

## How a heart defect gave meaning to my mission

I have a difficult time explaining what I do for a living as Director of Technology and Business Development for Children's Hospital Boston's Technology and Innovation Development Office.

Friends and family know I have a PhD in neuropharmacology, but I don't do research. They know I work at Children's, but I don't see patients. They hear I work with patents, but are confused because I never went to law school. I tell them about companies I help start even though I'm not a venture capitalist. In reality, I'm whatever I need to be, and I do whatever I need to do to meet one goal: turn Children's laboratory and clinical research into products that can benefit patients of all ages.

When I was first interviewed for my position, I met with a number of amazing doctors. I can still clearly remember my first meeting with **Jim Lock, MD**, the chief of Cardiology. About 10 minutes into the interview, he stood up and walked out of the room and motioned for me to follow. As I attempted to continue our conversation on the move, we turned a corner and I suddenly found myself in one of the rooms where they treat children with incredibly complicated heart problems. He turned to me and said, "I just thought you should see what I do for a living." Little did I know that in less than a year, I'd be back in one of those same rooms with my own daughter as she fought for her life while being treated by doctors I would come to know as colleagues.

I joined Children's in 2007 to translate research into products through a complex process of scientific evaluation, market analysis, patenting, contracting and product development. These products range from new diagnostic tests for diseases to the devices, drugs and therapies needed to treat them. A few weeks after I started work, my wife and I learned we were expecting our first child, and the news brought the simultaneous feelings of joy and fear that first-time parents are all too familiar with. The next few months were busy, working long hours at the new job, house hunting and going to appointments with my wife. We were your typical first-time parents: We read *Baby 411* and *The Happiest Baby on the Block*, talked to everyone we knew who had a baby, went to (and walked out of a few) new parent classes and asked every question we could think of. My wife adopted such a healthful eating and exercise regimen that I felt the need to be less healthy just to

Photos: Courtesy Erik Halvorsen



ERIK HALVORSEN with his daughter, Dylan.

keep the universe in balance. I gained 20 pounds. It was busy, but great—until a doctor's appointment changed everything.

During a routine ultrasound, we learned that our baby's growth had slowed dramatically with no discernible cause. After a barrage of tests and a referral, my wife came over to Children's to get a better look at our baby's heart. It revealed several holes between the chambers of her heart and a potential narrowing of her aorta, the main artery that supplies the body with blood.

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## Should newborns be encouraged to gain so much weight?



ELSIE TAVERAS, MD, MPH


Parents take pride in chubby babies, but a study led by **Elsie Taveras, MD, MPH**, co-director of Children's Hospital Boston's One Step Ahead Program, finds that infants who gain weight rapidly

relative to their length during their first six months are more apt to be obese by the time they're 3.

The study mined data from Project Viva, a large ongoing study of pregnant women and their children. Focusing on 559 mother/child pairs, Taveras and colleagues looked at not just weight but weight-for-length, and measured how quickly infants put it on.

The connection between rapid gains in weight-for-length and later obesity was striking, even after adjustment for factors like prematurity and low birth weight. For example, a 6-month-old infant weighing 18.4 pounds would have an estimated 40 percent higher risk of obesity at age 3 than a 16.9-pound infant with the same birth weight.

These findings, published in the April *Pediatrics*, don't mean that babies should be put on diets, but they do suggest that our cultural affirmation of infants who top the growth charts, and perhaps our notions of appropriate weight gain during pregnancy, may be excessive. "The mounting evidence suggests that infancy may be a critical period during which to prevent childhood obesity and its related consequences," says Taveras.

 Know of interesting research going on at Children's? E-mail [nancy.fliesler@childrens.harvard.edu](mailto:nancy.fliesler@childrens.harvard.edu).

## High deductibles and high-risk children

High-deductible health plans are increasingly popular among healthy people, but a new study finds that these plans also enroll many low-income families with sick children.

The researchers, led by **Alison Galbraith, MD, MPH**, of the Children's Hospital Primary Care Center, and **Tracy Lieu, MD, MPH**, of General Pediatrics, studied Massachusetts families signed up with Harvard Pilgrim Health Care. They identified 839 families that initially had traditional health maintenance organization plans, but were later switched to a high-deductible plan by their employers—as their sole option for coverage. About a third of these families had a child with a chronic condition, 13 percent lived in neighborhoods with high poverty, 36 percent had an above-average burden of illness and 19 percent had health-care costs totaling more than \$7,000 per year.

Some clinicians and policymakers worry that high out-of-pocket costs may force families to forego recommended care. "The usual assumption is that high-deductible plans attract healthy and wealthy people, based on studies of those who chose those plans themselves," says Galbraith. "Our population only had one plan offered to them, and we found that many families who were switched to high-deductible plans had children with chronic conditions. They didn't have illness than families covered by traditional plans, but it was striking that they didn't have less. As clinicians, we need to be aware of this as these plans become more popular."

## Proteomics 2009



National and international proteomics researchers—including several from Children's—presented recent advances at Children's fourth annual Proteomics Symposium, held March 13. An outgrowth of the Human Genome Project, proteomics aims to understand the body's vast array of proteins, a challenging task since our estimated 25,000 genes encode at least 10 times as many proteins.

**Hanno Steen, PhD**, director of the Proteomics Center, spoke about his efforts to optimize identification and analysis of such large numbers of proteins. **Judith Steen, PhD**, of Children's Department of Neurology, described how she uses proteomics to identify proteins involved in cell division. Understanding how cell division is controlled in normal cells could ultimately point to proteins activated during tumor cell replication. **Paul Greer, PhD**, also from Neurology, described how proteomics has enabled him to better understand Angelman syndrome, a complex genetic disorder that causes developmental delay and other neurologic problems. By looking at the proteins synthesized when the underlying gene, *Ube3A*, is mutated, Greer can explore how the mutation affects brain cell function.

## My daughter's heart defect



There was nothing to do but wait and see how our daughter would do after she was born.

Dylan Mykel Halvorsen entered the world by C-section on May 28, 2008, five weeks prematurely. She was 4 pounds and 1 ounce and she was amazing. Beautiful and fragile, you could immediately see the strength in her. She spent the next four days in a local Neonatal Intensive Care Unit before her cardiac issues necessitated her transfer to Children's. I remember sending an email to Jim Lock around midnight when Dylan was transferred to our Cardiac Intensive Care Unit, letting him know that she was on her way to his team. He wrote me back that night, and I knew that she was in good hands.

Dylan was very sick. Her cardiac issues were getting the best of her and she was going down hill quickly. Something needed to be done, and fast, but every choice had risks—some potentially catastrophic. Teams of doctors and nurses huddled, constantly reviewing the results from her latest tests. Running out of time, a decision had to be made. Her first procedure would require that an adult coronary stent be placed in her aorta, opening it up to reduce the pressure and the backflow of blood through the holes in her heart. Jim Lock performed the

procedure himself and it was a success; he had bought her some time. A few days later, Dylan was ready for something no parent wants to hear: open heart surgery. This time **Pedro del Nido, MD**, chief of Cardiac Surgery and another member of Dylan's "Dream Team," was up. With amazing precision, he was able to use specially designed patches to close tiny, one- to two-millimeter holes in Dylan's heart—which itself was no bigger than a walnut.

She had lost weight through the procedures and was down to 3.5 pounds. When we saw her in the recovery room, she was more tubes, wires and beeping machines than little baby. My wife had to leave the room immediately. At first, I just

stood and stared. Then, unbelievably, I took pictures of her. Not so much because I wanted to remember this moment, but because I wanted her to remember it when she grew up to be a pain-in-the-butt teenager rebelling against her parents. It was meaningful, because I knew for the first time that she was going to get the chance to be a teenager.

Dylan went home in July. She's thriving and is becoming, in this father's unbiased opinion, one of the cutest and happiest little girls you will ever see. Her future is unknown, as are all of ours, but she was given a chance at a future thanks to an amazing team, including Jim and Pedro—two inventors I now meet with to discuss their ideas for new devices similar to the stent and tiny patches that closed Dylan's heart.

Children's is full of inventive doctors, like Dylan's. They are not only on the front lines of patient care, they also constantly strive to find better treatments. That's why it's my job to be whatever I need to be, and to do whatever I need to do, to help turn these innovations into the reality of new therapies and devices that can help the next kid like Dylan—a kid who just needs some help along the way before she can have a chance to be a kid and, in due time, grow up.



## Way to go, 8 West

My son, Luke Dangel, was admitted to Children's Hospital Boston last September for ureter reimplantation and megaureter repair on his left side, which, while routine surgery at Children's, was understandably scary and intimidating for us. Beyond the obvious skill and competence of everyone who interacted with Luke during his subsequent seven-day recovery, my husband and I were fully impressed and incredibly grateful for the compassion and care we received.

I recently attended the Pioneering Change symposium at Harvard Medical School, and I was especially moved by a speech about the importance of doctors taking the time to really listen to patients, and to understand and address patient/family concerns. **Richard Lee, MD**, of your Urology Department, was amazing not only in his technical skill as a surgeon, but also his bedside manner. Throughout Luke's stay, Dr. Lee was attentive, committed, compassionate and eager to make sure Luke—and his parents—were as comfortable as possible. Dr. Lee modeled this behavior for his residents, who were also very attentive and solicitous towards both him and us.

Beyond Dr. Lee and the residents, I can't say enough about the nurses and staff of 8 West. Almost without exception, people were kind, caring, attentive and incredibly competent. I just wanted to take a moment to acknowledge the amazing care we received at Children's. We are very grateful.

Regards,  
Carolyn Lyons



Check out a copy of Jhumpa Lahiri's *The Namesake* from Children's Library.

Photo: Javier Amador-Peña

# The readers

This month, Children's Hospital Boston wants you to read a book... but not just any book.

Children's is embarking on an ambitious new reading program in which all employees are encouraged to read the same book simultaneously, producing a collective reading experience. The inaugural book for this program, called Children's Reads Together, is Jhumpa Lahiri's novel *The Namesake*. The program aims to bring employees together while exploring another culture through literature.

"There are so many people interested in literature here," says Children's librarian **Alison Clapp, MLS**. "We thought this would be a great way to unite people over common themes, and promote interaction among those who might not normally interact." The *Namesake* is a novel about South Asian-Indian immigrants who move to the United States. The book examines what it's like to be an immigrant, and highlights the struggle to navigate between cultures with social, religious and ideological differences. Clapp says that many employees at Children's can relate to the immigrant experience, no matter what ethnicity or culture they belong to.

Books that introduce readers to a

complex view of another culture can help people question their own assumptions and build bridges of understanding, says **Charlotte Harrison, JD, MPH, MTS**, clinical ethicist in the Office of Ethics, which is collaborating on the program. "Literature can help us understand the experience of our colleagues, patients and families," she says. "Everyone brings a different perspective."

Children's Reads Together was inspired by the successful annual Diversity Training Through Literature Fishbowl Grand Rounds, during which clinicians from Psychiatry, Psychology and Social Work participate in panel discussions about how race and/or ethnicity play into a certain novel's story line. "The popularity of the Fishbowl has increased each year, as it's weaved its way through the hospital," says Fishbowl creator **Jessica Henderson Daniel, PhD, ABPP**, senior associate and director of Training in Psychology and associate director of the Leadership Education in Adolescent Health program. Participants discuss how the literature approaches and represents

values, beliefs, relationships, loss and assimilation—themes that everyone can relate to. But because it's a one-day event and geared toward faculty, residents, fellows and interns, only a limited number of people could get involved. *The Namesake* will be read for both Children's Reads Together and the Fishbowl, and there will be five events throughout May to discuss the book.

**Soundhari Balaguru, PhD**, clinical psychologist at Children's Hospital Neighborhood Partnership, who is reading the novel, points out that each medical interaction is a human interaction, and that separating the medicine and human contact can be distancing. "Because people are coming to us for help, we can often see them as their illness," she says. "To intervene effectively, and get patients on board with treatment and compliance, we need to connect with them as a whole person."

For Daniel, the appeal of community reading programs is the deep connection that is formed among participants. "These discussions bring us together," she says. "It's another type of glue."

## Hospital-wide events

**Library Book Group** These are two sessions of general discussion of the book. Stop by and talk about your favorite passages, themes or anything that crosses your mind.  
**May 7, 7:30 to 8:30 a.m., and noon to 1 p.m., AV room, Children's Library**

**Fishbowl** Sanjay Gulati, MD, psychiatrist, and Manju Vaccher, PhD, psychologist, will talk about the psychosocial issues of *The Namesake*. Everyone is welcome. **May 13, 10 to 11 a.m., Enders Auditorium**

**Literature and Medicine Group** This group discusses several short stories from Jhumpa Lahiri's first book, *Interpreter of Maladies*. Everyone is welcome.  
**May 14, 3 to 4 p.m., Gamble Room, Children's Library**

**Taste of India** Stop by for an Indian food demonstration by Children's head chef, **Jim Boyd**. **May 18, 4 to 5 p.m., Gamble Room, Children's Library**

**Panel discussion** The panel discussion will be similar to the Fishbowl, but with Children's psychiatry and psychology staff, including **Soundhari Balaguru, PhD**.  
**May 27, 4 to 5 p.m., Gamble Room, Children's Library**

# Big man on campus

There's only one way to describe **Harry Wilson**, who has worked in Children's Hospital Boston's Linen Department for nearly 50 years: He's a ladies' man. Although Wilson has been happily married for decades, his grandfatherly charm and jokey one-liners act as magnets for the female employees he sees every day while making his daily linen delivery rounds. "How long have you been in love with me?" he innocently asks one of them, without cracking a smile. To another he shyly asks, "Did you get me roses?" The women match his deadpan delivery and respond with quips of their own: "I've been in love with you all my life, Harry," and "No, Harry, you said you were getting *me* roses this time."

Wilson's linen route takes him all the way from the hospital's sub-basement to the top floor of the Berthiaume Building. His day starts early, helping unload giant carts of fresh linens from the delivery truck onto the loading dock. After that, he wheels carts, piled high with fresh scrubs, caps, johnnies, blankets, towels, washcloths, sheets and pillowcases, into elevators and up onto the floors. When the carts are empty, he retrieves them, humming as he strolls down the hallways. "I don't know what songs I hum, I just like to hum when I'm happy," he says.

During the second part of his day, Wilson makes special deliveries to individual units when they page him for more supplies. He pretends to dread those calls, but the truth is, he doesn't mind being in such high demand. "This beeper really gives me a lot of trouble," he says, shaking his head and frowning at the beeper's long log of pages. "It seems like mine goes off more than everyone else's, with 'I want this, I want that.' We have 15 beepers around here but everyone likes to call me." Wilson's grumblings are all in good fun, and he's always wearing a hint of a grin. "It's OK though," he says. "I like to see their smiling faces and hear them say, 'Hi Harry, how you doing?'"

Despite their frequent occurrences, Wilson's delivery rounds almost resemble a homecoming celebration. As he pushes a linen cart to its station on a floor, administrators, nurses and security guards alike greet him with shouts of "Har-ee!" as though they're welcoming a rarely seen relative. Others slap him on the back with an affectionate "Hello, old man," or a "Hey, chief!" Wilson usually responds with a soft "Hello, my love," to his "girlfriends," a "Yessir!" to the men or sometimes just a nod. At some point, most of them have asked Wilson how old he is, but none

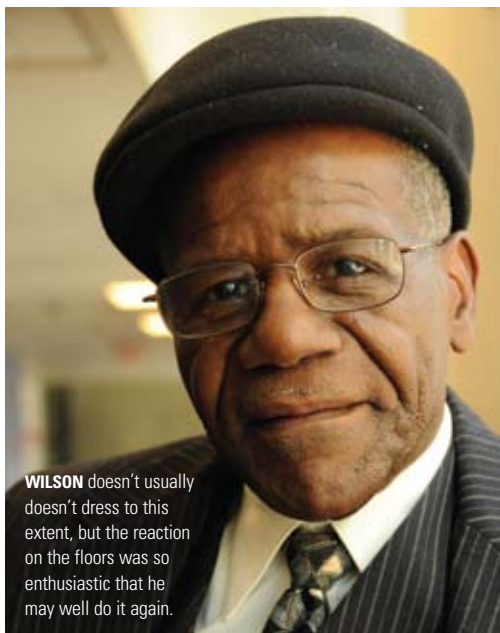


Photo: Patrick Bibbins

**WILSON** doesn't usually dress to this extent, but the reaction on the floors was so enthusiastic that he may well do it again.

have successfully gotten it out of him. He answers with a shrug and "I'm about 29" or "I just turned 36."

However, he will say—with a sigh—that he came to snowy Boston from his sunny North Carolina home for a vacation almost 50 years ago and never left. "I took a job at Children's for the summer," he says. "I guess I enjoyed myself because time went by so fast. I'm still here." That was back in 1961, when the hospital was a fraction of its size, and his job was giving out uniforms to doctors and nurses by hand. "I'd get uniform number 93 and hand it to doctor 93," he remembers. "I'd know everyone by their number, so I'd say, 'Oh, here comes doctor number 32.'" Wilson's job has expanded along with the hospital. When asked how many pieces of linen now flow through his department, he grabs his head and says, "Oh God, millions of pieces!"

Wilson is a creature of habit, having had the same job and hobby for most of his life. When he's not at Children's, he can be found working in his garden, where he grows vegetables and flowers, especially his favorite, tulips. His wife helps with the gardening, but "she gets in there and messes up everything," he teases. After all these years, it looks like Wilson has gotten used to New England. He wears a Red Sox baseball hat to work nearly every day. When asked if he's a big fan, he deadpans, "Only if they're winning."

 [A photo gallery of Harry with coworkers throughout the hospital](#)

In March, Mix 98.5 listeners tuned in for the annual two-day Mix 98.5 Cares for Kids Radiothon. For 12 hours each day, Children's Hospital Boston's Patient Entertainment Center was abuzz with phone volunteers, radio personalities and patients and families sharing stories of hope. Proceeds went to the Children's Fund, which support Children's greatest needs.

**\$475,000**

dollars were raised this year by the Radiothon

**\$3 million**

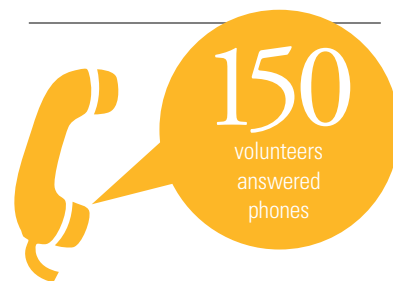
raised since 2003, when the Radiothon began



**2** Bacon brothers performed

**1,700**

calls were answered in 24 hours



**150**  
volunteers answered phones

**135**

Children's volunteer hours were donated by 45 Children's employees

## Building plans

In April, Children's Hospital Boston filed an Institutional Master Plan (IMP) amendment with the city of Boston, triggering the public review process of our campus expansion plan with the Boston Redevelopment Authority (BRA). The original IMP describing Children's 10-year building plans identified the need for several LMA campus development and improvement projects; this had been submitted to the BRA in January of 2008. "Given the current economic climate, we've had to scale back on several of our long-range projects," says **Charles Weinstein**, VP of Real Estate, Planning and Development. "But we're still making investments in our future. We're being mindful of managing our risks while still trying to grow to meet the continuing needs of patients."

The biggest change on the Longwood campus will be the development of a 10-story building located at the site of the temporary two-story building at 57 Binney Street. If approved, the new building will give us another 112,000 square feet of usable space. Some of building's features will be:

- A 10,000 square foot expansion of the Emergency Department
- Expanded Radiology imaging services, including another MRI
- A surgical floor with additional short-stay/observation beds
- Four floors devoted to single-bed patient rooms
- The Pharmacy will be relocated and expanded on the seventh floor
- Overall, we'll gain 30 "net new" licensed inpatient beds and 20 short-stay/observation beds

In the hospital network, most employees already know that a new facility will replace and expand the hospital's existing operation at Lahey North Clinic in Peabody. Weinstein still plans to move our Peabody site from the existing location to a new building on 10 Centennial Drive. Construction starts this summer, and the first clinic, which will occupy 40,000 square feet, will open in January, 2011. "This expands our ability to bring care closer to our patients in the community and provide ambulatory care in a lower-cost setting," says Weinstein.

If the hospital's IMP amendment is approved and a building permit issued, building will take place from 2010 through the

**T I M E** Children's Hospital  
**TO BE** Boston's long-range  
**B O L D** strategic plan



CHILDREN'S IMP AMENDMENT includes an expansion of clinical space on the Binney Street site.

first quarter of 2012. "We're hoping that these plans will alleviate some of our space issues at a time when our capacity is hitting its limits and we're extremely busy," says Weinstein. "Despite the tough economic times, this project will allow us to incrementally increase our clinical capacities, which we very much need to do," he says.

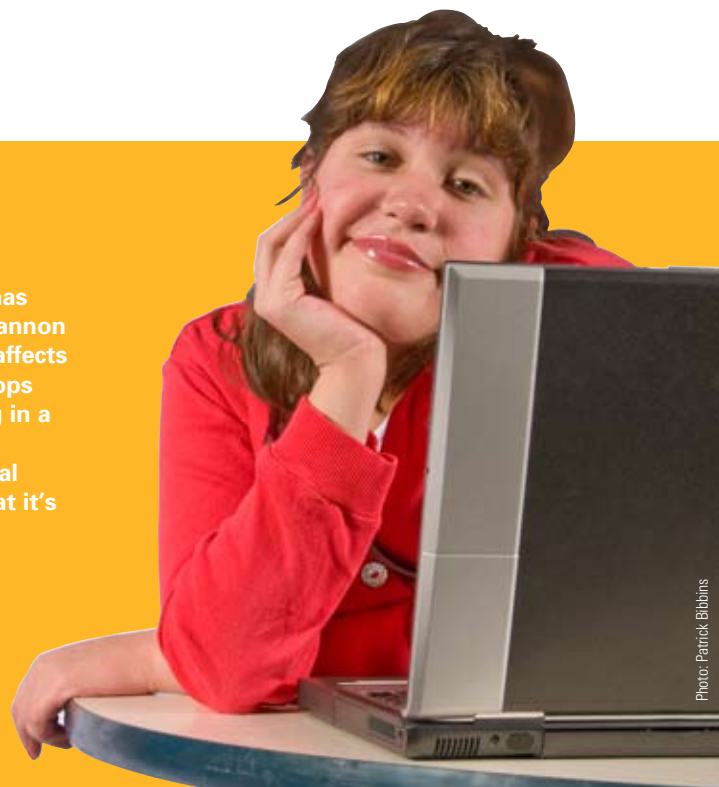
**To watch a video of Sandra Fenwick, president and chief operating officer, discussing these topics and giving an update on the hospital's financial status, go to Justifiable Costs, under the Hot Projects section of the intranet.**

## Shannon's blog

At 14, Shannon is like most teens: She's interested in bands like the Jonas Brothers, playing video games and hanging out with her best friend. Shannon also lives with a chronic disease called pulmonary hypertension, which affects her heart and lungs. While she can't do some things, don't think that stops her from doing all of the things she loves, like mastering karate, starring in a school play or riding her scooter around her neighborhood.

Help spread the word about Shannon's new blog on Children's Hospital Boston's Web site, where you can read and watch video clips about what it's like to live with a chronic disease.

[childrenshospital.org/ShannonsBlog](http://childrenshospital.org/ShannonsBlog)



BEATRIZ LORENZO advocates for Children.



## Participate in policy

**Beatriz Lorenzo**, nursing systems research analyst in Children's Hospital Boston's Patient Services Department, has long been devoted to the hospital—a trait she got from her mother, Nancy, who worked at the main lobby information desk for close to 20 years before she passed away. "My mother instilled a strong commitment to service in me and taught me that we all have the ability—and responsibility—to assist others," she says.

While Lorenzo has always loved her work, her desire to do more led her to become a member of the Children's Advocacy Network (CAN), a 1,200-member group of trained volunteers interested in influencing public policy to improve children's health inside and outside of the hospital. "I thought, What a great way to bring together my passion for service, interest in policy and commitment to Children's mission," she says.

The Office of Child Advocacy created CAN's training program in 2006 to strengthen the hospital's capacity to advocate for policy solutions that will improve children's access to care and the quality of their care. "The goal is for members to know when to speak up for children and how to get their messages across to legislators," says **Lisa Mannix**, manager of State Government Relations. In the past,

the group has advocated for expansion of health care coverage for children, injury prevention measures and mental health services, and has successfully helped shape public policy.

For most people, the legislative process is akin to filing taxes: a confusing process that only insiders can truly comprehend. "If you're not in this field, you wouldn't know what the Ways and Means Committee does or how to advocate in your community," says Mannix. "The training helps demystify the legislative process and shows people how they can influence policy decisions."

Trainers teach participants how to research policy issues, connect with legislative offices and work with the media and outside groups. There's also a thorough discussion of top child advocacy issues. Some participants want to learn how to advocate for causes close to their hearts that aren't part of the hospital's goals, and they're encouraged to do that, too. "We want people to walk away with the skills they need to engage in the political process even if their priorities don't align exactly with the hospital's," says Mannix. "We brainstorm ways they can get involved with existing networks and strategize about tactics they can use to advance their cause."

The training culminates in a mock committee hearing at the State House, where trainees role-play a hearing about an issue like health education. They act out positions either in support of or opposed to a bill, and then real legislators come and talk to the group to share their insight.

It may sound daunting, but it's not necessary to have any experience working on legislation before going through the training, which is open to clinical and non-clinical employees alike. "Advocacy efforts bring different voices to the table," says Lorenzo. "It's important for policymakers to hear different perspectives and understand the impact of their decisions." Mannix especially encourages those who have a real passion for advocacy to participate. "The few of us in our office can talk all we want, but it makes a huge difference to have committed volunteers amplify what we're saying," she says.

It's also made a difference to some of the volunteers. Lorenzo, for one, learned a tremendous amount. "I'm certainly no longer hesitant to pick up the phone and call any one of my elected officials or make a visit to a legislative office," she says. Lorenzo has even taken it a step further. "Nurses advocate for their patients on a daily basis and their experiences can, and should, influence policy," she says. To get nurses' voices heard, she worked with **Marcie Brostoff, MS, RN**, director of Staff Development and Education, to form the Nursing Legislative Action Interest Group. This group has made several visits to the State House to meet with legislators and has been involved in shaping policy surrounding nursing staffing ratios.

After the training, volunteers can assist with the hospital's many health care-related efforts, receive monthly email updates and action alerts and attend advocacy forums offered by CAN. "No matter what your role is at Children's, we're all committed to and carry out the mission of the hospital every day," says Lorenzo. "This training offers yet another opportunity to do just that. If you can take five minutes to make a personal, compelling argument, you can make a difference."

**This year's free training takes place on five Monday nights May 11 through June 8 (except for Memorial Day week, when it takes place on May 26). Sessions last two and a half hours. Space is available on a first-come, first-serve basis.**

**For details, contact Lisa Mannix at [lisa.mannix@childrens.harvard.edu](mailto:lisa.mannix@childrens.harvard.edu) or 617-919-3062.**

## EMPLOYEE OF THE MONTH

Congratulations to **Daniel Evans**, Apple systems specialist in Children's Hospital Boston's Information Services Department, who's been selected as May's Employee of the Month.

Evans doesn't just work on Macintosh computers—he's an Apple evangelist, singing the brand's praises throughout the hospital while happily installing and troubleshooting Macs and other Apple products. "He's a relentless cheerleader for Apple," says a co-worker. "He's the largest reason we have so many satisfied customers using its products."

Children's Mac use has been growing at about 20 percent a year, which means that Evans's workload keeps expanding. But that seems to only motivate him. "He juggles his hectic schedule to accommodate or visit customers at almost any hour, helping people over the phone when they are away," says a colleague. "And his customer service attitude is peerless." Indeed, Evans doesn't just fix someone's computer or set up programs and leave them to it. After working his magic, he stays to make sure that it functions as it should, spending the whole day getting a computer to cooperate, if that's what it takes. Then, he'll gladly give out his cell number for people to call if they have problems.

He clearly loves his job, earning compliments from clients and coworkers alike about how impressed they are to see someone so happy to struggle with a computer glitch that would drive others bananas. And to top it off, Evans is even diplomatic in the face of his foe: He's just as friendly when dealing with resolute PC lovers.


 To nominate a co-worker for employee of the month for exemplifying Exceptional Care, Exceptional Service standards, submit a form online at [web2.tch.harvard.edu/eces/recognize.cfm](http://web2.tch.harvard.edu/eces/recognize.cfm).



Photo: Ethan Bickford

## UPCOMING EVENTS

### Employee Wellness Fair

This year's Employee Wellness Fair takes place **May 21, from 10 a.m. to 2 p.m.** in the Patient Entertainment Center. Everyone is invited to stop by to talk with hospital employees and representatives from benefits vendors about topics related to health.

### Hold 'em or fold 'em—either way, kids win

Join us for our fifth annual Texas Hold 'Em Tournament benefiting Children's on **May 11**. The tournament takes place at the Boston Harbor Hotel and will be emceed by World Series of Poker Pro and Celebrity Apprentice star, Annie Duke. Last year's event raised more than \$630,000 for the hospital.

 For more information, visit [childrenshospital.org/texas](http://childrenshospital.org/texas).

### Open Meetings

To hear updates about the hospital, come to the spring Open Meetings on **May 8 at 8:30 a.m.** or **May 12 at noon**. Lunch will be served at the noon meeting and breakfast items will be at the morning meeting. The special guest will be Andres Trevino, a parent of a special Children's patient and a Trust employee.

### Dr. Judah Folkman Research Day

**May 20** will be Children's seventh annual Research Day. Last year, it was named in memory of M. Judah Folkman, MD, former director of Vascular Biology, who passed away in 2008. This year, it will be held at the Longwood Galleria and Longwood Hall.

### GLBT and friends celebratory event

Save the date for Children's first annual Gay, Lesbian, Bisexual and Transgendered event on **May 28 at 1 p.m.** in Enders Auditorium. Watch Small Talk for details.

## THIS MONTH'S SCOOP

### Ellen Pompeo celebrates women in medicine



Actress Ellen Pompeo, who plays a doctor in *Grey's Anatomy*, values the real-life triumphs and challenges of doctors and their patients. To show appreciation, Pompeo and her husband, music producer Chris Ivery, visited Children's on March 30.

While back in her hometown of Boston, Pompeo also attended the

Trust's Women in Medicine (WIM) Luncheon, a fundraiser celebrating Children's leading women physicians and researchers. This year's honoree, neurosurgeon **Liliana Goumnerova, MD**, is New England's only practitioner in pediatric neuroendoscopy. Other WIM attendees included WBZ-TV anchor Lisa Hughes, who served on the event committee and as the emcee for the seventh year.

Photo: Erin McCoigan



 **Red Sox captain Jason Varitek hosts patients at Fenway. Read about this and more at [childrenshospital.org/cnnews](http://childrenshospital.org/cnnews).**

## Children's News

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