

Early career investigator highlight—October

Veerajalandhar Allareddy¹



Figure 1. Picture V Allareddy.

I was born in a small farming town, Nellore, in the Southern part of India (Figure 1). My dad, a unique physician who rarely charged fee for his services, and my mom, an ideal home maker, provided me and my three siblings the opportunity to explore the world of education despite endless challenges. I received my medical degree from the Kilpauk Medical College, Chennai, India, and thereafter travelled to the United States to further explore academics. I completed Masters in Business Administration from the University of Missouri, Residency training in Internal Medicine and Pediatrics from Metro Health, Cleveland, and, with timely guidance from Drs Dennis Super, Katherine Mason and Michael Anderson, followed up with fellowships in pediatric critical care and transplant cardiology at Rainbow Babies & Children’s Hospital, Cleveland. Clinical mentoring

was further fostered through Dr Catherine Allan’s guidance and culminated in an advanced pediatric cardiac critical care fellowship at Boston Children’s Hospital, Boston. A dream comes true—from a farming boy to a Harvard graduate! I am now proud to be an attending physician at the University of Iowa, Stead Family Children’s Hospital. My vision to heal, to discover and to teach blends perfectly with the philosophy of our chief Dr Marcelo Auslender and our chairman Dr Raphael Hirsch: ‘every child is precious and deserves world class care!’. My inspiration to contribute to science largely stemmed from research collaboration with my sibling VeeraSathpurush Allareddy—whose humanistic and holistic approach to science is fathomless; the timely guidance from Dr Alexandre Rotta added further strength to my research endeavors.

Unfortunately, public health issues in pediatrics are under-researched and under-reported. For example, non-accidental firearm injuries and substance abuse issues, which in the past were limited to adults, are now an important cause of morbidity and mortality in children. My focus on opioid abuse in children stems from the clinical observation that children do experience ‘adult-related problems’. In this issue we show that nearly 117 children test positive for opioid abuse or dependence every day across the Emergency Departments in the United States. In addition, there appears to be an increasing trend in the use of opioids by children.

I truly believe that the children are the future of any nation. And, I do hope that early identification of substance abuse through comprehensive risk assessment and modification at various levels of care can attenuate this evolving new public health crisis in children. I hope to increase the visibility of this field and its accessibility to the public, policy makers, parents and the practitioners around the world through rigorous scientific endeavors. The best inspiration comes from within; however, for it to take shape and be widely disseminated needs a reputed platform and timely encouragement. I thank the *Pediatrics Research* (Nature) for highlighting important global issues in pediatrics and recognizing early research talent across the world.

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