

# Children's News

For Children's Hospital Boston employees, staff and volunteers

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Photos: Patrick Bibbins

## Children's honors its Black Achievers

Congratulations to Children's Hospital Boston's Black Achievers of 2009, who will be recognized during the hospital's annual Martin Luther King, Jr. Observance Program on January 22. Black Achievers is a national program sponsored by the YMCA that provides business and industry leaders with community service opportunities that help minority youth.

Each year, Children's selects two Black Achievers, an honor that requires recipients to perform 40 hours of community service. This year's two achievers were nominated by their managers, then selected by the MLK Observance Committee based on their contribution to Children's and for progressing in the hospital.

**Michelle Boyce**, administrative associate III, is a fixture in 8 East's Cardiology Department. Seventeen years ago, she was hired at Children's as a housekeeper, but because that afforded her only minor interaction with patients, Boyce opted for a job change. "I felt like as a secretary, I could be more involved with the patients, nurses and doctors," she says.

Now Boyce is the first face many patients and families see when they



**MICHELLE BOYCE**

arrive in her department. In her almost two decades at Children's, she's become an invaluable asset. "She's always one step ahead," says her nominator, **Janet McGillicuddy**, Patient Services administrator. Boyce is known for stepping in to help coworkers and patients alike, whether they need to schedule an appointment, are looking for equipment or just want a friend to listen to their story. A "jack of all trades," according to McGillicuddy, Boyce assists the nursing staff with workflow challenges and serves as a liaison to other departments to resolve equipment, supply, cleaning and safety issues.

In addition to working fulltime, Boyce juggles a family, studies business management at the University of Phoenix in



**VICTORIA DUNE**

Braintree and volunteers at the Big Sister Organization. "I like to be someone kids can talk to without feeling like they're being judged," she says. Even though she's been at Children's for many years, Boyce says her job still feels fresh. "Life is short," she says. "By being in this environment, you really get to appreciate each other, and all we do for patients." It's the staff that makes Boyce most satisfied; she says just about everyone at Children's has inspired her, from the physicians to nurses to housekeepers. "They keep this place running," she says.

**Victoria Dune**, assistant chief technologist in Nuclear Medicine, is

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Children's Hospital Boston

## What's inside

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**Hematology/Oncology:** Turning on fetal hemoglobin  
**Genetics:** Linking genes to body mass index and obesity

Have research news you would like to share?  
 Email [nancy.fliesler@childrens.harvard.edu](mailto:nancy.fliesler@childrens.harvard.edu).

## Reviving a dormant gene could ease sickle-cell disease and thalassemia

We all rely on hemoglobin in our red blood cells to carry oxygen to the body's tissues. In children with sickle-cell disease, hemoglobin is abnormal, forming long chains that make red blood cells stiff and sickle-shaped. In thalassemia, the body's ability to produce hemoglobin at all is severely compromised. Both disorders cause anemia that can range from mild to life-threatening.

Now, **Stuart Orkin, MD**, a Howard Hughes Medical Institute investigator in Children's Hospital Boston's Division of Hematology/Oncology, and **Vijay Sankaran**, an MD-PhD student in Orkin's lab, have identified a way to compensate for this problem: getting red blood cells to make another type of hemoglobin that normally stops being made after birth.

At birth, the fetal form of hemoglobin, known as HbF, comprises 50 to 95 percent of a child's hemoglobin. Then there's a gradual switch to adult hemoglobin production. But some people retain the ability to produce HbF, and it's known that they have much milder forms of sickle-cell dis-

ease and thalassemia. But until now, there's been no good direct therapy to reactivate HbF production.

Last July, Orkin, Sankaran and collaborators reported five DNA sequence variants (altered strings of genetic code) that correlated with HbF levels and disease severity in a group of 1,600 patients with sickle-cell disease. And on Dec. 4, in the online *Science Express*, Orkin and Sankaran reported that a gene within one of these variants, called BCL11A, directly suppresses HbF production. When they suppressed BCL11A itself in red-blood-cell precursors, the cells began making HbF in large amounts.

"It's pretty clear that this gene is a silencer of fetal hemoglobin," says Orkin. "If you could knock it down to a low level,

you could turn on fetal hemoglobin."

Orkin and Sankaran are conducting further studies to figure out how to target BCL11A therapeutically. If a strategy is found, it could potentially transform sickle-cell disease and beta-thalassemia into benign or nearly benign conditions. Even a modest increase in circulating HbF could ease symptoms substantially, they say.



FROM LEFT, VIJAY SANKARAN AND STUART ORKIN, MD

Photo: Jeff Jaiovec

## Cracking the code on obesity

With obesity rates rising at an alarming speed and no good treatments, scientists have upped the ante in their search for new approaches. Now, a large international consortium has made significant headway, discovering six new genetic variants linked with body mass index (BMI), which is used to calculate obesity ranges.

The team, led by **Joel Hirschhorn MD, PhD**, of Children's Hospital Boston's Divisions of Genetics and Endocrinology, and researchers from the Broad Institute, the University of Michigan and institutes in Oxford and Cambridge, UK, crunched genetic and BMI data from more than 32,000 people of European ancestry, then validated their findings in an additional 59,000 individuals.

Most of the newly discovered genes hadn't before been suspected of having any role in body weight and, curiously, many are active in the brain, suggesting that differences in appetite regulation may play a role in obesity. The study, published online in *Nature Genetics* on Dec. 14, also confirmed two obesity-related genes that had previously been reported by other groups.

Each variant's effect on BMI was modest, but additive; Hirschhorn and colleagues estimate that the 1 percent of people carrying the greatest number of obesity-causing variants will be, on aver-



JOEL HIRSCHHORN, MD, PHD

age, 10 pounds heavier than the 1 percent of people with the fewest variants, and four pounds heavier than the typical person.

This effort, though massive, is likely to have uncovered just a fraction of probably hundreds of genetic regions that each makes a small contribution to obesity, says Hirschhorn. The consortium is now performing even larger-scale studies—the hope is 100,000 or more subjects—to identify more genetic variants contributing to BMI in both adults and children. As these variants are found, at least one may well lead the way to an effective treatment.

## Black Achievers

very passionate about her job. When the Nuclear Medicine department in Waltham opened in July 2006, she transferred there from the Longwood campus, where she had worked for six years, to be the lead technologist. Within a year, she was promoted to the position she holds today.

**Patricia Devine, BS, RT**, operation manager of Imaging Services, was new to Children's at the time, and felt extremely lucky to have Dune by her side. "She set up the department and made sure we kept the same standards as Boston," she says.

Dune organizes and supervises the day-to-day operations of the department and has developed a close working relationship with staff in Waltham and Boston. To promote awareness about Nuclear Medicine at Waltham, Dune gives talks about the field. This year, she held a hospital-wide event for

employees to learn about patient cases in which the patients were seen in several different departments throughout the hospital. "I want to show how we are all connected," she says. According to Devine, the staff loved it. "Everyone got to contribute and learn," she says. Dune is also actively involved in the Ask Me! program at Waltham.

In her off time, Dune is involved in the Aldersgate Methodist Church in Worcester, where she oversees various charity programs, including an international mission for Zimbabwean orphans and a children's club. "We provide a safe place for kids to come, do their homework and get a meal," she says. Currently pursuing a master's degree in Management in Health Care at Cambridge College, Dune is married with a young child. "I feel very humbled," she says about receiving the Black Achievers award.

## Upcoming events

### The Black History Month Observance Program

**Feb. 25, from 5:15 to 6:15 p.m. in the Gamble Room**

Valerie Montgomery Rice, MD, senior vice president for Health Affairs and dean of the School of Medicine at Meharry Medical College, is the keynote speaker. Founder and Executive Director of the Center for Women's Health Research, she is one of only 14 female deans of medical schools in the country and the youngest current dean.



**VALERIE  
MONTGOMERY  
RICE, MD**

### Martin Luther King, Jr. Observance Program

**Jan. 22, from 11:00 a.m. to noon in the Enders Auditorium**

Each January, Children's honors the memory of the Martin Luther King, Jr., by holding the MLK Observance Program. Scholars are invited to speak about his legacies as a source of inspiration. The program includes musical selections, performances by adolescents or children, prayers offered by members of the Department of Pastoral Care and other employees and recognition of the year's Black Achievers (read about this year's Black Achievers on page 1).

The theme of this year's event is MLK Legacy: Living the Dream, and will take place January 22, from 11 a.m. to noon in Enders Auditorium. Emery Brown, MD, PhD, a professor at Harvard Medical School and Massachusetts Institute of Technology, is the keynote speaker and Michelle Boyce and Victoria Dune will be presented with their Black Achiever awards.



**EMERY BROWN,  
MD, PHD**

## GRATITUDES



Photo: Courtesy the Sherrill family

**JACKIE WITH BIG BROTHER NOAH**

## Dear Patient Relations,

Today is the one-year anniversary of my son Jackie's first seizure. He quickly progressed from having one seizure to 20 to 40 a day. He was not talking, eating or walking well, and was on several medications with a poor response. When I read about the ketogenic diet offered at the Clinical Nutrition Service at Children's Hospital Boston, I wanted to start right away. I felt we were risking Jackie's well-being every day we weren't working toward a solution.

I made an appointment for him for a few weeks later but also left a message for **Karen Costas, RD**, a clinical nutrition specialist, to talk about coming in sooner. Karen returned my call, listening to our needs, fears and sadness, and agreed to bring us in for the very next ketogenic clinic.

Jackie became seizure-free after four months of fine-tuning this diet and working with **Ann Bergin, MD**, director of the Ketogenic Diet Program. He is now talking, singing, playing and laughing—and my husband and I savor every moment. We believe Jackie's health would be most uncertain without the strong support of people experienced with the challenges of the diet.

We have also made a conservative estimate that Karen singlehandedly saved Jackie about 1,000 seizures by moving up our appointment. What a gift! We've received consistently kind, prompt and knowing care from Bergin, **Stacy Tarrant, RD**, **Cheryl Cahill, RN**, and **Matthew Snell, MSW**. They've changed an unimaginable nightmare into what I can only say feels like a miracle. We hope and pray he continues to do so well.

With sincere gratitude,

Maureen Mulligan Sherrill



## The power of suggestion

With the new year comes new resolutions, and this year, the Exceptional Care, Exceptional Service (ECES) team is hoping that taking part in its program will be one of yours. ECES invites employees to submit ideas about ways the hospital can improve services or be more efficient. Since the program's Web site launched a year ago, 222 suggestions have flooded in from employees across the hospital. Below are five that have made their way from concept to reality.

### Put recycling bins in the Cafe and lounges.

—Elizabeth Lucia, MT, ASCP, microbiologist

Having been involved in recycling on her college campus before coming to Children's in 2005, Lucia understood how much of an impact large institutions can have on the environment if they recycle. When she attended ECES training and learned she could make suggestions, she wrote in with her first recycling idea. The result? Recycling areas all around the hospital.

Lucia isn't the only one who has suggested ways to make the hospital greener: About 20 submissions relate to recycling. In response to Lucia and others, the recycling committee, which formed in 2007, is constantly looking for more ways to recycle. Recently, Environmental

Services has begun providing bins for paper and cardboard in patient areas. Additionally, the committee is doing an analysis of One Autumn Street to see whether it's feasible for our vendor to offer its services there.

**Do you have a suggestion? Go to: [web2.tch.harvard.edu/eces/formESS.cfm](http://web2.tch.harvard.edu/eces/formESS.cfm)**



Photo: Eihann Bickford

### We should provide car seat carriers.

—Christine Gallagher, former administrative assistant

Gallagher left Children's since submitting her suggestion, but her innovative idea remains with us. There are now five such carriers available at the main lobby's information desk, and more will be offered at Waltham, Lexington and Martha Eliot Health Center (MEHC).

As a member of the suggestion review committee, **Katherine Tecci**, manager of Business Planning and Analysis, helped evaluate Gallaher's idea. "We knew it would take a long time to implement, but we felt that it was a valuable service," she says. To roll out the system, the review team worked with several departments, including Lock Shop and Engineering, Legal, Safety, Interpreter Services, Marketing, Security and Parking. It was well worth the effort, as the carriers have been a hit: 20 families used them in the first month alone.

### Every employee should know where each building is and its purpose.

—Larry Barbell, team leader, Patient Management Systems

Barbell has been with Children's for more than a decade and has always enjoyed helping lost families. "I love to give people directions," he says. "My team jokes with me about it." But when Barbell, whose office is at 1295 Boylston Street, was unable to direct someone to a location at the main hospital, he got a brainstorm. "I felt badly not being able to help; I wear an ID badge so I should know where things are," he says.

Barbell's suggestion was the impetus for a new Children's campus map with a color-coded listing of services. The map is now provided to new hires in their welcome packets, is available at the Information Desk and given to Ask Me! volunteers so they can help direct families.

### The signs outside and inside the Fegan elevators should say which clinics are on each floor.

—Shelly Robinson, administrative associate III, Neurology

"I made my suggestion because there are so many subspecialties on the floors labeled 'outpatient clinic,' but none of them were specified," says Robinson. Her idea for improved signs took off, in part, thanks to the hard work of **Royal Warren**, graphics designer, and **David Aiello**, carpenter, of Engineering, who designed and created the signs. Rather than install traditional signs that have to be replaced when information changes, they created overlays, which can be peeled off and easily replaced. Not only does this make the system more efficient, it's also cost-effective. When the signs were improved this past summer, the results were immediate. "I don't think I was the only person who made this suggestion, but it's been a huge help to our families," Robinson says.



Photo: Patrick Bibbins

### We could add a sign outside of MEHC that associates them with Children's.

—Alexandra Epee-Bounya, MD, assistant clinical director, MEHC

Before transferring to MEHC, Epee-Bounya worked as an attending physician in the Emergency Department at the main campus and at Beverly Hospital. She noticed that other Children's locations have great signage clearly identifying them as a part of the Children's network. But at MEHC, she was concerned that patients and residents of Jamaica Plain didn't know about the connection. "People thought MEHC was a separate and unrelated entity," she says.

This summer, new signs were installed along the street near MEHC and patients are now welcomed with a huge new sign that says Children's Hospital Boston/Martha Elliot Health Center. Another smaller sign over the main door clearly marks the building. All of these signs make the Children's connection clear, and Epee-Bounya reports that the big building sign is beautifully lit up at night.





## Giving back through the blood mobile

On an ordinary fall day in 2003, A.J. Sanchez was on his way home from a birthday party when the woman driving him and some friends spied a yard sale on the side of the road. She pulled over and the kids piled out on both sides. Two minutes later, A.J. was on the ground: A van had lost control and plowed into the seventh-grader.

Five years later, 17-year-old A.J. has no memory of the accident that fractured his right leg, left arm, eye socket and skull. But he'll never forget the reason he's still alive—the three blood transfusions that revived him when his injuries wouldn't stop bleeding. A.J. was brought to the Emergency Department at Children's Hospital Boston, since "all of his fractures were open and you could see bones," says his mother, Michelle. "The most serious injury was to his head, where he was losing a huge amount of blood." Neurosurgeon **Ed Smith, MD**, immediately got to work on A.J.'s head, and during the surgery, A.J. was given many blood transfusions. While Michelle was fretting in the waiting room, Smith approached her and told Michelle how strong A.J. was: His brain was fine, the collision had only damaged the skull. Because of the transfusions, he was going to be all right.

Now a senior in high school, A.J. is organizing his own blood drives for Children's Blood Donor Center, which is always accepting blood, since just one donation can help save the lives of up to three people. At Children's, blood is in great demand: Surgical procedures require a huge amount of blood, and children often need fresher blood in significantly larger amounts than adults.

Last year, A.J. found out about Children's blood mobile, a 40-foot traveling blood collection bus. Working with his school's principal and nurse, he arranged for the bus to visit his local high school. On the day of the blood drive, his friends and stu-

dents he didn't know waited in line to give. "Everyone was really enthusiastic," A.J. says. "Standing in line, people were saying, 'When is it my turn?'"

With a desire to do more, A.J. organized a second drive, with excellent results. **Maureen Zuzevich**, who runs the blood mobile, says families—who have experienced first-hand how a simple act of charity like donating blood can transform lives—often end up giving blood for the rest of their lives. "I have a lot of parents who come into the center saying they'd like to give back a little," she says. "It's wonderful."

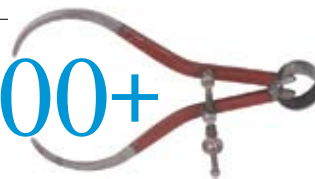
**Lauren Salter**, a Blood Donor Center technician, helped on all of A.J.'s drives. "A.J. was shaking everyone's hand," she recalls. Salter says although there are many drives in memory of patients and dedicated to patients, this was her first drive organized by one. Working with a patient who'd benefited from blood donation was rewarding for her. "Sometimes you can be caught up in the repetition of collecting blood every day," she says. "It was nice to put a face to what I'm doing, take a step back and reflect on how important this work is."

A.J., who is planning to organize two more drives this year, has inspired his community, too. In his senior yearbook, he'll be remembered not by the superlative "Best Smile" or "Biggest Jock," but as the person who "Gives Back to the Community the Most." But A.J. isn't in it for the credit. He smiles shyly, "I was given so much," he says. "I just want to give back."

## NEWS BY NUMERALS

For more than 30 years the NOPCO Brace Shop, an independently owned entity on Children's Hospital Boston's campus, has been providing support to Children's by making orthotics, such as spinal supports for our patients with scoliosis, cranial helmets for babies whose heads have become misshapen and prosthetic limbs.

3,000+



Children's patients measured for a brace in 2007

1 day  
age of the youngest patient



68  
age of the oldest patient



373  
scoliosis braces fitted at Children's last year

6 lbs.  
average weight of a scoliosis brace





**DAVID KIRSHNER,**  
Senior Vice President for Finance  
and Chief Financial Officer

**Question:** What are the trends in how we get paid for our patient care services? What do we need to do as employees and medical staff to respond?

**Answer:** Given the turmoil in the economy, it's a good time to ask these questions. I'd like to offer a few sober but reassuring comments. First, Children's Hospital Boston is not immune from the national and state economic downturns. All businesses and employers are grappling with the need to maintain their financial margins and control costs to stay competitive. We know Children's is financially strong enough to weather these reductions and operate on budget.

Governor Deval Patrick has proposed major cuts in the state Mass Health budget for the state's current fiscal year. The impact of these cuts on Children's will be about \$18 million. Private health insurers are also putting tremendous pressure on hospitals and doctors to reduce costs. Payment rates over the past several years to large academic medical centers like Children's are a major focus, but fortunately, our physician organization and pediatric primary care organization have negotiated payment rate increases that cover our costs and provide a modest margin to reinvest in our buildings, equipment and information technology.

The sober note, however, is that our ability to gain insurer payment rate increases moving forward—other than to keep up with basic health care inflation—is extremely limited in this economic environment, so our focus must be on becoming more efficient, thus reducing our costs.

How we do this is up to us. Payers, the government and the public recognize that training the next generation of pediatric physicians and caring for pediatric patients is more expensive than doing these things at adult care hospitals. And we all want Children's to deliver safe, high-quality care. So, increasingly, our payer contracts include provisions to improve the process and clinical outcomes of our care. Achieving these so-called "pay for performance" goals increases our payments. We set these goals in partnership with the insurers, but you should know that virtually all of the performance goals in our contracts are already a focus of Children's, since they are the right thing to do for our patients and families.

It's important to understand how our payers are thinking, but it's also important to know that Children's and its physicians ultimately put our patients first. We believe with a lot of hard work, our costs can be reduced without affecting quality, which will make us even more valuable to the patients and families we serve.

Thanks for asking.

Have a question? Email [news@childrens.harvard.edu](mailto:news@childrens.harvard.edu).



## Efficiency, economy and expansion

Like every company, Children's Hospital Boston is concerned about costs, especially because of the growing pressure related to health care costs from the government, insurance companies, payers and the public. "We're going to increasingly be asked to justify the cost of what we provide," says **Sandra Fenwick**, president and chief operating officer. "It's more important than ever to be self-critical and ask ourselves, 'How do we use our resources? Do we deliver the best care in the most cost-effective way?'"

To address these issues, Fenwick and a senior leadership team started a process to look at the hospital's costs and how we can deliver services more effectively and efficiently. "We're thinking long-term about how to sustain our missions while the dollars are thinner," says Fenwick, who has made Justifiable Costs a new focus area of the Time to be Bold strategic plan. The Justifiable Costs initiative is divided into three key areas:

### Economy

"We're very fortunate because we're going into this rough economic patch in strong financial shape," says Fenwick. "We've prepared for this kind of situation for years and I think we'll be in reasonably good shape in FY09." However, FY10 looks like it will be more challenging, so leadership is identifying cost reduction opportunities by asking several departments to find ways they could save 10 to 12 percent. "Our hope is that we will not have to make this level of cuts," says Fenwick. "However, we need to have a flexible plan in place that identifies potential reductions so we can make educated choices about the best way to reduce costs."

### Efficiency

Leadership is asking everyone to think how they can do more with what they have. "Instead of saying, 'Let's just cut, cut cut,' we're also asking, 'How can we all use what we have more effectively?'" Fenwick says. For example, efforts are underway to find ways to optimize inpatient bed usage on medical and surgical floors and maximize operating room and Emergency Department efficiency. Other initiatives to become more efficient include reducing administrative costs, energy consumption and negotiating better deals from our vendors.

### Expansion

Another way to reduce cost is to increase volume. Increasing the number of patients we see—while continuing to be efficient with our services—drives down our cost per patient. One example of this is that the hours of some services at our Waltham satellite were recently extended: Two of the operating rooms are now open 10 hours a day and we're opening two more operating rooms this month. We're also looking to expand services on the main campus.

Children's also purchased a new building in Peabody so Children's doctors could better meet the demand of patients in the North Shore. The out-patient clinics will open in the next few years. "This will be a great addition to the family of Children's institutions and help us be more cost-effective by providing more services off site," says Fenwick. "Throughout the process, we will be asking ourselves, 'How do we make this sizable investment with fewer dollars?'"

There will be more financial updates in future issues. For regular updates, visit the new Justifiable Costs Web site on the intranet under Hot Projects. Here, you can watch a video of Sandra Fenwick discussing the topic and submit ideas about how Children's can cut costs or work more efficiently.

## From patient to recruiter, my two decades with Children's

When I became a recruiter in the Blood Donor Center at Children's Hospital Boston, I knew that this was my chance to give back to the place that allowed me to live to adulthood. If I had been born somewhere else or at a different time, I would not be here today, able to share my story with others who might feel desperate or hopeless or feel that they will never be normal.

When I was 18 months old, I began having vomiting spells in the middle of the night; they became so violent that I was throwing up blood. My parents took me to a local emergency room, where they were told I had reflux. When the medication I was given didn't work, my mom took me to my pediatrician, who thought it might be a metabolic disorder, but the tests came back negative. So I was tested for muscular dystrophy, Meniere's disease, cystic fibrosis and countless other disorders. All the tests came back negative. My pediatrician sent us to a neurologist for a CT scan, which, yet again, showed nothing. I saw specialist after specialist and had scans, EEGs, sweat tests—even something called sterile bladder aspiration—but got no answers.

Things began to get worse. I'd have spells where I would scream for hours at the slightest noise. Just the sound of acorns falling onto the skylights of our house would cause me to have screaming tantrums. My mother started to wonder if I had a mental disorder. But the physical signs were becoming too great for it to have been strictly a psychological issue: My hands went limp, and when I walked, I would fall down or stumble. It would be another year before I would receive a diagnosis.

MRIs were still fairly new in 1988, and I was sent to one of the few hospitals that offered them. After the visit, we were referred to Children's to see **Michael Scott, MD**, who is now head of Neurosurgery. He told us that the scan revealed something serious: I had an astrocytoma, which is a type of brain tumor, located on my brain stem, which controls motor functions and regulates blood pressure and breathing. The tentacle-like structures of the tumor were, in essence, cutting off my lifeline. He told my parents there were no guarantees that surgery would be a cure, but my parents decided to do it: the life I'd live without it was too harrowing.

Before the surgery, a good family friend donated blood for me at Children's, and only now do I understand how important it was that that blood was there in case I needed it. On April 18, 1988, my parents' wedding anniversary, I went into the operating room, and emerged eight hours later. My mother describes me as looking like a boxer who had just lost a fight, but it didn't matter: The tumor wasn't malignant. And while not all of it was removed, it looked like I



Photos: Courtesy Annie Mulvihill

ANNIE AND MICHAEL SCOTT, MD, IN 2000

would recover. I began physical therapy the next day, and began to get stronger. Two months later, I turned 4 years old. At last, I was able to begin my life.

Over the years, I continued to have follow-ups with Dr. Scott and there were no signs of the tumor growing. A few years ago, he gave me the happy news that there was no longer even a trace of the tumor. I like to say that my brain ate it. This year, I turned 24, and in April, I celebrated the 20th anniversary of my surgery. The day I was discharged by Dr. Scott was bittersweet: On the one hand, I was so grateful for my health; on the other, I knew how much I'd miss having him be such a big part of my life.

Today, I have slight nerve damage in the extremities on my left side, but nothing that's unmanageable. I

also live with chronic kidney disease, which is unrelated to the brain tumor. But knowing how much I went through at such a young age gives me confidence in my own resiliency. I know that I have this unexplainable but incredible ability to defy the odds.

I love being a part of Children's, not just for the difference it's made in my life, but also for the difference I see it making each and every day in other children's lives. As a part of the Blood Donor Center, I come into contact with many families and children, some of whom are patients of Dr. Scott. For them in particular, I think I represent something very special: hope. Some days, when I walk through the hospital's revolving doors, I'm overwhelmed with what I see. For me, I don't just see patients; I see myself.

**January is National Volunteer Blood Donor Month. If you're interested in donating blood, call the Blood Donor Center at 617-355-6677.**



## EMPLOYEE OF THE MONTH

Congratulations to **James Hall**, a dispatcher in the Operations Center, who's been selected as Children's Hospital Boston's Employee of the Month for January. Working the evening shift, Hall fields a constant stream of security, safety and engineering calls—always directing people in a helpful, calm and cheerful way. "That's not an easy task, especially when the phones are lit up like a Christmas tree with very anxious people awaiting information in an emergency," says a colleague.

Hall's even-keeled disposition has made him invaluable. "Even in difficult situations, I always know that if Jimmy answers the phone I'm going to make it through whatever emergency is happening," says a grateful regular caller. Hall's unflappable demeanor has helped in countless high-pressure situations, like when he talked an employee through the process of pulling a fire alarm when they called him in a panic. Hall treats problems big and small, from routine maintenance calls about a broken TV or a plugged sink to critical situations like chemical spills or security breaches, with the same seriousness.

Hall is dedicated outside Children's, too. This month, he's transferring over an Associate's Degree from Bunker Hill Community College to UMass Boston to put toward his Bachelor's degree in Management, which he hopes will further his goal of becoming a health care financial analyst. Until then, his colleagues are certainly more than happy to work with him in his current role. As one caller puts it, "He's my lifeline!"



Photo: Ethan Bickford

To nominate a co-worker for employee of the month, visit [web2.tch.harvard.edu/eces/recognize.cfm](http://web2.tch.harvard.edu/eces/recognize.cfm).

## UPCOMING EVENTS

### Open meetings

James Mandell, MD, CEO, and Sandra Fenwick, president and COO, will hold open meetings on **Feb. 3 at noon and Feb. 6 at 8:30 a.m.** Dan Nigrin, MD, MS, chief information officer, is the guest speaker.

### Plan a summer stroll for Children's

Register to walk seven or two miles at NSTAR's Walk for Children's. Raise a minimum of \$150 in pledges, then hit the road with family and friends on **June 14**. It will be a fun day of music, food and family activities. Can't make it, but want to support? Be a virtual walker: fundraise without walking or make an online donation. For more information: [childrenshospital.org/walk](http://childrenshospital.org/walk) or 866-303-WALK.

### 24 hours of speed

On **January 29**, a four-man team will race a Porsche 911 sports car for 24 hours in the prestigious Rolex 24 at Daytona to raise funds for Children's. The hospital partnered with Guardian Angel Motorsports, an organization of race-car enthusiasts who use motorsports to help the less fortunate, to form Competing for Kids. Children's drivers will compete in races throughout the year. Anyone can help by making a one-time donation, a per-lap pledge or becoming a sponsor. Want more information? Visit [childrenshospital.org](http://childrenshospital.org) and search "competing for kids."

## THIS MONTH'S SCOOP

### Pilgrims and patients

Children's welcomed two unique guests at Thanksgiving, thanks to a generous Cape Cod businessman. Plimoth Plantation, a 17th-century living museum, auctioned a live Thanksgiving experience on eBay—offering to send Colonial Pilgrim Edward Winslow and Native Wampanoag Hobbamock to join Thanksgiving festivities with the highest bidder. The anonymous auction winner paid \$5,000 but donated the visit to Children's, explaining that he had once spent a Thanksgiving at Children's with his sick child. "My family has so much to be thankful for, thanks to the good work of the people at Children's," he says.



Photo: Patrick Bibbins

### Season of Hope celebration

Before caroling on Children's floors, our resident/faculty choir treated employees and families to a melodic holiday concert as part of the annual Season of Hope event. The choir typically performs only three times per year—for patients, at the day of remembrance and the Housestaff Show.



Photo: Courtesy/Plimoth Plantation

## Children's News

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