



Children's News

Children's Hospital Boston
The Hospital for Children

Children's nurse straightens out Russian girl's life

Imagine flying to a foreign country for the first time alone. You are 9 years old and have a 90-degree, right angle curve of your spine and a six-inch "bump" on your back, visibly noticeable to your fellow passengers. You depart the plane and are greeted by complete strangers, taken to a hospital where you're surrounded by technology you never knew existed, and spoken to in a language that is anything but familiar.

But for Olga Stupak, now 11, the difficult and lonely trip to a Boston hospital from her native Russia for evaluation in the summer of 2003 was necessary if she wanted to live to young adulthood.

Diagnosed in Russia at 2 months of age, Olga's treatment options were limited. As she grew, the curvature of her spine increased, limiting the space for her internal organs. A risky procedure to straighten her spine, or at least stop it from closing down on itself, was the only way to keep her heart and lungs from getting crushed and killing her. Her mother, Sasha, a pediatric nurse in a small community hospital in Russia, was aware that the procedure could leave Olga paralyzed, but knew it was the only chance she had of keeping her daughter alive.

Olga's second journey to Boston, fueled by her desire to get better and silence the teasing of her classmates, was initiated by **Rachel DiFazio, MSN, RN, PNP**, a nurse practitioner in Orthopedic Surgery at Children's, who has a special interest in Russia. After hearing about Olga's case of extreme idiopathic scoliosis and the difficulty she was having in finding a hospital to operate on her complex spinal deformity, DiFazio thought the highly skilled surgeons and nurses she works with would be happy to help.

"The combination of excellent surgical skills and post-operative nursing care has allowed us to care for many complex patients like Olga," DiFazio says. "I was happily surprised when we were able to get the financial support."

DiFazio then began the process of getting Olga, to Children's and scheduling her surgery, immediately sharing her story and X-rays with orthopedic surgeon **Daniel Hedequist, MD**.



Olga Stupak

continued on page 6 >>>

Mosey with Max at Miles for Miracles

Join Miles for Miracles, Children's Hospital Boston's 7- and 2-mile pledge walks along the Charles River on Saturday, June 18. Children's employee **Maximino Sumera** (pictured far right) did!

This is Max's third year as captain of Team Lab Medicine, where he works as an administrative coordinator. Team captains recruit other walkers, encourage them to raise a \$100 fundraising minimum, and spark creativity—developing a team name, T-shirt art and more.

Max has his own reasons for walking Miles for Miracles. Not only does he see the good work the hospital does each day—he also benefited from it as a child. At age 11, Max left his parents in the Philippines to live with his older sister, Minda, and her husband, Victor, while he received medical care at Children's. A few years later, his younger sister, Melanie, also came to Children's for a life-saving heart surgery. The family had such a positive experience at the hospital that they now give something back



each and every day—Max and Minda as employees in Laboratory Medicine and Victor in Environmental Services.

Is Children's a special part of your life? Celebrate the hospital's good work by joining Miles for Miracles as an individual walker or forming a team. It's now easier than ever to register, visit the Children's Hospital Trust's new giving Web site—www.childrenshospital.org/giving—where you can create a fundraising page, include a photo, write a personal message to family and friends and track fundraising. Through the new site, Max has already raised \$1,275, which

supports funding for various areas of the hospital. His team is well on its way to meeting a \$10,000 fundraising goal.

For more information on Miles for Miracles call the Children's Hospital Trust at ext. 5-6666.

Inside: Advocating
for Children

Hyponatremia: Too much of a good thing

Children's Hospital Boston cardiac fellow **Chris Almond, MD**, found himself in the spotlight with his April 14 *New England Journal of Medicine* paper, timed to appear just before the Boston Marathon. Despite nearly universal advice to load up on fluids, Almond's study found that over-hydration is a bigger and potentially deadly problem for runners than previously thought, especially among non-elite runners. The study surveyed 488 runners in 2002's Boston Marathon about their fluid intake, recorded their weights before and after the race and analyzed blood samples. Thirteen percent of runners finished with hyponatremia, a dangerously low salt concentration in the blood that in rare instances can be fatal. The major cause was excessive fluid intake, diluting the blood's salt content. Surprisingly, runners who drank electrolyte-containing sports drinks, as opposed to plain water, were equally at risk. Runners who gained weight during the race because of fluid loading were at especially high risk, as were slower and slimmer runners. The study garnered front page coverage in *The New York Times* and was reported by the *Boston Globe*, The Associated Press, National Public Radio, NBC Nightly News and more than 100 other media outlets. **David Greenes, MD**, was senior author.



Pictured at the 2005 Boston Marathon are researchers (l to r): **Bryce Binstadt, MD, PhD**, **Christopher Almond, MD, MPH**, **Christy Duncan, MD**, and **Andrew Shin, MD**.

Placenta could be a source of blood stem cells

Researchers, led by **Stuart Orkin, MD**, Howard Hughes Medical Institute investigator at Children's Hospital Boston and chair of Pediatric Oncology for the Dana-Farber Cancer Institute, report a surprising finding: the placenta that nurtures the developing fetus harbors a large supply of hematopoietic (blood-forming) stem cells, which can give rise to a complete blood system when transplanted into an adult.



Stuart Orkin, MD

The finding in mice is surprising because blood stem cells were thought to be made only in the fetus itself; the placenta was seen as simply a place for nutrient exchange between mother and baby. "This research reveals a new organ for blood development," says Orkin. "If we figure out what's special about the placenta, we may learn how to grow blood stem cells in large numbers for clinical application."

That would be a boon for patients with leukemia and other blood diseases and for patients receiving transplants. Blood stem cells multiply poorly in the lab, so they must be harvested from bone marrow by a painful needle aspiration or coaxed into the blood and collected. Both methods yield only limited numbers of cells. The study appeared in the March *Developmental Cell*. **Hanna Mikkola, MD, PhD**, was senior author.

Remembering polio

On April 12, 1955, the Salk polio vaccine was announced, heralding the end of a terrifying era in U.S. history. Children's Hospital Boston marked the anniversary—and its role in stopping the epidemic—on April 9 with a survivors' reunion and symposium co-hosted by Spaulding Rehabilitation Hospital and Harvard Medical School. Some 350 polio survivors, family members and clinicians attended from as far away as Arkansas. About 10 percent of the audience had been patients at Children's.



Moderator **Michael Wessels, MD**, Children's chief of Infectious Diseases, recounted how the hospital mobilized during the 1955 epidemic, the worst in Massachusetts history, which occurred soon after the vaccine was announced. Harvard surgeon Tenley Albright, MD, an Olympic Gold Medalist in figure skating, spoke movingly of her encounter with polio in the 1940s when she was 11, an experience she seldom discusses publicly. **Claire McCarthy, PT, MS**, emeritus director of Physical Therapy at Children's, narrated clips from a 1950s polio training film made by the late Dr. William T. Green, Children's Orthopedic surgeon-in-chief from 1940 to 1968. McCarthy, who appears in some of the footage, described acute and convalescent polio care at Children's, including muscle testing, physical therapy, the iron lung, hydrotherapy, bracing and practice in navigating stairs. (For excerpts, see www.childrenshospital.org/research and click on "Looking Back.") Richard Goldberg, EdD, author of *The Making of Franklin D. Roosevelt*, recounted FDR's polio experience, and Julie Silver, MD, of Spaulding, spoke on postpolio syndrome and the founding of Spaulding's Polio Oral History Project.



Attendees viewed braces that many polio patients wore and a photo display that included information on the history of the epidemic.

What's the latest with Children's Hospital Boston at Waltham?

When will we start seeing patients in Waltham and what services will be there?

JV: We will officially start seeing patients on Monday, June 6. Waltham will be a full-service location, with plans right now that include services by Adolescent Medicine, Allergy, Cardiology, Dermatology, Endocrinology, Gastroenterology, General Surgery, Preventive Cardiology, Nephrology, Neurology, Ophthalmology, Orthopedics, Otolaryngology, Plastic Surgery, Sports Medicine and Urology.

Appointments are already being scheduled for all of these services. The main number in Waltham is (781) 216-2100. Telephone hours for patient families and Children's staff to schedule are 8 a.m. to 5 p.m.

DC: In addition to the services we know are going out there, we're also developing plans for several additional services in Waltham. One of the most exciting is a full-service youth wellness center. Our hope is that it would involve Sports Medicine, Cardiac Rehab services, representatives from the Department of Medicine, Orthopedics, Cardiology, Oncology and complementary therapies.

How many staff are you hiring in Waltham and when will they start?

JV: Over 60 Children's providers will be seeing patients at the site, and there will be 30 Full Time Equivalents, or FTEs, including the clinical and administrative staff. We anticipate that the number of both staff and providers will grow over the next few years as Waltham gets busier.

Some employees have already started, including **Jillian Stewart** and **Diane Stanley**, the site's new administrative coordinator and clinical coordinator, respectively. They've been on board since mid-March helping get Waltham ready to see patients and house employees.

Many positions have been filled, and staff will be starting in the next few weeks. There are still openings, including clinical assistant and administrative positions. New employees and/or current Children's employees are eligible for these jobs, so check out www.childrenshospital.org/jobs if you or someone you know is interested.

How many patient visits will be conducted in Waltham?

DC: For the first full year Waltham is open (fiscal year 2006), our goal is to have 28,000 to 30,000 visits in the 21,000 square feet of available clinical space.

Over the next five years, we'll be renovating more of the whole campus so we can accommodate between 70,000 and 100,000 visits. In addition, we hope to be able to add some day surgery operating rooms and a full imaging suite, including magnetic resonance imaging and nuclear medicine capabilities.

Why is the new Waltham site important for Children's?

JV: There are a lot of reasons, but the biggest are access and customer service. As anyone who comes to the Longwood Medical Area (LMA) can tell you, getting here can be difficult. There's a lot of traffic, affordable parking is hard to come by and waits are often long to see our clinicians.

Families know they can get basic health care closer to their homes and avoid the hassle and stress of coming into Boston. So Waltham lets us provide Children's-quality specialty services in a more timely manner in a location that's easy to get to and has free parking. And moving some of the volume to Waltham has the added benefit of letting clinicians on the Boston campus focus on the more medically intense tertiary and quaternary patients.

How are we promoting Waltham?

DC: While the so-called decanting of the Boston campus is important, the goal in Waltham is not just to move patients out of the LMA. The success of the site also depends on attracting new patients, so the hospital's Marketing and Public Affairs Department is developing and implementing a campaign to let people know about the new site.

The internal hospital campaign, already underway, makes use of posters, flyers and buttons to inform staff and patient families of our expansion. A more public effort to drive new volume will follow right on its heels, using print media, radio and a Mix 98.5 ice cream truck to promote the new site.

This site has come together quickly. How did it all get done?

DC: We're amazed when we look back and realize that Children's didn't officially own the Waltham site until January 6 of this year. Planning was going on after we signed the purchase and sale agreement last October, but by the time Waltham opens, we will have essentially gotten this site up and running in five months.

The whole planning team, and **Jim Cote** [practice administrator in Orthopedics] in particular, has been very involved in the program planning for Waltham. Jim has worked closely with other administrators to organize Waltham's services so it will be ready for our providers.

JV: We can't thank the people in **Facilities** enough. They've been working incredibly hard to design and renovate a space that hadn't been maintained for many years, and have done a wonderful job making the site not only useful, but also very child-friendly. In addition to Facilities, the hospital's **Materials Management** and **Information Services Departments** have been hugely helpful in putting the infrastructure together.

When Waltham opens in June, it will be thanks to the efforts of many people. We really think this new site will make all those efforts worthwhile for our patients and their families.

For more information on Children's Hospital Boston at Waltham, including directions and links to information on the site's clinical services, visit www.childrenshospital.org/waltham.



Advocating for children

When a child comes to Children's Hospital Boston, the focus, first and foremost, is on providing her with the highest quality care. In order to provide that care, the hospital relies on financial subsidies from health insurance companies, the state and federal governments, fundraising campaigns and more. But funding isn't always readily available—sometimes the hospital has to advocate for it.

One example is Medicaid—a government program that affords low-income individuals health care services. Children's is the safety net hospital for pediatric Medicaid patients in Massachusetts. But Medicaid doesn't always reimburse all of the costs associated with the care the hospital provides. So Children's Office of Child Advocacy (OCA) works to secure Disproportionate Share Hospital (DSH) funding from the state of Massachusetts each year to supplement care for Medicaid patients. Here's a look at how they do it.

1

The OCA team works to explain Children's role as the safety net hospital for Medicaid patients, to identify the problems with Medicaid reimbursements and to brainstorm possible solutions by meeting with state representatives and senators, hosting events and dropping off information at the State House, and garnering media coverage. They also empower Massachusetts residents to call or write letters to their legislators on the hospital's behalf.

Hello, Senator.
Making sure all children in
Massachusetts get the best health
care is very important to me.



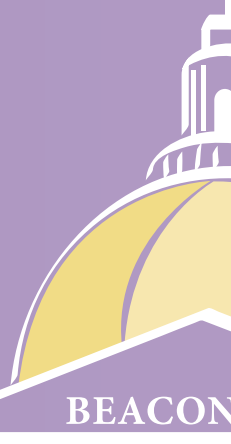
2

The OCA team lobbies the legislature to include DSH payments in the state budget through the state House of Representatives and the state Senate. They work to prevent or overturn potential vetoes of the budget.

3

Once the Massachusetts state budget has successfully passed, the OCA team works to secure its portion of the DSH payment for Children's Hospital Boston.

Children's cares for the overwhelming majority of pediatric Medicaid patients in Massachusetts (see graph, right), making annual DSH payments vital to the hospital's budget.

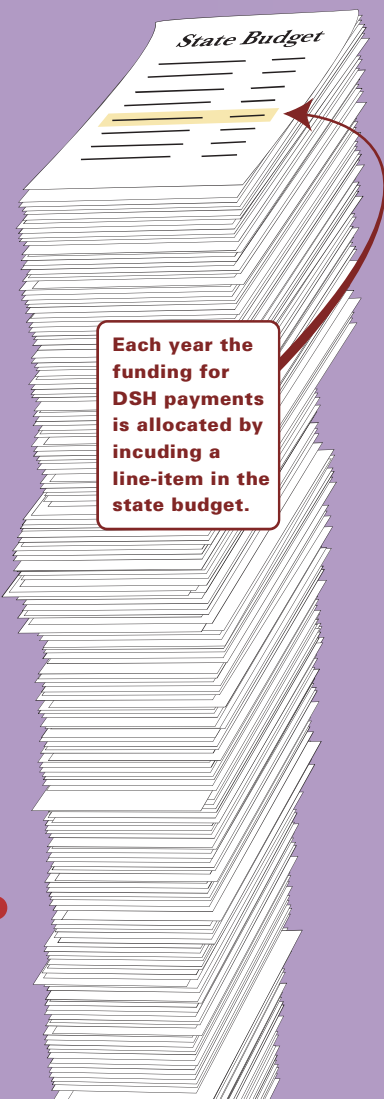


The annual DSH payment Children's receives for being the safety net hospital for pediatric Medicaid patients in Massachusetts helps support the high quality clinical services and programs we provide for all of our patients.



HILL

ies the state
le an item on
e Massachusetts
gh negotiations
e of Representa-
Senate. They also
override poten-
udget.



Each year the funding for DSH payments is allocated by including a line-item in the state budget.

4



No sooner has Children's DSH check been cut when the process starts all over again.

In the months preceding the next year's budget process, the OCA team continues to build relationships with Massachusetts state representatives and senators through legislative breakfasts, media coverage, shadowing days and more.



sets
ccess-
CA
re a
n's.



Children's relies on the Children's Advocacy Network (CAN) to be a persistent, powerful voice for children as public policy decisions are made. Comprised of parents, patients, health care professionals, community members and others, CAN members advocate for the health and well being of children by communicating with state and federal lawmakers about child health issues. For more information or to join, visit www.childrenshospital.org/about/childadvocacy.



Hip hop health

“Eat your vegetables!” “Be active!” With the number of children at risk for childhood obesity increasing every day, there’s a lot of pressure on kids and parents to make the right choices about food and exercise. But as many parents can tell you, staying healthy isn’t cheap.

Jaime Smith, RN, a research nurse in the Children’s Hospital Primary Care Center (CHPCC), is trying to change all that by bringing together her love of dance with her desire to keep kids healthy. As part of her local dance troupe, Rainbow Tribe, and their outreach programs, Smith has started a free dance class to help patients in Children’s One Step Ahead (OSA) program and their families get active.

OSA provides early treatment and prevention services in a primary care setting to children, age 3 to 13, who are, or are at risk of being overweight. It’s designed to change behavior using principles of motivational interviewing, food-based goals and needs-based community physical activity programs.

“We focus on nutrition and physical activity,” says **Jennifer Rein, MSW**, OSA’s clinical coordinator and social worker. “We encourage healthy lifestyle and eating habits and give parents and kids practical things they can do everyday.”



The dance class is one of those practical things. It showcases alternatives to traditional physical activity, including jazz, hip-hop, break-dancing and more for kids age 8 to 13, while educating them about nutrition.

Nine-year-old Michael Hawkesworth has been attending the dance class with his parents, Jannell and Geoffrey, since February, before even starting the OSA program. “It’s a good thing,” says Jannell. “It’s something we can all do together as a family that’s fun.”

“I like to move around and dance,” adds Michael.

“The kids put in what they want, find their own style and just go with it,” says Smith. “I don’t care about the choreography. I just want them to walk away with a positive experience.”

Children are referred to the program by their primary care physicians at CHPCC. “I am truly excited about the collaboration between Rainbow Tribe and One Step Ahead,” says CHPCC Director **Joanne Cox, MD**. “This is very much in keeping with our goals in primary care to develop collaborations between community groups and our staff.”

“Activity is often difficult for urban kids due to lack of opportunity,” adds Cox. “However, we’ve been delighted to find that they absolutely love to dance—kids, parents and staff!”

The class is held the third Tuesday of every month from 6 to 7:30 p.m. in the Enders Building, Byers A & B. Contact Jaime Smith at ext. 5-5255 or Jennifer Rein at ext. 5-6968 for more information.

Russian girl »» continued from page 1

“This was the most severe case of scoliosis I have seen,” says Hedequist, who offered his time and services. When Olga and her mother arrived at Children’s in the fall of 2004, a year after her first trip to Boston, the curvature of her spine had worsened to 110 degrees—think of the shape of a hard taco shell and you’re close.

After extensive evaluation and surgical planning, Hedequist and colleagues **Timothy Hresko, MD**, and **David Mooney, MD**, performed an anterior and posterior spinal fusion on Olga last November. After four surgeries and a month in halo traction, there was a 60-degree correction of Olga’s spine—better than anyone had expected or hoped for her. “She was nervous leading up to the surgery, as any child would be,” DiFazio says. “But she was ready for this change to happen and excited for what could be ahead.”

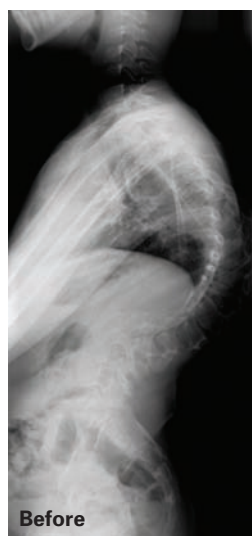
“Olga is alive, alert, curious and ready for any challenge,” adds **Irina Vatman**, the Russian interpreter who has become a guide and friend to the Stupaks.

After the procedure, Sasha was optimistic about her daughter’s chances of recovery and grateful for the dedication and sup-

port of the doctors, specialists and nurses at Children’s. “They couldn’t believe Americans would go so far out of their way,” DiFazio recalls of the Stupaks’ reaction to the medical and personal attention they received. “They didn’t feel worthy, knowing that they wouldn’t have had the same treatment in Russia.”

“Children with physical differences are treated very differently in Russia,” says Julia Hunter, whose family hosted the Stupaks while they were at Children’s. “The whole social and psychological part is something you just can’t put a price on.” Olga and Sasha returned to Russia on February 26, and still keep in touch with their new extended family in Massachusetts. “My girls have a countdown for when Olga comes back in June,” Julia says. “They have a bond for life.”

Now standing three inches taller, Olga feels renewed. “I feel much better physically because I don’t feel pain when I breathe. And I feel like life is less difficult for me,” she says. “I would like to tell the people at Children’s thank you very much for saving my life. I am very grateful to all of them.”



Spotlight Child Life Services

Child Life Specialist Hayley Bray bandages a patient's stuffed animal during the annual Puppy Pre-op event in the Patient Entertainment Center.

Lonely, scared, nervous, stressed... these are all words a child might use to describe her feelings about going to the hospital. But what if she and her family knew what to expect before arriving? And what if the child discovered that an activity room filled with toys, games and arts and crafts activities awaited her?

Talking to children and their families before hospital visits and arranging activities to keep patients engaged while they're here are just two examples of the many things Child Life specialists do at Children's Hospital Boston to improve the hospital experience. Child Life specialists, who have undergraduate or graduate degrees in Child Life, Child Development or Education, serve as liaisons between doctors, nurses and patients, doing everything from supervising educational activities at the bedside to mentally preparing patients for medical procedures. In short, they help the patient with the emotional aspects of care, while the clinicians concentrate on the medical aspects.

For example, if a patient needs an X-ray, a Child Life specialist can talk her through what will happen using child-friendly language. "With younger children, I'll often explain the procedure by playing doctor with them," says **Kirsten Fowler**, Child Life specialist on 8 North and West. "With older children, I might ask them what they think the procedure will be like, so I can clear up any misconceptions."

Specialists also help normalize the patient experience, keeping kids as connected as possible to their outside lives. "I worked with one child who was at the hospital for over six months," recalls Fowler. "The family shared his education plan from school with me, and I was able to connect him with a tutor while he was in the hospital so he wouldn't fall behind in his studies."

The Child Life profession evolved out of research in the early part of the 20th century showing that the high rate of infant deaths in hospitals was related to sensory deprivation and a lack of human contact. Play helpers and teachers were hired to ease young patients' boredom, loneliness and anxieties. In the 1970s, the profession and its educational requirements became better defined. Since then, the number of Child Life programs at hospitals with pediatric programs has grown—Children's has one of the largest, with 23 specialists in various inpatient and outpatient areas of the hospital. And today, a number of colleges and universities offer Child Life majors.

To recognize the Department of Child Life Services, Children's celebrated Child Life Week April 4 to 8. The week featured two events—Puppy Pre-Op and a Nursing/Child Life Exemplar. Puppy Pre-Op allows children to bring their own stuffed animals to the Patient Entertainment Center and walk them through typical pre-operative procedures. The stuffed animals are "admitted" to the hospital, where they undergo physical exams, having their vital signs and X-rays taken, blood drawn and being fitted with a bandage or cast. Children's staff and employees from various departments take part in the event.

The exemplar was a joint presentation by Nursing and Child Life highlighting family-centered care and diversity. "Child Life specialists work very closely with nurses and other members of the care team to support patients and their families," says **Myra Fox**, director of Child Life Services. "It's really a team effort."



Gratitudes

The following letter was sent to James Mandell, MD, president and CEO of Children's Hospital Boston.

Dear Dr. Mandell,

We would like to express our deepest appreciation for the care and compassion we received from the entire staff on 6 East Cardiac and P6 Cardiac Intensive Care. We cannot say enough good things about the wonderful people there. Our son Daniel was admitted on August 10 for a heart transplant. He received his transplant on October 30. We feel that Dan received the finest medical care the world has to offer and was cared for by some of the most compassionate and caring staff we have encountered during our long journey. The nursing staff, Child Life specialist, administrative support staff and Environmental Services people are all to be commended for their caring and support, which made our stay of 100 days (85 on 6 East and 15 in the ICU) more bearable.

They always greeted us with smiling faces and a positive attitude. This was not an easy time for our son Daniel, but your extraordinary staff on 6 East and P6 made it a little easier to handle. Please convey our appreciation to all of these amazing people.

Sincerely,
Charles and Jean Colbert

World Asthma Day Health Fair

May 11, 10 a.m. to 2 p.m.
Patient Entertainment Center

Asthma and health information will be available. For more information contact Beth Klements at ext. 5-1928.

Scout update

Learn the latest on operating system security by visiting www.childrenshospital.org/chnews/scout.



Take me out to the Clinical Building Expansion

To celebrate the opening of the CBE, Children's Hospital Boston will be hosting two employee events—Thursday, June 16, from 2 to 5 p.m., and Friday, June 17, from 7:30 to 9:30 a.m. Both events will feature sports-themed activities and giveaways, sodas and snacks, and tours of the new building. All are welcome and encouraged to attend.



A Time to Remember

A memorial service to remember the children, teens and adults who have touched the lives of staff and employees at Children's Hospital Boston will take place on Tuesday, May 26, from 6 to 7 p.m. in the Courtyard Café at Harvard Medical School. All are welcome to attend.

Giving girls HOPE

On Thursday, April 21, a group of female high school students from Latinas en Acción, a peer network for girls that focuses on leadership development through educational and cultural events, visited Children's Hospital Boston to learn about health-related careers from Latino staff and employees, including doctors, nurses, nutritionists, social workers and more. The visit was made possible by the Hispanic Office of Planning & Evaluation, Inc. (HOPE)



Celtics' Hero Among Us



Manna Heshe, RN, BSN, a charge nurse in the Adolescent Primary Care Department at Martha Eliot Health Center, was recently awarded a Boston Celtics Heroes Among Us award. Presented to individuals who have made an overwhelming impact on others, Heshe was recognized for her work with teens, to whom she is more than a nurse; she is a friend who provides quality medical attention and family planning counseling when they need her the most. Heshe (center) is pictured with Boston Celtics captain Paul Pierce (right) and Toronto Raptors player Jalen Rose (left). She joins patient Peter Bruce and Child Life Services Director **Myra Fox** as Celtics Heroes.

Put a spring in your step

An *Optimal Me* article by Angela Smiley, client service manager at Fitcorp Longwood

If you're looking to get outside and get active now that the warm weather's here, try some of these tips that will help add a spring to your step without putting a dent in your day:

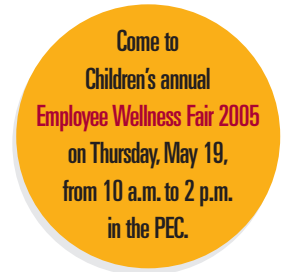
- Take the stairs to and from your desk at the start and end of your day.
- Hand-deliver mail to a co-worker instead of using interoffice mail.
- Ask a co-worker to take walks with you at lunchtime.

Remember to start small and gradually increase your activity when you feel ready. A Fitcorp trainer is always available to discuss your personal goals and obstacles.

Did you know that as a Children's Hospital Boston employee:

- Fitcorp will visit your department for a free lecture or seminar?
- You can take one complimentary Group Fitness Class at Fitcorp per month?
- Your Fitcorp Benefit includes free health screenings?
- You can meet with a trainer for a complimentary consultation, even if you're not a Fitcorp member?

To learn more about Fitcorp's services, contact Angela Smiley at (617) 738-9229 or asmiley@fitcorp.com.



Children's News

Editor: Anna Gonski
Designers: Patrick Bibbins, Javier Amador-Peña
Illustrator: Chris Quinn
Contributors: Matt Cyr, Nancy Fliesler, Angela Smiley, Jenna Toplin

Published monthly by the Department of Public Affairs for Children's Hospital Boston employees, staff, volunteers and visitors.

Department of Public Affairs
Children's Hospital Boston
21 Autumn St., 2nd Floor
Boston, MA 02115
(617) 355-6420

VP of Public Affairs: Michelle Davis
Director of Public Affairs:
Bess Andrews
Manager of Communications:
Matthew Cyr

More News online at:
<http://www.chnews.org>
© 2005, Children's Hospital Boston.
All rights reserved.

Do you have news?

E-mail: news@childrens.harvard.edu
Or call (617) 355-6420