Medicine, Michigan Medicine
51. Aimee Kotrba, PhD
52. Renee Shellhaas, MD, MS, Professor, Pediatric Neurology, Michigan Medicine
53. Andrea Buchi, MD, General Pediatrics, Michigan Medicine
54. Pamela Bowers, MS
55. Christopher S. Monk, PhD
56. Kelly Orringer, MD
57. Marc B. Hershenson MD, Professor of Pediatrics, Division of Pediatric Pulmonology, University of Michigan Medical School
58. Catherine Peterson, PhD, Licensed Psychologist, Associate Professor of Psychology, EMU
59. Michael E. Watson, Jr, MD, PhD, FAAP, Assistant Professor, Pediatric Infectious Diseases, Michigan Medicine
60. Kevin Gregg, MD, Associate Professor, Division of Infectious Diseases
61. Katharine Seagly, PhD, Clinical Neuropsychologist, Assistant Professor, Dept. of PM&R
62. Omkar Karthikeyan, MD, Pediatrics
63. Johanna Soet Buzolits, PhD
64. Dawn Dore-Stites, PhD, Licensed Psychologist, Associate Professor, Department of Pediatrics, Michigan Medicine
65. Jamie Thompson, MD, Pediatrics
66. Tanner Caverly, MD, MPH, Michigan Medicine and Ann Arbor VA
67. Kathleen Gibbons, MD
68. Marie Van Tubbergen, PhD, Associate Professor, Pediatric Rehabilitation Psychology and Neuropsychology
69. Allison Cator, MD, PhD, Assistant Professor of Emergency Medicine and Pediatrics, University of Michigan
70. Emily M. Fredericks, PhD, Licensed Psychologist, Professor of Pediatrics, Michigan Medicine
71. Dan Peltier, MD, PhD, Pediatric Hematology/Oncology, Michigan Medicine

72. Catherine E. Keegan, MD, PhD, Professor of Pediatrics
73. Jessica Fealy, MD, Assistant Professor, General Pediatrics
74. Cheryl Barget, PhD
75. Zachary London, MD, Professor, Neurology, Michigan Medicine
76. Eve Avrin-Halpern, PhD
77. Peter K. Todd, MD, PhD, Harris Professor of Neurology
78. Shayan Sengupta MD
79. Sarah DeHaan, MD, Michigan Medicine General Pediatrics
80. Gita Gupta, MD, Clinical Lecturer, Pediatrics
81. Kevin Kerber, MD, Professor, Department of Neurology, University of Michigan
82. Margeaux Naughton, MD, Clinical Instructor, Division of General Pediatrics, Michigan Medicine
83. Lauren Helms, MD, Assistant Professor General Pediatrics, Michigan Medicine
84. Kao-Ping Chua, MD, PhD, Assistant Professor, Department of Pediatrics, University of Michigan Medical School
85. Deborah A. Levine, MD, MPH, Associate Professor, Department of Internal Medicine, Michigan Medicine
86. Rosha Hebsur, PsyD, Licensed Psychologist
87. Naomi Alcaine, PhD, Fully Licensed Psychologist
88. Kristen Padilla, DO, Clinical Instructor, General Pediatrics, Michigan Medicine
89. Michael Anacker, MD, Clinical Instructor, Pediatric Primary Care and Sports Medicine, Michigan Medicine
90. Sarah Gritter, MD, Emergency Medicine
91. Beth Wallace, MD, Internal Medicine, Michigan Medicine
92. Dustin Nowacek, MD, Assistant Professor of Neurology, University of Michigan
93. Noelle E Carlozzi, PhD, Associate Professor, Department of Physical Medicine and Rehabilitation, Michigan Medicine
94. Patrick Gordon, MD
95. Jeffrey T. Kullgren, MD, MS, MPH, Associate Professor of Internal Medicine and Health Management and Policy, University of Michigan
96. Kerri Randall, MD, IHA Pediatrics
97. Brian Callaghan, MD, MS, Associate Professor of Neurology, Michigan Medicine

98. Erin Hunter, PhD, Interim Director University Center for the Child and the Family
99. Moira Hubbard, PsyD
100. Phoebe Danziger, MD, Department of Pediatrics, Michigan Medicine
101. Seema Saini, MD
102. Julia E. Madison-Williams, MD, Assistant Professor of Pediatrics
103. Christa B. Williams, MD, Assistant Professor of Family Medicine
104. Courtney Lim, MD, Assistant Professor, Obstetrics and Gynecology, Michigan Medicine
105. David M. Fresco, PhD, Professor of Psychiatry
106. Allison Ruff, MD, Assistant Professor Internal Medicine, Michigan Medicine
107. Maureen Mickalonis, Psychologist, MDHHS
108. Tara Shankar, MD
109. Lawrence Perlman, PhD, Founder Washtenaw Psychology Society
110. Prasad R. Shankar, MD, Assistant Professor, Department of Radiology, Michigan Medicine
111. Adam Helms, MD, Assistant Professor, Cardiovascular Medicine, University of Michigan
112. Nadia R. Sutton, MD, MPH
113. Bethany S. Hall, MD, FAAP, Medical Director IHA Livingston Pediatrics
114. Molly Moravek, MD, MPH, Associate Professor, Obstetrics and Gynecology, Michigan Medicine
115. Erica Stein, MD, Assistant Professor of Radiology, Michigan Medicine
116. Ethan Kross, PhD, Professor Psychology, University of Michigan
117. Dina Griauzde, MD, MSc
118. Pamela Davis-Kean, PhD, Professor of Psychology
119. Elizabeth M. Viglianti, MD, MPH, MSc Clinical Lecturer, Pulmonary and Critical Care Medicine, Michigan Medicine
120. Nicole Bhave, MD, Associate Professor, Cardiovascular Medicine, Michigan Medicine
121. Benjamin L. Viglianti, MD, PhD, Assistant Professor, Department of Radiology, Michigan Medicine
122. Joshua A. Rubin, MD

123. Praveen Dayalu, MD, Associate Professor, Department of Neurology, Michigan Medicine
124. Edward Kreske, MD
125. Hriday Shah, MD
126. Sarah Tomlinson, MD, Assistant Professor of Pediatrics and Emergency Medicine
127. Benjamin Hale, MD, MS, Clinical Lecturer, Pediatric Cardiology
128. Peter Farrehi, MD, Assistant Professor of Medicine, Cardiology, Michigan Medicine
129. Christopher Wilson, MD
130. Jennifer Shah, MD, Assistant Professor of Radiation Oncology, Michigan Medicine
131. Nicole Seleno, MD, Emergency Medicine
132. Charles N Braun, MD, IHA, Neurology
133. Alexander Madgy, MD
134. Shanti Eswaran, MD
135. Daniel Siegal, MD, Henry Ford Health System
136. Heba Abu-Isa, MD, General Pediatrics
137. Jyotsna Kapoor, MD
138. Rebecca Grekin, PhD, Clinical Psychologist
139. Sharon Swindell, MD, MPH
140. Rohit Bhave, MD, Anesthesiologist
141. Amy Cooke, MD, FAAP
142. Jennifer McDonald, MD, MPH
143. Neal Weinberg, MD, FAAP
144. Avram H. Derrow, MD, FAAP
145. Michael G. Sarosi, MD, Huron Valley Radiology, St Joseph Mercy Hospital
146. Emily Siegal, MD
147. Allison Kreske, MD, Obstetrics and Gynecology
148. Nicole Ulrich, MD
149. Michael Sjoding, MD, Assistant Professor, Internal Medicine

150. Ashok Srinivasan, MD, Professor of Radiology, Michigan Medicine
151. Ursula Knoepp, MD, Huron Valley Radiology, St. Joseph Mercy Hospital
152. Kate Klein, MD
153. Julia Savage, MD, Huron Valley Radiology, St. Joseph Mercy Hospital
154. Beth Kimball, MD, FACS, St. Joseph Mercy Hospital
155. Megan Iacco, MD
156. Stewart Knoepp MD, PhD
157. Margaret Dobson, MD, Family Physician
158. James Cooke, MD, FAAFP Associate Professor of Family Medicine & Learning Health Sciences, Michigan Medicine
159. Lisa Whitehead, MD, FAAP, Pediatrics
160. Ann Wilkie, MD, IHA Hospital Medicine
161. Megan Olson, MD, General Pediatrics, Michigan Medicine
162. Margaret Gillis, MD, Emergency Medicine
163. Chad Brummett, MD
164. Mariana De Michele, MD Clinical Assistant Professor University of Michigan.
165. Christopher I Cruz, MD, Pediatric Emergency Medicine
166. Lauryn R. Rochlen, MD, Clinical Associate Professor, Department of Anesthesiology, Michigan Medicine
167. Elizabeth M. Putnam, MD
168. Emily Briceno, PhD, Clinical Neuropsychologist, Michigan Medicine
169. Nathaniel Sznycer-Taub, MD Assistant Professor of Pediatrics, Michigan Medicine
170. Melissa Pike, MD, IHA West Arbor Pediatrics
171. Jessa Edelman, MD, IHA Internal Medicine Hospitalist, St Joseph Mercy Hospital, Ann Arbor
172. Mahmoud Al-Hawary, MD. Professor of Radiology and Internal Medicine, Michigan Medicine
173. Paul Talusan MD, FAAOS, Assistant Professor, Orthopaedic Surgery, Michigan Medicine
174. Ruchika Gupta, MD, Assistant Professor, Pediatric Anesthesiology, Michigan Medicine

175. Prachi Agarwal, MD, Professor, Radiology, Michigan Medicine
176. Anthony Edelman, MD, MBA, FASA
177. Morgan A. Jones, MS, MD, PhD, Clinical Lecturer, Hematology-Oncology, Michigan Medicine
178. Allen Lee, MD, Assistant Professor of Internal Medicine, Michigan Medicine
179. William Masch, MD, Assistant Professor, Department of Radiology, Michigan Medicine
180. Ronald B. Hirschl, M.D., Professor of Surgery, University of Michigan
181. Tannaz Guivatchian, MD, Assistant Professor, Department of Gastroenterology, Michigan Medicine
182. Caitlin A. Schonewolf, MD, Assistant Professor of Radiation Oncology, Michigan Medicine
183. Emily Heung, MD
184. Sara McLaughlin, MD, PhD, Clinical Assistant Professor, General Pediatrics, Michigan Medicine
185. Courtney Strohacker, MD, Assistant Professor, Pediatric Cardiology, Michigan Medicine
186. Lesli Skolarus, MD, Associate Professor, Neurology
187. Jeffrey Zampi, MD
188. William Chamness, MD, FAAP, IHA Pediatrics FAAP
189. Jennifer A. Williams, MD, MHSA, Maternal-Fetal Medicine
190. Ravi Kaza, MD
191. Cathy Goldstein, MD, MS
192. Samantha Kempner, MD
193. Julie E Barrett, MD, MPH, Pediatric Hospital Medicine, Michigan Medicine
194. Goodarz Golmirzaie, MD
195. Rajesh C. Rao, MD, Leonard G. Miller Professor of Ophthalmology & Visual Sciences, Department of Pathology
196. Kelly Michele Malloy, MD, FACS, Associate Professor, Otolaryngology- Head and Neck Surgery, Michigan Medicine
197. Suma Amarnath, MD, MPH Endocrinology, St. Joseph Hospital
198. Anita L. Repp, MD, Endocrinologist, St. Joseph Mercy Hospital, Ann Arbor

199. Heather L Burrows, MD, PhD, Associate Professor, General Pediatrics, Michigan Medicine
200. Nasuh Malas, MD, MPH, Associate Professor of Pediatrics and Psychiatry, Michigan Medicine
201. Sara Sandvig, MD, Assistant Professor, Pediatrics
202. Lindsey Muir, PhD, Assistant Professor, Computational Medicine and Bioinformatics, Michigan Medicine
203. Kara Mizokami-Stout, MD, Assistant Professor of Internal Medicine
204. Srijan Sen MD, PhD, Professor, Michigan Neuroscience Institute
205. Jessica M. Pierce, MD, MSc, Assistant Professor, Child and Adolescent Psychiatry
206. William Chavey, MD, MS, Professor of Family Medicine, Michigan Medicine
207. Shafaq Khairi, MD, Assistant Professor, Internal Medicine, Michigan Medicine
208. Elliot Tapper, MD, Assistant Professor of Medicine, Michigan Medicine
209. Courtney Palka, MD, Pediatric Hospital Medicine, Michigan Medicine
210. Amritraj Loganathan, MD, Diplomate of the American Board of Neurological Surgery, Vice Chief of Surgery Henry Ford Allegiance Health
211. Salim Hayek, MD, Assistant Professor/Medical Director, Frankel Cardiovascular Center, University of Michigan
212. Eva Bieniek, MD
213. Abigail Johnson, PhD ABPP, Rehabilitation Neuropsychologist
214. Tadd Hiatt, MD, Assistant Professor of Gastroenterology, Michigan Medicine
215. Angel Qin, MD, Assistant Professor Hematology and Oncology Michigan Medicine
216. Marisa Louie, MD, Assistant Professor, Emergency Medicine and Pediatrics, Michigan Medicine
217. Keith E. Kocher, MD, MPH, Associate Professor, Department of Emergency Medicine, University of Michigan
218. Geoffrey Barnes, MD, MSc, Assistant Professor of Internal Medicine
219. Karen Brenner, MD
220. Tiffany Ballard, MD, Plastic Surgeon, Ann Arbor Plastic Surgery
221. Carla Zahuranec, MD, IHA Family Medicine
222. Kathleen Bronson Dussán, MD, Assistant Professor, Internal Medicine, Michigan Medicine

223. Richard H Price, PhD, Professor Emeritus, Psychology, Institute for Social Research, University of Michigan
224. Philip Zazove MD, Professor and Chair of Family Medicine
225. Chandra Sripada MD, PhD, Associate Professor of Psychiatry, University of Michigan
226. Colleen M. Seifert, PhD
227. Leah Richmond-Rakerd, PhD, Assistant Professor of Psychology
228. Bethany Gaffka, PhD, Licensed Psychologist, Associate Professor of Pediatrics, Michigan Medicine
229. Melissa Cousino, PhD, Licensed Psychologist, Associate Professor, Department of Pediatrics, Michigan Medicine
230. Ram Mahalingam, PhD, Professor, Department of Psychology, University of Michigan, Ann Arbor
231. James M. Dupree, MD, MPH
232. Denise Kirsch MD, Infectious Disease, Beaumont Health
233. Shrinivas Bishu, MD, Assistant Professor, Crohn's and Colitis Center, Division of Gastroenterology, Michigan Medicine
234. Lorraine M. Gutierrez, PhD, MSW, LMSW School of Social Work and Department of Psychology
235. Mark C. Hannibal, MD, PhD, Clinical Associate Professor of Pediatric Genetics, Metabolism & Genomic Medicine
236. Carla Parkin-Joseph, MD, FAAP Clinical Instructor, Child Protection Team, Michigan Medicine
237. Jeff Leflein, MD
238. Heidi Flori, MD, Associate Professor, Pediatric Critical Care Medicine, Michigan Medicine
239. Chris Dickinson, MD, Professor Pediatric Gastroenterology, Michigan Medicine
240. Leah Rappaport, MD, Assistant Professor, Pediatric Hospital Medicine, Michigan Medicine
241. Laura Sedig, MD, MSc, Clinical Assistant Professor, Pediatric Hematology/Oncology, Michigan Medicine
242. Sheryl Olson, PhD, Professor of Psychology, University of Michigan
243. Jeffrey W. Innis, MD, PhD, Professor of Human Genetics, Pediatrics and Internal Medicine, Michigan Medicine

244. Brigid Gregg, MD, Assistant Professor, Pediatric Endocrinology, Michigan Medicine
245. Jami Kinnucan, MD, Assistant Professor of Medicine, Gastroenterology
246. Jocelyn Schiller, MD, Clinical Professor of Pediatrics
247. Blake Lancaster, PhD, Licensed Psychologist
248. Archana Radhakrishnan, MD, MHS
249. Jacqueline Madison, MD
250. Monica Montemayor, MD, IHA Pediatrics
251. Anita V. Shelgikar, MD, MHPE
252. Jill L. Gorsuch, DO, MPH, FACOS
253. Owen Z. Perlman, MD
254. Catherine Miller, MD, Assistant Professor, Division of Adolescent Medicine, Michigan Medicine
255. Rebekah Shaw, MD, Clinical Instructor, Pediatric Hospital Medicine, Michigan Medicine
256. Emily Jacobson, MD, Clinical Instructor, Internal Medicine and Pediatrics, Michigan Medicine
257. Roselle Vittorino, MD, Clinical Instructor, Pediatrics, Michigan Medicine
258. Emily Stoneman, MD, Associate Professor, Infectious Diseases, Internal Medicine, Michigan Medicine
259. Elizabeth Toplyn, PhD, Clinical and Forensic Psychologist.
260. Glenn Toplyn, PhD
261. Daniel Flewelling, MD, Urologist
262. Ann Shields, PhD, Licensed Psychologist
263. Natalie Schellpfeffer, MD, Assistant Professor of Pediatric and Emergency Medicine
264. Ernie Poortinga, MD, Adjunct Assistant Clinical Professor, Psychiatry, Michigan Medicine
265. Rebecca M. Northway, MD, Internal Medicine Pediatrics, Primary Care Sports Medicine
266. Scott Robinson MD, PhD, Vascular Surgery Resident, UM
267. Thomas Hearty, MD, DPT, Site Medical Director IHA Ann Arbor Orthopaedic Surgery, Clinical Faculty University of Michigan

268. Suzanne DiBattista, MD, Pediatric House Officer, University of Michigan
269. Andrea Kendall, MD, Pediatrics PGY-3, Michigan Medicine
270. Danielle Shapiro, PhD, ABPP, Pediatric Neuropsychologist
271. Sarah Kohnstamm, MD
272. Dana Virgo, MD
273. Joshua Ehrlich, MD, MPH
274. Shreya S. Prabhu, MD, MPH
275. Melissa L Byrne, DO MPH
276. Lynae Darbes, PhD, Associate Professor, School of Nursing, clinical psychologist
277. David Hovord, BA MB BChir FRCA, Assistant Professor, Transplant Anesthesiology, Michigan Medicine
278. Nicholas J. Douville, MD, PhD
279. Jason S. Knight, MD, PhD, Associate Professor, Rheumatology, Michigan Medicine
280. Gregory Tall, PhD
281. Scott Waclawik, MD
282. Vijay Tarnal MD, FRCA Associate Professor, Adult Neuroanesthesiology, Michigan Medicine
283. Carlo Pancaro, MD
284. Bryan Sack, MD, Assistant Professor of Urology, Michigan Medicine
285. Cory W. Jones, MD, Pediatrician IHA and Pediatric Gastroenterology, Michigan Medicine
286. Michael Puglia II MD, PhD, Assistant Professor, Pediatric Anesthesiology, Michigan Medicine
287. Mark Chiang, MD, PhD, Associate Professor of Internal Medicine, University of Michigan
288. Lauren B. Smith, MD, Department of Pathology, Michigan Medicine
289. K. Elizabeth Speck, MD, MS, FACS, Pediatric Surgery, University of Michigan
290. Christine Jones, DO, Family Medicine
291. Heather Schultz, MD, MPH
292. Ellen Janke, MD, Assistant Professor, Anesthesiology, University of Michigan

293. Samir K. Gadepalli, MS, MD, MBA, Assistant Professor, Pediatric Surgery and Surgical Critical Care, Michigan Medicine
294. Shweta Sharma, MD, Clinical Assistant Professor, Hospital Medicine
295. Aditi Mitra, MD
296. Laura Carter Robinson, PsyD, Licensed Psychologist
297. Durga Singer, MD, Associate Professor, Pediatric Endocrinology, Michigan Medicine
298. Annette Richard, PhD, Pediatric Neuropsychologist, Michigan Medicine
299. Christian J Vercler, MD, MA, FACS, FAAP. Associate Professor of Surgery
300. Michelle Mierzwa MD, Associate Professor Radiation Oncology
301. Keith Casper MD, Associate professor of Otolaryngology - Head and Neck Surgery
302. Dana A Telem, MD, MPH, Associate Professor of Surgery, Department of Surgery, Michigan Medicine
303. Janice G. Farrehi, MD
304. Zahrae Sandouk, MD, Clinical Assistant Professor of Internal Medicine, Michigan Medicine
305. Robert J. Fontana, MD, Professor of Internal Medicine, U of M
306. Joel Krauss MD, FACEP
307. Michael D. Rice, MD, Assistant Professor, Internal Medicine - Gastroenterology, Michigan Medicine
308. Nirav Shah, MD
309. Jamie A Sutton, MD
310. Mel Whalen, PhD, Clinical Psychologist
311. Phanibindu Uppala, MD
312. Joseph T. Church, MD
313. Jessica Mellinger, MD MSc, Assistant Professor, Hepatology, Michigan Medicine
314. S. Devi Chiravuri, MD, Associate Professor of Anesthesiology Michigan Medicine
315. Andrew Tai, MD, PhD, Associate Professor of Internal Medicine
316. Catherine Foster, MD
317. Richard Kwon, MD, Michigan Medicine

318. Marie Claire O'Dwyer MB BCh BAO MPH, Assistant Professor, Family Medicine, Michigan Medicine
319. David O'Dwyer, MB BCh BAO PhD, Assistant Professor, Internal Medicine, Michigan Medicine
320. Suzanna M Zick, ND MPH Department of Family Medicine
321. Julia Chen, MD, General Medicine, Michigan Medicine
322. Stephen M. Wampler, MD, Assistant Professor of Family Medicine
323. Ebony Parker-Featherstone, MD Family Medicine
324. Clifford S. Cho, MD FACS, Professor, Department of Surgery, University of Michigan Medical School
325. Karen Cooper, MD, Assistant Professor, Otolaryngology-Head and Neck Surgery
326. Suzanne Dawid, MD, PhD, Associate Professor, Pediatric Infectious Diseases, Michigan Medicine
327. Sara Laule, MD, General Pediatrics
328. Agnieszka Bialikiewicz, MD, Family Medicine, Michigan Medicine
329. Anurag Malani, MD Infectious Diseases and Infection Prevention
330. Peter England, MD, Assistant Professor, Emergency Medicine, Michigan Medicine
331. Ketti Petersen, MD, Clinical Assistant Professor, Family Medicine, Michigan Medicine
332. Allison Ursu, MD, Assistant Professor, Family Medicine, Michigan Medicine
333. Robert M. Carruthers, MD, FACEP, Emergency Medicine, St Joseph Mercy-Chelsea Hospital
334. Chris Frank, MD, PhD, Assistant Professor, Department of Family Medicine, Michigan Medicine
335. Anne C. Fernandez, PhD, Clinical Psychologist
336. Brittany Benson Allen, MD, Assistant Professor, Pediatric Hospital Medicine, Michigan Medicine
337. Justine Wu, MD, MPH, Ann Arbor MI
338. Hellan Kwon, MD
339. Eyad Abu-Isa, MD
340. Sarah Gelehrter, MD, Associate Professor, Pediatric Cardiology, Michigan Medicine

341. Sara Saberi, MD, MS; Clinical Assistant Professor, Department of Internal Medicine, Cardiovascular Medicine, Michigan Medicine
342. Scott Hummel, MD, MS, Associate Professor of Internal Medicine, University of Michigan
343. Debra Langlois, MD, Assistant Professor, General Pediatrics, Michigan Medicine
344. Pooja Desai, MD, Clinical Instructor, Pediatric Hospital Medicine, Michigan Medicine
345. Ellen Hummel, MD, Clinical Assistant Professor of Internal Medicine, University of Michigan
346. Sarah Handeyside, MD, Clinical Instructor, General Internal Medicine, Michigan Medicine
347. Nicole Frei, MD
348. Charles F. Koopmann, Jr, MD, MHSA Emeritus Professor Department of Otolaryngology-Head & Neck Surgery University of Michigan Medical School
349. Vikas Parekh, MD
350. Ben Bassin, MD, Associate Professor, Emergency Medicine, University of Michigan
351. Jacqueline Kaufman, PhD, Pediatric Neuropsychologist
352. Erin Neil, DO, Assistant Professor, Pediatric Neurology, Michigan Medicine
353. David Peng, MD, Assistant Professor, Pediatric Cardiology, Michigan Medicine
354. Susanna Lin, MD, IHA Pediatrics
355. Joel Wilkie, MD, PhD
356. Carlen G. Fifer, MD, Professor, Pediatrics
357. Anna McEvoy, MD, Assistant Professor, Family Medicine, Michigan Medicine
358. Rakesh Latchamsetty, MD
359. Jennifer Schaub, MD, Assistant Professor of Nephrology, Michigan Medicine
360. Angela Malani, MD, Michigan Medicine
361. Laura H. Mariani, MD, MS, Assistant Professor of Medicine, Nephrology, University of Michigan
362. Robert M. Williams, MD, Orthopedic Surgery, IHA, St. Joseph Mercy Chelsea
363. Sara M. Barnes, MD
364. Mikel Llanes, MD

365. Catherine M. Bettcher, MD, FAAFP, Assistant Professor, Department of Family Medicine, Michigan Medicine
366. Marie M. Lozon, MD, Professor of Emergency Medicine and Pediatrics, Michigan Medicine
367. Jules Lin, MD, FACS, Associate Professor, Thoracic Surgery, Michigan Medicine
368. Kevin Dazy MS, MD, FAAP, Physician Advisor, Pediatric Hospitalist- Children's Hospital of Michigan, Associate Program Director Authority Heath Pediatric Resident Program, Assistant Professor Central Michigan University
369. Dave Serlin, MD, Associate Professor of Family Medicine, Michigan Medicine
370. Meera Meerkov, MD, Clinical Lecturer, Neonatal-Perinatal Medicine, Michigan Medicine
371. Jennifer Berkowski, MD, Pediatrics, Emmaus Health Partners, Ann Arbor, MI
372. Elizabeth A. Sorenson, Ph.D., Licensed Clinical Psychologist, Emmaus Health
375. Jonathan L. Eliason, MD, Professor, Vascular Surgery, Michigan Medicine
376. Nicole Wilder, MD, Assistant Professor, Pediatric Anesthesiology, Michigan Medicine
377. Matthew Niedner, MD, Pediatric Critical Care, Internal Medicine, and Palliative Care Medicine
378. Nataliya Razumilava, MD, Internal Medicine, Gastroenterology and Hepatology, Michigan Medicine
379. Kristina Gallagher, MD