

Children's News

For Children's Hospital Boston employees, staff and volunteers

April 2008 | childrenshospital.org/chnews

Donate Life Month: Seeing the big picture

When 17-year-old Matthew Krupke was playing football with a friend in the back yard of his Syracuse home in November 2006, he couldn't see the football coming toward him. With no history of vision problems, his parents thought it was time for a routine eye check-up, but it turned out that his vision loss was linked to a metabolic disorder, methylmalonic acidemia (MMA), which Matthew was diagnosed with at birth.

MMA caused his ammonia levels to be extremely high, but because doctors caught it when he was just 2 days old, Matthew was spared the developmental delays and permanent neurological problems that can result if the condition goes undetected. But in all people with the disorder, the body can't break down protein properly—due to missing enzymes in the liver—which causes damage to the kidneys. So Matthew had been on a protein-restricted diet and had to regularly ingest a special nutrition-rich formula through a g-tube.

Matthew's eyesight worsened, and soon, blank spots appeared in his field of vision. This is an uncommon symptom of MMA, and his doctor in New York determined his best bet would be to have both liver and kidney transplants in order to normalize his enzyme levels, which seemed to be causing his vision loss. "This was my chance at a normal life and I was ready for it," says Matthew. "I knew I would be an overall healthier me."

If the transplants were successful, Matthew would no longer need to use the g-tube or stick to a restricted diet; but he would have to take precautions like any transplant patient, including taking immunosuppressants for the rest of his life.

So Matthew and his parents, Bruce and Patricia, came to Children's Hospital Boston for a transplant evaluation and a "family" meeting about the transplant. The "family" included about 20 Children's employees from the transplant, kidney and



MATTHEW KRUPKE'S vision was saved when he received a liver and kidney donation.

liver, metabolic and infectious disease teams. During the meeting, the Krupkes had an opportunity to ask everyone questions, and when it was over, felt completely at ease. "The commitment of the transplant team really let me know we were at the right hospital," says Patricia.

Matthew had always been active, playing basketball, baseball, football and kickball, snowboarding, jet skiing and just about any other backyard sport. "He really wanted his vision to improve

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Children's Hospital Boston

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Medicine: Residents at risk

Stem Cell Program: A very revealing fish

Vector magazine: A new publication launches

Have research news you would like to share?
Email nancy.fliesler@childrens.harvard.edu.



Amy Fahrenkopf

Depressed doctors in training make more errors

A new study confirms what some may already suspect: Many doctors in residency programs suffer from depression. Disturbingly, it also finds that these residents are more prone to make medication errors. A team led by Children's Hospital Boston pediatric hospitalist **Amy Fahrenkopf, MD, MPH**, used questionnaires to screen 123 pediatric residents at Children's, Lucile Packard Children's Hospital and Children's National Medical Center. Three quarters of the residents were diagnosed with "burnout," defined as emotional exhaustion and detachment in response to chronic occupational stress. About 20 percent had clinical depression—twice the rate of the general U.S population.

Medication errors (errors in requesting, writing instructions for or giving medication) were tracked for one month on hospital floors. The total medication error rate was below 1 percent, but residents with depression made 6.2 times more errors than non-depressed colleagues. Burnout alone wasn't linked to higher error rates.

Most medication errors were minor or caught by hospital safety nets, but Fahrenkopf believes there is potential for patient harm, especially if depressed physicians are also making diagnostic errors and others that are harder to catch and correct.

Sadly, most depressed residents seemed unaware of their condition. "It's considered expected for residents to be miserable, so it's hard to see when unhappiness has crossed the line into illness," Fahrenkopf says. In response to these findings and others, the Boston Combined Residency Program is taking several steps to address residents' mental health—for their sake and for patients'.

The study was published online February 8 in the *British Medical Journal*.

The visible fish

It sounds like the setup for a joke: a see-through fish named Casper? It's true: A new zebrafish created by **Richard White, MD, PhD**, and colleagues in the Stem Cell Program did set up a recent joke by Jay Leno on *The Tonight Show*—about "invisible" servings at Red Lobster.

All kidding aside, Casper's transparent skin is highly useful to science, allowing researchers a direct view inside the fish's body as events unfold. Viewing Casper under a microscope, White has been able to watch the spread of a melanoma tumor, even seeing individual cells metastasize—something that had never been observed, so readily and in real time, in a living animal. White has also watched blood stem cells migrate, embed in the marrow and build blood after a bone marrow transplant. Observing this process may help researchers understand why marrow transplants sometimes don't "take." In the future, Casper may allow scientists to directly view the effects of treatments aimed at rebuilding patients' blood systems more quickly.

Casper was created by mating two existing zebrafish breeds: roy orbison, which lacks reflective pigment, and nacre, which lacks black pigment. You can read the rest of its story in the February 7 issue of *Cell Stem Cell*.



What's our Vector?

This month, Children's is launching a new 28-page magazine about its research program. Called *Vector*, it will come out twice a year and will showcase basic, translational and clinical research at Children's for an audience of donors, funding agencies, industry, investors, the media and the research community.

The first issue is dedicated to the memory of **Judah Folkman, MD**, and features several projects inspired by his vision. Other features highlight the work of **Frances Jensen, MD**, in identifying new epilepsy targets, and **Pedro del Nido, MD**, in developing tools for beating-heart surgery. Each issue will also carry an opinion piece, a profile, briefs on recently published studies and a section called "Things to Watch," covering innovative emerging work. An online *Vector* is also underway. Check it out at childrenshospital.org/vector.



Big picture

and he knew what the procedure would entail. All he wanted was to be a normal kid and be able to drive, play basketball and get back to school," says **Laura Krawczuk, RN, MS, CPNP**, who facilitated Matthew's transplant evaluation and managed his care. Krawczuk remembers how Matthew was constantly joking with her and finding ways to stay optimistic. "The transplants were the only chance Matthew had to stop the progression of his vision loss," she says. "If we couldn't do a transplant, he might have gone blind."

On May 22, the Krupke family got the call they'd been waiting for: a liver and kidney were available for him. They took a medflight to Children's and Matthew underwent the 10-hour procedure. The transplants were a success.

When he woke up, he was only seeing in black and white, which he says was scary, but he gradually started to see colors again as his vision has slowly improved. "I give my highest compliments to the nurses and the doctors at Children's," says Bruce. "They had his very best interest at heart, and as a parent, it's comforting to know how much everyone cared about my son's life."


"When I got home from the hospital, I lowered my basketball hoop and slam dunked," Matthew says. "It felt so good to play again." Matthew's eyesight has not yet completely returned, but it is improving. He's living his life like a normal teenager, with a few modifications. He has special binoculars so he can see the television and the chalkboard at

school, and he has a magnifying dome he uses to read his text messages. He's also rehearsing for his role in his school's performance of *Guys and Dolls*. "I deal with my vision loss on a day-to-day basis," he says. "But this whole experience and the transplants made me stronger mentally. I like to look at the bigger picture and not worry about the little things."

"THIS WHOLE EXPERIENCE AND THE TRANSPLANTS MADE ME STRONGER MENTALLY. I LIKE TO LOOK AT THE BIGGER PICTURE AND NOT WORRY ABOUT THE LITTLE THINGS."

—MATTHEW KRUPKE

The Krupke family is gearing up for a family trip to St. Kitts and they plan to walk with the Pediatric Transplant Team in NSTAR's Walk for Children's on June 8. Naturally, Matthew and his family strongly encourage others to sign up to be organ donors. "Each member of our family has always been listed as an organ donor," says Patricia. "I have always thought it was a good thing, but when you have something like this happen and see what it means first-hand, it heightens your awareness. It really is the ultimate gift."

 **April is Donate Life month. To learn more about organ donation, visit neob.org.**



The Krupke family

GRATITUDES

The following letter was sent to **James Mandell, MD**, president and CEO



Meg Jones with Peter Black, MD

Dear Dr. Mandell,

The icon of our charity, Meg Jones, was admitted to Children's for the resection of a critically-sited brain tumor. The operation was performed by **Peter Black, MD, PhD, FACS**, with **Mark Rockoff, MD**, supervising the anaesthesia.

The outcome of the surgery seems to be entirely successful—Meg has made a remarkable recovery, and apart from some visual disturbance, she is back to her normal, lively self only three weeks later. We are absolutely delighted with the treatment that both Meg and we (her parents) received at Children's. Both from the clinical and personal aspects, the whole experience was highly professional, caring and reassuring at a very worrying time.

Meg had effectively been "written off" by our neurosurgical department; we were told that her tumor was too critically-sited for resection, even though inevitably, a grade two tumor of this type becomes grade four over very few years. How we found out about Black's enormous expertise, and the technical facilities available to him, is a long story, but suffice to say that when we first met with him in January 2006, he was confident that he could resect the tumor and give Meg back her life. And he has!

My wife and I founded Braintrust to improve available care for brain tumor sufferers in the UK. From our experience with Meg, Children's is our example.

Sincerely,

Peter Bulbeck

Volunteering keeps friendship strong

Diana Abdelahad and **Carolyn Anderson** have been volunteering at Children’s Hospital Boston for the past 17 years, and after 34 years of friendship, they think their joint volunteering is what keeps their bond strong. “This is our time together and we get to do something for someone else,” says Abdelahad. “It’s brought us closer.”

Anderson and Abdelahad first considered volunteering here when they realized, “We both love kids, but we don’t have kids, so why not?” says Anderson. “At first, I wasn’t sure I could handle seeing sick children attached to machines and IVs, but I’m still here because it turns out that it’s such a rewarding experience,” says Abdelahad, as she rocks an infant to sleep. “It took awhile to get used to,” agrees Anderson. “But once you get over the initial fear, you take more from it than even the patients do.”

Abdelahad and Anderson remember that two decades ago, volunteers carried beepers and were paged to any floor that needed help. But now, the pair gets to go to the same floor every week, 10 East, where they can help infants and their families. As regular evening volunteers, the friends are pros at getting at least one baby to fall asleep each week. They’re also immensely comforting to family members of the babies. “A lot of parents don’t want to leave their children alone at all, so just holding a baby so the parents can go and make a phone call or get something to eat is a help to them,” says Anderson.

“We love it when friends volunteer together,” says **Barbara Blundell, MS**, supervisor of Volunteer Services. “Over the years, we’ve seen so many people bond through volunteering. Strangers become friends for life and some have even gotten married. Families always tell us that volunteers make their stay less scary and I think all of our volunteers know how much of a difference they make.”

Abdelahad and Anderson now have nearly 20 years worth of shared Children’s memories, and they still tackle their tasks with gusto, from helping patients do their laundry to delivering flowers to taking a baby for a walk. They operate on the buddy system, but after years of experience they’ve adapted different methods. “Diana is a riot because she’s known as the ‘sticker girl,’ since she gives them to any child she sees—on elevators, in halls, everywhere,” says Anderson. Abdelahad loves how her friend, whose volunteer badge is stuck with Mickey, Minnie and Goofy pins, jokes to connect with patients. “She always teases the kids, asking them what colleges they went to,” she says.



Diana Abdelahad and Carolyn Anderson

“We’ve made great friends here in every way you can imagine—other volunteers, patients, nurses,” says Anderson. “We love coming here. It’s a part of our lives.”

Celebrate **National Volunteer Week** April 27 to May 3. A dinner will be held May 15 recognizing volunteers who are celebrating service milestones. For more information, contact Volunteer Services at ext. 5-7885.

Fun facts about Volunteer Services

- The youngest Children’s volunteer is 16; the oldest is 95.
- 10 dogs volunteer at Children’s as part of the Paw Prints program.
- Processing a new volunteer’s application takes up to two months.
- In 2007, **Lillian Shulman** celebrated her 50th year of volunteering at Children’s
- 2,535 handmade gifts were made by volunteers in the community and donated to our patients.
- 83 percent of volunteers are female and 17 percent are male.





Children's multicultural nurses group

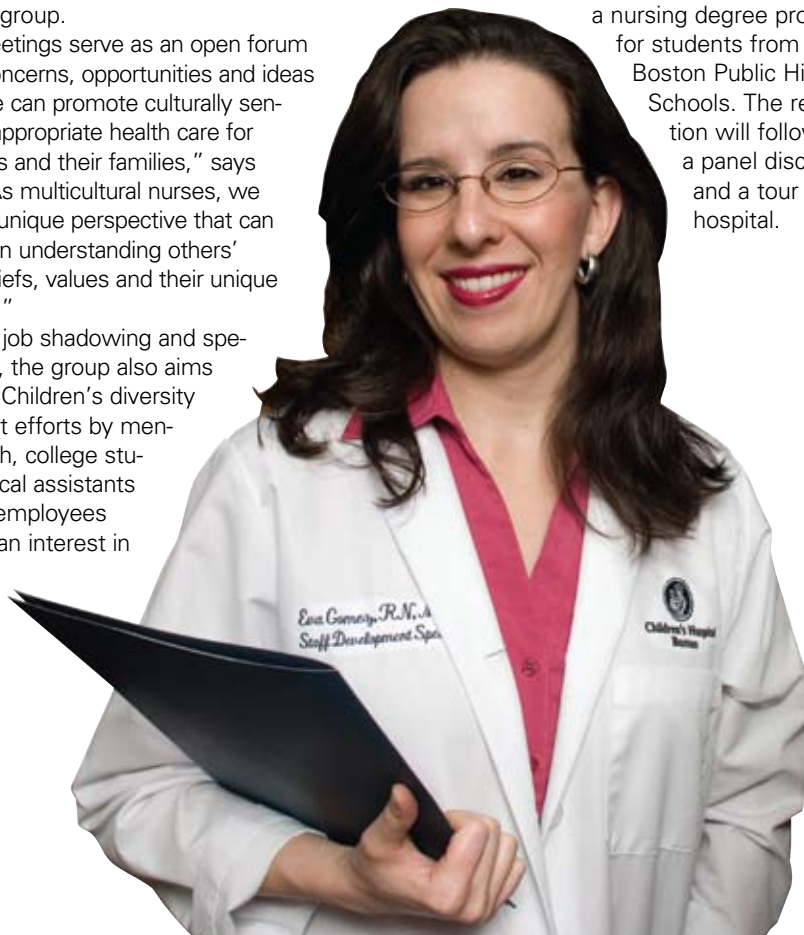
In an effort to improve cultural awareness and competency and showcase the hospital's diversity efforts, the Department of Nursing has recently formed the Children's Hospital Multicultural Nurses Group. Led by staff development specialist **Eva Gómez, RN, MSN** (below), this group of nurses regularly meets to discuss ways to enhance the health care services they provide to an increasingly diverse patient population. More than 50 enthusiastic nurses from various ethnic and cultural backgrounds have already joined the group.

"The meetings serve as an open forum to share concerns, opportunities and ideas on how we can promote culturally sensitive and appropriate health care for our patients and their families," says Gomez. "As multicultural nurses, we possess a unique perspective that can be helpful in understanding others' cultural beliefs, values and their unique challenges."

Through job shadowing and special events, the group also aims to support Children's diversity recruitment efforts by mentoring youth, college students, clinical assistants and other employees who have an interest in

the nursing profession. "The face of Boston has changed, and we must be ready to address these changes," says **Cece Waithe, RN**, who is part of the group.

The Multicultural Nurses Group has hit the ground running with its diversity outreach efforts. On April 15, the group will host a special reception for Bunker Hill Community College students who belong to the Students Taking Action for Nursing Diversity (STAND) project. STAND provides a fast-track from high school to a nursing degree program for students from five Boston Public High Schools. The reception will follow with a panel discussion and a tour of the hospital.



NEWS BY NUMERALS

Your steps can help save lives! Join us for NSTAR's Walk for Children's Hospital Boston.



5 number of years families, employees and supporters have walked for Children's

2,917 people walked last year



17 Children's employee teams participated

1.5 million dollars is this year's fundraising goal

7 or 2 mile-long routes are along the Charles River

2 mascots, Farley the Tortoise and Hunne the Hare, join us each year



8 of June is this year's walk date

Register: childrenshospital.org/walk or 1-866-303-WALK

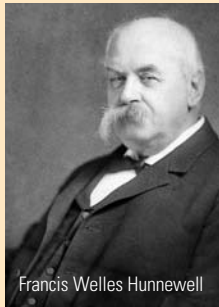
If you have a question about any aspect of the hospital, send it to news@childrens.harvard.edu. (You can submit questions anonymously.)

Question: What are the buildings, especially Hunnewell, Fegan and Enders, named for?

Answer: Children's has many buildings on its Longwood campus, including the Hunnewell, Enders, Fegan, Farley, Karp, Bader, Wolbach, Ida Smith and the newly renamed Berthiaume Family Building. Many were named after their benefactors and others for prominent members of the Children's community.

The Hunnewell Building

was named after Francis Welles Hunnewell (1838–1917), vice president of Children's from 1897–1899 and president from 1901 until his death in September of 1918. A resident of Cleveland Circle and a successful real estate developer in Allston-Brighton, Hunnewell was a generous contributor to the hospital, giving more than \$300,000 in his lifetime. He was remembered in the 1918 Annual Report as a "devoted and generous friend... always ready to give to the members of the board his sound business judgment."



Francis Welles Hunnewell

The Fannie Hall Fegan Memorial Outpatient Building

was named in honor of its benefactor, an heiress to her grandfather's fortune from the clipper ship trade. Fegan was a Brookline resident who left her fortune to Children's in the 1960s. A portrait of her as a child hangs in the entry to the Fegan, which was dedicated in 1967.

The **Enders Building** was named for the preeminent virologist John Franklin Enders (1897–1985), who cultured the polio virus, along with Frederick Robbins and Thomas Weller, in the 1940s. The three men received a Nobel Prize in 1954 for their discovery, which led to the development of a vaccine for polio. In 1970, the Enders building was named to honor his work with polio, measles and other major viruses.

You can find more information about the buildings and sites of the Children's Longwood campus in the history tour brochures, available in the lobbies of Karp, Enders and the Berthiaume Family Building. Guided tours are offered on a monthly basis. Contact me at ext. 5-5286 for details.

Thanks for asking!

— Sheila Spalding, hospital archivist

Countdown to May's survey

Human Resources (HR) will conduct the 2008 hospital-wide survey May 6 to 19, which gives all employees, staff and volunteers the chance to provide completely anonymous feedback to leadership. "There's no doubt that our most valuable asset is our people," says **Sandra Fenwick**, chief operating officer. "To continuously improve and maintain our workplace of choice, we need to hear from all the talented, committed employees we have at every level of our organization."

The survey takes about 20 minutes to complete, and you can do it online or on paper (in one of five languages). In some areas, group sessions will be held to help employees complete their surveys more easily. Watch for details in Small Talk and via email as the survey dates get closer.

Those who submit a survey will be eligible for cash raffles of \$100, \$200, \$300 and \$500. These raffles are scattered throughout the two-week survey period. **Colette Hendrix** of Ophthalmology was the grand prize winner the last time the survey was conducted. "I thought it was important to take the survey, as this is one way senior leadership hears from us," she says. "Unless I speak up, I can't complain when I don't see changes at the department or institution level." Hendrix was very excited when **Arlene Beauchemin** of HR called her to let her know the good news. "First, I never win anything, and second, it was such a nice call to get at 8 in the morning. It made my day. I plan on participating again. Maybe I'll go two for two!"




EMPLOYEE OF THE MONTH

Congratulations to **Josh Bain**, technical support specialist in the Information Services Department (ISD), who's been selected as Children's Hospital Boston's Employee of the Month for April.

People usually only contact ISD when they're having a computer problem, and they're often frustrated, busy and stressed. But Bain takes these challenges as opportunities to stay positive while helping coworkers with their issues. Sometimes that entails staying late on Friday nights and coming early the day after a problem occurs to follow up. But Bain doesn't wait for the phone to ring. Instead, he proactively checks in with many clinical departments to make sure they aren't having any IT issues that weren't reported. For example, he often stops by the Emergency Department to ask **Jennifer Bradley**, one of the supervisors there, if she needs anything to be fixed, since he knows how busy she can get and that she may not have had a chance to call in a problem. It's become Bain's version of making rounds, as he stops by the ICUs and Center for Families to make sure their PCs aren't giving anyone trouble.

Bain has helped train many of his teammates over the years, helping out whenever a less-experienced colleague needs advice. Cheerful and always willing to help, Bain has, according to several colleagues, single-handedly raised the level of professionalism in the department. The Help Desk is currently training six new technicians, so things have been a bit harried. Yet Bain has gone out of his way to help bring each of the new hires up to speed. "If they pick up just half of Bain's enthusiasm and attention to detail, they'll be very successful here," says a colleague.



 To nominate a co-worker for employee of the month, visit web2.tch.harvard.edu/eces/recognize.cfm.

A diabetes education trip through China

Visiting China as part of a Diabetes Education delegation with the People to People Ambassador program was meaningful in many ways, but especially because of my personal connection to diabetes. Nineteen years ago, at age 5, the oldest of our three children was diagnosed with Type 1 diabetes and admitted to Children's Hospital Boston.

We were overwhelmed by the news and feared for our son's day-to-day safety and long-term health. I had worked in the critical care and cardiology research fields and understood all too well what a diabetes diagnosis could mean in terms of long-term eye, kidney and circulatory problems. Like most parents, we were heartsick with the news, but were determined to provide our child with a healthy and satisfying life. We learned everything we could about how to live well with diabetes, and through hard work, access to excellent medical care and good fortune, our son, Chris, also a member of the delegation, is doing well and has not let diabetes stand in his way.

A second personal connection came about four years ago when my mother was diagnosed with Type 2 diabetes. She, like many others with Type 2, had diabetes for many years without knowing it, and as a result had diabetic complications at the time of diagnosis. The care she requires today is extremely expensive, whereas the cost of prevention would have been much less—and the "quality of life" cost can't be quantified.

Although there have been great strides in diabetes treatment in recent years, the incidence worldwide is increasing and the toll it's taking on individuals and society is significant. The opportunity to visit seven clinical sites in three cities in China helped us to understand the rising global impact of diabetes and the importance of taking steps to focus attention on this world-wide health threat: 200 million people worldwide are living with diabetes and the number is increasing by an incredible six million every year.

In China, we saw paralleled increases in obesity, sedentary behavior and Type 2 diabetes seen in America. This has been accompanied by a lower consumption of traditional plant-based foods and is more pronounced in the urban areas. Indeed, American fast food restaurants were abundant in all three cities we visited: Beijing, Xian and Shanghai. As part of an American diabetes delegation, it was ironic and sad to see unhealthy fast foods equated with the American lifestyle.

As a nurse practitioner and diabetes educator at Children's, I am encouraged by the advances and technological innovations for those with Type 1 diabetes. At the same time, I am dismayed



Ginny Rich with her son, Chris, in Tiananmen Square

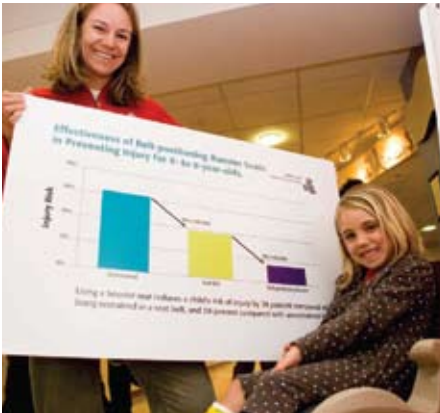
by the alarming rise in Type 2 in the pediatric population, which is associated with increases in obesity and sedentary behavior. Unlike Type 1, which is an auto-immune condition in which the body mistakes insulin-producing cells as invaders and destroys them, thereby making one dependent on injected insulin, we have the ability to prevent or possibly reverse Type 2. It's certainly not an easy task, but ask someone with Type 1 diabetes if they'd welcome an opportunity to prevent or reverse their condition and you'll see what I mean.

So what are we to do? As individuals, it's important to have regular check-ups, know your family history (more so for Type 2 than 1) and recognize the symptoms of diabetes. These include excessive thirst and urination, weight loss and fatigue.

Annual blood sugar tests are important if you're over 45 or are under 45 and overweight or have a family history of diabetes. Regular check ups and discussion about risk factors with your physician are essential to prevention and/or early detection. We also have to re-educate ourselves about healthful portion sizes, food choices and activity levels. Healthy environments need to be adopted and supported by schools, businesses and governments, and this is something we can all endorse and advocate for. Diabetes is a pandemic that threatens to overwhelm health care resources and disable people of working age, but it can be turned around. It's imperative that efforts be made to prevent diabetes, better manage it and reverse it, when possible.

Traveling to China with other American Association of Diabetes Educators was rewarding culturally and professionally. We learned a lot about the similarities and differences in diabetes care between our countries, but most significantly, it opened our eyes to the global incidence and cost of diabetes, which is staggering. A report by the American Diabetes Association listed the cost of diabetes in the United States (health care and lost productivity) at \$174 billion in 2007, up from \$132 billion in 2006. That's more than the \$150 billion in damages caused by hurricane Katrina! The good news is that routine diabetes care actually costs very little in the grand scheme of things. Most of the enormous cost comes from uncontrolled diabetes. I have witnessed this in my own family. This summer, the world will come together as China hosts the summer Olympics in Beijing. We must also come together to address the alarming rise in diabetes. We have the ability to effectively prevent and better manage this disease and this is an opportunity we cannot afford to ignore.





Give kids a boost

"Give Kids a Boost Day" on March 5 turned the Children's Hospital Boston Café into a hub of advocacy activity. Passers-by were encouraged to learn more about booster seat legislation awaiting action in the Massachusetts House of Representatives and to contact their State Representative about passage of a law. Senate Bill 2018 requires the use of booster seats for children up to age 8, or 4'9" in height, which ever comes first. So far, 38 states and Washington, D.C. have passed such laws.

The future of art

Art for Kool Kidz hosted a special reception to celebrate the "Designing the Future" and "Kids Design the Future" exhibitions. Pictured at right, patient Lia and her brother, Rico, created belly rubbing machines.



11 South welcomes new program and unit

The Intermediate Care Program moved to a new home base on 11 South. There will be 10 designated beds for this clinical unit and service. An additional 12 beds will begin a phased opening in a new Medicine Intensive Care Unit. An open house was recently held for medical, nursing and administrative staff to tour the clinical unit.

Asthma award

The Boston Urban Asthma Coalition recognized parent asthma leaders and honored awardees at its 10th anniversary award ceremony at Codman Square Health Center in Dorchester. Children's nurse educator **Amy Burack, RN**, (pictured, left) received an award for her work, along with parent leaders Julieta Lopez and Renee Pina.



Big companies support little people

Best Buy and Roche Brothers are supporting Children's in unique ways. Best Buy recently donated to Children's Muscular Dystrophy program through an advertising program with WEEI Sports Radio 850AM and New England Patriot Eugene Wilson. Roche Brothers is putting kids first with their "Be Green" bag campaign. Customers can donate five cents to Children's every time they shop with their reusable Roche Brothers bag. On June 8, both companies will be at the Hatch Shell as sponsors of NSTAR's Walk for Children's.

 More at childrenshospital.org/chnews

- Registered dietitian day
- MEHC's new employee recognition program
- Teens lead donation drive

Volunteer Week

Celebrate National Volunteer Week through **May 3**. A dinner will be held on May 15 recognizing volunteers who are celebrating service milestones.

Employee survey is next month

Human Resources will conduct the hospital-wide survey **May 6 to 19**. Turn to page 6 for more details.

Mark your calendars for open meetings

On **May 9 at 8:30 a.m.** and **May 13 at noon**, Children's will hold an open meeting for all employees and staff in Enders Auditorium. James Mandell, MD, president and CEO, and Sandra Fenwick, COO, will provide updates on the hospital. Gary Fleisher, MD, pediatrician in chief, will be the guest speaker. Coffee and refreshments will be served. These meetings are provided to keep you informed and to create a forum for you to ask leadership questions, so don't miss your opportunity to attend these sessions!

Service awards

Children's tradition of recognizing long-term employees continues this year with service awards events to commemorate those who celebrated five-year increments of service between **January 1 and December 31, 2007**. Look for details in next month's edition.

Add your voice to the mix

Help Children's by volunteering to answer phones at the MIX 98.5 Cares for Kids Radiothon on **March 27 and 28**. For more info, contact Danielle Harrison at ext. 5-4332 or mixradiothon@chtrust.org. Can't make it either day but want to show your support? Call 1-800-457-KIDS during the radiothon or visit childrenshospital.org/giving.

Save the date! Walk for Children's and help saves lives

Help save lives by walking seven or two miles for Children's **June 8** or fundraise without walking or make an online donation. For more information visit childrenshospital.org/walk or call 1-866-303-WALK. Read interesting facts about the Walk on page 5.

Children's News

Editor: **Erin Graham** | Designers: **Patrick Bibbins, Emily House** | Contributors: **Louise Cobb, Jaime Crespo, Nancy Fiesler, Jynelle Herbert**

Department of Public Affairs and Marketing Children's Hospital Boston 120 Brookline Avenue, Boston, MA 02115 | 617-929-3110; news@childrens.harvard.edu

VP of Public Affairs and Marketing: **Michelle Davis** | Director of Public Affairs: **Bess Andrews** | Manager of Public Affairs: **Matthew Cyr**